

From: DMHC Licensing eFiling

Subject: APL 24-016 – Request for Health Plan Contact Information

Date: Thursday, July 25, 2024, 4:44 PM

Attachments: APL 24-016 - Request for Health Plan Contact Information (7.25.24).pdf

Dear Health Plan Representative:

The Department of Managed Health Care (DMHC) hereby issues this All Plan Letter (APL) 24-016 to request that all health care service plans (health plans) provide the Department with updated health plan contact information.

Thank you.



Gavin Newsom, Governor
State of California
Health and Human Services Agency
DEPARTMENT OF MANAGED HEALTH CARE
980 9th Street, Suite 500
Sacramento, CA 95814
Phone: 916-324-8176 | Fax: 916-255-5241
www.DMHC.ca.gov

ALL PLAN LETTER

DATE: July 25, 2024

TO: All Health Care Service Plans

FROM: Jenny Phillips
Deputy Director
Office of Plan Licensing

SUBJECT: APL 24-016 - Request for Health Plan Contact Information

The Department of Managed Health Care (Department) issues this All-Plan Letter (APL) to request that all health care service plans (health plans) provide the Department with updated health plan contact information. All health plans shall provide updated information to the Department in one filing titled “2024 Health Plan Contact Information” by no later than August 30, 2024 for the following:

(1) **Member Services Contact Information:** The Department’s public website includes a list of all health plans and their member services contact information, along with a list of the counties the health plans serve. This information can be found here:

- [View All Health Plans](#)
- [Health Plan Dashboard](#)

Please submit an updated Exhibit W-11¹ (the template is located in the Downloads section of the Web Portal) with the health plan’s updated public contact information, including the health plan’s member services contact information, including the address, phone number, fax number, Telecommunications Device for the Deaf (TDD) number, email address, and Internet Website Home Page.²

¹ Exhibit W-11 was last updated on 7/24.

² Since Exhibit W-11 has been revised to include health plan internet website information, the Department will be using Exhibit W-11 to collect the contact information required under Health and Safety Code section 1368.016.

Protecting the Health Care Rights of More Than 29.8 Million Californians
Contact the DMHC Help Center at 1-888-466-2219 or www.DMHC.ca.gov

- (2) Counties Served Information:** Please submit an Exhibit E-1 affirming the health plan has reviewed the list of counties served by the health plan displayed on Department's public website at [View All Health Plans](#) and confirms the list of counties served by the health plan is accurate.

If the health plan needs to update its counties served information, please access the Web Portal. From the homepage, click on e-Filing and then click on Online Forms. Under Create an Online Form, there is a Form Type Drop Down menu, select Health Plan Counties, click on Create, and update the counties served information. A health plan shall select all counties served by the health plan including any partially served counties.

When a health plan updates counties served information in the Web Portal, this information automatically updates in real-time at [View All Health Plans](#).

- (3) Health Equity and Quality Contact:** Please submit an Exhibit J-23 containing the name, title, phone number, and email address of the health plan's Health Equity and Quality Contact. Exhibit J-23 is an exhibit type the Department created for this purpose.
- (4) Enforcement Matter Contact:** Please submit an Exhibit J-24 containing the name, title, phone number, and email address of the health plan's Enforcement Matter Contact. Exhibit J-24 is an exhibit type the Department created for this purpose.
- (5) Cyber Security Incident Contact:** Please submit an Exhibit J-25 containing the name, title, phone number, and email address of the health plan's Cyber Security Incident Contact. Exhibit J-25 is an exhibit type the Department created for this purpose.

Health plans shall update the above information as necessary and at least annually. Annually, if the health plan has no updates, the health plan is required to submit an Exhibit E-1 affirming that the health plan has reviewed the above information and confirms the accuracy of the information.

If you have questions regarding this APL, please contact Jenny Phillips, Deputy Director, Office of Plan Licensing.