

September 23, 2009

TO: Association of Northern California Oncologists

FROM: Drew Brereton, Senior Staff Counsel  
Office of Enforcement, Department of Managed Health Care

**RESOURCES AT THE DEPARTMENT OF MANAGED HEALTH CARE**

Thank you for the opportunity to describe the services offered by the Department of Managed Health Care to providers. The Department regulates all HMO's in California, and Blue Cross and Blue Shield PPO. There are two primary resources available:

**THE HELP CENTER – 1-888-466-2219, ([www.healthhelp.ca.gov](http://www.healthhelp.ca.gov))**

- *When can they help?* When patients have a problem with their plan, or are denied care.
- *Who can they help?* Patients **or** providers can get all the forms needed to start the process on the Department's website at [www.healthhelp.ca.gov](http://www.healthhelp.ca.gov). For clinically urgent issues, patients or providers should call the Help Center as soon as possible.
- *How does the process work?* We send disputes regarding medical necessity or experimental/investigational denials to an independent panel of physicians (Independent Medical Review). If the physician finds the denied service medically necessary—or for an experimental/investigational denial, a panel finds that the service is likely to be more beneficial to the enrollee than any available standard therapy—we order the plan to provide it.
- *Does the patient have to exhaust their appeals with the plan first?* Patients do need to file a **grievance** with the plan first. But if there is an imminent and serious threat to the patient's health, the patient can request an expedited review from their plan. Then, if they are unhappy with their plan's decision, the patient can file for an Independent Medical Review. The Help Center is available to help you if you are not sure what to do.

**THE PROVIDER COMPLAINT UNIT – Andrew George, (916) 322-2750,  
([www.hmohelp.ca.gov/providers](http://www.hmohelp.ca.gov/providers))**

- *When can they help?* All other provider complaints.
- *Who can they help?* Any provider of health care services who has a problem with a plan.
- *How does the process work?* Contact Andrew George. He will ask for documentation regarding your complaint, and he will contact the plan regarding your dispute.
- *Does the provider have to exhaust their appeals with the plan first?* Generally, the provider should start with the plan's Provider Dispute Resolution process. But in instances where there appear to be serious systemic payment problems, or where the provider has already submitted previous complaints to this plan regarding the same issue, the provider can come directly to the Department.

Each time you contact the Department, not only can we assist you on that individual matter, we collect data that helps us to understand and address systemic problems involving specific plans. Neither HIPAA nor CMIA is a barrier to providing us with privileged health information because we are a health care regulator. (45 CFR 164.512(d); Cal. Civ. Code, § 56.10(c)(14).) We look forward to assisting you.