

DMHC Newsletter

Protecting consumers' health care rights and ensuring a stable health care delivery system



Message from the Director



The Department of Managed Health Care (DMHC) celebrated the Department's 20th anniversary with the release of the "[2020 Annual Report: Celebrating 20 Years of Consumer Protection](#)" in June. The report also highlights other significant anniversaries celebrated in 2020, including the 10th anniversary of the Affordable Care Act (ACA) and the 45th anniversary of the Knox-Keene Act.

As we celebrate these important anniversaries, the DMHC remains as committed as ever to our work to fulfill the Department's mission of protecting consumers' health care rights and ensuring a stable health care delivery system. Our focus right now is to continue to support the state's recovery from the

COVID-19 pandemic, ensuring that health plan enrollees have access to appropriate behavioral health care services and looking at health equity in everything we do.

As California Health and Human Services Secretary (CHHS) Dr. Mark Ghaly put it, "The 2021-2022 Health and Human Services budget is a once-in-a-generation investment in a more equitable future where all Californians have the opportunities and supports needed to thrive." The budget includes funding for the DMHC to establish a Health Equity and Quality Committee to make recommendations on setting health equity and quality standards for commercial and Medi-Cal managed care health plans regulated by the Department. More information on the committee and a solicitation for committee members is included in this newsletter.

The 2021-2022 budget also makes investments to transform California's behavioral health system for children and youth into an innovative and prevention-focused system where all children and youth are routinely screened, supported, and served for emerging and existing behavioral health needs regardless of payer. More information on the [CHHS 2021-2022 Budget](#) is available on the CHHS website.

As the state continues to battle several wildfires across the state, I want to share a reminder that health plans regulated by the DMHC are required to ensure enrollees displaced by wildfires continue to have appropriate access to medically necessary health care services. More information including a consumer [Fact Sheet](#) about actions health plans must take during a natural disaster to assist enrollees is included in this newsletter.

The DMHC continues to work closely with all stakeholders to protect Californians from COVID-19. I encourage you to visit the [DMHC COVID-19 resource web page](#) as it is updated regularly to include the Department's latest actions and guidance.

Additionally, the DMHC Help Center continues to be a valuable resource to assist health care consumers. If you are having a problem with your health plan, such as getting access to care or are being denied treatment, I encourage you to contact the DMHC Help Center for assistance at 1-888-466-2219 or www.HealthHelp.ca.gov.

Thank you for your support and continued interest in the DMHC.

Sincerely,

Mary Watanabe

Director

California Department of Managed Health Care

Health Equity and Quality Committee

The DMHC is establishing a Health Equity and Quality Committee to make recommendations to the Director for standard health equity and quality measures, including annual benchmark standards for assessing equity and quality in health care delivery. The DMHC plans to convene the Committee on or before March 1, 2022, and the Committee will be tasked with providing initial recommendations to the DMHC Director by September 30, 2022.

Currently, the DMHC is seeking dynamic and solution-oriented health care professionals and advocates to serve on the Health Equity and Quality Committee.

Individuals with training and experience in health care quality, quality improvement activities, health equity, social determinants of health, and/or health disparities are encouraged to apply. In order for the Committee composition to reflect the diversity of the State of California, the Department is seeking individuals who represent and have knowledge of diverse communities, including the racial, cultural, ethnic, sexual orientation, gender, economic, linguistic, age, disability, and geographical diversity of California.

For more information, please read the [Committee Member Solicitation](#) and [Committee Overview](#). Interested candidates must submit required documents by October 15, 2021.

Emergency Response to California Wildfires

The DMHC helps to protect health plan enrollees when the Governor declares a state of emergency related to a natural disaster. Health plans must ensure enrollees displaced by natural disasters continue to have appropriate access to medically necessary health care services. This could include speeding up approvals for care, replacing lost prescriptions and ID cards, or quickly arranging health care at other facilities if a hospital or doctor's office is not available due to the disaster. A consumer-focused [Fact Sheet](#) provides more information about what health plans are required to do to help enrollees impacted by a natural disaster.

Governor Gavin Newsom has proclaimed a state of emergency in counties impacted by the [Fawn Fire](#), [Cache Fire](#), [Caldor Fire](#), [McFarland and Monument fires](#), [Antelope and River fires](#), [Dixie, Fly and Tamarack fires](#) and the [Lava Fire and Beckwourth Complex Fire](#).

If you have been impacted or displaced due to a wildfire, health plans are required to assist you with obtaining health care services. You can contact your health plan directly for assistance, and if you have a problem obtaining services or getting assistance from your health plan, you can contact the DMHC Help Center at 1-888-466-2219 or www.HealthHelp.ca.gov.

DMHC Celebrates 20 Years of Consumer Protection in 2020 Annual Report

The DMHC recently celebrated the 20th anniversary of the creation of the Department. The DMHC celebrated this significant milestone along with the 45th anniversary of the Knox-Keene Health Care Service Plan Act of 1975 (Knox-Keene Act) and the 10th anniversary of the Affordable Care Act (ACA) in the [“2020 Annual Report: Celebrating 20 Years of Consumer Protection,”](#) issued earlier this year.

Created by consumer-sponsored legislation, the DMHC regulates health plans under the provisions of the Knox-Keene Act. The DMHC was created as the first state department in the country solely dedicated to regulating managed health care plans and assisting consumers to resolve disputes with their health plans.

The many protections included in the Knox-Keene Act set the stage for the DMHC to effectively implement health care reform under the ACA in California. The ACA changed the fundamental rules of health insurance markets making it easier and more affordable for consumers to obtain coverage regardless of age, health status or income. Enrollment in DMHC-licensed health plans has increased by nearly 44% since implementation of the ACA.

The 2020 Annual Report highlights many of the important achievements in health care and consumer protection over the past 20 years. Select an image below to read the 2020 Annual Report or the 2020 Infographic.



Behavioral Health Focused Investigations

The DMHC received approval in the 2020-21 state budget to conduct focused investigations of all full-service commercial health plans regulated by the Department to further evaluate health plan compliance with parity and assess whether enrollees have consistent access to medically necessary behavioral health care services.

A goal of the investigations is to identify and understand the challenges and barriers enrollees may still face in obtaining behavioral health care services, and to identify systemic changes that can be made to improve the delivery of care.

The DMHC anticipates an average of five investigations will be conducted per year and all full-service commercial health plans will be investigated over approximately five years. The Department recently posted the health plans that will be investigated in the second year to the DMHC [website](#).

More information on the Department's efforts around health plan compliance with federal and state behavioral health care requirements is available on the DMHC website under [Behavioral Health Plan Compliance](#).

DMHC Reviews 2022 Health Plan Rate Filings

Under state law, proposed premium rate changes for individual and small group health plans must be filed with the DMHC. Actuaries perform an in-depth review of these proposed changes and ask health plans to demonstrate that proposed rate changes are supported by data, including underlying medical costs and trends. The DMHC does not have the authority to approve or deny rate increases; however, its rate review efforts hold health plans accountable through transparency, ensure consumers get value for their premium dollar and saves Californians money.

If the DMHC finds a health plan rate change is not supported, the DMHC negotiates with the plan to reduce the rate, called a modified rate. If the health plan refuses to modify its rate, the Department can find the rate to be unreasonable.

The DMHC received and is currently reviewing 13 individual rate filings with an effective date of January 1, 2022. This includes 12 on-exchange filings and 1 off-exchange filing. A new entrant for the 2022 plan year, Universal Care, will offer individual products on-exchange.

Health plans were asked to provide the estimated impact of COVID-19 on their proposed rates. The DMHC is working to closely analyze the impact of COVID-19 on health care premiums, medical costs, utilization of services and medical loss ratio. For the 13 individual rate filings, the proposed rate changes range from a decrease of 3.2% to an increase of 9.1%.

The DMHC has published the proposed rates on the Department's [website](#), and is accepting public comments on the filings. The DMHC plans to finalize its review of the 2022 individual rate filings by September 30.

DMHC Seeks Members for Financial Solvency Standards Board

The DMHC is seeking dynamic and solution-oriented professionals to serve on the Financial Solvency Standards Board (FSSB).

The purpose of the FSSB is to advise the Director on matters of financial solvency that affect the delivery of health care services, and to develop and recommend financial solvency requirements and standards relating to plan operations, plan-affiliate operations and transactions, plan provider contractual relationships, and provider-affiliate operations and transactions. Additionally, the FSSB periodically monitors and reports on the implementation and results of the financial solvency requirements and standards, and reviews proposed regulation changes.

For more information, please read the [Board Member Solicitation](#) and [Job Description](#). Interested candidates must submit required documents by October 15, 2021.

DMHC COVID-19 Actions

The DMHC is taking action to protect consumers' health care rights and ensure a stable health care delivery system during the COVID-19 state of emergency. The DMHC's [COVID-19 resource web page](#) includes more information about the Department's actions, including the following consumer fact sheets on coverage options, testing and vaccines.



[Coverage Options Fact Sheet](#)
([English](#) 🇺🇸, [Spanish](#) 🇪🇸)



[Consumer Fact Sheet on COVID-19 Testing](#) 🇺🇸



[COVID-19 Vaccine Fact Sheet](#) 🇺🇸

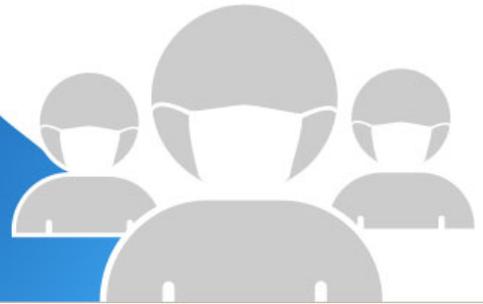
State Resources and Information on COVID-19

Departments throughout the state are working with the Administration to respond to COVID-19 and ensure Californians have the resources they need to stay safe and healthy. As the pandemic evolves, we understand information can change quickly. It is important that you are getting the most up-to-date information from reliable sources.

The DMHC created a web page dedicated to providing guidance in response to COVID-19. The Department is working closely with state and local leaders, health plans, providers and other stakeholders in supporting actions to mitigate the spread and severity of COVID-19. Click the banner below to access the DMHC COVID-19 Response web page.

YOUR ACTIONS SAVE LIVES

**Mask Up,
Keep Your Distance,
Get Vaccinated and
Let's Get to ImmUnity!**



You can find additional state resources below to stay informed on the latest information and guidance regarding COVID-19.

Additional State Resources:

- [COVID19.ca.gov](https://www.covid19.ca.gov)
- [CDPH COVID-19 Updates](#)
- [DHCS COVID-19 Response](#)

Regulation Update

Transfer of Enrollees Pursuant to a Public Health Order

The purpose of this emergency regulation is to ensure the appropriate transfer of patients between health care facilities to address the surge of COVID-19 cases. Under this regulation, for patient transfers due to a covered public health order, the health plan cannot require prior authorization or otherwise delay or prevent the transfer; the plan must cover the medically necessary costs of moving the enrollee between the facilities; the plan must reimburse the facilities and other requirements, as specified; and enrollee costs must be limited to in-network costs. This emergency regulation is effective January 15, 2021 through November 13, 2021. The DMHC has also initiated the process to make this regulation permanent.

Timely Access to Non-Emergency Health Care Services

The purpose of this regulation is to clarify and make specific the standardized methodology for how health plans report timely access to care requirements and annual network requirements to the DMHC. This regulation will help the DMHC ensure health plans are meeting timely access to care requirements, and allow for meaningful comparisons of timely access to care information across health plans. The final regulation package was submitted to the Office of Administrative Law (OAL) on August 2, 2021, and OAL will have approximately 150 days to review the package.

Summary of Dental Benefits and Coverage Disclosure Matrix

The purpose of this regulation is to implement requirements for a uniform benefits and coverage disclosure matrix that must be used by health care service plans that issue, sell, renew, or offer a contract that covers dental services. The Department's current emergency regulation is in effect, and the DMHC has initiated the process of making this regulation permanent.

DMHC Help Center

The DMHC Help Center educates consumers about their health care rights, resolves consumer complaints, helps consumers navigate and understand their coverage and ensures access to appropriate health care services.

The first step is to file a grievance with your health plan if you are experiencing an issue with your health plan or are having difficulty accessing care. Contact the DMHC Help Center for assistance if you are not satisfied with your health plan's resolution of the grievance or have been in the grievance process for 30 days. The DMHC Help Center can be reached at 1-888-466-2219 or www.HealthHelp.ca.gov. If you have an urgent health issue, please contact the DMHC Help Center immediately.

If a health plan denies, changes or delays a request for medical services, denies payment for emergency treatment or refuses to cover experimental or investigational treatment, the health plan enrollee can apply for an Independent Medical Review (IMR) through the DMHC Help Center. Through the IMR, independent doctors will review the case, and the health plan must follow the determination. Approximately 68% of consumers who file an IMR with the DMHC receive their requested service or treatment from their health plan. For more information, please visit www.HealthHelp.ca.gov.

DMHC Career Opportunities

The DMHC is always seeking smart, talented and enthusiastic people to join our team. More information about careers with the DMHC is located on the [CalCareers website](#).

DMHC Web Banners

The DMHC created the following web banners to help raise consumer awareness and utilization of the DMHC Help Center.

If your organization is interested in hosting the DMHC web banners on your website, please email stakeholder@dmhc.ca.gov. The web banners are also available in additional languages including Spanish.

A web banner graphic with a blue header and a white body. On the left is a circular gauge with a green arc and the number '68%' in white on a blue background. To the right of the gauge, the text reads: 'Assistance is Fast, Free & Confidential' in white on the blue header; 'Approximately 68% of consumer appeals (IMRs) resulted in the consumer receiving the requested service or treatment from their health plan' in bold black text; and 'Call: 1-888-466-2219 | Visit: HealthHelp.ca.gov' in white on a blue rounded rectangle at the bottom.

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The DMHC Protects the Health
Care Rights of More Than
27.7 Million Californians

[Learn More](#)

1-888-466-2219

HAVE A PROBLEM WITH YOUR HEALTH PLAN? CONTACT THE DMHC

HealthHelp.ca.gov



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[LinkedIn](#)



[Website](#)

About DMHC:

The DMHC protects the health care rights of more than 27.7 million Californians and ensures a stable health care delivery system. The Department has helped 2.5 million Californians resolve health plan problems through the Help Center. Information and assistance is available at www.HealthHelp.ca.gov or by calling 1-888-466-2219.