

# DMHC Complaint and Appeals Process

March 26, 2024



**Online Questions:** At any time, please submit your questions in the Chat box at the bottom of your screen and press enter. We will take questions at the end of the presentation.

# DMHC Complaint and Appeals Process

March 26, 2024





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**California Hospital Association**

Pat Blaisdell provides membership support and advocacy for hospital-based post-acute care and case management services, including policy analysis and interpretation, communication with regulatory bodies and third-party payers, and planning and implementation of educational programs. Pat has more than 25 years of experience in hospital and health care management in acute and post-acute settings and has expertise in clinical operations and reimbursement across the post-acute continuum of care.

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# DMHC Mission Statement

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

# Our Accomplishments



**2.8 MILLION**  
**CONSUMERS ASSISTED**

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



**\$126.1 MILLION**

dollars assessed against health plans that violated the law

**143**  
**LICENSED**  
**HEALTH PLANS**



**97** FULL SERVICE



**46** SPECIALIZED



**\$296.1 MILLION**

dollars saved on Health Plan Premiums through the Rate Review Program since 2011

**29.7 MILLION**  
**CALIFORNIANS' HEALTH CARE RIGHTS**  
**ARE PROTECTED BY THE DMHC**



**96%**

of state-regulated commercial and public health plan enrollment is regulated by the DMHC

Approximately

**68%**

of consumer appeals (IMRs) to the DMHC resulted in the consumer receiving the requested service or treatment from their health plan



**\$43.8**  
**MILLION**

dollars recovered from health plans on behalf of consumers



**\$194.3**  
**MILLION**

dollars in payments recovered to physicians and hospitals

December 31, 2022

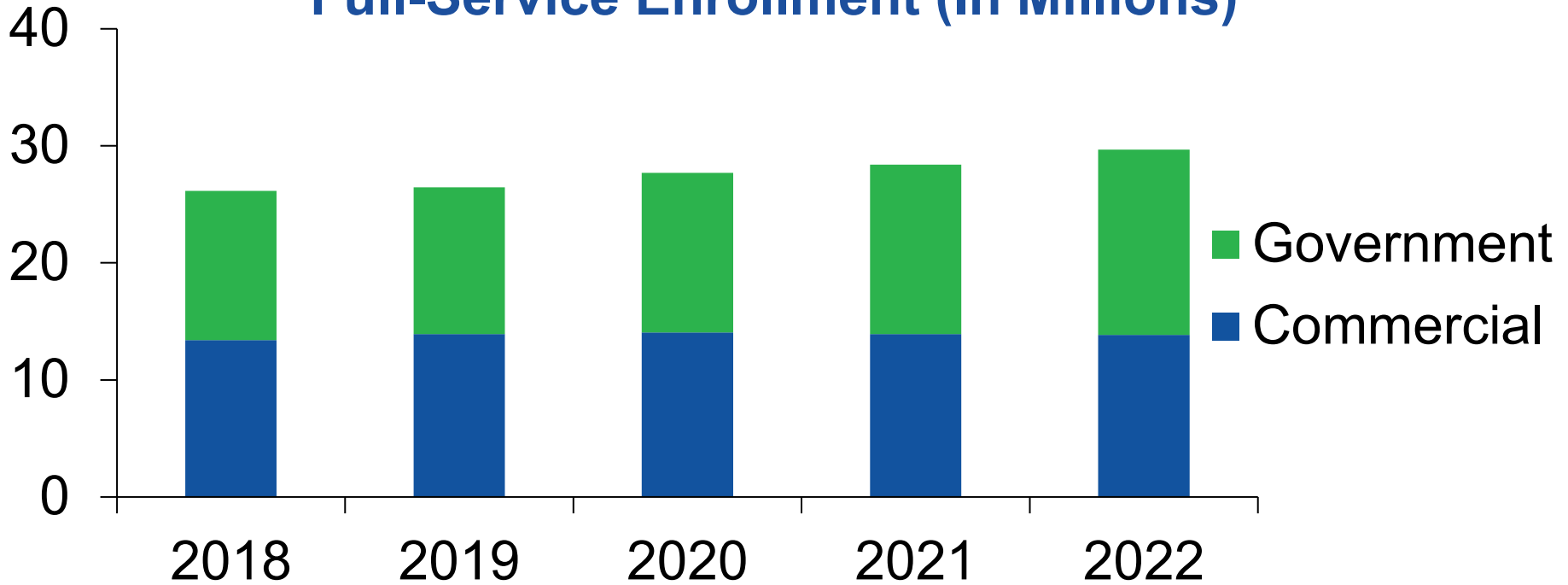
# What is the DMHC?

## Regulator of full-service and specialized health plans

- All HMO and some PPO/EPO products
- Some large group and most small group & individual products
- Most Medi-Cal Managed Care plans
- Dental, vision, behavioral health, chiropractic, and prescription drug plans
- Medicare Advantage (for financial solvency only)

# DMHC Enrollment Over Time

Full-Service Enrollment (In Millions)



# California – Two State Regulators

## DMHC

- Director appointed by the Governor
- Part of CalHHS and the Executive Branch
- Regulates health coverage only
- Health and Safety Code
- **29.7 million** health care consumers

## CDI

- Commissioner elected by voters
- Separate constitutional entity from Executive Branch
- Regulates many forms of non-health insurance
- Insurance Code
- **1 million\*** health care consumers

# DMHC Regulates

- All HMO products
- PPO & EPO products
- Specialized plans (vision, dental, behavioral, chiropractic)
- Prescription drug plans
- Some large group and most small group & individual products
- **96%** of the commercial and public health plan enrollment
- **100%** of the state's health benefit exchange enrollment

# CDI Regulates

- PPO products
- EPO products
- All indemnity products
- Some individual and some small group products








# Health Coverage NOT Regulated by the DMHC

- CDI products
- Most Medicare coverage
- Some Medi-Cal coverage (FFS and COHS)
- ERISA self-insured plans
- Private health benefit exchanges

# How the DMHC Regulate Plans

- License plans and approve products
- Ensure basic health care services and mandated benefits are covered
- Monitor financial solvency
- Analyze provider networks
- Evaluate plan policies and procedures
- Conduct Medical Surveys and Non-Routine Surveys
- Monitor grievances and appeals
- Resolve and track member complaints
- Enforce the law

# Timely and Geographic Access

Urgent Care	
prior authorization <b>not required</b> by health plan	prior authorization <b>required</b> by health plan
 <b>2</b> days	 <b>4</b> days
Non-Urgent Care	
Doctor Appointment	
<b>PRIMARY CARE PHYSICIAN</b>	<b>SPECIALTY CARE PHYSICIAN</b>
 <b>10</b> business days	 <b>15</b> business days
<b>Mental Health Appointment</b> (non-physician <sup>1</sup> )	<b>Appointment</b> (ancillary provider <sup>2</sup> )
 <b>10</b> business days	 <b>15</b> business days
Follow-Up Care	
<b>Mental Health / Substance Use Disorder Follow-Up Appointment</b> (non-physician)	
 <b>10</b> business days from prior appointment (effective July 1, 2022)	

# How Does DMHC Oversee Providers?

- The DMHC does not license providers
- The DMHC monitors Risk Bearing Organizations (RBO):
  - Review RBO financial reports
  - Monitor RBO solvency
  - Ensure claims are paid timely
  - Resolve provider payment disputes
- Goal is to prevent failures that could harm members, plans, and other providers

# Help Center

Assists managed care members with health care issues and ensures members receive the health care services they are entitled to.

- Contact (Call) Center
- Legal Affairs Branch
- Independent Medical Review Branch
- Standard Complaint Branch
- Provider Complaint Section
- Data Analytics Section

2022 BY THE NUMBERS

## HELP CENTER

**128,405** CONSUMERS ASSISTED<sup>4</sup>

**111,205** TELEPHONE INQUIRIES

**12,266** CONSUMER COMPLAINTS<sup>5</sup>

**3,240** IMRs CLOSED<sup>6</sup>

**\$5.4 M** RECOVERED FOR CONSUMERS

**1,694** NON-JURISDICTIONAL REFERRALS

**6,240** PROVIDER COMPLAINTS

**\$12.5 M** RECOVERED PROVIDER PAYMENTS

**20** NON-EMERGENCY SERVICES IDRP CASES COMPLETED

# Contact Center

- Receives calls from the public
- Educates members about the DMHC complaint process
- Addresses member inquiries
- Refers members to appropriate agencies or resources
- Resolves issues between health plans and members through the quick resolution process
- Processes written consumer complaints (mail, fax, email, online submission)



# How to File a Complaint



## Submit IMR / Complaint Form

English

Español

You have the option to submit your IMR/Complaint form **in many languages** by [mail or by fax](#). Be sure to complete all fields, include any copies of supporting documents and **sign the form**.

# Independent Medical Review

- An Independent Medical Review (IMR) is a review of the complaint by an independent expert who is not part of the health plan or the DMHC, when there is a dispute about a requested treatment or service.
- An IMR is free to health plan members.

# Independent Medical Reviews (IMRs)

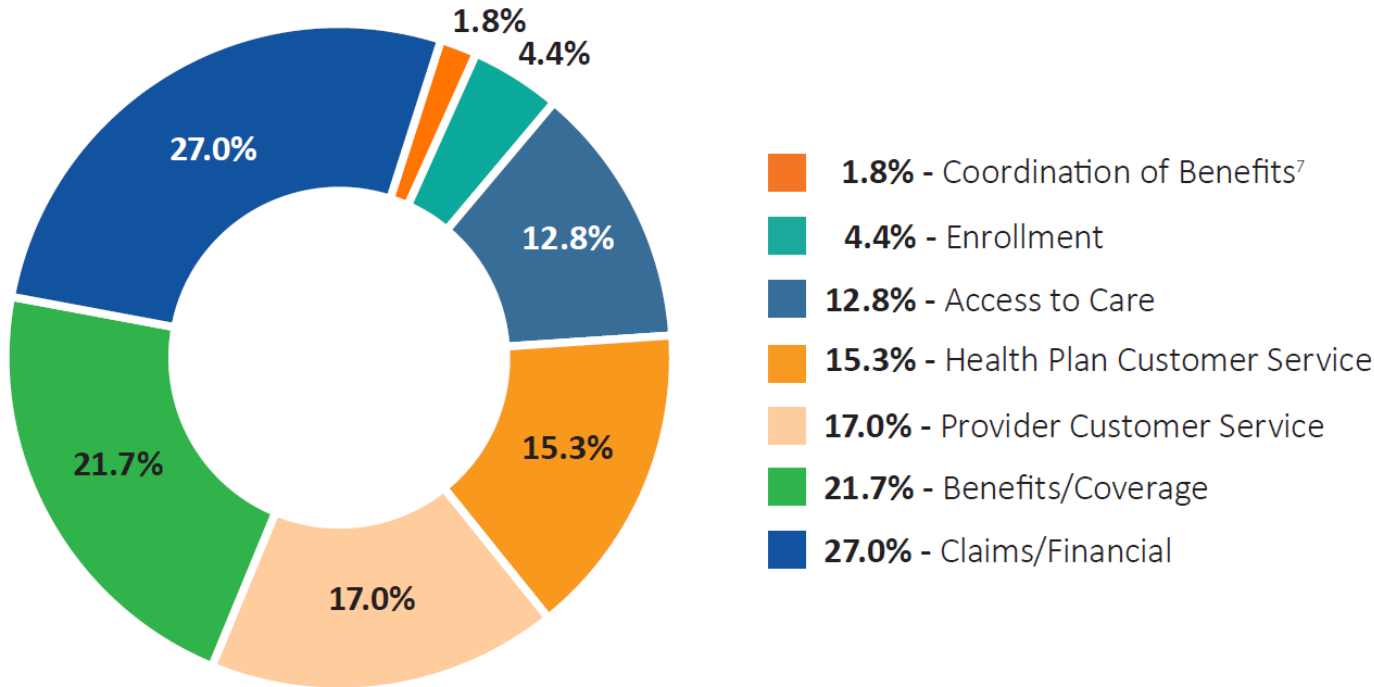
**Assistance is Fast, Free & Confidential**

**Approximately 68% of consumer appeals (IMRs) to the DMHC resulted in the consumer receiving the requested service or treatment from their health plan**

**Call: 1-888-466-2219 | Visit: [HealthHelp.ca.gov](https://HealthHelp.ca.gov)**



# Member Complaints Resolved in 2022



# Expedited Complaints

- A member may skip a health plan's grievance process if there is an imminent and serious threat to the health of the member.
- Early Review Complaints
  - Cancellations, rescissions, or nonrenewal of a health care service plan contract
  - Any other case where the Department determines an earlier review is warranted

# Standard Consumer Complaint Example

Sean filed a complaint with the Help Center after losing his health plan coverage because of asserted nonpayment of premiums and his health plan would not offer reinstatement.

# Expedited Complaint Example

Adam is a nine-year-old with non-Hodgkin's lymphoma. His mother filed a complaint asking his health plan to authorize coverage for Adam to receive chemotherapy and testing at a non-contracted in-state children's hospital.

# IMR Case Example

Jesse's parents requested inpatient psychiatric treatment for his behavioral health condition.

# LANGUAGE ACCESS

- Teletypewriter or TTY
- TRANSLATION SERVICES
- FORMS IN THRESHOLD LANGUAGES

# Provider Complaint Section (PCS)

- Reviews complaints submitted by hospitals, doctors, and other health care providers against health plans to ensure prompt and accurate payment.
- Determines non-compliance with the Knox-Keene Act (KKA) and its regulations.
- Compiles provider complaint data to identify unfair payment patterns, which may be used to support DMHC investigations and enforcement actions.

# Complaint Categories

**PCS reviews provider complaints related to:**

- Authorization Disputes
- Claims Payment and Processing Disputes
- Payor's Dispute Resolution Problems
- Non-Contracted Providers Disputes
- Overpayment/Refund Requests

# Types of Provider Complaints

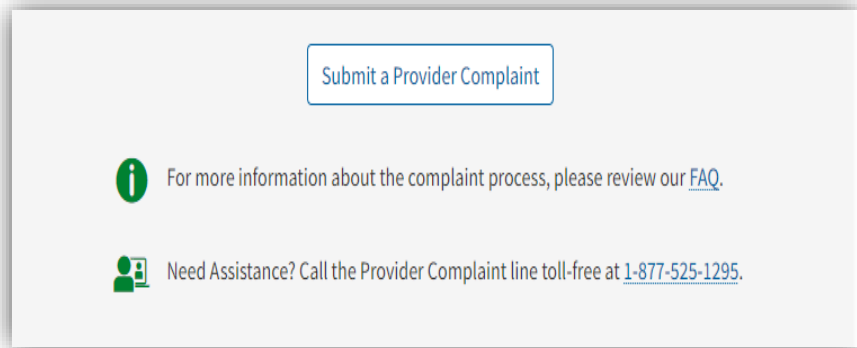
- Individual claim complaints
- Multiple claims complaints (up to 25 claims per complaint)
- Emergency Independent Dispute Resolution Process (ER IDR)
- Non-Emergency Independent Dispute Resolution Process (AB72 IDR)

\* Plans as of December 31, 2022

# Does My Complaint Qualify?

- Services were rendered within the last four years.
- Provider Dispute Resolution (PDR) has been filed with the payor and provider received a written determination or the appeal has been pending for more than 45 working days.
- The claim dispute is with a health plan licensed under the KKA.

# Provider Complaint System Portal





- Portal is for provider use only.
- To log into the portal, a provider must create an account or log in with an existing account.
- Process is completely electronic. All communications related to the complaint are contained in the portal.
- [www.dmhc.ca.gov](http://www.dmhc.ca.gov)

# How to Create an Account

The screenshot shows the 'Provider Complaint System' login page. At the top left is the 'DEPARTMENT OF Managed Health Care' logo, and at the top right is the 'State of California' logo. The page title is 'Provider Complaint System'. Below the title is the heading 'Provider Complaint System Login'. A section titled 'PROVIDER USE ONLY' contains instructions: 'Use the form shown below to log into the Provider Complaint System.' It provides contact information for consumers (888) HMO-2219 and a link to <http://www.dmhc.ca.gov/AbouttheDMHC/ContactUs.aspx>. It also states that to log into the system, a login account is required, and provides links for 'Create a New Account' and 'Password Reset'. For login assistance, it lists the Provider Complaint Branch at (877) 525-1295 or [pcu@dmhc.ca.gov](mailto:pcu@dmhc.ca.gov). The login form includes fields for 'Email Address \*' and 'Password \*', a 'Show Password' checkbox, and a blue 'Login' button.

- Visit the Department’s website at [www.dmhc.ca.gov](http://www.dmhc.ca.gov)
- Click on “File a Complaint”
- Select “Provider Complaint Against a Plan” from the dropdown
- Click on “Submit a Provider Complaint”
- Click “Create a New Account”

# Create an Account (cont.)



## Provider Complaint System

*\* Indicates a Required Field*

### Contact Information

**PROVIDER USE ONLY** - Please use the form shown below to create a new login account for the Provider Complaint System.

If you are a consumer, please contact the Department's Help Line at (888) HMO-2219 or [contact us](#).

Please contact our [pcu@dmhc.ca.gov](mailto:pcu@dmhc.ca.gov) with any questions or problems regarding this site.

The contact information identifies the person with whom DMHC will be communicating. **Please Note:** The email address indicated below will be used as your login for the system. All correspondence from DMHC will be sent to this email address.

After creating an account, a verification number is sent to the email address used to establish the account. **This verification number is required to login for the first time.**

You may submit multiple complaints under this login account for one or multiple providers.

#### Contact Information

First Name *	<input type="text"/>
Last Name *	<input type="text"/>
Address *	<input type="text"/>
City *	<input type="text"/>
State *	California <input type="text"/>
Zip Code *	<input type="text"/>
Phone *	<input type="text"/> - <input type="text"/> - <input type="text"/> ext. <input type="text"/>
Fax *	<input type="text"/> - <input type="text"/> - <input type="text"/>
Email Address *	<input type="text"/>
Confirm Email *	<input type="text"/>

# Single vs Batch Complaints

## Single Claims Complaints

- An individual complaint allows a provider of health care services to submit a provider complaint for a single claim.

## Multiple Claims Complaint

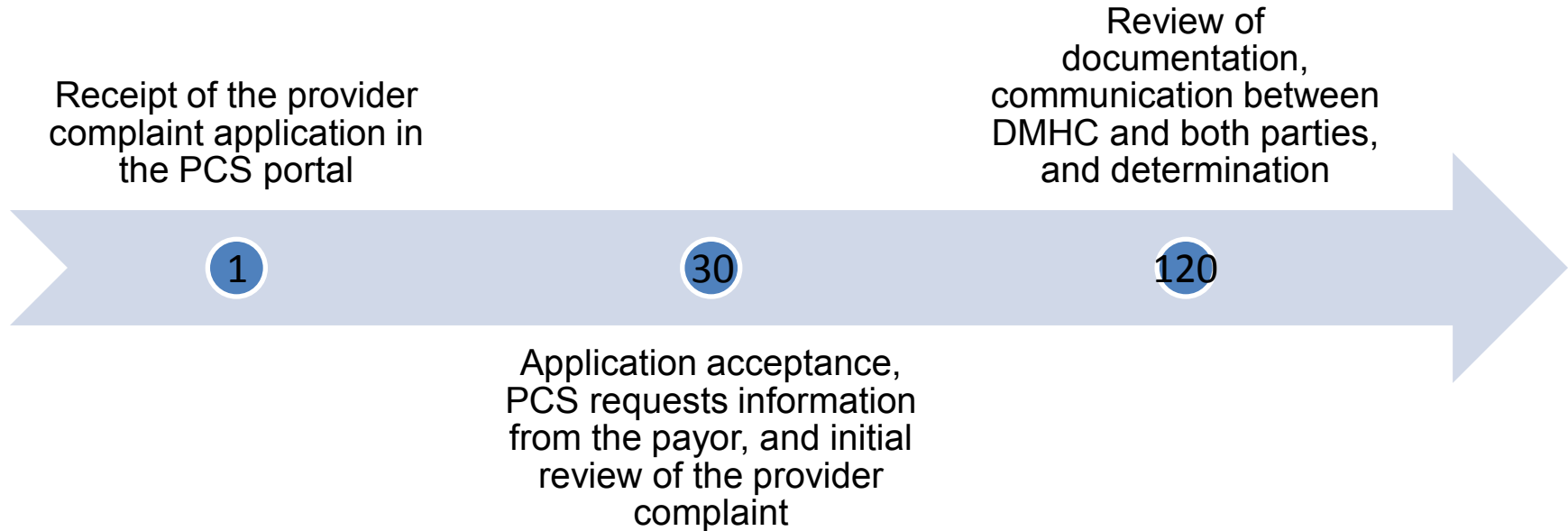
- A multiple complaint allows a provider of health care services to submit a group of individual claims if they represent multiple examples of “like” issues and if all complaints are related to the same payor of service.
- A provider may submit 2-25 claims within one multiple complaint.

# Provider Complaint Documentation

The following documents must be included in the provider's application in order for it to be reviewed:

- Claim form(s)
- Provider Appeal Letter
- Provider Dispute Resolution (PDR) Determination Letter
- Explanation(s) of Benefits or Remittance Advice
- Any additional documentation the provider believes will support their position

# Provider Complaint Timeline



# Provider Complaint Resolution

When a complaint is closed, the provider is notified of the resolution through a closing letter which is accessible through the portal.

# Provider Complaint Contact

- Toll-free provider complaint line: 1-877-525-1295
- E-mail: [providercomplaintunit@dmhc.ca.gov](mailto:providercomplaintunit@dmhc.ca.gov)
- Mailing Address:  
California Department of Managed Health Care  
980 9<sup>th</sup> Street, Suite 500  
Sacramento, CA 95814-2725

# Stay Connected

If you would like to stay in touch with the Department and receive notifications about public meetings, join our list serve at [www.HealthHelp.ca.gov](http://www.HealthHelp.ca.gov).

## Keep In Touch

Stay updated on the latest news from DMHC

# Questions?

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# Thank You

Thank you for participating in today's webinar.

For education questions, contact: [education@calhospital.org](mailto:education@calhospital.org)