



Qualified Health Plan Issuer Renewal

Recertification Application for Plan Year 2016

Information submitted in response to this application by the applicant will be held in confidence pursuant to Government Code Section 100508 or 6254(k) under the official information privilege, as applicable, unless the information submitted has already been made public. Throughout this application, any reference to the “Exchange” refers to the California Health Benefit Exchange, also known as Covered California.

The Exchange intends to make this entire application available electronically. Please complete the following:

Issuer Name

NAIC Company Code

NAIC Group Code

Regulator(s)

Federal Employer ID

HIOS/Issuer ID

Corporate Office Address

City

State

ZIP

Primary Contact Name

Contact Title

Contact Phone Number

Contact E-mail

Check all applicable categories: Individual Exchange SHOP

On behalf of the QHP issuer stated above, I hereby attest that I meet the requirements in this Recertification Renewal Application and certify that the information provided on this Application and in any attachments hereto are true, complete, and accurate.



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I understand that Covered California may review the validity of my attestations and the information provided in response to this application and decertify Issuer's Qualified Health Plans offered on the Exchange should any material information provided be found to be inaccurate. I confirm that I have the capacity to bind the QHP issuer stated above to the terms of this [Recertification Renewal](#) Application.

[QHP issuer agrees, through submission of this application, to negotiate a contract or contract amendment for 2016 in good faith with Covered California that will establish the terms and conditions of this business relationship.](#)

Date: _____
Signature: _____
Printed Name: _____
Title: _____

Recertification Application for Plan Year 2016**Recertification Requirements****I. Licensed and in Good Standing**

1.1 Confirm that QHP issuer possesses and maintains its license to offer health insurance and is in good standing with applicable state, and federal authorities. (See Appendix A – Definition of Good Standing). Covered California, in its sole discretion and in consultation with the appropriate health insurance regulator, determines what constitutes a material violation for this purpose.

Yes

No

1.2 Are you seeking any material modification of an existing license from the California Department of Managed Health Care or certificate of authority from the California Department of Insurance for any ~~commercial~~ individual or small group products offered or proposed to be offered through Covered California? ~~If yes, complete Attachment A (Regulatory Filings) to explain what modifications you are seeking and when those are anticipated to be approved.~~

Yes

No

1.2.1 If yes, complete Attachment A (Regulatory Filings) to explain what modifications you are seeking and when those are anticipated to be approved.

1.2.2 Updates to Attachment A must be made on a continuous basis as issuer files amended documents with the regulator.

~~1.3 By submitting this application, QHP issuer agrees to negotiate a contract or contract amendment for 2016 in good faith with Covered California that will establish the terms and conditions of the business relationship.~~

~~Yes~~

~~No~~

II. Provider Network Adequacy

2.1 QHP issuer understands and agrees that provider network adequacy will be determined by the applicable state regulatory agency and verified by Covered

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~~California. As a general requirement, QHP issuer must maintain continuing compliance with California provider network adequacy standards, laws & regulations established by the applicable regulatory agency. Applicant understands that provider network adequacy for its Covered California products will be determined by the applicable state regulatory agency and verified by Covered California. QHP issuer agrees to maintain a legally compliant provider network for each every product or plan¹ it offers offering (PPO, HMO, EPO) which shall include a sufficient number and types of providers to ensure access to that all medically necessary services are accessible in a timely fashion to its Covered California enrollees. For Plan Year 2016⁵, network adequacy standards applicable to dental provider networks will apply to the embedded pediatric dental benefit.~~

Yes

No

~~2.2 QHP issuer acknowledges that the contractually required quarterly provider data submissions previously supplied to Covered California may be used to conduct network review, including Essential Community Provider network review, prior to recertification negotiations. agrees to maintain its provider network and continue to meets regulatory requirements based on QHP's 2015 Covered California projected and actual enrollment. Submit 2015 enrollment projections by product that QHP issuer intends to propose for 2015 by completing Attachment B (QHP 2015 Enrollment Projections).~~

Yes

No

~~Essential Community Providers are those providers posted in the most recent version of Covered California's consolidated Essential Community Provider list available at: <http://hbex.coveredca.com/stakeholders/plan-management>~~

~~2.3 QHP issuer understands that provider network adequacy is directly related to enrollment and that membership growth may require network provider additions. Submit 2016 enrollment projections by product by region on Attachment B (QHP 2016 Enrollment Projections).~~

¹ As defined in Health and Safety Code 1345(f), a health care service plan may use any delivery platform (e.g. HMO, PPO or EPO)

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Please be sure enrollment projections are based on Covered California total enrollment projections for 2016 (2,040,000 total enrollment by the end of 2015-2016 Open Enrollment) and are based on QHP issuer's enrollment trend from 2014 to 2015.

2.4 QHP products proposed for 2016~~5~~ must cover the entire geographic service area for which the issuer is licensed in a rating region. Provide an updated geographic service area by product type for 2016~~5~~ and include any changes from your 2015~~4~~ service area by completing and uploading [the most current Service Area Template, located at: http://www.serff.com/](#). This template must be submitted through SERFF², the System for Electronic Rate and Form Filing; developed and owned by the National Association of Insurance Commissioners.

Complete ~~and~~ Attachment C1 - Plan Type by Rating Region (Individual), ~~and or~~ if applicable, Attachment C2 – Plan Type by Rating Region (SHOP).

2.5 For Plan Year 2016, ~~is~~ is QHP issuer ~~Applicant making~~ applying for any changes to 2015 service area? If yes, describe briefly.

Individual

Yes

No

SHOP

Yes

No

Not Applicable (Issuer does not offer SHOP products)

2.6 For Plan Year 2016, describe your plans for network development by proposed Covered California product or plan. This description of intended network development should be consistent with the network filings that will be submitted to the appropriate regulator.

2.6.1 Do you anticipate making significant changes to your current network(s) that could be described as narrow network or tiered networks?

² ~~System for Electronic Rate and Form Filing; developed and owned by the National Association of Insurance Commissioners~~

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2.6.2 If yes to 2.6.1, describe any plans for network narrowing, by product.

2.6.3 Describe any plans for network tiering, by product, and include description of financial impact to consumer. Discuss how network tiering will be consistent with Covered California standard benefit plan designs.

2.6.4 Will Covered California enrollees in QHP issuer's EPO and PPO networks have access to providers in both the EPO and PPO without restriction or financial penalty?

 Yes No

If yes, provide description of Covered California enrollee access between EPO and PPO networks and indicate the geographic regions that will be impacted.

2.6.5 Describe any plans for network expansion, by product, including the addition of medical systems.

2.6.6 QHP issuer is to provide information on any anticipated or potential network disruption that may affect the 2016 provider networks. For example: list any pending terminations of general acute care hospitals or medical groups/Independent Practice Associations (which are defined by DMHC as a Risk Bearing Organization).

2.6.7 Describe plans for any other network changes that may affect Covered California products or enrollees.

2.7 Please indicate, by rating region, the total number of participating providers available by product, as of March 31, 2015, that will be available to Covered California enrollees. Provide your responses using Attachments D1, D2 and D3 (Recertification Provider Counts). The methodology for providing these provider counts to Covered California will be attached as Appendix B (Methodology for Recertification Provider Counts).

Physicians shall be defined as licensed, non-hospital based physicians. Medical groups and Independent Practice Associations (IPAs) shall be defined as those recognized by the Department of Managed Health Care (DHMC). General acute care hospitals shall

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be defined as those recognized by the Office of Statewide Health Planning and Development (OSHPD).

III. Essential Community Provider (ECP) Network Requirements

~~3.1 Describe how QHP issuer is continuing to meet or exceed Covered California's ECP network requirements as defined in Appendix B (Essential Community Provider Network Requirements).~~

~~3.2 If QHP asserts that it meets the ECP network requirement as defined in Appendix B through the alternate standard, explain the basis for this assertion and how the QHP issuer is continuing to meet the ECP network requirements under the alternate standard.~~

IV. Quality and Delivery System Reform

~~3.14.1 Confirm that QHP will submit, upon request, to the Exchange, Healthcare Effectiveness Data Information Set (HEDIS) and Consumer Assessment of Healthcare Providers and Systems (CAHPS) scores, to include the measure numerator, denominator and rates, subject to the federal Quality Rating System requirements, for the required measures set that is reported to NCQA Quality Compass³ or as applicable to DHCS, per each product type for which it collects data in California.~~

Yes

No

~~Describe QHP's process to ensure that QHP issuer can comply with QHP Contract Data Submission Requirements (as defined in Appendix D) to Covered California.~~

~~3.24.2 For plan year 2014, QHP issuer shall submit to Covered California access to care/utilization information as specified in Attachment E (Access to Care/Utilization of Services). QHP agrees to submit claims and encounter⁴ data in the requested format to a third party vendor selected by Covered California for the purpose of performing clinical analytics.~~

Yes

~~⁴ Claims and encounter data reflect a health care visit by an enrollee to a provider of care or service.~~

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3.34.4 Specify accrediting organization (National Committee on Quality Assurance, Utilization Review Accreditation Commission, Accreditation Association for Ambulatory Health Care), accreditation status, expiration date of accreditation, next scheduled survey date(s), current accreditation status and proposed timeline if full accreditation has not been achieved or maintained.

NCQAExchange-specific accreditation (if applicable)URACExchange-specific accreditation (if applicable)AAAHCExchange-specific accreditation (if applicable)

3.3.1 For QHP issuers accredited by NCQA, provide the current accreditation status.

a. Excellentb. Commendablec. Accreditedd. Provisionale. Interimf. Denied3.3.2 Enter the expiration date

⁵ eValue8TM is a tool developed by the National Business Coalition on Health used by health care purchasers to compare health plans.

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a. Expires: / /

3.3.3 Next scheduled survey date

a. Date: / /

b. Next survey date not scheduled

3.3.4 Attach a copy of the NCQA Certificate of Accreditation. If the health plan received a rating of less than “accredited,” attach a copy of the corrective action plan (CAP).

3.3.5 For issuers accredited by URAC, provide the current accreditation status.

a. Full accreditation

b. Provisional accreditation as a start-up

c. Conditional accreditation

d. In process

3.3.6 Enter the expiration date

a. Expires: / /

3.3.7 Next scheduled survey date

a. Date: / /

b. Next survey date not scheduled

3.3.8 Attach a copy of the URAC Certificate of Accreditation. If the health plan received conditional accreditation, attach a copy of the corrective action plan (CAP).

3.3.9 For issuers accredited by AAAHC, provide the current accreditation status.

a. AAAHC Accredited

3.3.10 Enter the expiration date

a. Expires: / /

3.3.11 Next scheduled survey date

a. Date: / /

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~~4.5 Confirm that QHP will submit, upon request, to the Exchange, Healthcare Effectiveness Data Information Set (HEDIS) and Consumer Assessment of Healthcare Providers and Systems (CAHPS) scores to include the measure numerator, denominator, and rate for the required measures set that is reported to NCQA Quality Compass⁶ or as applicable to DHCS, per each product type for which it collects data in California.~~

Yes

No

V. Operational Readiness and Capacity

5.1 QHP issuer confirms that it can and will ~~accurately, appropriately and timely~~ populate and submit SERFF templates in an accurate, appropriate, and timely fashion at the request of Covered California for:

- Administrative Information
- Rates
- Service Area
- Network
- Benefit Plan Designs

Yes

No

5.1.1 QHP issuer confirms that QHP will submit and upload corrections to SERFF within 72 hours of notification by Covered California.

5.1.2 Applicant may not make any changes to its SERFF templates once submitted to Covered California without providing prior written notice to Covered California and until Covered California agrees with the proposed changes.

5.2 Demonstrate through existing QHP contract compliance or systems testing that QHP issuer operates systems which can ~~accurately and timely~~ report electronic data in

⁶ ~~NCQA Quality Compass is a tool for comparing health plans based on quality improvement and other measures using a benchmark approach.~~

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an accurate and timely fashion to Covered California using national standards for electronic transactions.

5.3 Demonstrate, through submission of a March 2015 audit report or systems testing, as applicable, that QHP issuer can accept and generate 834, 820, 999 and other standard transaction electronic files for enrollment and premium remittance in an accurate, consistent and timely fashion and utilize the information for its intended purpose (see Attachment FD1 834 Enrollment File Error Listing & Attachment FD2 834 Effectuation File Error Listing)

~~5.4 Provider directory data for Individual and SHOP Exchange products must be included in this submission.~~

Yes

No

5.4 QHP issuer must confirm it will implement systems in order to accept and generate TA1 and 999 acknowledgement files and other standard format electronic files in an accurate, consistent and timely fashion, and utilize the information for its intended purpose. Applicant must confirm that it has the capability to accept and complete non-electronic enrollment submissions and changes.

5.5 Describe how QHP issuer's computer systems can accurately and timely maintain an electronic interface with CalHEERS and/or Pinnacle HCMS in an accurate and timely fashion. ~~Unless applicant can demonstrate this requirement through contract compliance, applicant must be available for testing data interfaces with the Exchange no later than July 1, 2015. QHP issuer must be prepared and able to conduct testing of data interfaces with the Exchange no later than July 1, 2015 and confirms it will plan and implement testing jointly with Covered California in order to meet system release schedules.~~ QHP must maintain computer systems for testing any future modifications to the interface design and data interchange. Covered California requires QHPs to sign an industry-standard agreement which establishes electronic information exchange standards in order to participate in the required systems testing.

5.6 Describe the QHP issuer's systems ability to generate invoices for new members, which must be fully operational no later than October 15, 2015.

5.7 Describe QHP issuer's systems which must accept premium payments from members no later than October 15, 2015 made using paper checks, cashier's checks, money orders, EFT, web-based payment, and all general purpose pre-paid debit cards and credit cards. If such systems are not currently in place, describe plans to implement

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such systems, including the use of any potential vendors for any functions related to premium payment, if applicable, and an implementation work plan with timeline. Note: QHP issuer must accept credit cards for binder payments and is encouraged, but not required, to accept credit cards for payment of ongoing invoices.

5.8 Describe how QHP issuer ~~will comply~~ with the federal requirement to serve the unbanked, specifying the forms of payment available for this population for binder and ongoing payments for both on-Exchange and off-Exchange lines of business.

5.9 QHP issuer must confirm it can provide detailed documentation, including member level detail, to substantiate each per-member per-month (PMPM) payment in a format that is compatible with Covered California's systems.

5.10 QHP issuer agrees not to impose any fees or charges on any members who request paper invoices for premiums due for any individual products sold by issuer in California.

5.11 Describe how QHP issuer will maintain sufficient staffing in the customer service center to meet contractual performance goals.

~~5.12~~ Describe QHP issuer's plans that are in place for the purpose of detecting and reporting incidents of fraud, waste and abuse. Provide a description of such plans and their efficacy.

~~5.13~~ Describe any education efforts QHP issuer provides to members to help them identify and report possible fraud scams. Describe QHP's procedures to report fraud scams to law enforcement.

~~5.14~~ Describe QHP issuer's safeguards against Social Security and identity fraud.

~~5.15~~ QHP issuer operates in compliance ~~must comply~~ with applicable federal and state privacy laws and regulations, and maintains ~~has~~ appropriate procedures in place to detect and respond to privacy and security incidents.

Yes

No

5.16 QHP issuer must confirm it has in place administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the Protected Health Information and personally Identifiable Information that it creates, receives, maintains, or transmits.

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5.1744 QHP issuer must adhere to Covered California naming conventions [for on-Exchange plans and off-Exchange mirrored products pursuant to Government Code 100503\(f\)](#). ~~promulgated through a future administrative rulemaking by Covered California for 2016.~~

VI. Rates for 2016

6.1 Submit premium rates for every proposed QHP by rating region for ~~2016~~ 2015 by completing and uploading through SERFF the most current Unified Rate Review Template (URRT) and the most current SERFF Rates Template located at: http://www.serff.com/plan_management_data_templates.htm

~~6.2 Provide information requested about documents filed with the applicable regulator as outlined in Attachment A (Regulatory Filings) for 2016 products proposed to be offered through Covered California. Complete Attachment A and provide updates to this information as additional documents are submitted to the applicable regulator.~~

VII. 2016 Standard Benefit Plan Design

7.1 QHP issuer must adhere to ~~2016~~ standard benefit plan designs. ~~which will be adopted through a future administrative rulemaking. Alternate benefit designs will not be accepted for the individual exchange.~~

 Yes No

7.2 QHP issuer agrees to submit its proposed ~~2016~~ 2015 plans [according to submission requirements for each metal level and for catastrophic coverage](#) for its licensed geographic service area(s). QHP issuer can satisfy the ~~eseis~~ requirements through either its life and health insurance company offerings or its Knox Keene health care service plans. [Individual exchange plan submissions must include each metal level including a catastrophic plan. SHOP plan submissions do not include catastrophic plans.](#)

 Yes No

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7.3 In addition to standardized benefit design products, QHP issuers applying for recertification of SHOP products may submit one (1) alternate benefit design product for the rating region. Use Attachment G SHOP Alternate Benefit Design to submit cost-sharing and other details for proposed alternate benefit plan designs. The Exchange is not necessarily encouraging alternate benefit plan designs and will carefully scrutinize such proposals.

Yes, completed Attachment G to indicate benefits and cost-sharing for each alternate benefit design proposed

No, not proposing alternate benefit design

7.4 Comply with California state benefit plan laws in effect for 20162015, including those pertaining to plan design requirements.

Yes

No

7.54 The Exchange is encouraging the offering of plan products which include all ten Essential Health Benefits including the pediatric Dental Essential Health Benefit. QHP issuer shall indicate if it is prepared to submit proposals that adhere to the 20162015 Essential Health Benefit standard plan design ~~adopted through a future administrative rulemaking that includes all ten Essential Health Benefits~~. Failure to offer a product with all ten Essential Health Benefits will not be grounds to have QHP issuer's recertification renewal application rejected.

7.5.1 Individual Exchange QHPs proposed for 2016 include all ten Essential Health Benefits.

Yes

No

7.5.2 SHOP Exchange QHPs, if applicable, proposed for 2016 include all ten Essential Health Benefits.

Yes

No

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7.65 If QHP issuer answered yes above, describe how issuer intends to meet the plan design described in 7.4. Provide information about any intended subcontractor relationship, if applicable, to offer the pediatric Dental Essential Health Benefit. Include a description of how QHP issuer will ensure subcontractor adheres to Covered California pediatric dental quality measures.

7.7 QHP issuer must submit copies of draft disclosure documents including Evidence of Coverage, Summary of Benefits and Coverage and any member disclosure documents that describe proposed 2016 QHP benefits. These draft documents are to be submitted with the response to this application, prior to filing the documents with the applicable regulator.

7.8 QHPs are required to offer products in accordance with Covered California's Standard Benefit Plan Designs, which stipulate four tiers of drug coverage: 1) Generic, 2) Preferred Brand drugs, 3) Non-preferred brand drugs, 4) Specialty drugs.

7.8.1 Submit a copy of the full formulary (ies), by product, that will be available to Covered California enrollees. Provide the most recent version of your formulary and ensure there is a date on the formulary.

7.8.2 Submit a copy of the tiered formularies that will be available to Covered California enrollees, by product. Provide the most recent version of your formulary and ensure there is a date on the formulary.

Identify medications by tiers:

- List all Generic Drugs
- List all Preferred Brand Drugs
- List all Non-preferred Brand Drugs
- List all Specialty Drugs

7.8.3 Provide definitions for each of the four tiers (e.g.: describe how QHP issuer defines a "specialty drug".)

7.8.4 Describe the criteria for categorizing drugs into the four tiers of drug coverage.



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~~Section 8. eValue8™ Submission~~

~~8.1 Business Profile~~



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Appendix A: Definition of Good Standing

Definition of Good Standing	Agency
<u>Verification that issuer holds a state health care service plan license or insurance certificate of authority.</u>	
<ul style="list-style-type: none">• Approved for lines of business sought in the Exchange (e.g. commercial, small group, individual)	DMHC
<ul style="list-style-type: none">• Approved to operate in what geographic service areas	DMHC
<ul style="list-style-type: none">• Most recent financial exam and medical survey report reviewed	DMHC
<ul style="list-style-type: none">• Most recent market conduct exam reviewed	CDI
<u>Affirmation of no material⁷ statutory or regulatory violations, including penalties levied, in the past two years in relation to any of the following, where applicable:</u>	
<ul style="list-style-type: none">• Financial solvency and reserves reviewed	DMHC and CDI
<ul style="list-style-type: none">• Administrative and organizational capacity acceptable	DMHC
<ul style="list-style-type: none">• Benefit Design<ul style="list-style-type: none">• State mandates (to cover and to offer)	DMHC and CDI
<ul style="list-style-type: none"><ul style="list-style-type: none">• Essential health benefits (State required)	DMHC and CDI
<ul style="list-style-type: none"><ul style="list-style-type: none">• Basic health care services	CDI
<ul style="list-style-type: none"><ul style="list-style-type: none">• Copayments, deductibles, out-of-pocket maximums	DMHC and CDI
<ul style="list-style-type: none"><ul style="list-style-type: none">• Actuarial value confirmation (using 2016 Federal Actuarial Value Calculator)	DMHC and CDI
<ul style="list-style-type: none">• Network adequacy and accessibility standards are met	DMHC and CDI
<ul style="list-style-type: none"><ul style="list-style-type: none">• Provider contracts	DMHC and CDI
<ul style="list-style-type: none">• Language Access	DMHC and CDI
<ul style="list-style-type: none">• Uniform disclosure (summary of benefits and coverage)	DMHC and CDI
<ul style="list-style-type: none">• Claims payment policies and practices	DMHC and CDI
<ul style="list-style-type: none"><ul style="list-style-type: none">• Provider complaints	DMHC and CDI
<ul style="list-style-type: none">• Utilization review policies and practices	DMHC and CDI
<ul style="list-style-type: none">• Quality assurance/management policies and practices	DMHC
<ul style="list-style-type: none">• Enrollee/Member grievances/complaints and appeals policies and practices	DMHC and CDI
<ul style="list-style-type: none">• Independent medical review	DMHC and CDI
<ul style="list-style-type: none">• Marketing and advertising	DMHC and CDI
<ul style="list-style-type: none">• Guaranteed issue individual and small group	DMHC and CDI
<ul style="list-style-type: none">• Rating Factors	DMHC and CDI
<ul style="list-style-type: none">• Medical Loss Ratio	DMHC and CDI
<ul style="list-style-type: none">• Premium rate review	DMHC and CDI
<ul style="list-style-type: none"><ul style="list-style-type: none">• Geographic rating regions	
<ul style="list-style-type: none"><ul style="list-style-type: none">• Rate development and justification is consistent with ACA requirements	DMHC and CDI

⁷Covered California, in its sole discretion and in consultation with the appropriate health insurance regulator, determines what constitutes a material violation for this purpose.



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Appendix B: Methodology for Recertification Provider Counts

Physician Counts

Physician Counts should only include California licensed M.D and D.O only.

Physicians are counted by NPI identifier across all regions

Physicians eligible for inclusion in the Primary Care Physician counts or the Specialist counts may be counted twice.

Primary Care Physicians

- Must have 1 of the following specialties: Internal Medicine, Family Practice, OB/GYN, Pediatrics, and General Practice
- Must provide primary care services

Specialists

Specialists are defined as MDs or DOs that meet the following criteria:

- Must have a medical specialty
- Do not include hospital based specialties such as Critical Care and Emergency Medicine, Anesthesiology, Hospitalists, Hospital/Lab /Blood bank based Pathology
- Must provide specialty care services

Hospitals

Hospitals should be selected per the provided reference list: OSHPD California Hospital List: Acute Care Hospitals

Medical Groups/IPA

- Please list all medical groups which are available to Covered California enrollees and provide your definition of a “medical group/IPA”
- Please identify the DMHC Risk Bearing Organization (RBO) number for each medical group/IPA listed, if applicable. Indicate whether each medical group/IPA you are listing is functioning as a risk bearing group for the network supporting the Exchange product you are identifying
- Do not list medical groups/IPAs when full access to all physicians in that group is not available to Covered California enrollees

Recertification Application for Plan Year 2016**Appendix B: Essential Community Provider Network Requirement**

Except if QHP issuer has qualified under the alternate standard for essential community providers provided by the Affordable Care Act as has been determined by the Exchange, QHP issuer shall maintain a network that includes a sufficient geographic distribution of essential community providers (“ECP”) that are available through QHP issuer to provide reasonable and timely access to Covered Services to low-income populations in each geographic region where QHP issuer provides services to Enrollees.

- (a) — For purposes of this Section, “sufficient geographic distribution” of ECP shall be determined by the Exchange in its reasonable discretion in accordance with the conditions set forth in the Solicitation and based on a consideration of various factors, including, (i) the nature, type and distribution of QHP issuer’s ECP contracting arrangements in each geographic region in which QHP issuer’s QHP products provide Covered Services to Enrollees, (ii) the balance of hospital and non-hospital ECPs in each geographic region, (iii) the inclusion in Contractor’s provider contracting network of at least 15% of entities in each applicable geographic region that participate in the program for limitation on prices of drugs purchased by covered entities under Section 340B of the Public Health Service Act (42 U.S.C. § 256B) (“340B Entity”), (iv) the inclusion of at least one ECP hospital in each region, (v) the inclusion of Federally Qualified Health Centers, school-based health centers and county hospitals, and (vi) other factors as mutually agreed upon by the Exchange and the QHP issuer regarding QHP issuer’s ability to serve the low income population.
- (b) — “Low-income populations” shall be defined as families living at or below 200% of Federal poverty level. ECPs shall consist of participating entities in the following programs: (i) 340B, per the providers list as of November 9, 2012, (ii) California Disproportionate Share Hospital Program, per the Final DSH Eligibility List FY (CA DHCS 2011-12), (iii) Federally designated 638 Tribal Health Programs and Title V Urban Indian Health Programs, (iv) Community Clinic or health centers licensed as either a “community clinic” or “free clinic”, by the State under Health and Safety Code section 1204(a), or is a community clinic or free clinic exempt from licensure under Health and Safety Code Section 1206, and (v) Providers with approved applications for the HI TECH Medi-Cal Electronic Health Record Incentive Program. Lists named in this paragraph are available here: <http://www.healthexchange.ca.gov/Solicitations/Documents/Essential%20Community%20Providers.pdf>
- (c) — During all times QHP issuer offers a product on the Exchange, QHP issuer shall notify the Exchange with respect to any material changes to its contracting arrangements, geographic distribution, percentage coverage, ECP classification type (e.g., 340B), and other information relating to ECPs from prior disclosures made by QHP issuer.
- (d) — QHP issuer shall comply with other laws, rules and regulations relating to arrangements with ECPs, as applicable, including, those rules set forth at 45 C.F.R. § 156.235.



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~~QHP issuer shall provide to the Exchange information regarding QHP issuer's membership through the Exchange in a consistent manner to that which QHP issuer currently provides to its major purchasers. QHP issuer and the Exchange shall work together in good faith to further define mutually agreeable information and formats for QHP issuer to provide to the Exchange, in all cases to remain generally consistent with the information shared by QHP issuer with its major purchasers.~~

California Health Benefit Exchange
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Attachment A - Regulatory Filings

Issuer Name:

Instructions:

Please provide the requested details associated with any Regulatory and/or Product filings necessary to obtain approval of products/plans that are to be submitted in response to this application. Note that updates to Attachment A must be made on a continuous basis as Applicant files amended documents with the regulator.

Type of Filing	Regulatory Agency	Regulatory Filing Number (if applicable)	Product Filing Number (if applicable)	Date of Submission	Expected Date for Review / Approval	Amendment Number (If applicable)	Initial Filing Date (If applicable)	Comments

California Health Benefit Exchange
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Attachment B - Enrollment Projections

Issuer Name:
Product:
Market:

Please provide enrollment projection for each product and market type. Enrollment projection should reflect anticipated enrollment January 1, 2016 through December 1, 2016

Rating Region	County	Product (HMO/EPO/PPO)	2016 Enrollment Projections
Region 1	Alpine		
Region 1	Del Norte		
Region 1	Siskiyou		
Region 1	Modoc		
Region 1	Lassen		
Region 1	Shasta		
Region 1	Trinity		
Region 1	Humboldt		
Region 1	Tehama		
Region 1	Plumas		
Region 1	Nevada		
Region 1	Sierra		
Region 1	Mendocino		
Region 1	Lake		
Region 1	Butte		
Region 1	Glenn		
Region 1	Sutter		
Region 1	Yuba		
Region 1	Colusa		
Region 1	Amador		
Region 1	Calaveras		
Region 1	Tuolumne		
Region 2	Napa		
Region 2	Sonoma		
Region 2	Solano		
Region 2	Marin		
Region 3	Sacramento		
Region 3	Placer		
Region 3	El Dorado		
Region 3	Yolo		
Region 4	San Francisco		
Region 5	Contra Costa		
Region 6	Alameda		
Region 7	Santa Clara		
Region 8	San Mateo		
Region 9	Santa Cruz		
Region 9	Monterey		
Region 9	San Benito		
Region 10	San Joaquin		
Region 10	Stanislaus		
Region 10	Merced		
Region 10	Mariposa		

Rating Region	County	Product (HMO/EPO/PPO)	2016 Enrollment Projections
Region 10	Tulare		
Region 11	Fresno		
Region 11	Kings		
Region 11	Madera		
Region 12	San Luis Obispo		
Region 12	Ventura		
Region 12	Santa Barbara		
Region 13	Mono		
Region 13	Inyo		
Region 13	Imperial		
Region 14	Kern		
Region 15	Los Angeles		
Region 16	Los Angeles		
Region 17	San Bernardino		
Region 17	Riverside		
Region 18	Orange		
Region 19	San Diego		

California Health Benefit Exchange
QHP Issuer Recertification Application for Plan Year 2016
Attachment C1 - Plan Type by Rating Region (Individual)

If an Issuer currently sells Small Group and Individual, the Issuer must respond for SHOP in order to bid for Individual. Selecting a box below means Issuer will submit a QHP Bid for the selected rating region for the selected or all metal tiers and a catastrophic benefit design within that rating region. Issuer must offer a complete array of metal tiers and a catastrophic plan under either Standardized Plan 1 or 2, or the combined options, in order to submit an HSA Plan. The 19 regions, shown below, are defined based on recent California legislation. Two-Tier networks are allowed to overlay standard benefit plan designs. A Two-Tiered Network is defined as a benefit design with two in-network benefit levels.

INDIVIDUAL								
Rating Region	County	Partial County Yes/No	Platinum Plan	Gold Plan	Silver Plan	Bronze Plan	Catastrophic Plan	HSA Bronze Plan
Region 1	Alpine							
Region 1	Del Norte							
Region 1	Siskiyou							
Region 1	Modoc							
Region 1	Lassen							
Region 1	Shasta							
Region 1	Trinity							
Region 1	Humboldt							
Region 1	Tehama							
Region 1	Plumas							
Region 1	Nevada							
Region 1	Sierra							
Region 1	Mendocino							
Region 1	Lake							
Region 1	Butte							
Region 1	Glenn							
Region 1	Sutter							
Region 1	Yuba							
Region 1	Colusa							
Region 1	Amador							
Region 1	Calaveras							
Region 1	Tuolumne							
Region 2	Napa							
Region 2	Sonoma							

Rating Region	County	Partial County Yes/No	Platinum Plan	Gold Plan	Silver Plan	Bronze Plan	Catastrophic Plan	HSA Bronze Plan
Region 2	Solano							
Region 2	Marin							
Region 3	Sacramento							
Region 3	Placer							
Region 3	El Dorado							
Region 3	Yolo							
Region 4	San Francisco							
Region 5	Contra Costa							
Region 6	Alameda							
Region 7	Santa Clara							
Region 8	San Mateo							
Region 9	Santa Cruz							
Region 9	Monterey							
Region 9	San Benito							
Region 10	San Joaquin							
Region 10	Stanislaus							
Region 10	Merced							
Region 10	Mariposa							
Region 10	Tulare							
Region 11	Fresno							
Region 11	Kings							
Region 11	Madera							
Region 12	San Luis Obispo							
Region 12	Ventura							
Region 12	Santa Barbara							
Region 13	Mono							
Region 13	Inyo							
Region 13	Imperial							
Region 14	Kern							
Region 15	Los Angeles							
Region 16	Los Angeles							
Region 17	San Bernardino							
Region 17	Riverside							
Region 18	Orange							
Region 19	San Diego							

Attachment C1 - Plan Type by Rating Region (Individual)

California Health Benefit Exchange
QHP Issuer Recertification Application for Plan Year 2016
Attachment C2 - Plan Type by Rating Region (SHOP)

If an Issuer currently sells Small Group and Individual, the Issuer must respond for SHOP in order to bid for Individual. Selecting a box below means Issuer will submit a QHP Bid for the selected rating region for the selected or all metal tiers and a catastrophic benefit design within that rating region. Issuer must offer a complete array of metal tiers and a catastrophic plan under either Standardized Plan 1 or 2, or the combined options, in order to submit an HSA Plan or propose an Alternate Plan. The 19 regions, shown below, are defined based on recent California legislation. Two-Tier networks are allowed to overlay standard benefit plan designs. A Two-Tiered Network is defined as a benefit design with two in-network benefit levels.

SHOP										
Rating Region	County	Partial County Yes/No	Platinum Plan	Gold Plan	Silver Plan	Bronze Plan	Catastrophic Plan	HSA Bronze Plan	HSA Silver Plan	Alternate Plan
Region 1	Alpine									
Region 1	Del Norte									
Region 1	Siskiyou									
Region 1	Modoc									
Region 1	Lassen									
Region 1	Shasta									
Region 1	Trinity									
Region 1	Humboldt									
Region 1	Tehama									
Region 1	Plumas									
Region 1	Nevada									
Region 1	Sierra									
Region 1	Mendocino									
Region 1	Lake									
Region 1	Butte									
Region 1	Glenn									
Region 1	Sutter									
Region 1	Yuba									
Region 1	Colusa									
Region 1	Amador									
Region 1	Calaveras									
Region 1	Tuolumne									
Region 2	Napa									
Region 2	Sonoma									
Region 2	Solano									
Region 2	Marin									
Region 3	Sacramento									
Region 3	Placer									
Region 3	El Dorado									

Rating Region	County	Partial County Yes/No	Platinum Plan	Gold Plan	Silver Plan	Bronze Plan	Catastrophic Plan	HSA Bronze Plan	HSA Silver Plan	Alternate Plan
Region 3	Yolo									
Region 4	San Francisco									
Region 5	Contra Costa									
Region 6	Alameda									
Region 7	Santa Clara									
Region 8	San Mateo									
Region 9	Santa Cruz									
Region 9	Monterey									
Region 9	San Benito									
Region 10	San Joaquin									
Region 10	Stanislaus									
Region 10	Merced									
Region 10	Mariposa									
Region 10	Tulare									
Region 11	Fresno									
Region 11	Kings									
Region 11	Madera									
Region 12	San Luis Obispo									
Region 12	Ventura									
Region 12	Santa Barbara									
Region 13	Mono									
Region 13	Inyo									
Region 13	Imperial									
Region 14	Kern									
Region 15	Los Angeles									
Region 16	Los Angeles									
Region 17	San Bernardino									
Region 17	Riverside									
Region 18	Orange									
Region 19	San Diego									

California Health Benefit Exchange
QHP Issuer Recertification Application for Plan Year 2016
Attachment D1 - Recertification Provider Counts (Physicians)

Instructions

Physician Counts should be M.D and D.O only.

Physicians are counted by NPI identifier across all regions

PCPs are defined as MDs or DOs with the following criteria:

- Must have 1 of the following specialties: Internal Medicine, Family Practice, OBGYN, Pediatrics, and General Practice.
- Must provide primary care services.

Specialists are defined as MDs or DOs with the following criteria

- Must have a medical specialty
- Do not include hospital based specialties such as Critical Care and Emergency Medicine, Anesthesiology, Hospitalists, Hospital/Lab /Blood bank based Pathology
- Must provide specialty care services.

Physicians eligible to be in both categories can be counted twice.

Rating Region	PPO		EPO		HMO	
	PPO PCPs	PPO Specialists	EPO PCPs	EPO Specialists	HMO PCPs	HMO Specialists
Region 1						
Region 2						
Region 3						
Region 4						
Region 5						
Region 6						
Region 7						
Region 8						
Region 9						
Region 10						
Region 11						
Region 12						
Region 13						
Region 14						
Region 15						
Region 16						
Region 17						
Region 18						
Region 19						
Statewide	0	0	0	0	0	0

California Health Benefit Exchange
QHP Issuer Recertification Application for Plan Year 2016
Attachment D2 - Recertification Provider Counts (Hospitals)

Hospitals are to be selected per the provided reference list (OSHPD California Hospital List: Acute Care Hospitals) below
Please select "Yes" from the drop down list to indicate each in-network hospital in the list below for all offered products

OSHPD ID	CA Facility ID	Hospital Name	Address	City	Zip Code	Rating Region	County	In Network PPO	In Network EPO	In Network HMO
106164029	630012960	ADVENTIST MEDICAL CENTER	115 MALL Dr	HANFORD	93230	11	KINGS			
106100797	040000124	ADVENTIST MEDICAL CENTER - REEDLEY	372 W CYPRESS Ave	REEDLEY	93654	11	FRESNO			
106100793	040000122	ADVENTIST MEDICAL CENTER-SELMA	1141 ROSE Ave	SELMA	93662	11	FRESNO			
106301098	060000002	AHMC ANAHEIM REGIONAL MEDICAL CENTER	1111 W LA PALMA Ave	ANAHEIM	92801	18	ORANGE			
106010811	140000184	ALAMEDA CO MED CTR - FAIRMONT CAMPUS	15400 FOOTHILL Blvd	SAN LEANDRO	94578	6	ALAMEDA			
106010846	140000034	ALAMEDA CO MED CTR - HIGHLAND CAMPUS	1411 E 31ST St	OAKLAND	94602	6	ALAMEDA			
106010735	140000011	ALAMEDA HOSPITAL	2070 CLINTON ave	ALAMEDA	94501	6	ALAMEDA			
206010989	630014635	ALAMEDA HOSPITAL AT WATERS EDGE	2401 BLANDING Ave	ALAMEDA	94501	6	ALAMEDA			
206010956	630011864	ALAMEDA HOSPITAL-SOUTH SHORE CONVALESCENT HOSPITAL	625 WILLOW St	ALAMEDA	94501	6	ALAMEDA			
106190017	930000005	ALHAMBRA HOSPITAL	100 S RAYMOND Ave	ALHAMBRA	91801	15	LOS ANGELES			
106010739	140000012	ALTA BATES SUMMIT MED CTR-ALTA BATES CAMPUS	2450 ASHBY Ave	BERKELEY	94705	6	ALAMEDA			
106010844	140000006	ALTA BATES SUMMIT MED CTR-HERRICK CAMPUS	2001 DWIGHT WAY	BERKELEY	94704	6	ALAMEDA			
106010937	140000425	ALTA BATES SUMMIT MED CTR-SUMMIT CAMPUS-HAWTHORNE	350 HAWTHORNE Ave	OAKLAND	94609	6	ALAMEDA			
106013626	140000203	ALTA BATES SUMMIT MED CTR-SUMMIT CAMPUS-SUMMIT	3100 SUMMIT St	OAKLAND	94609	6	ALAMEDA			
106370652	090000013	ALVARADO HOSPITAL MEDICAL CENTER	6655 ALVARADO Rd	SAN DIEGO	92120	19	SAN DIEGO			
106374063	090000839	ALVARADO HOSPITAL MEDICAL CENTER	6645 ALVARADO Rd	SAN DIEGO	92120	19	SAN DIEGO			
106190034	930000008	ANTELOPE VALLEY HOSPITAL	1600 W Ave J	LANCASTER	93534	15	LOS ANGELES			
106364231	240000100	ARROWHEAD REGIONAL MEDICAL CENTER	400 N PEPPER Ave	COLTON	92324	17	SAN BERNARDINO			
106154101	120001330	BAKERSFIELD HEART HOSPITAL	3001 SILLECT Ave	BAKERSFIELD	93308	14	KERN			
106150722	120000338	BAKERSFIELD MEMORIAL HOSPITAL- 34TH STREET	420 34TH St	BAKERSFIELD	93301	14	KERN			
106364121	240001218	BALLARD REHABILITATION HOSP	1760 W 16TH St	SAN BERNARDINO	92411	17	SAN BERNARDINO			
106184008	230000008	BANNER LASSEN MEDICAL CENTER	1800 SPRING RIDGE Dr	SUSANVILLE	96130	1	LASSEN			
106190052	930000014	BARLOW RESPIRATORY HOSPITAL	2000 STADIUM WAY	LOS ANGELES	90026	16	LOS ANGELES			
106364430	240000001	BARSTOW COMMUNITY HOSPITAL	820 E MOUNTAIN VIEW ST	BARSTOW	92311	17	SAN BERNARDINO			
106090793	030000114	BARTON MEMORIAL HOSPITAL	2170 South Ave	SOUTH LAKE TAHOE	96150	3	EL DORADO			
106361110	240000002	BEAR VALLEY COMMUNITY HOSPITAL	41870 GARSTIN Dr	BIG BEAR LAKE	92315	17	SAN BERNARDINO			
106190081	930000012	BEVERLY HOSPITAL	309 W BEVERLY Blvd	MONTEBELLO	90640	15	LOS ANGELES			
106040802	230000001	BIGGS GRIDLEY MEMORIAL HOSPITAL	240 SPRUCE St	GRIDLEY	95948	1	BUTTE			
206500806	#N/A	BRANDEL MANOR - D/P SNF OF EMANUEL MEDICAL CTR	1801 N OLIVE St	TURLOCK	95382	10	STANISLAUS			
206413500	220000042	BURLINGAME HEALTH CARE CENTER D/P SNF	1100 TROUSDALE Dr	BURLINGAME	94010	8	SAN FRANCISCO			
106190125	930000002	CALIFORNIA HOSPITAL MEDICAL CENTER - LOS ANGELES	1401 S GRAND Ave	LOS ANGELES	90015	16	LOS ANGELES			
106380826	220000014	CALIFORNIA PACIFIC MED CTR-CALIFORNIA EAST	3698 CALIFORNIA St	SAN FRANCISCO	94118	4	SAN FRANCISCO			
106380777	220000002	CALIFORNIA PACIFIC MED CTR-CALIFORNIA WEST	3700 CALIFORNIA St	SAN FRANCISCO	94118	4	SAN FRANCISCO			
106380933	220000023	CALIFORNIA PACIFIC MED CTR-DAVIES CAMPUS	601 DUBOCE Ave	SAN FRANCISCO	94117	4	SAN FRANCISCO			
106380929	220000022	CALIFORNIA PACIFIC MED CTR-PACIFIC CAMPUS	2333 BUCHANAN St	SAN FRANCISCO	94115	4	SAN FRANCISCO			
106380964	220000018	CALIFORNIA PACIFIC MEDICAL CENTER - ST. LUKE'S CAMPUS	3555 CESAR CHAVEZ St	SAN FRANCISCO	94110	4	SAN FRANCISCO			
106190137	930000020	CASA COLINA HOSPITAL FOR REHAB MEDICINE	255 E BONITA Ave	POMONA	91767	15	LOS ANGELES			
106190045	930000013	CATALINA ISLAND MEDICAL CENTER	100 FALLS CANYON Rd	AVALON	90704	15	LOS ANGELES			
106190555	930000004	CEDARS SINAI MEDICAL CENTER	8700 BEVERLY Blvd	LOS ANGELES	90048	16	LOS ANGELES			
106190148	930000022	CENTINELA HOSPITAL MEDICAL CENTER	555 E HARDY St	INGLEWOOD	90301	16	LOS ANGELES			
106160787	040000119	CENTRAL VALLEY GENERAL HOSPITAL	1025 N DOUZY St	HANFORD	93230	11	KINGS			
106500954	030000129	CENTRAL VALLEY SPECIALTY HOSPITAL	730 17TH St	MODESTO	95354	10	STANISLAUS			
106301140	060000006	CHAPMAN MEDICAL CENTER	2601 E CHAPMAN Ave	ORANGE	92869	18	ORANGE			
106010776	140000014	CHILDRENS HOSPITAL AND RESEARCH CTR AT OAKLAND	747 52ND St	OAKLAND	94609	6	ALAMEDA			
106304113	060001207	CHILDREN'S HOSPITAL AT MISSION	27700 MEDICAL CenTeR rd	MISSION VIEJO	92691	18	ORANGE			
106204019	040000129	CHILDREN'S HOSPITAL CENTRAL CALIFORNIA	9300 VALLEY CHILDRENS PL	MADERA	93638	11	MADERA			
106190170	930000034	CHILDREN'S HOSPITAL OF LOS ANGELES	4650 W SUNSET Blvd	LOS ANGELES	90027	16	LOS ANGELES			
106300032	060000007	CHILDREN'S HOSPITAL OF ORANGE COUNTY	1201 W LA VETA Ave	ORANGE	92868	18	ORANGE			
106434051	070000766	CHILDRENS RECOVERY CENTER OF NORTHERN CALIFORNIA	3777 S BASCOM Ave	CAMPBELL	95008	7	SANTA CLARA			
106382715	220000003	CHINESE HOSPITAL	845 JACKSON St	SAN FRANCISCO	94133	4	SAN FRANCISCO			
106361144	240000003	CHINO VALLEY MEDICAL CENTER	5451 WALNUT Ave	CHINO	91710	17	SAN BERNARDINO			
106190413	930000070	CITRUS VALLEY MEDICAL CENTER - IC CAMPUS	210 W SAN BERNARDINO Rd	COVINA	91723	15	LOS ANGELES			
106190636	930000132	CITRUS VALLEY MEDICAL CENTER - QV CAMPUS	1115 S SUNSET Ave	WEST COVINA	91790	15	LOS ANGELES			
106190176	930000036	CITY OF HOPE HELFORD CLINICAL RESEARCH HOSPITAL	1500 DUARTE Rd	DUARTE	91010	15	LOS ANGELES			
106100005	040000095	CLOVIS COMMUNITY MEDICAL CENTER	2755 HERNDON Ave	CLOVIS	93611	11	FRESNO			
106100697	040000798	COALINGA REGIONAL MEDICAL CENTER	1191 PHELPS Ave	COALINGA	93210	11	FRESNO			
106190766	930000038	COAST PLAZA HOSPITAL	13100 STUDEBAKER Rd	NORWALK	90650	15	LOS ANGELES			
106301258	060000021	COASTAL COMMUNITIES HOSPITAL	2701 S BRISTOL St	SANTA ANA	92704	18	ORANGE			

OSHPD ID	CA Facility ID	Hospital Name	Address	City	Zip Code	Rating Region	County	In Network PPO	In Network EPO	In Network HMO
106301155	060000008	COLLEGE HOSPITAL COSTA MESA	301 VICTORIA St	COSTA MESA	92627	18	ORANGE			
106190587	930000114	COLLEGE MEDICAL CENTER	2776 PACIFIC Ave	LONG BEACH	90806	15	LOS ANGELES			
106190477	930000083	COLLEGE MEDICAL CENTER SOUTH CAMPUS D/P APH	1725 PACIFIC Ave	LONG BEACH	90813	15	LOS ANGELES			
106361458	240000034	COLORADO RIVER MEDICAL CENTER	1401 BAILEY Ave	NEEDLES	92363	17	SAN BERNARDINO			
106060870	230000259	COLUSA REGIONAL MEDICAL CENTER	199 E WEBSTER St	COLUSA	95932	1	COLUSA			
106104008	040000259	COMMUNITY BEHAVIORAL HEALTH CENTER	7171 N CEDAR Ave	FRESNO	93720	11	FRESNO			
106270744	070000137	COMMUNITY HOSPITAL MONTEREY PENINSULA	23625 HOLMAN hwy	MONTEREY	93940	9	MONTEREY			
106190197	930000040	COMMUNITY HOSPITAL OF HUNTINGTON PARK	2623 E SLAUSON Ave	HUNTINGTON PARK	90255	16	LOS ANGELES			
106190475	930000082	COMMUNITY HOSPITAL OF LONG BEACH	1720 TERMINO Ave	LONG BEACH	90804	15	LOS ANGELES			
106361323	240000082	COMMUNITY HOSPITAL OF SAN BERNARDINO	1805 MEDICAL CENTER Dr	SAN BERNARDINO	92411	17	SAN BERNARDINO			
106560473	050000014	COMMUNITY MEMORIAL HOSPITAL-SAN BUENAVENTURA	147 N BRENT St	VENTURA	93003	12	VENTURA			
106100717	040000101	COMMUNITY REGIONAL MEDICAL CENTER-FRESNO	2823 FRESNO St	FRESNO	93721	11	FRESNO			
206100718	040000474	COMMUNITY SUBACUTE AND TRANSITIONAL CARE CENTER	3003 N MARIPOSA St	FRESNO	93703	11	FRESNO			
106070924	140000195	CONTRA COSTA REGIONAL MEDICAL CENTER	2500 ALHAMBRA Ave	MARTINEZ	94553	5	CONTRA COSTA			
106331145	250000007	CORONA REGIONAL MEDICAL CENTER-MAGNOLIA	730 MAGNOLIA Ave	CORONA	92879	17	RIVERSIDE			
106331152	250000006	CORONA REGIONAL MEDICAL CENTER-MAIN	800 S MAIN St	CORONA	92882	17	RIVERSIDE			
106424047	050000022	COTTAGE REHABILITATION HOSPITAL	2415 DE LA VINA St	SANTA BARBARA	93105	12	SANTA BARBARA			
106390846	030000117	DAMERON HOSPITAL	525 W ACACIA st	STOCKTON	95203	10	SAN JOAQUIN			
106150706	120000336	DELANO REGIONAL MEDICAL CENTER	1401 GARCES HWY	DELANO	93215	14	KERN			
106331164	250000008	DESERT REGIONAL MEDICAL CENTER	1150 N INDIAN CANYON Dr	PALM SPRINGS	92262	17	RIVERSIDE			
106364144	240001330	DESERT VALLEY HOSPITAL	16850 BEAR VALLEY Rd	VICTORVILLE	92395	17	SAN BERNARDINO			
106392287	030000118	DOCTORS HOSPITAL OF MANTECA	1205 E N St	MANTECA	95336	10	SAN JOAQUIN			
106190857	930000188	DOCTORS HOSPITAL OF WEST COVINA, INC	725 S ORANGE Ave	WEST COVINA	91790	15	LOS ANGELES			
106500852	030000122	DOCTORS MEDICAL CENTER	1441 FLORIDA Ave	MODESTO	95350	10	STANISLAUS			
106070904	110001204	DOCTORS MEDICAL CENTER - SAN PABLO	2000 VALE Rd	SAN PABLO	94806	5	CONTRA COSTA			
106501016	030001568	DOCTORS MEDICAL CENTER-BEHAVIORAL HEALTH DEPARTMENT	1501 CLAUD Rd	MODESTO	95355	10	STANISLAUS			
106440755	070000139	DOMINICAN HOSPITAL-SANTA CRUZ/SOQUEL	1555 SOQUEL Dr	SANTA CRUZ	95065	9	SANTA CRUZ			
106196168	930001709	EARL AND LORRAINE MILLER CHILDRENS HOSPITAL	2801 ATLANTIC Ave	LONG BEACH	90806	15	LOS ANGELES			
106190256	930000053	EAST LOS ANGELES DOCTORS HOSPITAL	4060 WHITTIER Blvd	LOS ANGELES	90023	16	LOS ANGELES			
106190328	930000060	EAST VALLEY HOSPITAL MEDICAL CENTER	150 W ROUTE 66	GLENDORA	91740	15	LOS ANGELES			
206462284	#N/A	EASTERN PLUMAS HOSPITAL-LOYALTON CAMPUS D/P SNF	700 THIRD ST	LOYALTON	96118	1	SIERRA			
106320859	230000004	EASTERN PLUMAS HOSPITAL-PORTOLA CAMPUS	500 1ST ave	PORTOLA	96122	1	PLUMAS			
106014233	140000183	EDEM MEDICAL CENTER	20103 LAKE CHABOT RD	CASTRO VALLEY	94546	6	ALAMEDA			
106331168	250000011	EISENHOWER MEDICAL CENTER	39000 BOB HOPE Dr	RANCHO MIRAGE	92270	17	RIVERSIDE			
106430763	070001351	EL CAMINO HOSPITAL	2500 GRANT Rd	MOUNTAIN VIEW	94040	7	SANTA CLARA			
106430743	070000136	EL CAMINO HOSPITAL LOS GATOS	815 POLLARD Rd	LOS GATOS	95032	7	SANTA CLARA			
106130699	090000040	EL CENTRO REGIONAL MEDICAL CENTER	1415 ROSS Ave	EL CENTRO	92243	13	IMPERIAL			
106500867	030000125	EMANUEL MEDICAL CENTER, INC	825 DELBON Ave	TURLOCK	95382	10	STANISLAUS			
106190280	930000054	ENCINO HOSPITAL MEDICAL CENTER	16237 VENTURA Blvd	ENCINO	91436	16	LOS ANGELES			
106040828	230000002	ENLOE MEDICAL CENTER - COHASSET CAMPUS	560 COHASSET Rd	CHICO	95926	1	BUTTE			
106040962	230000013	ENLOE MEDICAL CENTER- ESPLANADE CAMPUS	1531 ESPLANADE	CHICO	95926	1	BUTTE			
106044011	230000405	ENLOE REHABILITATION CENTER	340 W E Ave	CHICO	95926	1	BUTTE			
106474007	230000019	FAIRCHILD MEDICAL CENTER	444 BRUCE St	YREKA	96097	1	SISKIYOU			
106301781	170001767	FAIRVIEW DEVELOPMENTAL CENTER	2501 HARBOR Blvd	COSTA MESA	92626	18	ORANGE			
206370704	080000053	FALLBROOK HOSP DISTRICT SKILLED NURSING FACILITY	325 POTTER ST	FALLBROOK	92028	19	SAN DIEGO			
106370705	080000043	FALLBROOK HOSPITAL DISTRICT	624 E ELDER St	FALLBROOK	92028	19	SAN DIEGO			
106040875	230000005	FEATHER RIVER HOSPITAL	5974 PENTZ Rd	PARADISE	95969	1	BUTTE			
106190298	930000056	FOOTHILL PRESBYTERIAN HOSPITAL-JOHNSTON MEMORIAL	250 S GRAND Ave	GLENDORA	91741	15	LOS ANGELES			
106301175	060000011	FOUNTAIN VALLEY RGNL HOSP AND MED CTR - EUCLID	17100 EUCLID St	FOUNTAIN VALLEY	92708	18	ORANGE			
106304039	060000936	FOUNTAIN VALLEY RGNL HOSP AND MED CTR - WARNER	11250 WARNER Ave	FOUNTAIN VALLEY	92708	18	ORANGE			
106230949	110000008	FRANK R HOWARD MEMORIAL HOSPITAL	1 MADRONE St	WILLITS	95490	1	MENDOCINO			
106510882	230000260	FREMONT MEDICAL CENTER	970 PLUMAS St	YUBA CITY	95991	1	SLUTTER			
106400480	050000016	FRENCH HOSPITAL MEDICAL CENTER	1911 JOHNSON Ave	SAN LUIS OBISPO	93401	12	SAN LUIS OBISPO			
106105029	040001397	FRESNO HEART AND SURGICAL HOSPITAL	15 E AUDUBON Dr	FRESNO	93720	11	FRESNO			
106104047	040000254	FRESNO SURGICAL HOSPITAL	6125 N FRESNO St	FRESNO	93710	11	FRESNO			
106301283	060000058	GARDEN GROVE HOSPITAL AND MEDICAL CENTER	12601 GARDEN GROVE BLVD	GARDEN GROVE	92843	18	ORANGE			
106190315	930000058	GARFIELD MEDICAL CENTER	525 N GARFIELD Ave	MONTEREY PARK	91754	15	LOS ANGELES			
106120981	110000069	GENERAL HOSPITAL THE	2200 HARRISON Ave	EUREKA	95501	1	HUMBOLDT			
106270777	070000141	GEORGE L MEE MEMORIAL HOSPITAL	300 CANAL St	KING CITY	93930	9	MONTEREY			
106190323	930000059	GLENDALE ADVENTIST MEDICAL CENTER - WILSON TERRACE	1509 WILSON TER	GLENDALE	91206	15	LOS ANGELES			
106190522	930000093	GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTER	1420 S CENTRAL Ave	GLENDALE	91204	15	LOS ANGELES			
106110889	230000006	GLENN MEDICAL CENTER	1133 W SYCAMORE St	WILLOWS	95988	1	GLENN			
106420483	050001021	GOLETA VALLEY COTTAGE HOSPITAL	351 S PATTERSON Ave	SANTA BARBARA	93111	12	SANTA BARBARA			
106150775	120000319	GOOD SAMARITAN HOSPITAL-BAKERSFIELD	901 OLIVE Dr	BAKERSFIELD	93308	14	KERN			
106190392	930000068	GOOD SAMARITAN HOSPITAL-LOS ANGELES	1225 WILSHIRE Blvd	LOS ANGELES	90017	16	LOS ANGELES			
106430779	070000153	GOOD SAMARITAN HOSPITAL-SAN JOSE	2425 SAMARITAN Dr	SAN JOSE	95124	7	SANTA CLARA			
106154044	630011111	GOOD SAMARITAN HOSPITAL-SOUTHWEST D/P APH	5201 WHITE Ln	BAKERSFIELD	93309	14	KERN			
106190352	930000062	GREATER EL MONTE COMMUNITY HOSPITAL	1701 SANTA ANITA Ave	SOUTH EL MONTE	91733	15	LOS ANGELES			
106370714	080000045	GROSSMONT HOSPITAL	5555 GROSSMONT CENTER Dr	LA MESA	91942	19	SAN DIEGO			

OSHPD ID	CA Facility ID	Hospital Name	Address	City	Zip Code	Rating Region	County	In Network PPO	In Network EPO	In Network HMO
106350784	070000142	HAZEL HAWKINS MEMORIAL HOSPITAL	911 SUNSET Dr	HOLLISTER	95023	9	SAN BENITO			
206351814	070000060	HAZEL HAWKINS MEMORIAL HOSPITAL D/P SNF	900 SUNSET Dr	HOLLISTER	95023	9	SAN BENITO			
106490964	110000009	HEALDSBURG DISTRICT HOSPITAL	1375 UNIVERSITY St	HEALDSBURG	95448	2	SONOMA			
106304159	060001698	HEALTHBRIDGE CHILDREN'S HOSPITAL-ORANGE	393 S TUSTIN St	ORANGE	92866	18	ORANGE			
106154022	120000555	HEALTHSOUTH BAKERSFIELD REHABILITATION HOSPITAL	5001 COMMERCE Dr	BAKERSFIELD	93309	14	KERN			
106304079	060001097	HEALTHSOUTH TUSTIN REHABILITATION HOSPITAL	14851 YORBA St	TUSTIN	92680	18	ORANGE			
206334032	#N/A	HEMET VALLEY HEALTH CARE CENTER	371 WESTON PL	HEMET	92543	17	RIVERSIDE			
106331194	250000012	HEMET VALLEY MEDICAL CENTER	1117 E DEVONSHIRE ave	HEMET	92543	17	RIVERSIDE			
106190949	930000063	HENRY MAYO NEWHALL MEMORIAL HOSPITAL	23845 MCBEAN pkwy	VALENCIA	91355	16	LOS ANGELES			
106362041	240000014	HI-DESERT MEDICAL CENTER	6601 WHITE FEATHER Rd	JOSHUA TREE	92252	17	SAN BERNARDINO			
106304045	060001022	HOAG HOSPITAL IRVINE	16200 SAND CANYON Ave	IRVINE	92618	18	ORANGE			
106301205	060000014	HOAG MEMORIAL HOSPITAL PRESBYTERIAN	1 HOAG Dr	NEWPORT BEACH	92663	18	ORANGE			
106304460	630012891	HOAG ORTHOPEDIC INSTITUTE	16250 SAND CANYON Ave	IRVINE	92618	18	ORANGE			
106190382	930000065	HOLLYWOOD PRESBYTERIAN MEDICAL CENTER	1300 N VERMONT Ave	LOS ANGELES	90027	16	LOS ANGELES			
106301209	060000543	HUNTINGTON BEACH HOSPITAL	17772 BEACH Blvd	HUNTINGTON BEACH	92647	18	ORANGE			
106190400	930000026	HUNTINGTON MEMORIAL HOSPITAL	100 W CALIFORNIA Blvd	PASADENA	91105	15	LOS ANGELES			
106121031	110000057	JEROLD PHELPS COMMUNITY HOSPITAL	733 CEDAR St	GARBERVILLE	95542	1	HUMBOLDT			
106220733	040000345	JOHN C FREMONT HEALTHCARE DISTRICT	5189 HOSPITAL RD	MARIPOSA	95338	10	MARIPOSA			
106331216	250000017	JOHN F KENNEDY MEMORIAL HOSPITAL	47111 MONROE St	INDIO	92201	17	RIVERSIDE			
106071018	140000196	JOHN MUIR MEDICAL CENTER-CONCORD CAMPUS	2540 E St	CONCORD	94520	5	CONTRA COSTA			
106070988	140000187	JOHN MUIR MEDICAL CENTER-WALNUT CREEK CAMPUS	1601 YGNACIO VALLEY Rd	WALNUT CREEK	94598	5	CONTRA COSTA			
106196035	930001543	KAISER FND HOSP - BALDWIN PARK	1011 BALDWIN PARK BLVD	BALDWIN PARK	91706	15	LOS ANGELES			
106361223	240000024	KAISER FND HOSP - FONTANA	9961 SIERRA Ave	FONTANA	92335	17	SAN BERNARDINO			
106014132	140001086	KAISER FND HOSP - FREMONT	39400 PASEO PADRE pkwy	FREMONT	94538	6	ALAMEDA			
106104062	040000949	KAISER FND HOSP - FRESNO	7300 N FRESNO St	FRESNO	93720	11	FRESNO			
106010858	140000189	KAISER FND HOSP - HAYWARD/FREMONT	27400 HESPERIAN Blvd	HAYWARD	94545	6	ALAMEDA			
106190429	930000072	KAISER FND HOSP - LOS ANGELES	4867 w SUNSET Blvd	LOS ANGELES	90027	16	LOS ANGELES			
106190646	#N/A	KAISER FND HOSP - MENTAL HEALTH CENTER	765 COLLEGE St	LOS ANGELES	90012	16	LOS ANGELES			
106010856	140000188	KAISER FND HOSP - OAKLAND CAMPUS	280 W MACARTHUR Blvd	OAKLAND	94611	6	ALAMEDA			
106304409	630013929	KAISER FND HOSP - ORANGE COUNTY - ANAHEIM	3440 E LA PALMA AVE	ANAHEIM	92806	18	ORANGE			
106304306	630011745	KAISER FND HOSP - ORANGE COUNTY - IRVINE	6640 ALTON Pkwy	IRVINE	92618	18	ORANGE			
106190432	930000050	KAISER FND HOSP - PANORAMA CITY	13652 CANTARA St	PANORAMA CITY	91402	16	LOS ANGELES			
106410804	220000010	KAISER FND HOSP - REDWOOD CITY	1150 VETERANS Blvd	REDWOOD CITY	94063	8	SAN MATEO			
106480989	110000011	KAISER FND HOSP - REHABILITATION CENTER VALLEJO	975 SERENO Dr	VALLEJO	94589	2	SOLANO			
106074093	140000191	KAISER FND HOSP - RICHMOND CAMPUS	901 NEVIN AVE	RICHMOND	94804	5	CONTRA COSTA			
106334025	250000707	KAISER FND HOSP - RIVERSIDE	10800 MAGNOLIA Ave	RIVERSIDE	92505	17	RIVERSIDE			
106314024	030001370	KAISER FND HOSP - ROSEVILLE	1600 EUREKA Rd	ROSEVILLE	95661	3	PLACER			
106340913	030000130	KAISER FND HOSP - SACRAMENTO	2025 MORSE Ave	SACRAMENTO	95825	3	SACRAMENTO			
106370730	080000144	KAISER FND HOSP - SAN DIEGO	4647 ZION Ave	SAN DIEGO	92120	19	SAN DIEGO			
106380857	220000008	KAISER FND HOSP - SAN FRANCISCO	2425 GEARY Blvd	SAN FRANCISCO	94115	4	SAN FRANCISCO			
106431506	070000150	KAISER FND HOSP - SAN JOSE	250 HOSPITAL Pkwy	SAN JOSE	95119	7	SANTA CLARA			
106210992	110000944	KAISER FND HOSP - SAN RAFAEL	99 MONTECILLO Rd	SAN RAFAEL	94903	2	MARIN			
106434153	070001355	KAISER FND HOSP - SANTA CLARA	700 LAWRENCE EXPY	SANTA CLARA	95051	7	SANTA CLARA			
106494019	110000508	KAISER FND HOSP - SANTA ROSA	401 BICENTENNIAL WAY	SANTA ROSA	95403	2	SONOMA			
106190431	930000071	KAISER FND HOSP - SOUTH BAY	25825 VERMONT Ave	HARBOR CITY	90710	15	LOS ANGELES			
106342344	030000133	KAISER FND HOSP - SOUTH SACRAMENTO	6600 BRUCEVILLE Rd	SACRAMENTO	95823	3	SACRAMENTO			
106410806	220000009	KAISER FND HOSP - SOUTH SAN FRANCISCO	1200 EL CAMINO REAL	SOUTH SAN FRANCISCO	94080	8	SAN MATEO			
106070990	140000190	KAISER FND HOSP - WALNUT CREEK	1425 S MAIN St	WALNUT CREEK	94596	5	CONTRA COSTA			
106190434	930000076	KAISER FND HOSP - WEST LA	6041 CADILLAC Ave	LOS ANGELES	90034	16	LOS ANGELES			
106191450	930000290	KAISER FND HOSP - WOODLAND HILLS	5601 DE SOTO Ave	WOODLAND HILLS	91367	16	LOS ANGELES			
106334048	630011959	KAISER FND HOSPITAL - MORENO VALLEY	27300 IRIS Ave	MORENO VALLEY	92555	17	RIVERSIDE			
106394009	030001254	KAISER FND HOSP-MANTECA	1777 W YOSEMITE Ave	MANTECA	95336	10	SAN JOAQUIN			
106504042	630011683	KAISER FND HOSP-MODESTO	4601 DALE RD	MODESTO	95356	10	STANISLAUS			
106074097	630011203	KAISER FOUND HSP-ANTIOCH	4501 SAND CREEK Rd	ANTIOCH	94531	5	CONTRA COSTA			
106196403	930000074	KAISER FOUNDATION HOSPITAL - DOWNEY	9333 IMPERIAL Hwy	DOWNEY	90242	16	LOS ANGELES			
106014337	#N/A	KAISER FOUNDATION HOSPITAL - SAN LEANDRO	2500 MERCED St	SAN LEANDRO	94577	6	ALAMEDA			
106484044	630012364	KAISER FOUNDATION HOSPITAL - VACAVILLE	1 QUALITY Dr	VACAVILLE	95688	2	SOLANO			
106364265	630013398	KAISER ONTARIO MEDICAL CENTER CAMPUS	2295 S VINEYARD Ave	ONTARIO	91761	17	SAN BERNARDINO			
106544009	120001452	KAWEAH DELTA MENTAL HEALTH HOSPITAL D/P APH	1100 S AKERS St	VISALIA	93277	10	TULARE			
106540734	120001444	KAWEAH DELTA MEDICAL CENTER	400 W MINERAL KING ave	VISALIA	93291	10	TULARE			
106544075	120001451	KAWEAH DELTA REHABILITATION HOSPITAL	840 S AKERS st	VISALIA	93277	10	TULARE			
106540827	120001449	KAWEAH DELTA SKILLED NURSING FACILITY	1633 S COURT St	VISALIA	93277	10	TULARE			
106194219	930000912	KECK HOSPITAL OF USC	1500 SAN PABLO St	LOS ANGELES	90033	16	LOS ANGELES			
106210993	110000946	KENTFIELD REHABILITATION & SPECIALTY HOSPITAL	1125 SIR FRANCIS DRAKE BLVD	KENTFIELD	94904	2	MARIN			
106150736	120000342	KERN MEDICAL CENTER	1700 MOUNT VERNON Ave	BAKERSFIELD	93306	14	KERN			
106150737	120000344	KERN VALLEY HEALTHCARE DISTRICT	6412 LAUREL Ave	LAKE ISABELLA	93240	14	KERN			
106190449	930000089	KINDRED HOSPITAL - LA MIRADA	14900 IMPERIAL Hwy	LA MIRADA	90637	15	LOS ANGELES			
106190305	930000088	KINDRED HOSPITAL - LOS ANGELES	5525 W SLAUSON Ave	LOS ANGELES	90056	16	LOS ANGELES			
106370721	090000048	KINDRED HOSPITAL - SAN DIEGO	1940 EL CAJON Blvd	SAN DIEGO	92104	19	SAN DIEGO			

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106010887	140000148	KINDRED HOSPITAL - SAN FRANCISCO BAY AREA	2800 BENEDICT Dr	SAN LEANDRO	94577	6	ALAMEDA			
106190458	930000042	KINDRED HOSPITAL - SAN GABRIEL VALLEY	845 N LARK ELLEN Ave	WEST COVINA	91791	15	LOS ANGELES			
106301167	930001607	KINDRED HOSPITAL - SANTA ANA	1901 COLLEGE Ave	SANTA ANA	92706	18	ORANGE			
106190049	930000144	KINDRED HOSPITAL BALDWIN PARK	14148 FRANCISQUITO Ave	BALDWIN PARK	91706	15	LOS ANGELES			
106301127	060001360	KINDRED HOSPITAL BREA	875 N BREA Blvd	BREA	92621	18	ORANGE			
106361274	240000040	KINDRED HOSPITAL ONTARIO	550 N MONTEREY Ave	ONTARIO	91764	17	SAN BERNARDINO			
106364188	240001515	KINDRED HOSPITAL RANCHO	10841 WHITE OAK Ave	RANCHO CUCAMONGA	91730	17	SAN BERNARDINO			
106332172	250000004	KINDRED HOSPITAL RIVERSIDE	2224 MEDICAL CENTER Dr	PERRIS	92571	17	RIVERSIDE			
106190196	930000039	KINDRED HOSPITAL SOUTH BAY	1246 W 155TH St	GARDENA	90247	16	LOS ANGELES			
106301380	060000017	KINDRED HOSPITAL WESTMINSTER	200 HOSPITAL CIR	WESTMINSTER	92683	18	ORANGE			
106301234	060000944	LA PALMA INTERCOMMUNITY HOSPITAL	7901 WALKER St	LA PALMA	90623	18	ORANGE			
106191227	060000697	LAC/HARBOR-UCLA MEDICAL CENTER	1000 W CARSON St	TORRANCE	90502	16	LOS ANGELES			
106191306	060000028	LAC/RANCHO LOS AMIGOS NATIONAL REHAB CENTER	7601 IMPERIAL Hwy	DOWNEY	90242	16	LOS ANGELES			
106191228	060000700	LAC+USC MEDICAL CENTER	1200 N STATE St	LOS ANGELES	90033	16	LOS ANGELES			
106380865	220000012	LAGUNA HONDA HOSPITAL AND REHABILITATION CENTER	375 LAGUNA HONDA Blvd	SAN FRANCISCO	94116	4	SAN FRANCISCO			
106190240	930000047	LAKEWOOD REGIONAL MEDICAL CENTER	3700 E S St	LAKEWOOD	90712	15	LOS ANGELES			
106191014	170001771	LANTERMAN DEVELOPMENTAL CENTER	3530 POMONA Blvd	POMONA	91768	15	LOS ANGELES			
106390923	030000139	LODI MEMORIAL HOSPITAL	975 S FAIRMONT Ave	LODI	95240	10	SAN JOAQUIN			
106390922	100000190	LODI MEMORIAL HOSPITAL - WEST	800 S LOWER SACRAMENTO Rd	LODI	95242	10	SAN JOAQUIN			
106361245	240000025	LOMA LINDA UNIV. MED. CENTER EAST CAMPUS HOSPITAL	25333 BARTON Rd	LOMA LINDA	92354	17	SAN BERNARDINO			
106364268	630012294	LOMA LINDA UNIVERSITY HEART AND SURGICAL HOSPITAL	26780 BARTON Rd	REDLANDS	92373	17	SAN BERNARDINO			
106361246	240000027	LOMA LINDA UNIVERSITY MEDICAL CENTER	11234 ANDERSON St	LOMA LINDA	92354	17	SAN BERNARDINO			
106334589	630012971	LOMA LINDA UNIVERSITY MEDICAL CENTER-MURRIETA	28062 BAXTER Rd	MURRIETA	92563	17	RIVERSIDE			
106420491	050000018	LOMPOC VALLEY MEDICAL CENTER	1515 E OCEAN Ave	LOMPOC	93436	12	SANTA BARBARA			
206420552	#N/A	LOMPOC VALLEY MEDICAL CENTER COMPREHENSIVE CARE CENTER D	216 N THIRD St	LOMPOC	93436	12	SANTA BARBARA			
106190525	930001709	LONG BEACH MEMORIAL MEDICAL CENTER	2801 ATLANTIC Ave	LONG BEACH	90806	15	LOS ANGELES			
106301248	060000714	LOS ALAMITOS MEDICAL CENTER	3751 KATELLA Ave	LOS ALAMITOS	90720	18	ORANGE			
106190198	930000085	LOS ANGELES COMMUNITY HOSPITAL	4081 E OLYMPIC Blvd	LOS ANGELES	90023	16	LOS ANGELES			
106191231	060000631	LAC/OLIVE VIEW-UCLA MEDICAL CENTER	14445 OLIVE VIEW Dr	SYLMAR	91342	16	LOS ANGELES			
106560492	050000020	LOS ROBLES HOSPITAL & MEDICAL CENTER	215 W JANSS Rd	THOUSAND OAKS	91360	12	VENTURA			
106564018	050001173	LOS ROBLES HOSPITAL & MEDICAL CENTER - EAST CAMPUS	150 VIA MERIDA	WESTLAKE VILAGE	91362	16	VENTURA			
106434040	070001349	LUCILE SALTER PACKARD CHILDREN'S HOSP. AT STANFORD	725 WELCH Rd	PALO ALTO	94304	7	SANTA CLARA			
106121002	070001143	MAD RIVER COMMUNITY HOSPITAL	3800 JANES Rd	ARCATA	95521	1	HUMBOLDT			
106201281	040000111	MADERA COMMUNITY HOSPITAL	1250 E ALMOND Ave	MADERA	93637	11	MADERA			
106260011	240000005	MAMMOTH HOSPITAL	85 SIERRA PARK Rd	MAMMOTH LAKES	93546	13	MONO			
106420493	050000021	MARIAN REGIONAL MEDICAL CENTER	1400 E CHURCH St	SANTA MARIA	93454	12	SANTA BARBARA			
106400466	050000009	MARIAN REGIONAL MEDICAL CENTER, ARROYO GRANDE	345 S HALCYON Rd	ARROYO GRANDE	93420	12	SAN LUIS OBISPO			
106211006	110000955	MARIN GENERAL HOSPITAL	250 BON AIR Rd	GREENBRAE	94904	2	MARIN			
106190500	930000044	MARINA DEL REY HOSPITAL	4650 LINCOLN Blvd	MARINA DEL REY	90292	16	LOS ANGELES			
106050932	030000120	MARK TWAIN MEDICAL CENTER	768 MOUNTAIN RANCH Rd	SAN ANDREAS	95249	1	CALAVERAS			
106090933	030001064	MARSHALL MEDICAL CENTER (1-RH)	1100 MARSHALL WAY	PLACERVILLE	95667	3	EL DORADO			
106450936	230000009	MAYERS MEMORIAL HOSPITAL	43563 STATE HWY 299 E	FALL RIVER MILLS	96028	1	SHASTA			
106240924	040000110	MEMORIAL HOSPITAL LOS BANOS	520 W I St	LOS BANOS	93635	10	MERCED			
106500939	030000123	MEMORIAL HOSPITAL MEDICAL CENTER - MODESTO	1700 COFFEE Rd	MODESTO	95355	10	STANISLAUS			
106190521	930000092	MEMORIAL HOSPITAL OF GARDENA	1145 W REDONDO BEACH BLVD	GARDENA	90247	16	LOS ANGELES			
106231013	110000023	MENDOCINO COAST DISTRICT HOSPITAL	700 RIVER Dr	FORT BRAGG	95437	1	MENDOCINO			
106334018	250000727	MENIFEE VALLEY MEDICAL CENTER	28400 MCCALL Blvd	SUN CITY	92585	17	RIVERSIDE			
106414018	220000716	MENLO PARK SURGICAL HOSPITAL	570 WILLOW Rd	MENLO PARK	94025	8	SAN MATEO			
106340947	030000124	MERCY GENERAL HOSPITAL	4001 J St	SACRAMENTO	95819	3	SACRAMENTO			
106150761	120000404	MERCY HOSPITAL - BAKERSFIELD	2215 TRUXTUN Ave	BAKERSFIELD	93301	14	KERN			
106344029	030000901	MERCY HOSPITAL - FOLSOM	1650 CREEKSIDE Dr	FOLSOM	95630	3	SACRAMENTO			
106240942	040000113	MERCY MEDICAL CENTER - MERCED	333 MERCY Ave	MERCED	95340	10	MERCED			
106450949	230000010	MERCY MEDICAL CENTER - REDDING	2175 ROSALINE Ave	REDDING	96001	1	SHASTA			
106470871	100001760	MERCY MEDICAL CENTER MT. SHASTA	914 PINE St	MOUNT SHASTA	96067	1	SISKIYOU			
106340950	030000127	MERCY SAN JUAN HOSPITAL	6501 COYLE Ave	CARMICHAEL	95608	3	SACRAMENTO			
106154108	120000701	MERCY SOUTHWEST HOSPITAL	400 OLD RIVER RD	BAKERSFIELD	93311	14	KERN			
106340951	030000037	METHODIST HOSPITAL OF SACRAMENTO	7500 HOSPITAL Dr	SACRAMENTO	95823	3	SACRAMENTO			
106190529	930000096	METHODIST HOSPITAL OF SOUTHERN CALIFORNIA	300 W HUNTINGTON Dr	ARCADIA	91007	15	LOS ANGELES			
106410742	220000004	MILLS HEALTH CENTER	100 S SAN MATEO Dr	SAN MATEO	94401	8	SAN MATEO			
106410852	220000017	MILLS-PENINSULA MEDICAL CENTER	1501 TROUSDALE Dr	BURLINGAME	94010	8	SAN MATEO			
106190681	930000158	MIRACLE MILE MEDICAL CENTER	6000 SAN VICENTE Blvd	LOS ANGELES	90036	16	LOS ANGELES			
106190524	930000027	MISSION COMMUNITY HOSPITAL - PANORAMA CAMPUS	14850 ROSCOE Blvd	PANORAMA CITY	91402	16	LOS ANGELES			
106301337	060000690	MISSION HOSPITAL LAGUNA BEACH	31872 COAST Hwy	LAGUNA BEACH	92651	18	ORANGE			
106301262	060001207	MISSION HOSPITAL REGIONAL MEDICAL CENTER	27700 MEDICAL CENTER Rd	MISSION VIEJO	92691	18	ORANGE			
106430915	070001410	MISSION OAKS HOSPITAL	15891 LOS GATOS ALMADEN Rd	LOS GATOS	95032	7	SANTA CLARA			
106250956	230000011	MODOC MEDICAL CENTER	228 W MCDOWELL Ave	ALTURAS	96101	1	MODOC			
106190541	930000107	MONROVIA MEMORIAL HOSPITAL	323 S HELIOTROPE Ave	MONROVIA	91016	15	LOS ANGELES			
106361166	240000009	MONTCLAIR HOSPITAL MEDICAL CENTER	5000 SAN BERNARDINO St	MONTCLAIR	91763	17	SAN BERNARDINO			
106190547	930000108	MONTEREY PARK HOSPITAL	900 S ATLANTIC Blvd	MONTEREY PARK	91754	15	LOS ANGELES			

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106190552	930000109	MOTION PICTURE AND TELEVISION HOSPITAL	23388 MULHOLLAND Dr	WOODLAND HILLS	91364	16	LOS ANGELES			
106361266	240000052	MOUNTAINS COMMUNITY HOSPITAL	29101 HOSPITAL Rd	LAKE ARROWHEAD	92352	17	SAN BERNARDINO			
106274043	070000306	NATIVIDAD MEDICAL CENTER	1441 CONSTITUTION Blvd	SALINAS	93906	9	MONTEREY			
106481357	110000010	NORTH BAY MEDICAL CENTER	1200 B GALE WILSON BLVD	FAIRFIELD	94533	2	SOLANO			
106484001	110000378	NORTH BAY VACAVALLEY HOSPITAL	1000 NUT TREE Rd	VACAVILLE	95687	2	SOLANO			
106141273	240000037	NORTHERN INYO HOSPITAL	150 PIONEER Ln	BISHOP	93514	13	INYO			
106190568	930000111	NORTHTRIDGE HOSPITAL MEDICAL CENTER	18300 ROSCOE Blvd	NORTHTRIDGE	91325	16	LOS ANGELES			
106190570	930000112	NORWALK COMMUNITY HOSPITAL	13222 BLOOMFIELD Ave	NORWALK	90650	15	LOS ANGELES			
106214034	110000982	NOVATO COMMUNITY HOSPITAL	180 ROWLAND WAY	NOVATO	94945	2	MARIN			
206501352	030000079	OAK VALLEY CARE CENTER D/P SNF	275 S OAK ave	OAKDALE	95361	10	STANISLAUS			
106500967	030000131	OAK VALLEY DISTRICT HOSPITAL (2-RH)	350 S OAK ave	OAKDALE	95361	10	STANISLAUS			
106430837	070000868	O'CONNOR HOSPITAL - SAN JOSE	2105 FOREST Ave	SAN JOSE	95128	7	SANTA CLARA			
206560500	050000141	OJAI MANOR CONVALESCENT HOSPITAL	1306 MARICOPA Hwy	OJAI	93023	12	VENTURA			
106560501	050000141	OJAI VALLEY COMMUNITY HOSPITAL	1306 MARICOPA Hwy	OJAI	93023	12	VENTURA			
106190534	930000105	OLYMPIA MEDICAL CENTER	5900 W OLYMPIC BLVD	LOS ANGELES	90036	16	LOS ANGELES			
106300225	060000208	ORANGE COAST MEMORIAL MEDICAL CENTER	9920 TALBERT Ave	FOUNTAIN VALLEY	92708	18	ORANGE			
106040937	230000014	OROVILLE HOSPITAL	2767 OLIVE Hwy	OROVILLE	95966	1	BUTTE			
106190307	930000057	PACIFIC ALLIANCE MEDICAL CENTER, INC.	531 W COLLEGE St	LOS ANGELES	90012	16	LOS ANGELES			
106190696	930000133	PACIFICA HOSPITAL OF THE VALLEY	9449 SAN FERNANDO Rd	SUN VALLEY	91352	16	LOS ANGELES			
106196405	930000077	PALMDALE REGIONAL MEDICAL CENTER	38600 MEDICAL CENTER Dr	PALMDALE	93551	15	LOS ANGELES			
106331288	250000042	PALO VERDE HOSPITAL	250 N 1st St	BLYTHE	92225	17	RIVERSIDE			
106370755	080000477	PALOMAR HEALTH DOWNTOWN CAMPUS	555 E VALLEY Pkwy	ESCONDIDO	92025	19	SAN DIEGO			
106374382	630013873	PALOMAR MEDICAL CENTER	2185 W CITRACADO Pkwy	ESCONDIDO	92025	19	SAN DIEGO			
106370759	090000338	PARADISE VALLEY HOSPITAL	2400 E 4th St	NATIONAL CITY	91950	19	SAN DIEGO			
106370775	090001561	PARADISE VALLEY HSP D/P APH BAYVIEW BEH HLTH	330 MOSS St	CHULA VISTA	91911	19	SAN DIEGO			
106331293	250000044	PARKVIEW COMMUNITY HOSPITAL MEDICAL CENTER	3865 JACKSON St	RIVERSIDE	92503	17	RIVERSIDE			
106454013	230000444	PATIENTS' HOSPITAL OF REDDING	2900 EUREKA WAY	REDDING	96001	1	SHASTA			
106491001	110000040	PETALUMA VALLEY HOSPITAL	400 N MCDOWELL Blvd	PETALUMA	94954	2	SONOMA			
106190243	930000052	Downey Regional Medical Center	11500 BROOKSHIRE Ave	DOWNEY	90241	16	LOS ANGELES			
106130760	090000146	PIONEERS MEMORIAL HEALTHCARE DISTRICT	207 W LEGION Rd	BRAWLEY	92227	13	IMPERIAL			
106301297	060000062	PLACENTIA LINDA HOSPITAL	1301 N ROSE Dr	PLACENTIA	92670	18	ORANGE			
106320986	230000015	PLUMAS DISTRICT HOSPITAL	1065 BUCKS LAKE Rd	QUINCY	95971	1	PLUMAS			
106370977	080000679	POMERADO HOSPITAL	15615 POMERADO Rd	POWAY	92064	19	SAN DIEGO			
106190630	930000123	POMONA VALLEY HOSPITAL MEDICAL CENTER	1798 N GAREY Ave	POMONA	91767	15	LOS ANGELES			
106541123	170001874	PORTERVILLE DEVELOPMENTAL CENTER	26501 Ave 140	PORTERVILLE	93258	10	TULARE			
106190631	930000099	PRESBYTERIAN INTERCOMMUNITY HOSPITAL	12401 WASHINGTON BLVD	WHITTIER	90602	15	LOS ANGELES			
106190468	930000003	PROMISE HOSPITAL OF EAST LOS ANGELES-EAST L.A. CAMPUS	443 S SOTO St	LOS ANGELES	90033	16	LOS ANGELES			
106190599	930000033	PROMISE HOSPITAL OF EAST LOS ANGELES-SUBURBAN CAMPUS	16453 COLORADO Ave	PARAMOUNT	90723	15	LOS ANGELES			
106370787	090000155	PROMISE HOSPITAL OF SAN DIEGO	5550 UNIVERSITY Ave	SAN DIEGO	92105	19	SAN DIEGO			
106190385	930000066	PROVIDENCE HOLY CROSS MEDICAL CENTER	15031 RINALDI St	MISSION HILLS	91345	16	LOS ANGELES			
106190680	930000157	PROVIDENCE LITTLE COMPANY OF MARY MC - SAN PEDRO	1300 W 7th St	SAN PEDRO	90732	15	LOS ANGELES			
106190470	930000081	PROVIDENCE LITTLE COMPANY OF MARY MC - TORRANCE	4101 TORRANCE Blvd	TORRANCE	90503	16	LOS ANGELES			
206190362	930000436	PROVIDENCE LITTLE COMPANY OF MARY SUBACUTE CARE CENTER	1322 W 6TH St	SAN PEDRO	90732	15	LOS ANGELES			
206190702	930000773	PROVIDENCE LITTLE COMPANY OF MARY TRANSITIONAL CARE CENTER	4320 MARICOPA St	TORRANCE	90503	16	LOS ANGELES			
106190758	930000101	PROVIDENCE SAINT JOSEPH MEDICAL CENTER	501 S BUENA VISTA st	BURBANK	91505	15	LOS ANGELES			
106190517	930000091	PROVIDENCE TARZANA MEDICAL CENTER	18321 CLARK St	TARZANA	91356	16	LOS ANGELES			
106281047	110000041	QUEEN OF THE VALLEY HOSPITAL - NAPA	1000 TRANCAS St	NAPA	94558	2	NAPA			
106370673	080000035	RADY CHILDREN'S HOSPITAL - SAN DIEGO	3020 CHILDRENS WAY	SAN DIEGO	92123	19	SAN DIEGO			
106361308	240000046	REDLANDS COMMUNITY HOSPITAL	350 TERRACINA Blvd	REDLANDS	92373	17	SAN BERNARDINO			
106121051	110000045	REDWOOD MEMORIAL HOSPITAL	3300 RENNER Dr	FORTUNA	95540	1	HUMBOLDT			
106430705	070000133	REGIONAL MEDICAL OF SAN JOSE	225 N JACKSON Ave	SAN JOSE	95116	7	SANTA CLARA			
106580996	230000261	RIDEOUT MEMORIAL HOSPITAL	726 4th St	MARYSVILLE	95901	1	YUBA			
106150782	120000409	RIDGECREST REGIONAL HOSPITAL	1081 N CHINA LAKE BLVD	RIDGECREST	93555	14	KERN			
106331312	250000049	RIVERSIDE COMMUNITY HOSPITAL	4445 MAGNOLIA Ave	RIVERSIDE	92501	17	RIVERSIDE			
106334487	250000050	RIVERSIDE COUNTY REGIONAL MEDICAL CENTER	26520 CACTUS Ave	MORENO VALLEY	92555	17	RIVERSIDE			
106331314	250000500	RIVERSIDE COUNTY REGIONAL MEDICAL CENTER - D/P APH	9990 COUNTY FARM Rd	RIVERSIDE	92503	17	RIVERSIDE			
106190796	930000162	UNIVERSITY OF CALIFORNIA LOS ANGELES RONALD REAGAN MEDICAL	757 WESTWOOD PLZ	LOS ANGELES	90095	16	LOS ANGELES			
106301317	060000063	SADDLEBACK MEMORIAL MEDICAL CENTER	24451 HEALTH CENTER Dr	LAGUNA HILLS	92653	18	ORANGE			
106301325	060000064	SADDLEBACK MEMORIAL MEDICAL CENTER - SAN CLEMENTE	654 CAMINO DE LOS MARES	SAN CLEMENTE	92673	18	ORANGE			
106270875	070000147	SALINAS VALLEY MEMORIAL HOSPITAL	450 E ROMIE Ln	SALINAS	93901	9	MONTEREY			
106361318	240000053	SAN ANTONIO COMMUNITY HOSPITAL	999 SAN BERNARDINO Rd	UPLAND	91786	17	SAN BERNARDINO			
106190673	930000125	SAN DIMAS COMMUNITY HOSPITAL	1350 W COVINA Blvd	SAN DIMAS	91773	15	LOS ANGELES			
106380939	220000531	SAN FRANCISCO GENERAL HOSPITAL	1001 POTRERO Ave	SAN FRANCISCO	94110	4	SAN FRANCISCO			
106190200	930000041	SAN GABRIEL VALLEY MEDICAL CENTER	438 W LAS TUNAS Dr	SAN GABRIEL	91776	15	LOS ANGELES			
106331326	250000101	SAN GORGONIO MEMORIAL HOSPITAL	600 N HIGHLAND SPRINGS Ave	BANNING	92220	17	RIVERSIDE			
106150788	120000411	SAN JOAQUIN COMMUNITY HOSPITAL	2615 CHESTER Ave	BAKERSFIELD	93301	14	KERN			
106391010	030000135	SAN JOAQUIN GENERAL HOSPITAL	500 W HOSPITAL Rd	FRENCH CAMP	95231	10	SAN JOAQUIN			
106104023	040000613	SAN JOAQUIN VALLEY REHABILITATION HOSPITAL	7173 N SHARON Ave	FRESNO	93720	11	FRESNO			
106013619	630013913	SAN LEANDRO HOSPITAL	13855 E 14TH St	SAN LEANDRO	94578	6	ALAMEDA			

OSHPD ID	CA Facility ID	Hospital Name	Address	City	Zip Code	Rating Region	County	In Network PPO	In Network EPO	In Network HMO
106410782	220000218	SAN MATEO MEDICAL CENTER	222 W 39TH Ave	SAN MATEO	94403	8	SAN MATEO			
106074017	140000704	SAN RAMON REGIONAL MEDICAL CENTER	6001 NORRIS CANYON Rd	SAN RAMON	94583	5	CONTRA COSTA			
106074011	140000885	SAN RAMON REGIONAL MEDICAL CENTER SOUTH BUILDING	7777 NORRIS CANYON Rd	SAN RAMON	94583	5	CONTRA COSTA			
106420514	050001293	SANTA BARBARA COTTAGE HOSPITAL	400 W PUEBLO ST	SANTA BARBARA	93102	12	SANTA BARBARA			
106430883	070000290	SANTA CLARA VALLEY MEDICAL CENTER	751 S BASCOM Ave	SAN JOSE	95128	7	SANTA CLARA			
106190687	930000049	UNIVERSITY OF CALIFORNIA LOS ANGELES MEDICAL CENTER SANTA M	1250 16TH St	SANTA MONICA	90404	16	LOS ANGELES			
106491064	140001268	SANTA ROSA MEMORIAL HOSPITAL-MONTGOMERY	1165 MONTGOMERY Dr	SANTA ROSA	95405	2	SONOMA			
106490907	140001278	SANTA ROSA MEMORIAL HOSPITAL-SOTOYOME	151 SOTOYOME St	SANTA ROSA	95405	2	SONOMA			
106420522	050000030	SANTA YNEZ VALLEY COTTAGE HOSPITAL	2050 VIBORG Rd	SOLVANG	93463	12	SANTA BARBARA			
106371256	080000022	SCRIPPS GREEN HOSPITAL	10666 N TORREY PINES Rd	LA JOLLA	92037	19	SAN DIEGO			
106371394	080000150	SCRIPPS MEMORIAL HOSPITAL - ENCINITAS	354 SANTA FE Dr	ENCINITAS	92024	19	SAN DIEGO			
106370771	080000149	SCRIPPS MEMORIAL HOSPITAL - LA JOLLA	9888 GENESEE Ave	LA JOLLA	92037	19	SAN DIEGO			
106370744	090000347	SCRIPPS MERCY HOSPITAL	4077 5th Ave	SAN DIEGO	92103	19	SAN DIEGO			
106370658	090000016	SCRIPPS MERCY HOSPITAL - CHULA VISTA	435 H St	CHULA VISTA	91910	19	SAN DIEGO			
106321016	230000227	SENECA HEALTHCARE DISTRICT	130 BRENTWOOD Dr	CHESTER	96020	1	PLUMAS			
106410891	220000025	SEQUOIA HOSPITAL	170 ALAMEDA DE LAS PULGAS	REDWOOD CITY	94062	8	SAN MATEO			
106410828	220000349	SETON COASTSIDE	600 MARINE Blvd	MOSS BEACH	94038	8	SAN MATEO			
106410817	220000415	SETON MEDICAL CENTER	1900 SULLIVAN Ave	DALY CITY	94015	8	SAN MATEO			
106370875	090000416	SHARP CHULA VISTA MEDICAL CENTER	751 MEDICAL CENTER Ct	CHULA VISTA	91911	19	SAN DIEGO			
106370689	090000033	SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER	250 PROSPECT PL	CORONADO	92118	19	SAN DIEGO			
106370695	080001470	SHARP MARY BIRCH HOSPITAL FOR WOMEN AND NEWBORNS	3003 HEALTH CENTER Dr	SAN DIEGO	92123	19	SAN DIEGO			
106370694	080000036	SHARP MEMORIAL HOSPITAL	7901 FROST St	SAN DIEGO	92123	19	SAN DIEGO			
106450940	230000016	SHASTA REGIONAL MEDICAL CENTER	1100 BUTTE St	REDDING	96001	1	SHASTA			
106190708	930000140	SHERMAN OAKS HOSPITAL	4929 VAN NUYS Blvd	SHERMAN OAKS	91403	16	LOS ANGELES			
106190712	930000141	SHRINERS HOSPITAL FOR CHILDREN - L.A.	3160 GENEVA St	LOS ANGELES	90020	16	LOS ANGELES			
106344114	030001506	SHRINERS HOSPITALS FOR CHILDREN NORTHERN CALIF.	2425 STOCKTON BLVD	SACRAMENTO	95817	3	SACRAMENTO			
106291023	230000268	SIERRA NEVADA MEMORIAL HOSPITAL	155 GLASSON WAY	GRASS VALLEY	95945	1	NEVADA			
106540798	120001466	SIERRA VIEW DISTRICT HOSPITAL	465 W PUTNAM Ave	PORTERVILLE	93257	10	TULARE			
106400524	050000031	SIERRA VISTA REGIONAL MEDICAL CENTER	1010 MURRAY ave	SAN LUIS OBISPO	93405	12	SAN LUIS OBISPO			
106190661	630011144	SILVER LAKE MEDICAL CENTER-DOWNTOWN CAMPUS	1711 W TEMPLE St	LOS ANGELES	90026	16	LOS ANGELES			
106190410	930000161	SILVER LAKE MEDICAL CENTER-INGLESIDE CAMPUS	7500 HELLMAN Ave	ROSEMead	91770	15	LOS ANGELES			
106560525	050000455	SIMI VALLEY HOSPITAL AND HEALTH CARE SVCS-SYCAMORE	2975 SYCAMORE Dr	SIMI VALLEY	93065	12	VENTURA			
106491267	150000229	SONOMA DEVELOPMENTAL CENTER	15000 Arnold Dr	ELDRIDGE	95431	2	SONOMA			
106491076	110000233	SONOMA VALLEY HOSPITAL	347 ANDRIEUX St	SONOMA	95476	2	SONOMA			
106552209	030000365	SONORA REGIONAL MEDICAL CENTER - FAIRVIEW	179 FAIRVIEW Ln	SONORA	95370	1	TUOLUMNE			
106554011	030001799	SONORA REGIONAL MEDICAL CENTER - GREENLEY	1000 GREENLEY Rd	SONORA	95370	1	TUOLUMNE			
206551035	030000365	SONORA REGIONAL MEDICAL CENTER D/P SNF (UNIT 6 AND 7)	179 FAIRVIEW Ln	SONORA	95370	1	TUOLUMNE			
106190110	930000015	SOUTHERN CALIFORNIA HOSPITAL AT CULVER CITY	3828 DELMAS TER	CULVER CITY	90231	16	LOS ANGELES			
106190380	930000064	SOUTHERN CALIFORNIA HOSPITAL AT HOLLYWOOD	6245 DE LONGPRE Ave	HOLLYWOOD	90028	16	LOS ANGELES			
106190814	930000186	SOUTHERN CALIFORNIA HOSPITAL AT VAN NUYS D/P APH	14433 EMELITA St	VAN NUYS	91401	16	LOS ANGELES			
106141338	240000102	SOUTHERN INYO HOSPITAL	501 E LOCUST St	LONE PINE	93545	13	INYO			
106334068	250000507	SOUTHWEST HEALTHCARE SYSTEM-MURRIETA	25500 MEDICAL CENTER Dr	MURRIETA	92562	17	RIVERSIDE			
106334001	250000344	SOUTHWEST HEALTHCARE SYSTEM-WILDOMAR	36485 INLAND VALLEY dr	WILDOMAR	92595	17	RIVERSIDE			
106100899	040000126	ST. AGNES MEDICAL CENTER	1303 E HERNDON Ave	FRESNO	93720	11	FRESNO			
106361339	240000103	ST. BERNARDINE MEDICAL CENTER	2101 N WATERMAN Ave	SAN BERNARDINO	92404	17	SAN BERNARDINO			
106521041	230000020	ST. ELIZABETH COMMUNITY HOSPITAL	2550 SISTER MARY COLUMBA Dr	RED BLUFF	96080	1	TEHAMA			
106190754	930000128	ST. FRANCIS MEDICAL CENTER	3630 E IMPERIAL Hwy	LYNWOOD	90262	16	LOS ANGELES			
106380960	220000234	ST. FRANCIS MEMORIAL HOSPITAL	900 HYDE St	SAN FRANCISCO	94109	4	SAN FRANCISCO			
106281078	110000360	ST. HELENA HOSPITAL - Napa Valley	10 WOODLAND RD	ST. HELENA	94574	2	NAPA			
106171049	110000044	ST. HELENA HOSPITAL - CLEARLAKE	15630 18TH AVE	CLEARLAKE	95422	1	LAKE			
106190756	930000100	ST. JOHN'S HEALTH CENTER	2121 SANTA MONICA BLVD	SANTA MONICA	90404	16	LOS ANGELES			
106560508	050000248	ST. JOHN'S PLEASANT VALLEY HOSPITAL	2309 ANTONIO Ave	CAMARILLO	93010	12	VENTURA			
106560529	050000035	ST. JOHN'S REGIONAL MEDICAL CENTER	1600 N ROSE Ave	OXNARD	93030	12	VENTURA			
106121080	110000067	ST. JOSEPH HOSPITAL - EUREKA	2700 DOLBEER St	EUREKA	95501	1	HUMBOLDT			
106301340	060000673	ST. JOSEPH HOSPITAL - ORANGE	1100 W STEWART Dr	ORANGE	92868	18	ORANGE			
106391042	030000143	ST. JOSEPH'S MEDICAL CENTER OF STOCKTON	1800 N CALIFORNIA St	STOCKTON	95204	10	SAN JOAQUIN			
106301342	060000068	ST. JUDE MEDICAL CENTER	101 E VALENCIA MESA Dr	FULLERTON	92835	18	ORANGE			
106434138	070000635	ST. LOUISE REGIONAL HOSPITAL	9400 NO NAME UNO	GILROY	95020	7	SANTA CLARA			
106361343	240000104	ST. MARY MEDICAL CENTER - APPLE VALLEY	18300 US HIGHWAY 18	APPLE VALLEY	92307	17	SAN BERNARDINO			
106190053	930000103	ST. MARY MEDICAL CENTER - LONG BEACH	1050 LINDEN Ave	LONG BEACH	90813	15	LOS ANGELES			
106380965	220000225	ST. MARY'S MEDICAL CENTER, SAN FRANCISCO	450 STANYAN St	SAN FRANCISCO	94117	4	SAN FRANCISCO			
106010967	140000273	ST. ROSE HOSPITAL	27200 CALAROGA Ave	HAYWARD	94545	6	ALAMEDA			
106190762	930000104	ST. VINCENT MEDICAL CENTER	2131 W 3RD St	LOS ANGELES	90057	16	LOS ANGELES			
106430905	070001359	STANFORD HOSPITAL	300 PASTEUR Dr	PALO ALTO	94305	7	SANTA CLARA			
106504038	030001661	STANISLAUS SURGICAL HOSPITAL	1421 OAKDALE Rd	MODESTO	95355	10	STANISLAUS			
106250955	230000144	SURPRISE VALLEY COMMUNITY HOSPITAL	741 N main st	CEDARVILLE	96104	1	MODOC			
106034002	030000108	SUTTER AMADOR HOSPITAL	200 MISSION BLVD	JACKSON	95642	1	AMADOR			
106310791	030000109	SUTTER AUBURN FAITH HOSPITAL	11815 EDUCATION St	AUBURN	95602	3	PLACER			
106084001	110000049	SUTTER COAST HOSPITAL	800 E WASHINGTON Blvd	CRESCENT CITY	95531	1	DEL NORTE			

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106574010	030000149	SUTTER DAVIS HOSPITAL	2000 SUTTER PL	DAVIS	95616	3	YOLO			
106070934	630002981	SUTTER DELTA MEDICAL CENTER	3901 LONE TREE WAY	ANTIOCH	94509	5	CONTRA COSTA			
106341051	030000151	SUTTER GENERAL HOSPITAL	2801 L St	SACRAMENTO	95816	3	SACRAMENTO			
106171395	110000019	SUTTER LAKESIDE HOSPITAL	5176 HILL Rd E	LAKEPORT	95453	1	LAKE			
106444012	070000959	SUTTER MATERNITY AND SURGERY CENTER OF SANTA CRUZ	2900 CHANTICLEER Ave	SANTA CRUZ	95065	9	SANTA CRUZ			
106490919	110000332	SUTTER MEDICAL CENTER OF SANTA ROSA	3325 CHANATE Rd	SANTA ROSA	95404	2	SONOMA			
106341052	030000112	SUTTER MEMORIAL HOSPITAL	5151 F St	SACRAMENTO	95819	3	SACRAMENTO			
106311000	630011336	SUTTER ROSEVILLE MEDICAL CENTER	1 MEDICAL Plaza dr	ROSEVILLE	95661	3	PLACER			
106481094	110000068	SUTTER SOLANO MEDICAL CENTER	300 HOSPITAL Dr	VALLEJO	94590	2	SOLANO			
106514030	630011844	SUTTER SURGICAL HOSPITAL-NORTH VALLEY	455 PLUMAS Blvd	YUBA CITY	95991	1	SUTTER			
106391056	030000141	SUTTER TRACY COMMUNITY HOSPITAL	1420 N TRACY Blvd	TRACY	95376	10	SAN JOAQUIN			
106291053	230000334	TAHOE FOREST HOSPITAL	10121 PINE AVE	TRUCKEE	96161	1	NEVADA			
106150808	120000413	TEHACHAPI HOSPITAL	115 W E St	TEHACHAPI	93561	14	KERN			
106334564	630014442	TEMECULA VALLEY HOSPITAL	31700 TEMECULA PKWY	TEMECULA	92592	17	RIVERSIDE			
106190784	930000143	TEMPLE COMMUNITY HOSPITAL	235 N HOOVER St	LOS ANGELES	90004	16	LOS ANGELES			
106564121	050001468	THOUSAND OAKS SURGICAL HOSPITAL, A CAMPUS OF LOS ROBLES HO	401 ROLLING OAKS Dr	THOUSAND OAKS	91361	16	VENTURA			
106190422	930000127	TORRANCE MEMORIAL MEDICAL CENTER	3330 LOMITA Blvd	TORRANCE	90505	16	LOS ANGELES			
106370780	080000387	TRI-CITY MEDICAL CENTER	4002 VISTA WAY	OCEANSIDE	92056	19	SAN DIEGO			
106190159	930000032	TRI-CITY REGIONAL MEDICAL CENTER	21530 PIONEER Blvd	HAWAIIAN GARDENS	90716	15	LOS ANGELES			
106531059	230000022	TRINITY HOSPITAL	60 EASTER Ave	WEAVERVILLE	96093	1	TRINITY			
106540816	120001467	TULARE REGIONAL MEDICAL CENTER	869 N CHERRY st	TULARE	93274	10	TULARE			
106400548	050000037	TWIN CITIES COMMUNITY HOSPITAL	1100 LAS TABLAS Rd	TEMPLETON	93465	12	SAN LUIS OBISPO			
106374141	090001116	UCSD-LA JOLLA JOHN M/SALLY B THORNTON HOSP & SULPIZO CARDIO	9300 CAMPUS POINT Dr	LA JOLLA	92037	19	SAN DIEGO			
106381154	220000031	UNIVERSITY OF CALIFORNIA SAN FRANCISCO MEDICAL CENTER	505 PARNASSUS Ave	SAN FRANCISCO	94143	4	SAN FRANCISCO			
106380895	220000015	UNIVERSITY OF CALIFORNIA SAN FRANCISCO MEDICAL CENTER AT MT	1600 DIVISADERO St	SAN FRANCISCO	94115	4	SAN FRANCISCO			
106231396	110000070	UKIAH VALLEY MEDICAL CENTER - HOSPITAL DRIVE	275 HOSPITAL Dr	UKIAH	95482	1	MENDOCINO			
106341006	030000113	UNIVERSITY OF CALIFORNIA DAVIS MEDICAL CENTER	2315 STOCKTON Blvd	SACRAMENTO	95817	3	SACRAMENTO			
106301279	060000787	UNIVERSITY OF CALIFORNIA IRVINE MEDICAL CENTER	101 the CITY Dr S	ORANGE	92868	18	ORANGE			
106370782	080001621	UNIVERSITY OF CALIFORNIA SAN DIEGO MEDICAL CENTER	200 W ARBOR Dr	SAN DIEGO	92103	19	SAN DIEGO			
106191216	930000163	USC KENNETH NORRIS, JR. CANCER HOSPITAL	1441 EASTLAKE Ave	LOS ANGELES	90033	16	LOS ANGELES			
106190818	930000187	USC VERDUGO HILLS HOSPITAL	1812 VERDUGO Blvd	GLENDALE	91208	15	LOS ANGELES			
106010983	140000626	VALLEY MEMORIAL HOSPITAL - LIVERMORE	1111 E STANLEY Blvd	LIVERMORE	94550	6	ALAMEDA			
106190812	930000129	VALLEY PRESBYTERIAN HOSPITAL	15107 VANOWEN St	VAN NUYS	91405	16	LOS ANGELES			
106014050	140000797	VALLEYCARE MEDICAL CENTER	5555 W LAS POSITAS BLVD	PLEASANTON	94588	6	ALAMEDA			
106560481	050000039	VENTURA COUNTY MEDICAL CENTER	3291 LOMA VISTA Rd	VENTURA	93003	12	VENTURA			
106560521	630010957	VENTURA COUNTY MEDICAL CENTER - SANTA PAULA HOSPITAL	825 N 10TH St	SANTA PAULA	93060	12	VENTURA			
106454012	230000422	VIBRA HOSPITAL OF NORTHERN CALIFORNIA	2801 EUREKA WAY	REDDING	96001	1	SHASTA			
106344035	030000907	VIBRA HOSPITAL OF SACRAMENTO	330 MONTROSE Dr	FOLSOM	95630	3	SACRAMENTO			
106374094	090000977	VIBRA HOSPITAL OF SAN DIEGO	555 WASHINGTON St	SAN DIEGO	92103	19	SAN DIEGO			
106361370	240000054	VICTOR VALLEY GLOBAL MEDICAL CENTER	15248 ELEVENTH St	VICTORVILLE	92395	17	SAN BERNARDINO			
206374321	090000324	VILLA CORONADO CONVALESCENT (DP/SNF)	233 PROSPECT PI	CORONADO	92118	19	SAN DIEGO			
106010987	140001294	WASHINGTON HOSPITAL - FREMONT	2000 MOWRY Ave	FREMONT	94538	6	ALAMEDA			
106444013	070000155	WATSONVILLE COMMUNITY HOSPITAL	75 NIELSON St	WATSONVILLE	95076	9	SANTA CRUZ			
106301379	060001201	WEST ANAHEIM MEDICAL CENTER	3033 W ORANGE Ave	ANAHEIM	92804	18	ORANGE			
106190859	930000028	WEST HILLS HOSPITAL AND MEDICAL CENTER	7300 MEDICAL CENTER Dr	CANOGA PARK	91307	16	LOS ANGELES			
106301566	060000073	WESTERN MEDICAL CENTER - SANTA ANA	1001 N TUSTIN Ave	SANTA ANA	92705	18	ORANGE			
106301188	060000655	WESTERN MEDICAL CENTER HOSPITAL - ANAHEIM	1025 S ANAHEIM BLVD	ANAHEIM	92805	18	ORANGE			
106190878	930000822	WHITE MEMORIAL MEDICAL CENTER	1720 E CESAR E CHAVEZ Ave	LOS ANGELES	90033	16	LOS ANGELES			
106190883	930001410	WHITTIER HOSPITAL MEDICAL CENTER	9080 COLIMA Rd	WHITTIER	90605	15	LOS ANGELES			
106571086	030000301	WOODLAND MEMORIAL HOSPITAL	1325 COTTONWOOD St	WOODLAND	95695	3	YOLO			

California Health Benefit Exchange
QHP Issuer Recertification Application for Plan Year 2016
Attachment D3 - Recertification Provider Counts (Medical Groups/IPAs)

Please list all medical groups available to Covered California enrollees.
 Add rows as needed

Item	Medical Group/IPA	DMHC ID	Region
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			

California Health Benefit Exchange
QHP Issuer Recertification Application for Plan Year 2016
Attachment F1 - 834 Enrollment File Error Listing

March 2015 834 Enrollment File Error Listing				
834 Enrollment Files Sent to Carrier - File Names	Number of Members in File	Carrier 999 Response File Sent to CalHEERS	No. of Rejected Files in 999 Response Due to Carrier Issues	Error Rate
ex: TO_999999_IND_2014030515897.edi	500	ex: FROM_999999_IND_2014030565	4	0.8%

California Health Benefit Exchange
QHP Issuer Recertification Application for Plan Year 2016
Attachment F2 - 834 Effectuation File Error Listing

March 2015 834 Effectuation File Error Listing				
834 Effectuation Files Sent from the Carrier - File Names	Number of Members in File	CalHEERS 999 Response File Sent to CalHEERS	No. of Rejected Files in 999 Response Due to Carrier Issues	Error Rate
ex: FROM_99999_IND_2014030515897.edi	500	ex:TO_99999_IND_201403056577899.edi	4	0.8%

California Health Benefit Exchange

QHP Issuer Recertification Application for Plan Year 2016

Attachment G - SHOP Alternate Benefit Design

Input the cost sharing amounts that describe the enrollee's out-of-pocket costs for each benefit category. List any exclusions in the column on the right.

Applicant is offering a Standard

Plan across all metal levels.

Yes

No

		Single pull-down list Offered Not Offered	Single pull-down list Offered Not Offered	Single pull-down list Offered Not Offered	Single pull-down list Offered Not Offered	Single pull-down list Offered Not Offered	Single pull-down list Offered Not Offered	Single pull-down list Offered Not Offered	Single pull-down list Offered Not Offered	Provide additional detail including any exclusions
		Silver Alternate Plan	Silver Alternate Plan	Platinum Alternate Plan (Optional)	Platinum Alternate Plan (Optional)	Gold Alternate Plan (Optional)	Gold Alternate Plan (Optional)	Bronze Alternate Plan (Optional)	Bronze Alternate Plan (Optional)	
		Participating Providers	Non-Participating Providers	Participating Providers	Non-Participating Providers	Participating Providers	Non-Participating Providers	Participating Providers	Non-Participating Providers	
12/28/2012										
Estimated Actuarial Value		%	%	%	%	%	%	%	%	
Overall deductible		\$	\$	\$	\$	\$	\$	\$	\$	
Other deductibles for specific services										
Facility-related Services		\$	\$	\$	\$	\$	\$	\$	\$	
Brand Drugs		\$	\$	\$	\$	\$	\$	\$	\$	
Dental		\$	\$	\$	\$	\$	\$	\$	\$	
Out-of-pocket limit on expenses		\$	\$	\$	\$	\$	\$	\$	\$	
Service Type	Professional/Hospital	Member Cost Share	Member Cost Share	Member Cost Share	Member Cost Share	Member Cost Share	Member Cost Share	Member Cost Share	Member Cost Share	Provide additional detail including any exclusions
Visit to a health care provider's office or clinic										
Primary care visit to treat an injury or illness (<i>deductible waived for first visit except Non-Par Providers or HSA plans-- see footnote</i>)		Drop down - Value entered as ____% or \$ ____	Drop down - Value entered as ____% or \$ ____	Drop down - Value entered as ____% or \$ ____	Drop down - Value entered as ____% or \$ ____	Drop down - Value entered as ____% or \$ ____	Drop down - Value entered as ____% or \$ ____	Drop down - Value entered as ____% or \$ ____	Drop down - Value entered as ____% or \$ ____	<i>text box, 100 words - replicate below</i>
Specialist visit		Repeat below	Repeat below	Repeat below	Repeat below	Repeat below	Repeat below	Repeat below	Repeat below	
Other practitioner office visit										
Preventive care/ screening/ immunization										
Tests										
Diagnostic test (x-ray, blood work)										
Imaging (CT/PET scans, MRIs)										
Drugs to treat illness or condition										
Generic drugs										
Preferred brand drugs										
Non-preferred brand drugs										
Specialty drugs										
Outpatient surgery										
Facility fee (e.g., ambulatory surgery center)										

		Silver Alternate Plan	Silver Alternate Plan	Platinum Alternate Plan (Optional)	Platinum Alternate Plan (Optional)	Gold Alternate Plan (Optional)	Gold Alternate Plan (Optional)	Bronze Alternate Plan (Optional)	Bronze Alternate Plan (Optional)	Provide additional detail including any exclusions
		Participating Providers	Non-Participating Providers	Participating Providers	Non-Participating Providers	Participating Providers	Non-Participating Providers	Participating Providers	Non-Participating Providers	
Physician/surgeon fees										
Need immediate attention										
Emergency room services										
Emergency medical transportation										
Urgent care										
Hospital stay										
Facility fee (e.g., hospital room)										
Physician/surgeon fee										
Mental health, behavioral health, or substance abuse needs										
Mental/Behavioral health outpatient services										
Mental/Behavioral health inpatient services										
Substance use disorder outpatient services										
Substance use disorder inpatient services										
Pregnancy										
Prenatal and postnatal care										
Delivery and all inpatient services	Professional									
Delivery and all inpatient services	Hospital									
Help recovering or other special health needs										
Home health care										
Rehabilitation services										
Habilitation services										
Skilled nursing care										
Durable medical equipment										
Hospice service										
Child needs dental or eye care										
Eye exam (<i>deductible waived</i>)										
Glasses										
Dental check-up - Preventive and Diagnostic Services (<i>deductible waived</i>)										
Dental Basic Services										
Dental Restorative and Orthodontia Services										

Attachment E to Qualified Health Plan Issuer Application for Recertification for Plan Year 2016

Access to Care/Utilization of Services

As a requirement for recertification, Covered California is requesting enrollee utilization data for a specific set of service categories. This request for Covered California enrollee utilization data for specific service categories and in a proscribed summary format is anticipated to be a one-time request for recertification purposes. Once the Covered California Enterprise Analytics vendor is in place (anticipated in 2015) there will be a standardized analytics approach and process to collect utilization data for Plan Year 2014 and later years.

Please report the following information for Covered California enrollee claims incurred in 2014 and reported through March 31, 2015. Please provide your reported utilization for each incurred month in 2014, as well as a separate estimate of each month's remaining utilization incurred but not reported. Utilization should include both fee-for-service claims and capitated encounter data.

Background

Covered California is aware that there is no definitive industry standard for counting the utilization of certain health care service categories. Health plans may define their service categories differently, and even when the categories appear equivalent, may use different algorithms to "group" claims data into the categories. Once the claims have been assigned to service categories, health plans may use different approaches to defining and counting the number of services utilized. For example, the utilization for a physician visit could be counted as one visit, or four procedures, if the claim identified four CPT codes.

The purpose of this data request is for Covered California to obtain meaningful utilization counts that are comparable between issuers and, in total, comparable to industry benchmarks. Covered California also wants to receive these reports on a timely basis, so recognizes the desirability of leveraging each issuer's existing utilization monitoring tools to minimize any administrative burden.

To maximize the comparability of each carrier's utilization reporting, this document provides detail about the desired grouping and counting methodology for each service category. Our consultant, Milliman, assisted with the preparation of this document solely for purposes of collecting data for this recertification application. In some cases, in addition to describing the methodology for a service category, we also identify the Milliman Health Cost Guidelines Grouper (HCG Grouper) group number that is equivalent to the stated methodology. This is based on the Milliman HCG Grouper which we understand to be one of several common groupers used in the industry. The purpose is not to require that a carrier use this or any other grouper. We provide this as a convenient reference for carriers that do use this grouper, or for carriers that use another grouper and are familiar with any differences between their grouper and others that are commonly used.

For each service category, please describe your proposed methodology to determine utilization counts. To the extent you believe the methodology produces different results than the methodology described in this document, please identify those differences.

Attachment E to Qualified Health Plan Issuer Application for Recertification for Plan Year 2016

Access to Care/Utilization of Services

Please provide your Covered California total membership *for each month* for calendar year 2014 (January through December).

2014	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Monthly Total membership												

=====

Measure 1: Number of Outpatient Physician Office Visits/Encounters

Count and report the unique claims having one or more of the following CPT codes.

98966, 98967, 98968, 98969, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99339, 99340, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99354, 99355, 99358, 99359, 99361, 99362, 99366, 99367, 99368, 99371, 99372, 99373, 99374, 99375, 99377, 99378, 99379, 99380, 99441, 99442, 99443, 99444, 99446, 99447, 99448, 99449, 99499, 0074T, G0179, G0180, G0181, G0182, G0337, S0220, S0221, S0250, S0255, S0257, S0260, S0273, S0274, 99271, 99272, 99273, 99274, 99275, 99321, 99322, 99323, 99331, 99332, 99333

Milliman Grouper Line P32

2014	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Monthly reported utilization												
Estimate of remaining utilization <i>incurred but not reported</i>												

Attachment E to Qualified Health Plan Issuer Application for Recertification for Plan Year 2016

Access to Care/Utilization of Services

Measure 2: Number of Outpatient Primary Care Physician (Family Medicine, General Medicine, Internal Medicine, Pediatrics) Office Visits/Encounters

Measure 2 is a subset of Measure 1. Count and report the number of visits/encounters from Measure 1 that have the following specialty codes. Note that these specialty codes are from the CMS specialty code reference tables. You may use different specialty codes in your claims data, so you may need to crosswalk your codes to these codes.

Code	Description
01	General practice
08	Family practice
11	Internal medicine
37	Pediatric medicine
38	Geriatric medicine
50	Nurse practitioner
84	Preventive medicine
89	Certified nurse midwife
97	Physician assistant
X7	Nurse, Non Practitioner

2014	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Monthly reported utilization												
Estimate of remaining utilization incurred but not reported												

Attachment E to Qualified Health Plan Issuer Application for Recertification for Plan Year 2016

Access to Care/Utilization of Services

Measure 3: Number of Outpatient OB/GYN Visits/Encounters

Measure 3 is also a subset of Measure 1. Count and report the number of visits/encounters from Measure 1 that have the following specialty codes. Note that these specialty codes are from the CMS specialty code reference tables. You may use different specialty codes in your claims data, so you may need to crosswalk your codes to these codes.

Code	Description
16	Obstetrics/gynecology

2014	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Monthly reported utilization												
Estimate of remaining utilization incurred but not reported												

Measure 4: Number of Outpatient Well Baby Visits/Encounters

Count and report the unique claims having one or more of the following CPT codes.

99381, 99382, 99391, 99392, 99431, 99432, 99433, 99435, 99460, 99461, 99462, 99463

Milliman Grouper Line P42

2014	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Monthly reported utilization												
Estimate of remaining utilization incurred but not reported												

Access to Care/Utilization of Services

Measure 5: Number of Outpatient Emergency Department Visits/Encounters

Provide the count of emergency room visits using your standard claims grouper. Please disclose what claims grouper you used in your analysis to allow adjustment for known differences. In particular, how are emergency room visits that result in inpatient admissions treated in your grouper? If possible, exclude emergency room visits that result in an inpatient admission.

Milliman Grouper Line O11

2014	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Monthly reported utilization												
Estimate of remaining utilization incurred but not reported												

Attachment E to Qualified Health Plan Issuer Application for Recertification for Plan Year 2016

Access to Care/Utilization of Services

Measure 6: Number of Outpatient Mental Health / Substance Abuse Service Visits/Encounters

Count the unique claims having one or more of the following CPT codes.

90785, 90791, 90792, 90801, 90802, 90804, 90805, 90806, 90807, 90808, 90809, 90810, 90811, 90812, 90813, 90814, 90815, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90846, 90847, 90849, 90853, 90857, 90862, 90863, 90865, 90867, 90868, 90869, 90870, 90875, 90876, 90880, 90882, 90885, 90887, 90889, 90899, 99408, 99409, 0160T, 0161T, G0129, G0176, G0177, G0396, G0397, G0409, G0410, G0411, G0442, G0443, H0001, H0002, H0003, H0004, H0005, H0006, H0007, H0008, H0009, H0010, H0011, H0012, H0013, H0014, H0015, H0016, H0017, H0018, H0019, H0020, H0021, H0022, H0023, H0024, H0025, H0026, H0027, H0028, H0029, H0030, H0031, H0032, H0033, H0034, H0035, H0036, H0037, H0038, H0039, H0040, H0041, H0042, H0043, H0044, H0045, H0046, H0047, H0048, H0049, H0050, H1011, H2000, H2001, H2010, H2011, H2012, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, H2021, H2022, H2023, H2024, H2025, H2026, H2027, H2028, H2029, H2030, H2031, H2032, H2033, H2034, H2035, H2036, H2037, M0064, S0201, S3005, S9475, S9480, S9482, S9484, S9485, 0018T, 90871

Milliman Grouper Lines P66 and P67.

2014	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Monthly reported utilization												
Estimate of remaining utilization incurred but not reported												

Attachment E to Qualified Health Plan Issuer Application for Recertification for Plan Year 2016

Access to Care/Utilization of Services

Measure 7: Inpatient Hospital Admissions

Provide the count of inpatient hospital admissions using your standard claims grouper. Please disclose what claims grouper was used in your analysis to allow for adjustment for known differences.

Milliman Grouper Lines starting with I.

2014	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Monthly reported utilization												
Estimate of remaining utilization incurred but not reported												

Measure 8: Inpatient Hospital Day Counts

Provide the count of inpatient hospital days using your standard claims grouper. Please disclose what claims grouper was used in your analysis to allow for adjustment for known differences.

Milliman Grouper Lines starting with I.

2014	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Monthly reported utilization												
Estimate of remaining utilization incurred but not reported												

Attachment E to Qualified Health Plan Issuer Application for Recertification for Plan Year 2016

Access to Care/Utilization of Services

Measure 9: Inpatient Hospital Admissions for OB Services/Deliveries

Measure 9 is a subset of Measure 7. Count the number of admissions from Measure 7 that have the following DRG codes. Note that these DRG codes are from the CMS DRG reference tables.

370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 391

For inpatient claims that do not have DRGs assigned, please use an alternative approach to identify the claims for this measure and describe the methodology that you use.

Milliman Grouper Lines I21 and I25.

2014	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Monthly reported utilization												
Estimate of remaining utilization incurred but not reported												

Attachment E to Qualified Health Plan Issuer Application for Recertification for Plan Year 2016

Access to Care/Utilization of Services

Measure 10: Inpatient Hospital Day Counts for OB Services/Deliveries

Measure 10 is a subset of Measure 8. Count the number of days from Measure 8 that have the following DRG codes. Note that these DRG codes are from the CMS DRG reference tables.

370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 391

For inpatient claims that do not have DRGs assigned, please use an alternative approach to identify the claims for this measure and describe the methodology that you use.

Milliman Grouper Lines I21 and I25.

2014	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Monthly reported utilization												
Estimate of remaining utilization incurred but not reported												

Attachment E to Qualified Health Plan Issuer Application for Recertification for Plan Year 2016

Access to Care/Utilization of Services

Measure 11: Inpatient Hospital Admissions for Mental Health / Substance Abuse Services

Measure 11 is also a subset of Measure 7. Count the number of admissions from Measure 7 that have the following DRG codes. Note that these DRG codes are from the CMS DRG reference tables.

425, 426, 427, 428, 429, 430, 431, 432, 433, 434, 435, 436, 437, 438, 521, 522, 523

For inpatient claims that do not have DRGs assigned, please use an alternative approach to identify the claims for this measure and describe the methodology that you use.

Milliman Grouper Lines I13 and I14.

2014	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Monthly reported utilization												
Estimate of remaining utilization incurred but not reported												

Attachment E to Qualified Health Plan Issuer Application for Recertification for Plan Year 2016

Access to Care/Utilization of Services

Measure 12: Inpatient Hospital Day Counts for Mental Health / Substance Abuse Services

Measure 12 is also a subset of Measure 8. Count the number of days from Measure 8 that have the following DRG codes. Note that these DRG codes are from the CMS DRG reference tables.

425, 426, 427, 428, 429, 430, 431, 432, 433, 434, 435, 436, 437, 438, 521, 522, 523

For inpatient claims that do not have DRGs assigned, please use an alternative approach to identify the claims for this measure and describe the methodology that you use.

Milliman Grouper Lines I13 and I14.

2014	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Monthly reported utilization												
Estimate of remaining utilization incurred but not reported												

Access to Care/Utilization of Services

Measure 13: Count of Prescription Drug Fills

This measure counts prescription drug fills at outpatient pharmacies and mail-order pharmacies. It does not include drugs provided as part of an inpatient hospital stay or administered in a physician’s office. The objective is to count the number of “30-day fills.” If claims are filled for a three-month supply at mail order, count the number of 30-day fills. Consider the following guidelines:

- Count a 15-day fill as one script.
- Count a 28-day fill as one script.
- Count a 31-day fill as one script.
- Count a 55-day fill as two scripts.
- Count a 60-day fill as two scripts.
- Count a 90-day fill as three scripts.

Milliman Grouper Line P81.

2014	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Monthly reported utilization												
Estimate of remaining utilization incurred but not reported												