Department of Managed Health Care

Mary Watanabe, Deputy Director, Health Policy and Stakeholder Relations

OCTOBER 28, 2015

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The gray Partner Resources button is relocated as a link in the footer that says Enrollment Partners.
Partner Tool Kits

- Community Partners
  - Enter Portal
- Certified Insurance Agents
  - Enter Portal
- Certified Plan-Based Enrollers
  - Enter Portal
- Partner Tool Kit
  - I'd like to Become a Partner
- Community Partner Newsletter
Partner Tool Kits

Webinars & Briefings for Certified Enrollment Representatives

Webinars
Agent Briefing
Community Partner Briefing

Click on the resource headers below for detailed information:

- Webinars
- Agent Briefing
- Community Partner Briefing
- Downloads

Enrollment Partner Tool Kit

Tool Kits for Enrollers

Webinars & Briefings
2016 Renewal Tool Kit
IRS Form 1095-A Tool Kit
Small Business Tool Kit

Tool Kits for Outreach

School Educator Partner Tool Kit
Partner Tool Kits

- 2016 Plans & Benefits Webinar
- Renewal & Open Enrollment Job Aids
- Handouts, Notices, Talking Points, FAQs
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DMHC Mission

The Department of Managed Health Care protects consumers’ health care rights and ensures a stable health care delivery system in California.
About the DMHC

- Regulates 70 full service health plans and 50 specialized plans
  - All HMO, some PPO/EPO products, dental and vision plans
  - Some large group, most small group and many individual products
- Protects the rights of more than 25 million enrollees
- Review Plan Documents for Compliance with State laws
- Ensure Financial Stability
- Review Proposed Premium Increases
- Enforcement Action Against Plans that Violate the Law
Help Center

- DMHC’s Help Center has helped more than 1.5 million Californians resolve complaints and issues with their health plans
- Services are fast, free and confidential
- If your health plan denies, delays or modifies your request for care you can apply for an Independent Medical Review (IMR)
- If an IMR is decided in your favor, the plan must provide the requested service
- Approximately 60% of IMR requests result in the consumer receiving the requested service

www.HealthHelp.ca.gov
1-888-466-2219
Need Help?

• First try to work with your doctor or health plan
• Call the Help Center
  • Explain health care rights and how to use health benefits
  • Denials of care or treatment
  • Denials of prescription drugs or therapies
  • Delays in getting an appointment or a referral
  • Claims, billing and co-payment issues
  • Access to translation and interpretation services
  • Finding an in-network doctor, hospital or specialist
  • Complaints about a doctor or plan

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1-888-466-2219
Help Center Statistics

• From July 2014 to June 2015, we received an average of 7,400 calls per month.

• For the past few months, we have seen a significant increase in call volume with an average of nearly 12,000 calls per month.
  o 85% to English line
  o 11% to Spanish line
  o 3% to Asian language lines
Help Center Statistics

• Approximately 1,250 complaints and IMRs received each month.

• Top standard complaint categories:
  o Coverage/Benefits (27%)
  o Enrollment (24%)
  o Claims/Financial (23%)
  o Coordination of Care (11%)
  o Plan Service/Attitude (8%)
Help Center Statistics

- Standard complaints by coverage type:
  - Individual/Covered California (37%)
  - Small Group (33%)
  - Large Group (20%)
  - Medi-Cal Managed Care (5%)
  - Other, including COBRA/Cal-COBRA, Medicare/Medicare Supplement (5%)
Your Health Care Rights

• Your primary care doctor's office should be easy for you to get to. You can usually ask for a doctor within 15 miles or 30 minutes of your home or work.

• You have the right to ask for a provider or have an interpreter who speaks your language when you receive health care services.

• If your health plan changes or you lose your doctor or hospital, you may be able to keep your doctor or hospital for a limited time (continuity of care).

• You have the right to have an appointment when you need one. There are limits on how long you have to wait for an appointment.

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Know Your Rights

http://www.dmhc.ca.gov/HealthCareinCalifornia/YourHealthCareRights.aspx#.VXcTi7Hn_cs
# Timely Access Standards

<table>
<thead>
<tr>
<th>Urgent Appointments</th>
<th>Wait Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>for services that don’t need prior approval</td>
<td>48 hours</td>
</tr>
<tr>
<td>for services that do need prior approval</td>
<td>96 hours</td>
</tr>
<tr>
<td><strong>Non-Urgent Appointments</strong></td>
<td><strong>Wait Time</strong></td>
</tr>
<tr>
<td>Primary care appointment</td>
<td>10 business days</td>
</tr>
<tr>
<td>Specialist appointment</td>
<td>15 business days</td>
</tr>
<tr>
<td>Appointment with a mental health care provider (who is not a physician)</td>
<td>10 business days</td>
</tr>
<tr>
<td>Appointment for other services to diagnose or treat a health condition</td>
<td>15 business day</td>
</tr>
</tbody>
</table>

1-888-466-2219
Continuity of Care

• You may qualify for Continuity of Care, if:
  o Your doctor, medical group or hospital leaves your health plan
  o Your health plan changes and you lose your doctor or hospital

• In order to receive Continuity of Care, you must call your health plan to ask for Continuity of Care. Also, your doctor or hospital must agree to keep you as a patient.

www.HealthHelp.ca.gov
1-888-466-2219
## Continuity of Care

Only people with certain kinds of health problems or conditions can get Continuity of Care:

<table>
<thead>
<tr>
<th>Type of Problem or Condition</th>
<th>How long you get continuity of care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Condition (for example, pneumonia)</td>
<td>As long as the condition lasts</td>
</tr>
<tr>
<td>Serious Chronic Condition (for example, severe diabetes or heart disease)</td>
<td>No more than 12 months. Usually until you complete a period of treatment and your doctor can safely transfer your care to another doctor</td>
</tr>
<tr>
<td>Pregnancy</td>
<td>During Pregnancy and immediately after the delivery (the post-partum period)</td>
</tr>
<tr>
<td>Terminal Illness</td>
<td>As long as the person lives</td>
</tr>
<tr>
<td>Care of a Child under 3 years</td>
<td>For up to 12 months</td>
</tr>
<tr>
<td>An already scheduled surgery or other procedure (for example, knee surgery or colonoscopy)</td>
<td>The surgery or procedure must be scheduled to happen within 180 days of your doctor or hospital leaving your health plan</td>
</tr>
</tbody>
</table>
IMR/Complaint Form

http://www.dmhc.ca.gov/FileaComplaint/IndependentMedicalReviewComplaintForm.aspx#.VZv23bHn_cs

To complete and submit an Online Independent Medical Review/Complaint Form:

1. Select either link below:
   - ENGLISH Online Independent Medical Review/Complaint Form
   - SPANISH (Español) Online Independent Medical Review/Complaint Form (other languages available in printed form below).
2. Complete all required fields.
3. Submit the form online.
4. You will receive an e-mail notice that your form has been received.

Online submissions are through a secure web portal.

To print a blank PDF Complaint or Independent Medical Review (IMR) Application form to mail or fax:

- Select the language you want.
- Complete and sign the form.
- Fax or mail the form and copies of any supporting documents to:
  - Help Center

Need Help with Your Health Plan?
Call the DMHC Help Center
1-888-466-2219
or submit an Independent Medical Review/Complaint Form

Featured Links
- Independent Medical Review/Complaint Form
- Prescription Drug Prior Authorization Request Form
- Review of Premium Rates
- California Public Records Act Request
- Financial Solvency Standards Board
- Right Care Initiative
- Career Opportunities
Authorized Assistant Form
Health Consumer Alliance

1-888-804-3536

HealthConsumer.org
Join our Listserv

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

• Learn more about the DMHC by watching one of our YouTube Videos at: https://www.youtube.com/user/CaliforniaDMHC

• Follow us on Facebook or Twitter
Questions

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