

Department of Managed Health Care Update

ICE Annual Conference
November 18, 2021

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Relations

20 YEARS



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

20 YEARS
of Consumer Protection



2.5 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.



\$36.1 MILLION

dollars recovered from health plans on behalf of consumers



132 LICENSED HEALTH PLANS

 **87** FULL SERVICE

 **45** SPECIALIZED

27.7 MILLION

CALIFORNIANS' HEALTH CARE RIGHTS
ARE PROTECTED BY THE DMHC



95% of state-regulated commercial and public health plan enrollment is regulated by the DMHC

\$296.1 MILLION

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

\$40.3 MILLION

 in 2020

\$83.6 MILLION

dollars assessed against health plans that violated the law

June 2021

INDEPENDENT MEDICAL REVIEW (IMR)

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



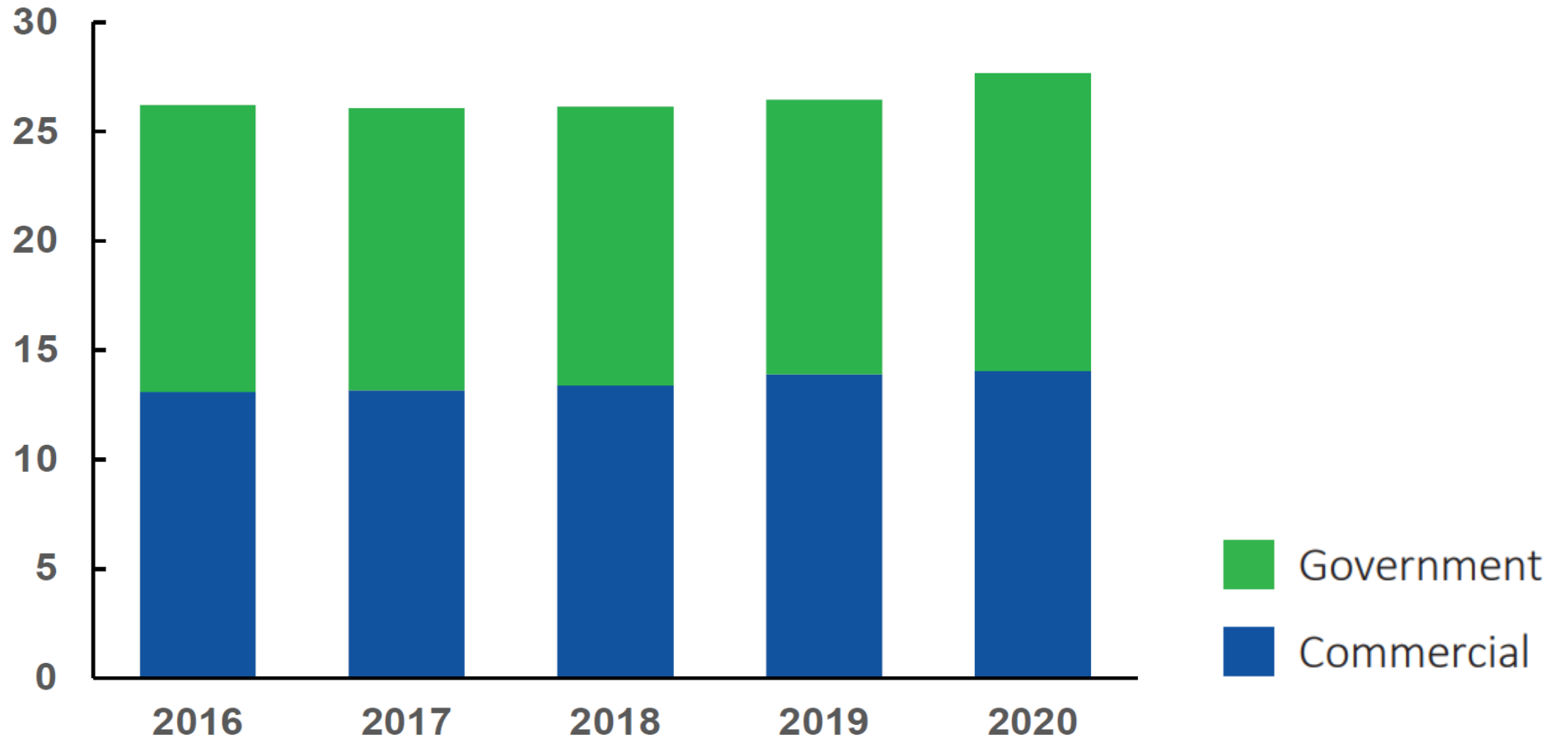
\$165.1 MILLION

dollars in payments recovered to physicians and hospitals

DMHC Enrollment Over Time

20 YEARS
of Consumer Protection

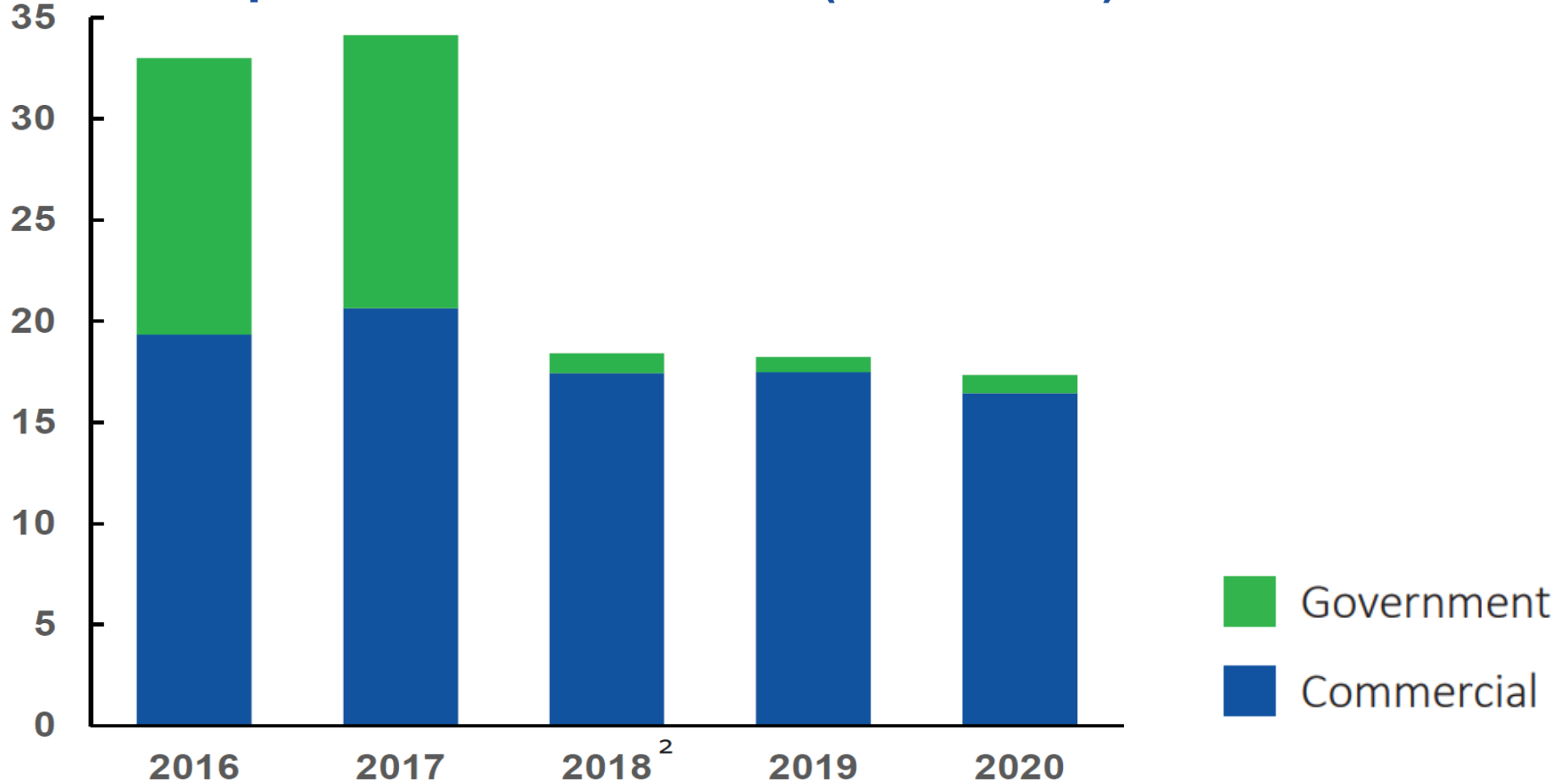
Full-Service Enrollment (In Millions)



DMHC Enrollment Over Time

20 YEARS
of Consumer Protection

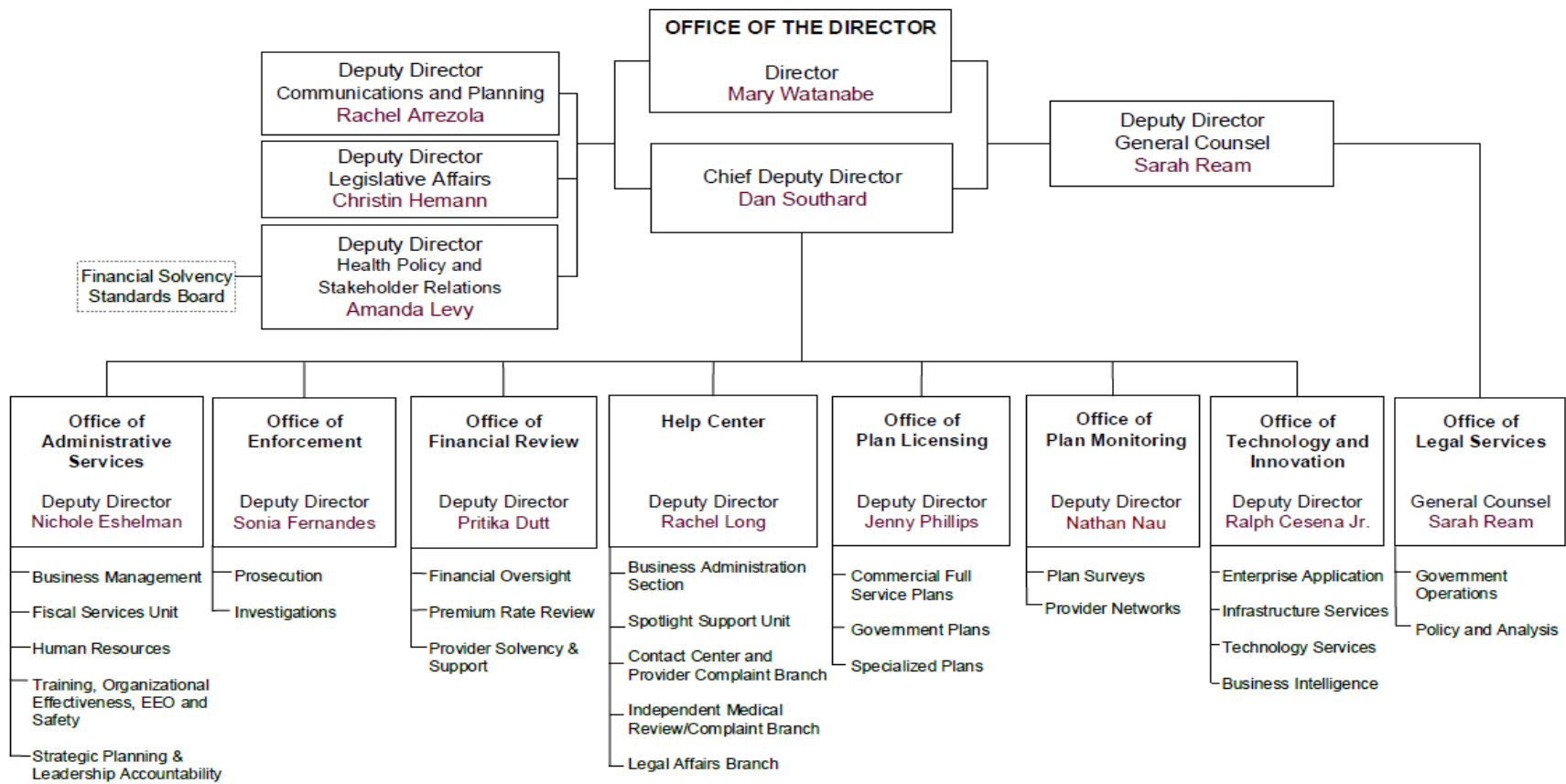
Specialized Enrollment (In Millions)



Our Leadership



California Health and Human Services Agency
 Department of Managed Health Care



DMHC's Response to COVID-19

- Issued over 30 All Plan Letters since March 2020
- Emergency Regulation Regarding COVID-19 Diagnostic Testing
- Emergency Regulation Regarding Hospital Transfers
- COVID-19 Updates Webpage

DMHC Priorities

- COVID-19 Response and Recovery
- Health Equity
- Behavioral Health
- Affordability
- Access to Care
 - Telehealth
 - Network Adequacy
 - Timely Access to Care
- Legislation Implementation and Regulations

Regulations Updates

Pending Regulations

- Timely Access Standards
- Uniform Dental Benefits Matrix
- SB 600-Fertility Preservation
- SB 855-Mental Health Parity
- SB 137-Provider Directories
- General Licensure

Legislative Updates

New Bills

- AB 326 (Rivas): Consumer Participation Program
- AB 342 (Gipson) Colorectal Cancer Screenings
- AB 457 (Santiago): Telehealth Coverage
- AB 570 (Santiago) Dependent Health Care Coverage
- AB 1184 (Chiu): Medical Confidentiality
- SB 255 (Portantino) & SB 718 (Bates): Association Health Plans
- SB 428 (Hurtado): Adverse Childhood Experiences Screenings

AB 347 (Arambula)

Effective January 1, 2022, a health plan or insurer must expeditiously grant a request for a step therapy exception if a prescribing provider determines use of the drug required under step therapy is inconsistent with good professional practice for the provision of medically necessary covered services, while considering the enrollee's circumstances.

SB 221 (Wiener)

SB 221 places portions of the timely access standards adopted in regulation by the DMHC into the Health and Safety Code and Insurance Code.

Specifies a 10-business day timely access standard for follow-up appointments for certain mental health and substance use disorder providers, beginning July 1, 2022.

SB 242 (Newman)

Effective January 1, 2022, this bill requires health plans and insurers to reimburse contracting physicians and dentists for the costs of personal protective equipment (PPE) and additional supplies, materials, and clinical staff time made necessary by a future public health emergency due to a respiratory-transmitted infectious disease.

This bill does not apply to COVID-19 State of Emergency.

SB 306 (Pan)

Effective January 1, 2022, this bill requires health plans and health insurers to cover sexually transmitted disease (STD) home test kits.

It also updates California's current Expedited Partner Therapy (EPT) statute to include provider liability protections and permits pharmacists to provide EPT treatment.

SB 326 (Pan)

Effective January 1, 2022, this bill codifies many of the federal Affordable Care Act's (ACA) consumer protections in the Health and Safety Code and Insurance Code by deleting language, commonly known as "tiebacks."

Protections include (1) guaranteed issuance and renewability; (2) ban on pre-existing condition exclusions; (3) rates based solely on age and region; and (4) requirement to provide all 10 essential health benefits.

SB 368 (Limon)

Effective July 1, 2022, this bill requires a health plan contract or health insurance policy issued, amended, or renewed in the individual or group market, to monitor an enrollee's accrual balance toward their annual deductible and their out-of-pocket maximum (OOPM).

SB 428 (Hurtado)

Effective January 1, 2022, this bill requires a health plan contract or health insurance policy to provide coverage for adverse childhood experiences screenings (ACEs).

Applies to health plans and policies that cover pediatric services and preventive care.

SB 510 (Pan)

Effective January 1, 2022, with a retroactive effectiveness to March 4, 2020, this bill requires health plans and insurers to cover the costs associated with diagnostic and screening testing for and immunization against COVID-19 without cost-sharing, prior authorization, utilization management or in-network requirements.

SB 510 (Pan)

Prohibits health plans from delegating such costs to providers without a renegotiation of contract terms.

Applies a similar framework for testing and immunization during future public health emergencies.

SB 535 (Limon)

Effective July 1, 2022, this bill prohibits plans from requiring prior authorization for non-experimental biomarker testing for an enrollee with either: (a) advanced or metastatic stage 3 or 4 cancer; or (b) progression or recurrence with advanced stage 3 or 4 cancer.

Health Equity and Quality Committee

- Committee will convene by March 1, 2022 and provide recommendations on equity/quality benchmarks to Director by September 30, 2022.
- Beginning in 2025, health plans responsible for full compliance and DMHC to publish annual Health Equity and Quality Compliance Report.

Children & Youth Behavioral Health Initiative (CYBHI)

- On or after January 1, 2024, health plans must cover mental health and substance use disorder treatment provided by schools, without utilization management, at the greater of the contracted rate or the fee for service rate schedule to-be-developed by DHCS pursuant to the CYBHI.
- DMHC to issue guidance by December 31, 2023.

Questions