

California Department of Managed Health Care

Help Center 101
February 27, 2019

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Agenda

- I. Overview of the DMHC**
- II. Consumer Help Center**
- III. 2018 Priority Initiatives**
- IV. Community Engagement**
- V. Questions**

DMHC Mission Statement

The California Department of Managed Health Care protects
consumers' health care rights
and ensures a stable health care delivery system.

What is the DMHC?

- Established in 2000 through consumer-sponsored legislation
- Funded by assessments on health plans
- Regulates 123 plans, including 75 full service health plans and 48 specialized plans
 - All HMO, some PPO/EPO products, dental and vision plans
 - Some large group, most small group, most Medi-Cal Managed Care plans and many individual products
- Authority from Knox Keene Health Care Service Plan Act of 1975

more than

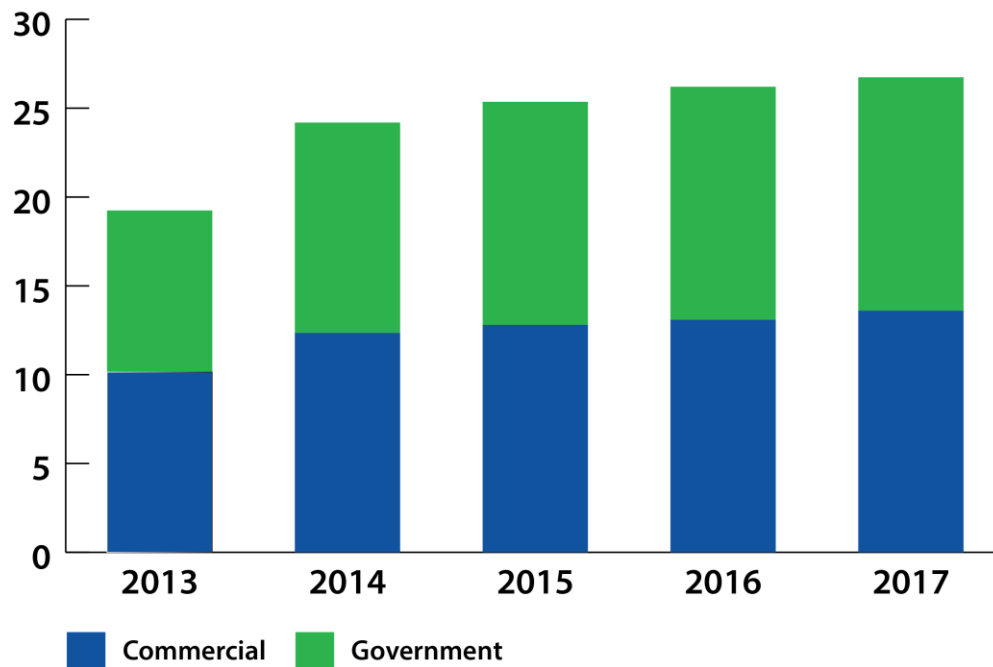
26

million
Californians'
health care
rights are
protected by
the DMHC.



DMHC Enrollment Over Time

Full Service Enrollment (In Millions)



Health Coverage that is **NOT** Regulated by the DMHC

- California Department of Insurance (CDI) products
- Most Medicare coverage
- Some Medi-Cal coverage – Fee-for-service and County Organized Health Systems (COHS)
- The Employee Retirement Income Security Act of 1974 (ERISA) self-insured plans
- Private health benefit exchanges

DMHC Key Functions

- Consumer Protection / DMHC Help Center
- License Health Plans & Ensure Compliance with State laws
- Medical Surveys of Health Plan Operations
- Financial Exams to Ensure Financial Stability
- Review Proposed Premium Rate Changes
(Individual & Small Group Products)
- Take Enforcement Action Against Plans that Violate the Law

Consumer Help Center

- DMHC's Consumer Help Center has helped more than 2.1 million Californians resolve complaints and issues with their health plans
- Services are fast, free and confidential
- In 2017, approximately **61%** of Independent Medical Reviews resulted in the consumer receiving the requested service or treatment

2017 BY THE
NUMBERS:

Help Center

164,151²

Consumers assisted

144,963

Telephone inquiries

11,964³

Consumer complaints

4,719⁴

IMRs closed

2,505

Non-jurisdictional referrals

4,833

Provider complaints

\$8.8 Million

Recovered provider payments

0

AB 72 IDRPs

Health Plan Grievance Process

- First file a grievance or complaint with your health plan.
- Plans are required by law to resolve enrollee complaints within 30 days.
- If there is an immediate threat to your health you may seek immediate assistance from the DMHC.
- You can file a complaint with your health plan by phone, by mail, or on the plan's website.
- If your plan upholds their denial through the grievance process or if you have not received the plan's decision within 30 days, you can file an IMR or complaint with DMHC.

Independent Medical Review

- Request an IMR if your health plan denies, modifies, or delays a health care services, treatment or medication.
- An objective review by doctors outside your health plan.
- Apply for an IMR within six months after your health plan sends you a written decision about your issue.
- Once the IMR/Complaint Form has been received, we review it to determine if it qualifies for an IMR and if it should be processed as expedited.
- If it does not meet the criteria for an IMR, it will be processed as a Consumer Complaint.
- IMRs are reviewed on a case-by-case basis, but most non-urgent IMRs are usually decided in 45 days and Complaints within 30 days.”

IMR Case Example

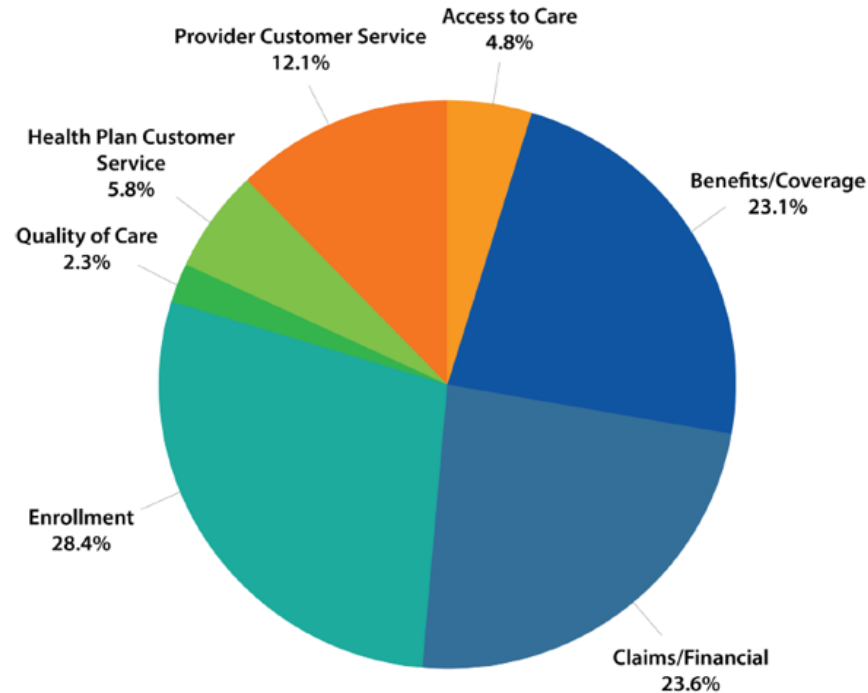
- A mother filed a complaint with the DMHC on behalf of her 2.5 year old son, who was diagnosed with autism and severe behavioral outbursts, requesting authorized coverage of 30 days of Intensive Outpatient Program (IOP) services. The services had been denied as not medically necessary.
- DMHC counsel qualified the issue for IMR, as IOP services were a covered benefit.
- The IMR reviewer determined that IOP services for 30 to 60 days were medically necessary to treat the enrollee's condition due to his severe behavioral outbursts, and as peer-reviewed literature demonstrates the benefit of early intervention in children with autism.

Complaints

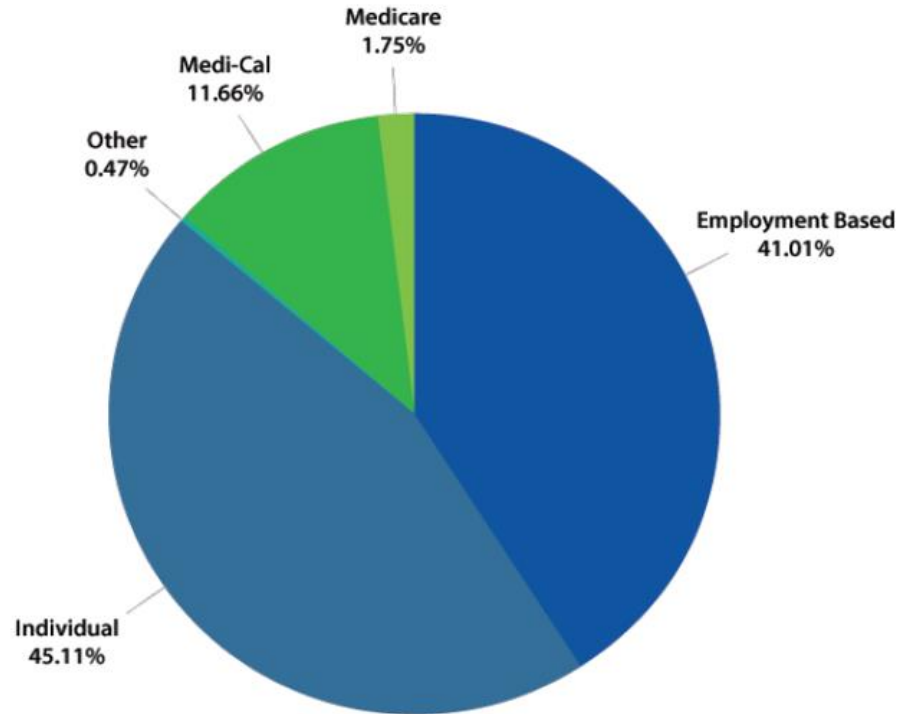
A Consumer Complaint is a general complaint about a health plan, provider, or medical group, including:

- Delays in getting an appointment, referral, or authorization
- Claims, billing and co-payment issues
- Terminations or cancellations of health coverage
- Access to translation and interpretation services
- Finding an in-network doctor, hospital or specialist
- Complaints about a doctor or plan
- Doctor or hospital is no longer with your health plan (Continuity of Care)

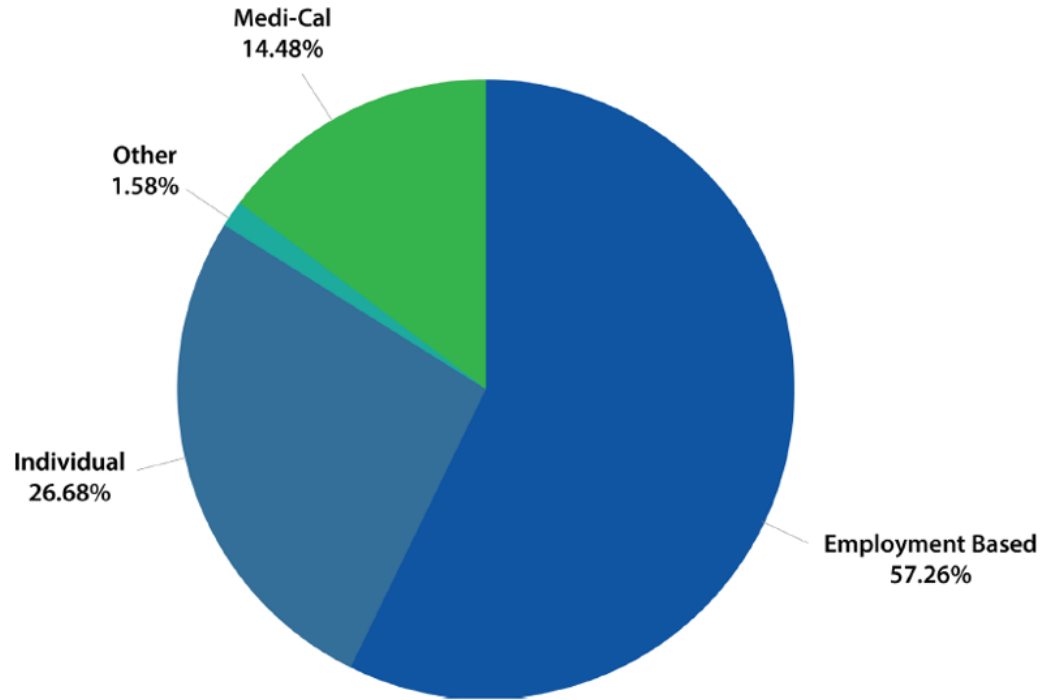
Consumer Complaints Resolved in 2017



Consumer Complaints Resolved in 2017 by Coverage Type



IMRs Resolved in 2017 by Coverage Type



Languages Served in 2017

Language	No. of Contacts
English	71,963
Spanish	3,815
Mandarin	321
Vietnamese	220
Korean	180
Other	591
Total	77,090

IMR/Complaint Form

The screenshot shows the top of the HealthHelp.ca.gov website. The header includes the CA.GOV logo, the Department of Managed HealthCare logo, and the DMHC Help Center contact information (1-888-466-2219). A search bar and links for 'Translate', 'Select Language', 'Accessibility', and 'Contact Us' are also present. The main navigation bar features several links, with 'File a Complaint' highlighted by a red box. Below the navigation bar, a large banner asks 'Need help with your Health Plan?' and provides the phone number 1-888-466-2219. To the right, a green sidebar menu contains links to 'File a Complaint', 'Submit an Independent Medical Review/Complaint' (highlighted with a red box), 'Independent Medical Review and Complaint Reports', 'Provider Complaint Against a Plan', and 'Frequently Asked Questions'.

DEPARTMENT OF
Managed HealthCare

DMHC Help Center
1-888-466-2219

Translate: Select Language ▼ Accessibility Contact Us

Search...

[File a Complaint](#) [Health Care in California](#) [Data & Research](#) [Health Plan Dashboard](#) [Licensing & Reporting](#) [About the DMHC](#)

Need help with your Health Plan?
Call the DMHC Help Center
1-888-466-2219
...or submit an Online Complaint

File a Complaint

- [Submit an Independent Medical Review/Complaint](#)
- [Independent Medical Review and Complaint Reports](#)
- [Provider Complaint Against a Plan](#)
- [Frequently Asked Questions](#)

IMR/Complaint Form



Submit Online
([English](#) / [Español](#))



[Submit by Mail](#)
(Many Languages)



[Submit by Fax](#)
(Many Languages)

Authorized Assistant Form

If you want to give another person permission to help you with your Independent Medical Review (IMR) or Complaint, use the form below. You have the option to send the form either as an attachment with your online IMR/Complaint Form, or with your supporting documents by mail or fax.

We can not talk to another person about your case unless you sign this form:

- [Authorized Assistant Form \(English\)](#) 
- [Formulario de Asistente Autorizado \(Español\)](#) 

Tips for Completing the IMR/Complaint Form

- For fastest processing, complete the on-line IMR/Complaint Form in either English or Spanish.
- Provide as much information as possible on the form and attach additional notes or documentation.
- If there is an immediate threat to your health, indicate on the form that this is an urgent or emergency issue that requires an expedited review.
- If available, include a physician certification of immediate threat to your health.
- The person filing the IMR may have someone assist them with the process with their consent.
- **The patient must sign and date the IMR form and sign and date the Authorized Assistant Form, if assistance is needed.**

DMHC Help Center

1-888-466-2219

HealthHelp.ca.gov

Health Consumer Alliance

1-888-804-3536

HealthConsumer.org

Priority Projects

- Provider Directories
- Timely Access to Care
- Prescription Drug Costs Transparency (SB 17)
- Oversight of Delegates

Timely Access Standards

Appointment Type	Timeframe
Urgent Care (prior authorization <u>not</u> required by health plan)	48 hours from request
Urgent Care (prior authorization required by health plan)	96 hours from request
Non-Urgent Doctor Appointment (primary care physician)	10 business days
Non-Urgent Doctor Appointment (specialty physician)	15 business days
Non-Urgent Mental Health Appointment (non-physician) ¹	10 business days
Non-Urgent Appointment (ancillary provider) ²	15 business days

¹ Examples of non-physician mental health providers include counseling professionals, substance abuse professionals and qualified autism service providers.

² Examples of a non-urgent appointment for ancillary services include lab work or diagnostic testing, such as a mammogram or MRI or treatment of an illness or injury such as physical therapy.

Community Engagement Initiatives

DMHC Help Center as a Resource

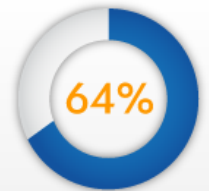
- Consumer Health Care Rights, Complaints, IMRs, and Health Navigation
- 11 Bilingual Staff at the Help Center: Spanish, Cantonese, Tagalog, and Hmong
- In-Language Menu options and Language Line Services

Add DMHC banner to your website: contact Media@dmhc.ca.gov

1-888-466-2219
HAVE A PROBLEM WITH YOUR HEALTH PLAN? CONTACT THE DMHC HELP CENTER
HealthHelp.ca.gov

APPLY FOR
AN IMR IF
YOUR
HEALTH PLAN
DENIES
TREATMENT

64% of enrollees that submitted
IMR requests to the DMHC
received the service or treatment
they requested.



Keep in Touch

If you would like to stay in touch with the Department and receive notifications about public meetings, join our listserve at www.HealthHelp.ca.gov.

Department of Managed Health Care Joins California Health and Human Services Open Data Portal

Tuesday, May 26, 2015

The Department of Managed Health Care (DMHC) posted initial datasets on the California Health and Human Services (CHHS) Open Data Portal. The initial data sets include enforcement actions taken by the DMHC, Independent Medical Review (IMR) decisions, and premium rates filed with the DMHC.

CHHS launched its Open Data Portal initiative in order to increase public access to one of the State's most valuable assets – non-confidential health and human services data. Its goals are to spark innovation, promote research and economic opportunities, engage public participation in government, increase transparency, and inform decision-making.

Visit the Open Data Portal here: <https://chhs.data.ca.gov/>

Learn About...

Rate Review

**MOST BE SPENT
ON MEDICAL COSTS**

Common Questions

- [What can I do if I am denied care?](#)
- [What can I do if my health coverage is ending?](#)
- [How can I get health insurance?](#)

New State #Job Opportunity Announcement - Office Technician (General) <http://bit.ly/1JQXtLV> #Office #Technician

Thu, 03 Sep 2015 21:59:00 +0100

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Questions

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