

California Department of Managed Health Care

October 17, 2017

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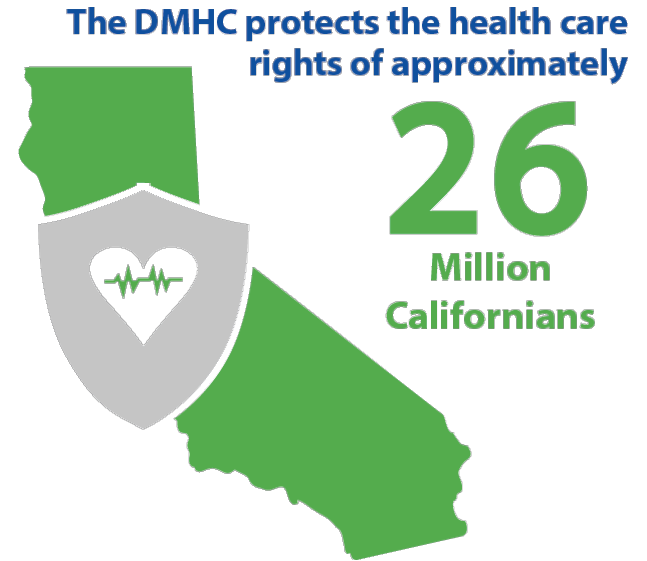
DMHC Mission Statement

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

What is the DMHC?

Regulator of 124 plans, including 74 full service and 50 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
- Medicare Advantage (for financial solvency)



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

- CDI products
- Most Medicare coverage¹
- Some Medi-Cal coverage (FFS and COHS)
- ERISA self-insured plans
- Private health benefit exchanges

¹ The DMHC issues KKA licenses to Medicare plans and has limited oversight of these types of plans including financial solvency and administrative capacity.

How Does the DMHC Regulate Plans?

- License plans and approve products
- Analyze provider networks
- Ensure basic health care services and mandated benefits are provided
- Monitor financial health
- Evaluate plan policies and procedures
- Resolve grievances and appeals
- Track enrollee complaints
- Enforce the law

Plan Monitoring – Division of Provider Networks

Division of Provider Networks

- Monitors provider networks and accessibility of services, including Block Transfers
- Reviews annual health plan timely access compliance reports
- Conducts annual compliance review of all full service and behavioral health networks

2016 BY THE NUMBERS: Plan Monitoring

108

Unique health plan networks
reviewed (MY 2015)

40

Timely access compliance
reports reviewed (MY 2015)

299

Block transfers received

88

Material modifications
(significant changes) received

E-consult Proposal

- Where will services be provided? (e.g. emergency department, inpatient setting, outpatient setting)
- Service areas
- Providers and provider capacity
- Geographic access
- Provider contracts and payment structure
- Cost sharing and other disclosures
- Integration into overall plan quality assurance process
- Grievance process

Questions

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