California Department of Managed Health Care

Help Center 101
February 27, 2019

Suzanne Sherinian
Assistant Chief Counsel-Help Center

HealthHelp.ca.gov
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)

- 2013: Commercial 10, Government 9
- 2014: Commercial 12, Government 8
- 2015: Commercial 13, Government 7
- 2016: Commercial 14, Government 6
- 2017: Commercial 14, Government 6

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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
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.
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

- Access to Care: 4.8%
- Claims/Financial: 23.6%
- Enrollment: 28.4%
- Benefits/Coverage: 23.1%
- Quality of Care: 2.3%
- Health Plan Customer Service: 5.8%
- Provider Customer Service: 12.1%
Consumer Complaints Resolved in 2017 by Coverage Type

- Employment Based: 41.01%
- Individual: 45.11%
- Other: 11.66%
- Medi-Cal: 10.76%
- Medicare: 1.75%
IMRs Resolved in 2017 by Coverage Type

- Employment Based: 57.26%
- Individual: 26.68%
- Medi-Cal: 14.48%
- Other: 1.58%
## Languages Served in 2017

<table>
<thead>
<tr>
<th>Language</th>
<th>No. of Contacts</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>71,963</td>
</tr>
<tr>
<td>Spanish</td>
<td>3,815</td>
</tr>
<tr>
<td>Mandarin</td>
<td>321</td>
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<tr>
<td>Vietnamese</td>
<td>220</td>
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<tr>
<td>Korean</td>
<td>180</td>
</tr>
<tr>
<td>Other</td>
<td>591</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>77,090</strong></td>
</tr>
</tbody>
</table>
IMR/Complaint Form

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

HealthHelp.ca.gov
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.
Health Consumer Alliance

1-888-804-3536
HealthConsumer.org

HealthHelp.ca.gov
Priority Projects

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

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

\(^1\) 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
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.
Questions

Mary Watanabe
Deputy Director, Health Policy and Stakeholder Relations
California Department of Managed Health Care
(916) 324-2560
Mary.Watanabe@dmhc.ca.gov

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