

From: [DMHC Licensing eFiling](#)
Subject: APL 18-016 (HC) - Communication between the Help Center and Health Plans
Date: Wednesday, September 12, 2018 1:49:52 PM
Attachments: [APL 18-016 \(HC\) - Communication between Help Center and Health Plans.pdf](#)
[W-11 HP Contacts\(C8436\).docx](#)

Dear Health Plan Representative,

Please find the attached All Plan Letter regarding Consumer Complaints and the Communication between the Help Center and Health Plans.

Thank you.

ALL PLAN LETTER

DATE: September 12, 2018

TO: All Licensed Health Plans

FROM: Elizabeth Landsberg, Deputy Director
Help Center

SUBJECT: APL 18-016 (HC) Communication between the Help Center and Health Plans Regarding Consumer Complaints

The purpose of this All Plan Letter (APL) is to inform health plans that the Department of Managed Health Care (Department) is implementing a new process for sending and receiving Requests for Health Plan Information (RHPI), Requests for Information (RFI) and other health plan correspondence.

The Department's Help Center is replacing its current Customer Relations Management (CRM) system. The new CRM has the capability to send and receive emails directly from the system, and will automatically upload emails into consumers' cases. This new technology will allow the Department to process consumer complaints cases without utilizing paper documents and facsimile.

Effective **October 15, 2018**, the Department will no longer send or receive RHPs, RFIs, or any other health plan correspondence regarding consumers' cases via facsimile. The Department will send RHPs and RFIs through a CRM system generated email to the health plan. The health plan shall respond to that email with its completed response(s) to the RHPI or RFI through a direct reply to the Department's email. Responding directly to the Department's email request ensures the RHPI and RFI are uploaded directly to the consumer's case in the CRM. Health plans may not send correspondence regarding consumer cases to the Help Center via facsimile.

In order to comply with the new RHPI and RFI process, **all health plans with a non-restricted Knox-Keene license must submit a new Exhibit W-11 to the Department** with the contact and/or email address the plan prefers the RHPs and RFIs to be sent. The Department has revised the Exhibit W-11 so that all health plans can identify the contact for this new process. When completing the revised Exhibit W-11, please be sure to check the RHPI box on the form for the identified contact to ensure the Department sends all requests to the appropriate contact. Note that this must be a

general email address that can be checked by multiple staff rather than a personal email address. This is important in case of health plan staff unavailability.

For your convenience, the Department has attached the revised Exhibit W-11 with this APL. All health plans must submit their new Exhibit W-11 through the Office of Plan Licensing portal by **October 5, 2018**, so that the Department can update the CRM with the identified contacts.

If you have questions regarding this APL, please contact Ben Carranco, Assistant Deputy Director, Help Center at ben.carranco@dmhc.ca.gov.

HELP CENTER HEALTH PLAN CONTACTS

Date: Health Plan Name:

HELP CENTER HEALTH PLAN CONTACT TYPES

The Help Center maintains eight points of contact for each health plan: *Only the Internal, Member Services, and Emergency 24/7 plan contact information are required.*

- Internal
 - Plan contact the Help Center uses to notify the plan that a consumer filed a grievance. These notices can be directed to an individual or a unit.
- IMR
 - Plan contact the Help Center uses for further communication as the IMR case is reviewed for resolution.
- Member Services
 - Plan contact the Help Center uses to refer enrollees back to their plan for assistance. Displays on the DMHC public website at [Contact Your HMO](#)
- Quick Resolution
 - Plan contact the Help Center and the enrollee use while working together in a conference call to resolve a current issue that the enrollee has with their health plan.
- Clinical / Urgent
 - Plan contact the Help Center clinical staff uses when an urgent complaint is filed during normal business hours and a clinical review is required.
- Special Handling
 - Plan contact the Help Center uses to transfer the consumer's call when the consumer is unable to reach the plan.
- Medi-Cal
 - Plan contact the Help Center uses for further communication as a consumer's Medi-Cal issue is reviewed.
- Emergency 24/7
 - Plan contact the Help Center clinical staff uses when an urgent complaint is filed after normal business hours, on a weekend, or holiday and a clinical review is required.
- Request for Health Plan Information (RHPI)
 - Plan contact/e-mail address for Help Center staff to send RHPI to be completed by the plan and returned to Help Center.

Health Plan Complaint Contacts

FOR DMHC USE

e-filing number: CR Number:

HEALTH PLAN COMPLAINT CONTACT 1

Contact Type: *Please select all types applicable to this contact*

- Internal IMR Quick Resolution Member Services
 Special Handling Clinical/Urgent Emergency 24/7 RHPI

Contact Status:

First Name: **Last Name:**

Plan Unit Name:

Phone Number:

Primary Phone: **Extension:**

Fax Number: **Extension:**

Type: **Extension:**

Type: **Extension:**

Address 1:

Address 2:

City:

State:

Zip Code:

E-Mail:

HEALTH PLAN COMPLAINT CONTACT 2

Contact Type: *Please select all types applicable to this contact*

- Internal IMR Quick Resolution Member Services

Health Plan Complaint Contacts

Special Handling Clinical/Urgent Emergency 24/7 RHPI

Contact Status:

First Name: Last Name:

Plan Unit Name:

Phone Number:

Primary Phone: Extension:

Fax Number: Extension:

Type: Extension:

Type: Extension:

Address 1:

Address 2:

City:

State:

Zip Code:

E-Mail:

HEALTH PLAN COMPLAINT CONTACT 3

Contact Type: *Please select all types applicable to this contact*

Internal IMR Quick Resolution Member Services

Special Handling Clinical/Urgent Emergency 24/7 RHPI

Contact Status:

First Name: Last Name:

Plan Unit Name:

Phone Number:

Primary Phone: Extension:

Fax Number: Extension:

Health Plan Complaint Contacts

Type: Extension:

Type: Extension:

Address 1:

Address 2:

City:

State:

Zip Code:

E-Mail:

HEALTH PLAN COMPLAINT CONTACT 4

Contact Type: *Please select all types applicable to this contact*

- Internal IMR Quick Resolution Member Services
 Special Handling Clinical/Urgent Emergency 24/7 RHPI

Contact Status:

First Name: **Last Name:**

Plan Unit Name:

Phone Number:

Primary Phone: **Extension:**

Fax Number: **Extension:**

Type: **Extension:**

Type: **Extension:**

Address 1:

Address 2:

City:

State:

Zip Code:

Health Plan Complaint Contacts

E-Mail:

ADDITIONAL CONTACT INFORMATION

Please add additional contacts required for this plan in the space below.