Dear Health Plan Representative,

Please find the attached All Plan Letter regarding responses to Help Center Requests for Health Plan Information related to Enrollee Complaints.

Thank you.
ALL PLAN LETTER

DATE: May 3, 2018

TO: All Licensed Health Plans

FROM: Elizabeth Landsberg, Deputy Director
Help Center

SUBJECT: APL 18-009 (HC) Responding to Help Center Requests for Health Plan Information Related to Enrollee Complaints

The purpose of this All Plan Letter is to:

1. Clarify the entity responsible for responding to Requests for Health Plan Information (RHPI); and,

2. Remind plans to respond with precision regarding the specific licensed entity involved in the complaint submitted to the Department of Managed Health Care (Department).

I. Plans with Delegated Entities

The Department understands that some health plans contract with other entities, including other licensed health plans, to provide services to enrollees. However, the plan in which the enrollee has direct coverage (i.e., the “parent plan”) must respond to the Help Center’s request for information, including completing and submitting the RHPI form, as delegation of functions does not waive the obligation of the plan to comply with the Knox-Keene Act. This requirement exists even if the delegated entity is licensed with the Department and made the decision about which the enrollee is complaining.

As an example: Parent Plan contracts with Delegated Plan to oversee and provide behavioral health services. An enrollee in Parent Plan files a complaint related to behavioral health services for which Delegated Plan has been delegated responsibility by Parent Plan. Notwithstanding the delegation, Parent Plan must timely respond to the RHPI in the case. This is true even if Delegated Plan has a Knox-Keene Act license, made the coverage decision at issue and responded to the plan-level grievance.

1 California Code of Regulations, title 28, section 1300.68, subdivision (g).
If the enrollee identifies a delegated plan in the IMR/Complaint Form submitted by the enrollee and the Department sends an RHPI to the delegated entity, the delegated entity must advise the Department as soon as possible of the plan in which the member is enrolled so the RHPI can be redirected to the parent plan.

Plans are requested to implement this direction as soon as possible and no later than May 18, 2018.

II. Plans with Licensed Affiliates

If a plan has affiliates licensed with the Department and a plan enrollee contacts the Help Center, the enrollee’s plan must respond to RHPIs noting the specific entity in which the enrollee has coverage, even if the enrollee mistakenly identified the plan’s affiliate on his/her complaint form. Enrollees do not always know or identify the exact plan name in their complaints and some plans have licensed entities with very similar names, so it is incumbent on the plans in their response to the Department to accurately identify the correct licensed entity.

If the Department sends an RHPI or other inquiry to a contact at the plan listed by an enrollee on an IMR/Complaint Form, but the enrollee is enrolled in an affiliated licensee, the plan that received the RHPI/inquiry must redirect the inquiry to the correct licensed entity.

III. Filing Requirements

Each licensed plan, including each licensed affiliate (such as a QIF plan), must submit separate Exhibit W-11s to the Department through the Department’s eFiling system. If the information on a plan’s W-11 becomes out-of-date, the plan must file a new W-11 with the Department. Similarly, each licensed health plan must submit quarterly grievance reports to the Department as required by California Code of Regulations Section 1300.68, subdivision (f).

If you have questions regarding this APL please contact Elizabeth Landsberg, Deputy Director, Help Center at elizabeth.landsberg@dmhc.ca.gov.