

STATE OF CALIFORNIA
Budget Change Proposal - Cover Sheet
 DF-46 (REV 10/20)

Fiscal Year 2021-22	Business Unit 4150	Department Department of Managed Health Care	Priority No. L-01
Budget Request Name 4150-012-BCP-2021-GB		Program 3870-Health Plan Program	Subprogram N/A

Budget Request Description
 Health coverage: Mental Health or Substance Use Disorders (SB 855)

Budget Request Summary

The Department of Managed Health Care (DMHC) requests 5 positions and \$1,500,000 Managed Care Fund in 2021-22, 5.5 positions and \$1,345,000 in 2022-23 and annually thereafter to review and enforce mental health and substance use disorder treatment coverage mandates on health plans as specified pursuant to Chapter 151, Statutes of 2020 (SB 855).

Requires Legislation <input type="checkbox"/> Yes <input type="checkbox"/> No	Code Section(s) to be Added/Amended/Repealed	
Does this BCP contain information technology (IT) components? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, departmental Chief Information Officer must sign.</i>	Department CIO Ralph Cesena	Date 1/8/2021

For IT requests, specify the project number, the most recent project approval document (FSR, SPR, S1BA, S2AA, S3SD, S4PRA), and the approval date.

Project No. NA **Project Approval Document:** NA

Approval Date: NA

If proposal affects another department, does other department concur with proposal? Yes No
Attach comments of affected department, signed and dated by the department director or designee.

Prepared By Rita Pearson	Date 1/8/2021	Reviewed By Gita Mehirdel	Date 1/8/2021
Department Director Mary Watanabe	Date 1/8/2021	Agency Secretary Brendan McCarthy for Mark Ghaly, MD, MPH	Date 1/8/2021

Department of Finance Use Only

Additional Review: Capital Outlay ITCU FSCU OSAE Dept. of Technology

PPBA Iliana Ramos	Date submitted to the Legislature 1/8/2021
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A. Budget Request Summary

The Department of Managed Health Care (DMHC) requests 5 positions and \$1,500,000 Managed Care Fund in 2021-22, 5.5 positions and \$1,345,000 in 2022-23 and annually thereafter to review and enforce mental health and substance use disorder treatment coverage mandates on health plans as specified pursuant to Chapter 151, Statutes of 2020 (SB 855).

This request includes \$284,000 annually for clinical consultant services to assist with the clinical review and analysis of health plans documents, including review of the utilization management and utilization review criteria documents. Additionally, funding of \$6,000 is requested for software licensing and cloud services costs to process the additional consumer complaints following the passage of SB 855.

This request also includes limited term resources of \$227,000 (equivalent to 1.0 position) in 2021-22 to conduct legal research and promulgate a regulation to implement SB 855.

The following table notes the requested positions by program and classification:

Program/Classification	2021-22 Equivalent Position	2021-22/ ongoing	2022-23/ ongoing
Office of Plan Licensing			
Attorney III	1.0	0.0	0.5
Help Center			
Attorney III	0.0	0.5	0.5
Office of Plan Monitoring			
Attorney III (Plan Surveys)	0.0	0.5	0.5
Attorney III (Provider Networks)	0.0	0.5	0.5
Office of Enforcement			
Attorney III	0.0	2.0	2.0
Legal Assistant	0.0	1.5	1.5
Total	1.0	5.0	5.5

B. Background/History

The DMHC's mission is to protect consumers' health care rights and ensure a stable health care delivery system. Embedded in the mission is the task of evaluating and promoting health plan regulatory compliance and ensuring enrollees have consistent access to timely and medically necessary health care, including behavioral health care services, consistent with federal and state mental health parity laws.

Under existing law, the coverage of mental health and substance use disorder treatment by health plans is subject to both federal and state law. Congress enacted the Mental Health Parity and Addiction Equity Act (MHPAEA) in 2008, prohibiting health plans in the large group market from imposing financial coverage limits on mental health benefits that were less favorable than those for medical and surgical benefits. In 2010, the Affordable Care Act (ACA) extended MHPAEA's requirements to the small group and individual markets. MHPAEA requires

Analysis of Problem

health care service plans that provide mental health and substance use disorder benefits to provide those benefits at the same level as the health plan's medical and surgical benefits. MHPAEA does not require a health plan to cover mental health and substance use disorder benefits, but if the plan does so, it must offer the benefits on par with medical and surgical benefits. Current MHPAEA requirements have been in effect since mid-2014.

In 1999, California enacted its own law requiring parity in mental health benefits, Health and Safety Code Section 1374.72. Unlike the federal law, California's mental health parity law requires full service health plans to provide treatment for specified mental health conditions as a covered benefit. Like federal law, it states that these benefits must be provided under the same terms and conditions as other medical conditions. Prior to SB 855, the coverage requirement in Section 1374.72 applied to health plans in the large group, small group, and individual markets and included (1) "severe mental illnesses" for individuals of any age, including nine specified condition categories, and (2) "serious emotional disturbances" of a child, but did not include treatment for substance use disorders.

The ACA further expanded coverage requirements for mental health and substance use disorders. The ACA required health plans in the small group and individual markets to cover "Essential Health Benefits" (EHBs), which include coverage for "mental health and substance use disorder" services. Thus, between the EHB requirement and Section 1374.72, all full service health plans must cover mental health treatment, and all health plans in the small group and individual markets must cover treatment for substance use disorders.

SB 855 amends California's mental health parity statute, requiring commercial health plans in all markets to cover treatment for all medically necessary mental health and substance use disorder conditions. This bill amended Section 1374.72 to add a new express coverage requirement of substance use disorder treatment for health plans in the large group market. The bill also expanded the mental health treatment coverage requirement for all plans, including those in the small group and individual markets, by replacing the nine enumerated mental health categories and expanding the coverage mandate and parity requirements to all recognized mental health disorders.

In addition, SB 855 revised utilization management requirements for mental health and substance abuse treatment and expands the plan's responsibility to help enrollees obtain out-of-network care when required, within geographic and timely access standards.

SB 855 requires the DMHC to do the following:

- Annually review health care service plan documents, including evidence of coverage documents, provider contracts, and plan-to-plan contracts for compliance with the mental health and substance use disorder treatment requirements in Section 1374.72.
- Review health plan documents related to utilization management, including utilization review criteria documents provided by health plans.
- Review health plan documents related to network access for services.

C. State Level Consideration

The DMHC protects consumers' health care rights and ensures a stable health care delivery system. As part of this mission, the DMHC licenses and regulates 125 full service and specialized health care service health plans under the Knox-Keene Act. The DMHC regulates the majority of health care coverage in California including 96 percent of commercial and government health plan enrollment. Health plans licensed by the DMHC provide coverage to more than 26 million enrollees.

Analysis of Problem

SB 855 amends California's mental health parity statute, requiring commercial health plans and insurers in all markets to cover treatment for all medically necessary mental health and substance use disorder conditions. This bill updated the mental health coverage standards, expanded substance use disorder coverage requirements to health plans in the large group market, and provided enrollees with stronger tools to use against insurers that do not provide timely and appropriate coverage. Additionally, the bill established specific standards for what constitutes medically necessary treatment and criteria for the use of clinical guidelines when making medical necessity determinations and level of care placement decisions for mental health and substance use disorder treatment. SB 855 also required plans to help enrollees obtain out-of-network care when required. These changes can improve coverage and access to mental health and substance use disorder treatment for commercial health plan enrollees.

This proposal supports the California Health and Human Services Agency's strategic priority to Build a Healthy California for All by monitoring for and addressing barriers to care in health plans' delivery systems that may lead to an enrollee's harm, both mentally as well as financially. This proposal also supports the DMHC's commitment to monitoring parity in the coverage of services to all Californians.

D. Justification

SB 855 established specific standards for what constitutes medically necessary treatment and criteria for the use of clinical guidelines when making medical necessity and level of care placement decisions for mental health or substance use disorder treatment.

In response to any identified deficiencies, the DMHC may take enforcement action by exercising its authority to prosecute violators in an administrative action, including assessing financial penalties and requiring corrective actions to bring deficient health plans into compliance. The DMHC has determined that the following resources are necessary to implement the requirements of SB 855.

OFFICE OF PLAN LICENSING

The DMHC's Office of Plan Licensing (OPL) is responsible for assuring regulatory compliance of health plans with the Knox Keene Act. This is accomplished by reviewing applications for licensure, material modifications to existing licenses and amendments to existing licenses. This review includes requiring health plans to provide legally sufficient documentation of plan organization, disclosures, enrollee benefits and other aspects of regulatory compliance. Following the passage of SB 855, the DMHC needs to promulgate a regulation package to interpret and clarify implementation of the requirements of SB 855 through regulatory rulemaking process.

The DMHC will also review full service and specialized health plan documents. The 53 full service commercial plans are comprised of three separate lines of business, including 14 plans in the individual market, 17 plans in the small group market and 22 plans in the large group market. Plans have separate evidence of coverage documents, subscriber contracts, and disclosure documents for each line of business.

To perform the additional workload, the OPL requests the following resources:

Temporary Help -equivalent to 1.0 Attorney III (effective July 1, 2021 – June 30, 2022)

This temporary help position will be responsible for conducting legal research and promulgating a regulation package.

Analysis of Problem

0.5 Attorney III (effective July 1, 2022)

This position will be responsible for reviewing evidence of coverage documents, provider contracts, plan-to-plan contracts and other health plan documents for annual compliance with SB 855.

The DMHC estimates OPL's limited-term costs to be \$227,000 in 2021-22, and ongoing resources of 0.5 position and \$112,000 beginning in 2022-23 and annually thereafter.

HELP CENTER

The DMHC's Help Center (HC) is the first point of contact for consumers and providers with complaints and concerns related to health care. The Help Center received an average of 180 standards complaints annually relating to out-of-network access to mental health or substance use disorders over the past three years. The HC expects the volume of complaints to double due to the provisions in Health and Safety Code (HSC) section 1374.72 expanding the definition of what constitutes a mental health disorder and requiring coverage for out-of-network treatment in certain circumstances. This will result in approximately 180 additional out-of-network access complaints annually following the passage of SB 855. The HC requests the following resource to address this new workload:

0.5 Attorney III (effective July 1, 2021)

This position will be responsible for enforcement referrals and independent medical reviews resulting from the increased volume of consumer complaints related to access to behavioral health services, provider directories and network adequacy.

The DMHC estimates HC's costs to be 0.5 position and \$116,000 in 2021-22 and 0.5 position and \$112,000 in 2022-23 and annually thereafter.

OFFICE OF PLAN MONITORING

The DMHC's Office of Plan Monitoring (OPM) performs routine medical surveys every three years for every DMHC-licensed health, behavioral, and specialized plan. SB 855 requires health plans to apply a specific set of criteria and guidelines when conducting utilization management review for mental health and substance use disorder services. Additionally, HSC Section 1374.72 expands the behavioral health and substance use disorder coverage requirement for all plans, requiring coverage of all medically necessary mental health and substance use disorder conditions rather than the more limited, pre-defined list. This will serve to require plans not otherwise subject to the Essential Health Benefits of Section 1367.005 (i.e., those networks used for only "large group" products) to provide more robust services, including substance use disorder care. This will require expanding the triannual plan survey analysis to a total of 14 health plans per year that offer small group and individual products. The DMHC's Office of Plan Monitoring (OPM) anticipates additional workload to review health plan documents for utilization management and network access compliance with the requirements set forth in SB 855. The OPM requests the following resources to address this new workload:

0.5 Attorney III (effective July 1, 2021)

This position will provide legal guidance and review health plan documents, including utilization management documents, during routine medical surveys for compliance with HSC Section 1374.72 and 1374.721 requirements. This position will also aid with enforcement actions and referrals.

0.5 Attorney III (effective July 1, 2021)

This position will review annual network report filings and participate in the evaluation of network availability issues raised by the Help Center cases. This position will also provide assistance with enforcement actions and referrals.

Analysis of Problem

The DMHC estimates OPM's costs to be 1 position and \$515,000 in 2021-22 and 1 position and \$507,000 in FY 2022-23 and annually thereafter.

Ongoing Consulting Services

The DMHC requests clinical expert consultant funding of \$284,000 in 2021-22 and ongoing to assist OPM with the clinical review and analysis of health plan documents, including review of clinical criterias in utilization management documents. This cost is based on an anticipated hourly rate of \$350 and 812 hours to review the health plan documents and ensure health plans are following the SB 855 requirements. This cost is based on recent clinical and analytical consultant contracts.

OFFICE OF ENFORCEMENT

The Office of Enforcement (OE) handles DMHC's litigation needs and investigates alleged violations of the Knox-Keene Act under the DMHC's administrative powers as a California state licensing agency. The DMHC anticipates a 90 percent compliance determination from the Help Center, inability of some plans to fully implement SB 855 criteria and education requirements or to meet deadlines for applying revised criteria to plan utilization management determinations in filing review, and anticipated plan survey and network deficiencies related to out-of-network services within geographic and timeliness standards set by law or regulation, the OE anticipates receiving 39 referrals annually from the HC (18), OPL (3), and OPM (18) following the passage of SB 855. The OE does not have sufficient resources to continue to effectively prosecute its existing caseload and add 39 additional referrals each year. Based on the DMHC's experience in enforcement of mental health parity laws, the OE requests the following resources to address this new workload:

2.0 Attorney III (effective July 1, 2021)

These positions will be essential in providing legal support to investigate referral cases, including the preparation and oversight of the investigation and course of resolution. Other responsibilities include performing complex legal review and analysis of the findings reports, conducting legal research of statutes, responding to complex legal questions during the investigations and developing strategies to respond to difficult and sensitive matters. These positions will also serve as lead counsel during pre-trial, trial/hearing, and post-trial.

1.5 Legal Assistant (effective July 1, 2021)

These positions will assist the Attorney IIIs with tasks associated with the referral cases, such as finalizing documents prepared by the attorney, following up on plan responses, managing the case management system as well as coordinating case documents and making trial-related arrangements.

The DMHC estimates OE's costs to be approximately 3.5 positions and \$636,000 in 2021-22 and 3.5 positions and \$608,000 in 2022-23 and annually thereafter.

OFFICE OF TECHNOLOGY AND INNOVATION

The Office of Technology and Innovation (OTI) is responsible for all DMHC IT-related facets, including application/system development and support, procurement and management of IT assets, data security and supporting staff members' IT needs. The DMHC estimates that consumer complaints received by the Help Center will increase by 180 cases annually following the passage of SB 855. The applications that facilitate processing of consumer complaints will require additional licensing costs to process the additional complaints.

The DMHC estimates OTI's costs to be \$6,000 in 2021-22 and annually thereafter for the annual user licenses and managed services costs.

Analysis of Problem

E. Outcomes and Accountability

Approval of this proposal will provide the DMHC with the necessary resources to assess and monitor health plan delivery of mental health and substance use disorder services, ensure health plan compliance with federal and California law, and ensure enrollees have access to quality and timely behavioral health care services. Any non-compliant plans will, at minimum, need to develop and implement a corrective action plan and may be referred to the DMHC's Office of Enforcement for further investigation, prosecution and potential penalties.

Workload Measure	2021-22	2022-23	2023-24	2024-25	2025-26
Consumer Complaints relating to Out-of-Network Access to Mental Health or Substance Use Disorders	180	180	180	180	180
Compliance review of health plan documents	53	53	53	53	53
Plan Surveys and Provider Network Reviews	41	41	41	41	41
Enforcement Referrals	39	39	39	39	39

F. Analysis of All Feasible Alternatives

ALTERNATIVE 1

Approve DMHC's request for 5 positions and \$1,500,000 Managed Care Fund in 2021-22, 5.5 positions and \$1,345,000 in 2022-23 and annually thereafter to meet the requirements of SB 855.

Pros: The DMHC will have necessary resources to implement SB 855 provisions and take appropriate enforcement action. Timely identification, reporting and enforcement of health plan deficiencies will help protect California's health care consumers and fulfill the Department's mission to protect health care consumers and help provide a stable health care delivery system.

Cons: Increases the size of state government and expenditures.

ALTERNATIVE 2

Approve the request as limited-term.

Pros: Temporarily provides resources to implement SB 855 provisions.

Cons: Not a sustainable solution. Temporary positions are historically difficult to fill and do not address permanent workload required by SB 855

ALTERNATIVE 3

Deny the request.

Pros: No increase to the size of State government and expenditures.

Cons: The DMHC will not be able to meet the requirements mandated by SB 855

Analysis of Problem

G. Implementation Plan

The DMHC will begin the process in late 2020-21 to fill the positions and execute the consultant contract by July 1, 2021.

H. Supplemental Information

This request will be funded through annual assessments of the health plans that are regulated by the DMHC. The ongoing fiscal impact of this request to full-service health plans is approximately \$0.03 per enrollee per year.

Attachment A: BCP Fiscal Detail Sheets

Attachment B: Workload Standards

Attachment C: Current Organizational Charts

Attachment D: Proposed Organizational Charts

I. Recommendation

Approve DMHC's request for 5 positions and \$1,500,000 Managed Care Fund in 2021-22, 5.5 positions and \$1,345,000 in 2022-23 and annually thereafter to review and enforce mental health and substance use disorder treatment coverage mandates on health plans as specified pursuant to SB 855.

Attachment A: BCP Fiscal Detail Sheet

BCP Fiscal Detail Sheet

BCP Title: Health Coverage: Mental Health or Substance Use Disorders (SB 855)

BR Name: 4150-012-BCP-2021-GB

Budget Request Summary

Personal Services

Personal Services	FY21 Current Year	FY21 Budget Year	FY21 BY+1	FY21 BY+2	FY21 BY+3	FY21 BY+4
Positions - Permanent	0.0	5.0	5.5	5.5	5.5	5.5
Total Positions	0.0	5.0	5.5	5.5	5.5	5.5
Earnings - Permanent	0	534	599	599	599	599
Salaries and Wages	0	130	0	0	0	0
Earnings - Temporary Help						
Total Salaries and Wages	\$0	\$664	\$599	\$599	\$599	\$599
Total Staff Benefits	0	391	355	355	355	355
Total Personal Services	\$0	\$1,055	\$954	\$954	\$954	\$954

Operating Expenses and Equipment

Operating Expenses and Equipment	FY21 Current Year	FY21 Budget Year	FY21 BY+1	FY21 BY+2	FY21 BY+3	FY21 BY+4
5301 - General Expense	0	61	13	13	13	13
5302 - Printing	0	6	6	6	6	6
5304 - Communications	0	6	6	6	6	6
5320 - Travel: In-State	0	22	20	20	20	20
5322 - Training	0	6	6	6	6	6
5324 - Facilities Operation	0	54	50	50	50	50
5340 - Consulting and Professional Services - External	0	284	284	284	284	284
5368 - Non-Capital Asset Purchases - Equipment	0	6	6	6	6	6
Total Operating Expenses and Equipment	\$0	\$445	\$391	\$391	\$391	\$391

Total Budget Request

Total Budget Request	FY21 Current Year	FY21 Budget Year	FY21 BY+1	FY21 BY+2	FY21 BY+3	FY21 BY+4
Total Budget Request	\$0	\$1,500	\$1,345	\$1,345	\$1,345	\$1,345

Attachment A: BCP Fiscal Detail Sheet

Fund Summary

Fund Source

Fund Source	FY21 Current Year	FY21 Budget Year	FY21 BY+1	FY21 BY+2	FY21 BY+3	FY21 BY+4
State Operations - 0933 - Managed Care Fund	0	1,500	1,345	1,345	1,345	1,345
Total State Operations Expenditures	\$0	\$1,500	\$1,345	\$1,345	\$1,345	\$1,345
Total All Funds	\$0	\$1,500	\$1,345	\$1,345	\$1,345	\$1,345

Program Summary

Program Funding

Program Funding	FY21 Current Year	FY21 Budget Year	FY21 BY+1	FY21 BY+2	FY21 BY+3	FY21 BY+4
3870 - Health Plan Program	0	1,500	1,345	1,345	1,345	1,345
Total All Programs	\$0	\$1,500	\$1,345	\$1,345	\$1,345	\$1,345

Attachment B: Workload Standards

WORKLOAD STANDARDS
Office of Plan Licensing (OPL)
Limited-term Resources in FY 2021-22
(Equivalent to 1.0 Attorney III)

Activities	Number of Items per Year	Hours Per Item	FY 2021-22 Total Hours
Draft All Plan Letter or Regulations - Compliance Filing (External)	3	60	180
Draft Internal Checklist/Guidelines for Review	1	60	60
Lead Interdepartmental Meetings for implementation	2	2	4
Legal Research to determine compliance requirements	1	125	125
Stakeholder meetings to prepare for guidance	2	2	4
Review Evidence of Coverage Full-Service Plan Documents – Individual/Small Group/Large Group	53	10	530
Review Evidence of Coverage Specialized Plan Documents – ALL	6	2	12
Review Full-Service Plan Documents – Individual (14)/Small Group (17)	31	15	465
Review Full-Service Plan Documents – Large Group	22	15	330
Review Specialized Plan Documents - ALL	6	15	90
Total Hours Worked			1800
Number of Positions Required			1.0

Attachment B: Workload Standards

WORKLOAD STANDARDS
Office of Plan Licensing (OPL)
0.5 Attorney III (beginning in FY 2022-23)

Activities	Number of Items per Year	Hours Per Item	FY 2022-23 /Ongoing Total Hours
Conduct legal research to determine compliance requirements	1	160	160
Attend stakeholder meetings during review and to prepare for guidance	2	5	10
Review Evidence of Coverage Full-Service Plan Documents – Individual/Small Group/Large Group	10	10	100
Review Evidence of Coverage Specialized Plan Documents – ALL	2	5	10
Review Full-Service Plan Documents – Individual/Small Group	10	28.5	285
Review Full-Service Plan Documents – Large Group	10	28.5	285
Review Specialized Plan Documents - ALL	2	25	50
Total Hours Worked			900
Number of Positions Required			0.5

Attachment B: Workload Standards

WORKLOAD STANDARDS

Help Center (HC)

0.5 Attorney III

Activities	Number of Items	Hours Per Item	FY 2021-22/Ongoing Total Hours
Participates in the development and implementation of legal and departmental policy, represents the HC before the Legislature, control agencies, health care providers, and consumers on legal issues related to Knox-Keene Act regulation and enforcement	30	6	180
Directs violators of the Knox-Keene Act to the Office of Enforcement (OE) and recommends action on referrals and coordinates corrective action plans and settlement terms with OE management and attorneys (assumes approximately 10% of 180 new complaints will result in enforcement referrals)	18	13.35	240
Reviews independent medical review case determinations and recommendations of legal staff, approves, modifies, or requires further staff work as needed (assumes approximately 20% of 180 new complaints will result in an independent medical review)	40	5.5	220
Provides legal advice and guidance to management and staff in the Division of Complaint Management and Clinical Review	30	5	150
Directs the preparation of continual statistical reports concerning unit caseloads and referrals for reporting to both Help Center and Department managers	25	4.4	110
Total Hours Worked			900
Number of Positions Required			0.5

Attachment B: Workload Standards

WORKLOAD STANDARDS
Office of Plan Monitoring (OPM)
Division of Plan Surveys
0.5 Attorney III

Activities	Number of Items	Hours Per Item	FY 2021-22/ Ongoing Total Hours
Provide legal guidance regarding routine survey activity	14	19.3	270
Provide legal review of Routine Survey Preliminary Report	7	25	175
Review and evaluate corrective action and draft Routine Survey Final Report related to SB 855 findings	7	10	70
Provide legal guidance regarding follow-up survey activity related to SB 855 requirements	7	25	175
Draft referral to the Office of Enforcement (OE) for uncorrected SB 855 deficiencies (assume half of plans requiring a follow-up survey result in an enforcement referral)	3	10	30
Provide assistance to OE with enforcement action (assume half of plans referred to OE result in an enforcement action)	2	50	100
Legal guidance on HSC Section 1374.72 and 1374.721 for each non-routine survey	1	25	25
Legal review, analyze, and revise deficiency findings in non-routine survey report	1	50	50
Draft OE referral for uncorrected deficiency related to HSC Section 1374.72 and 1374.721 requirements	1	5	5
Total Hours Worked			900
Number of Positions Required			0.5

Attachment B: Workload Standards

WORKLOAD STANDARDS
Office of Plan Monitoring (OPM)
Division of Provider Networks
0.5 Attorney III

Activities	Number of Items	Hours Per Item	FY 2021-22/Ongoing Total Hours
Assist OLS in development of new regulations and amendment to existing regulations	1	75	75
Participation in creation and ongoing refinement of internal procedures for evaluation of mental health/substance use disorder provider networks	1	75	75
Legal review and support for the most complex mental health/substance use disorder provider network issues	50	4	200
Participation in e-File, Timely Access Report (TAR) and Annual Network Review (ANR) Team Meetings to provide insight into mental health/substance use disorder network evaluations	52	4	208
Consult with Help Center staff related to complex issues associated with availability of in-network, medically necessary providers, as well as the safe and appropriate transfer of care to an in-network provider	30	4	120
Consult with Assistant Chief Counsel (ACC) regarding complex matters and Help Center Inquiries. Provide guidance and coordinate with e-File, ANR and TAR Teams	52	1.96	102
Participation in preparation of enforcement referrals for inadequate networks following Annual Network Review.	15	8	120
Total Hours Worked			900
Number of Positions Required			0.5

Attachment B: Workload Standards

WORKLOAD STANDARDS
Office of Enforcement (OE)
2.0 Attorney III

Activities	Number of Items	Hours Per Item	FY 2021-22 /Ongoing Total Hours
Evaluate Help Center Referral cases, draft and send investigative discovery, evaluate responses, analyze need for further information and follow up	18	40	720
Evaluate and recommend course of action based upon evidence received and violations found in Help Center Referral cases	18	20	360
Prepare appropriate course of resolution for Help Center referral cases: either settlement or accusation, including appropriate location for prosecution	18	20	360
Evaluate case and Division of Plan Surveys' (DPS) audit, which typically involves three to four deficiencies, evaluate document production from DPS and the plan, draft and send investigative discovery, evaluate responses, analyze need for further information and follow up	1	124	124
Evaluate Provider Network, Plan Surveys and Plan Licensing cases and draft and send investigative discovery, evaluate responses, analyze need for further information and follow up (15 Provider Network referrals + 3 Plan Survey referrals + 3 Plan Licensing referrals = 21 referral cases)	21	78.85	1,656
Evaluate and recommend course of action for Provider Network, Plan Surveys and Plan Licensing cases based upon evidence received and violations found, draft communications with plan and negotiate settlement (15 Provider Network referrals + 3 Plan Survey referrals + 3 Plan Licensing referrals = 21 referral cases)	21	18.1	380
Total Hours Worked			3600
Number of Positions Required			2.0

Attachment B: Workload Standards

WORKLOAD STANDARDS

Office of Enforcement

1.5 Legal Assistant

Activities	Number of Items	Hours Per Item	FY 2021-22/ Ongoing Total Hours
Proofread and finalize any document prepared by an attorney on each case. A Legal Assistant would review at least five documents per case (one document is touched by a Legal Assistant at least twice before final)	50	2.9	145
Arrange and carry out service of health plans; docket response dates and follow-up on plan responses (assumes 60% of cases are prosecuted.)	22	20	440
Manage the input and output of documents and information for each case into ProLaw, (Enforcement's case management database)	38	11.45	435
Review and coordination of all discovery-specific documents and filings, including correct physical parameters, accuracy of documents, legal citations, preparing proof of service and other accompanying documents	24	70	1,680
Total Hours Worked			2,700
Number of Positions Required			1.5

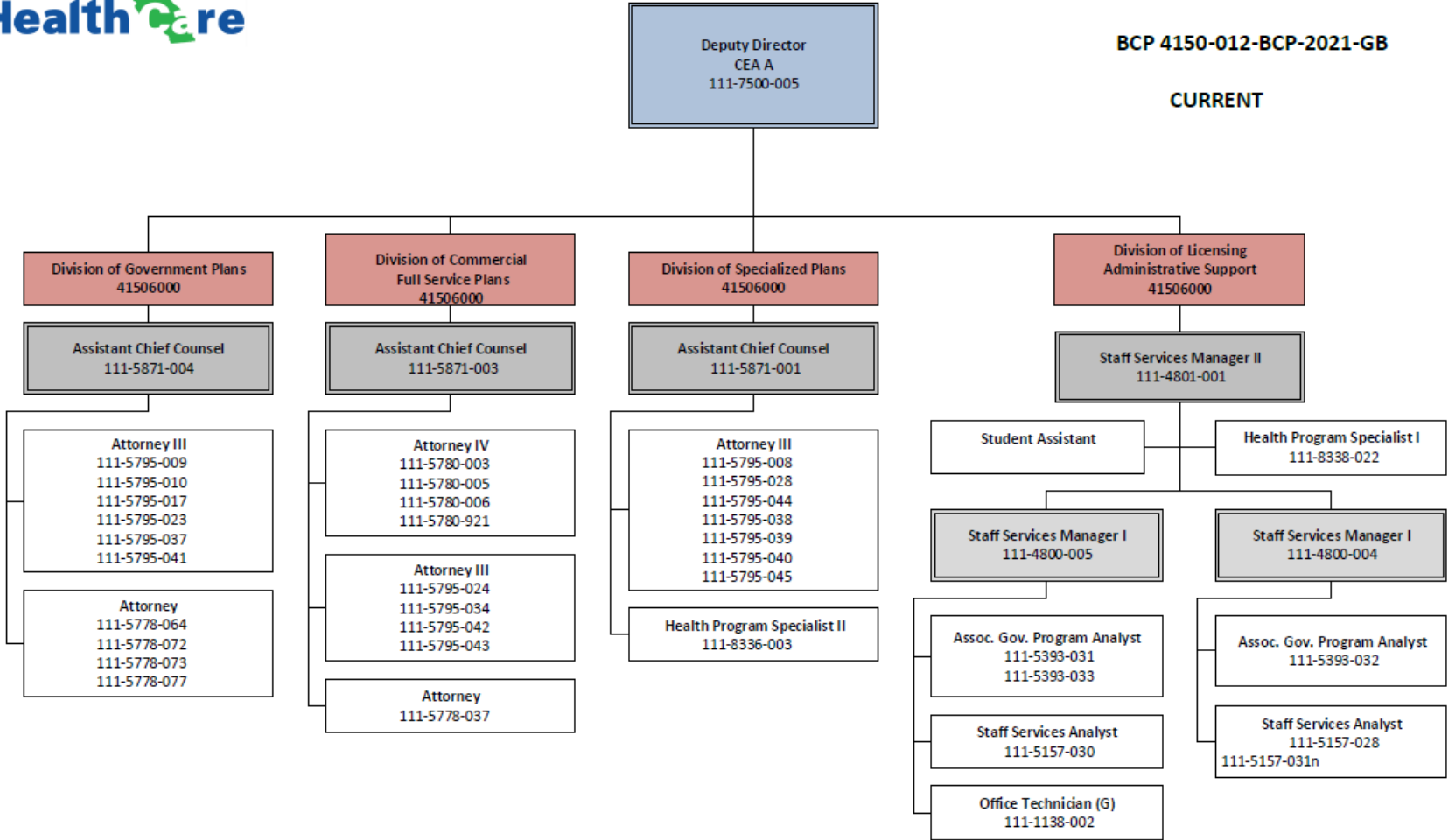
Attachment C: Current Organizational Charts



Office of Plan Licensing

BCP 4150-012-BCP-2021-GB

CURRENT



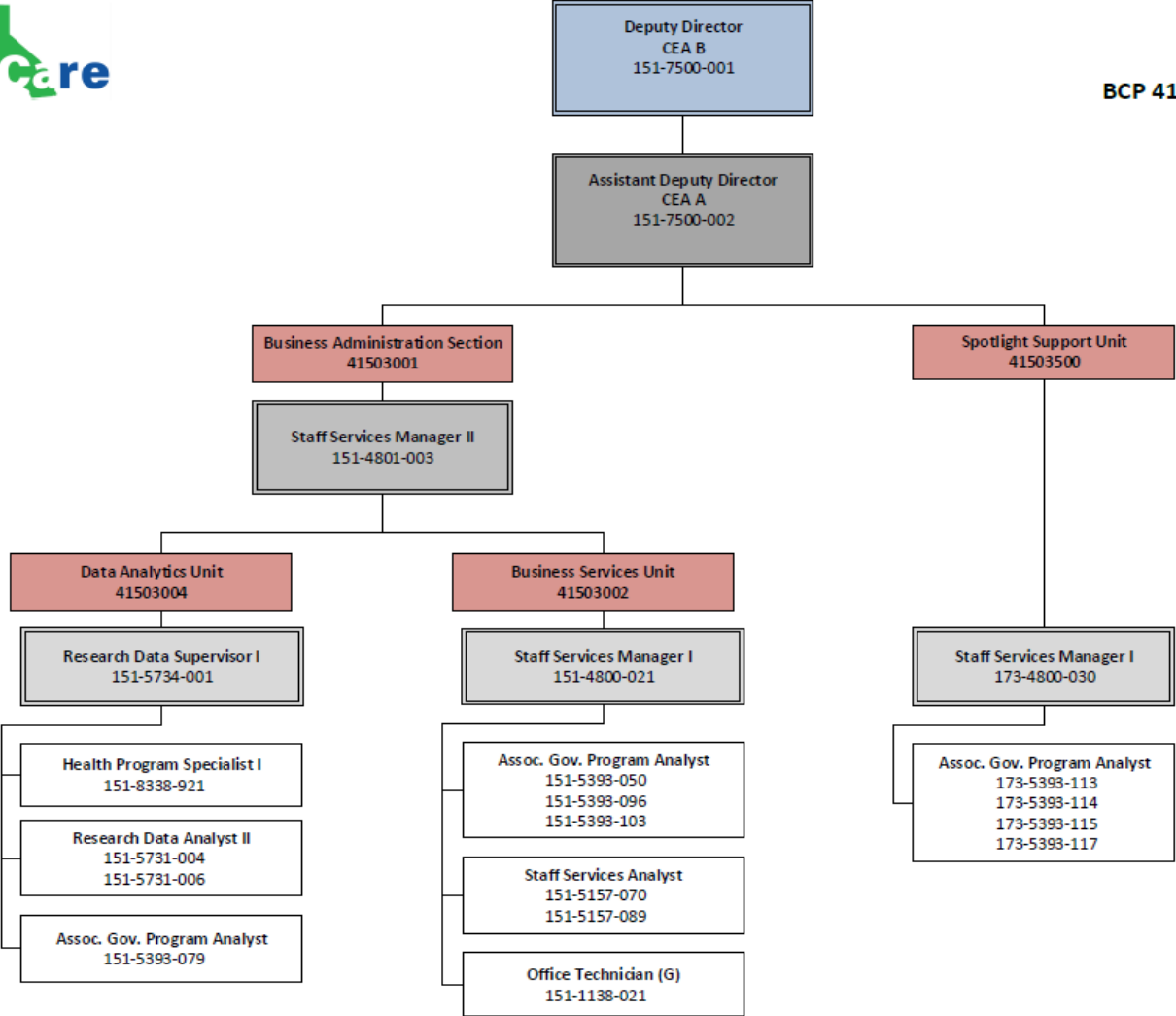
Attachment C: Current Organizational Charts



Help Center

BCP 4150-012-BCP-2021-GB

CURRENT



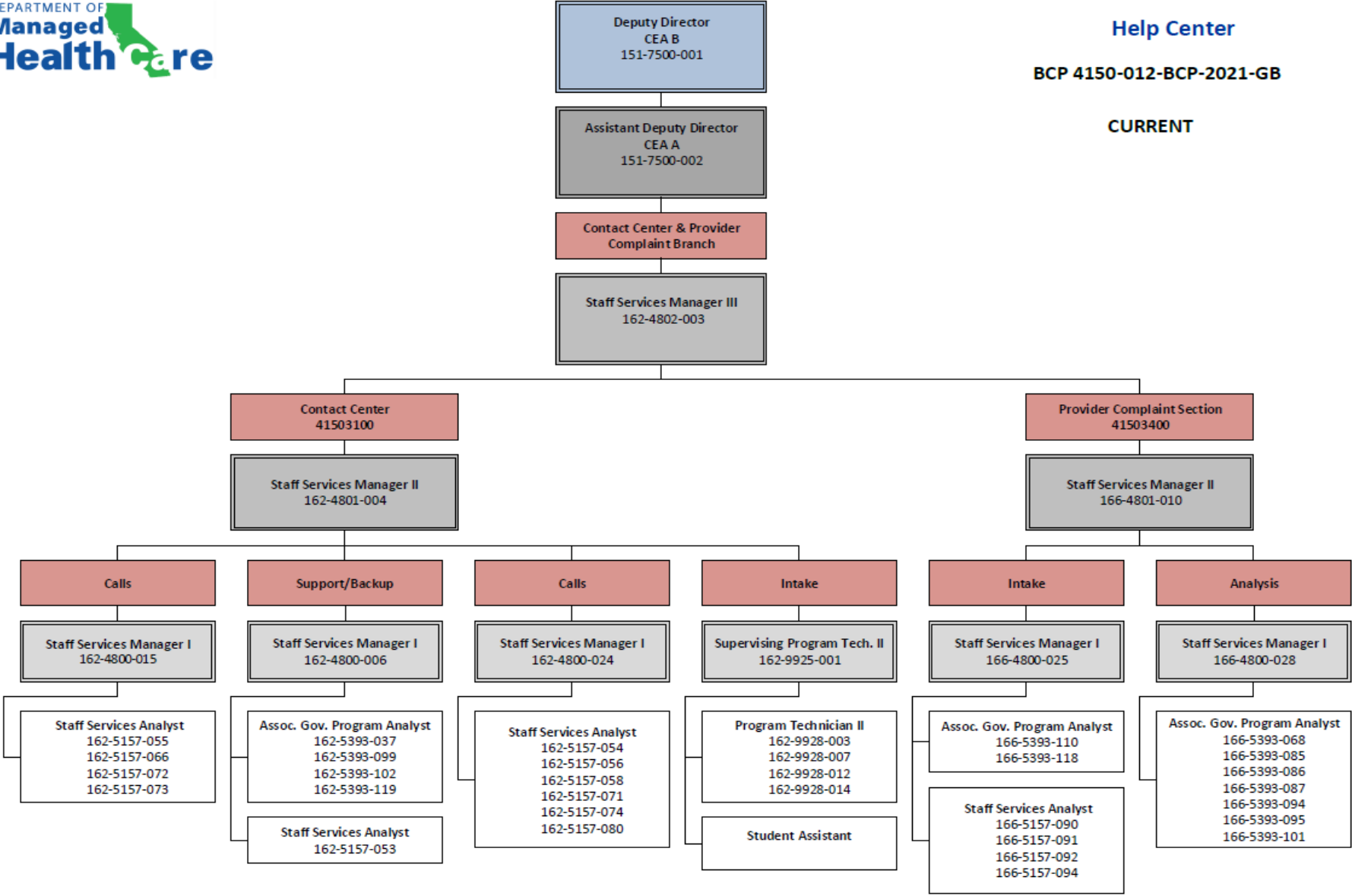
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Help Center

BCP 4150-012-BCP-2021-GB

CURRENT



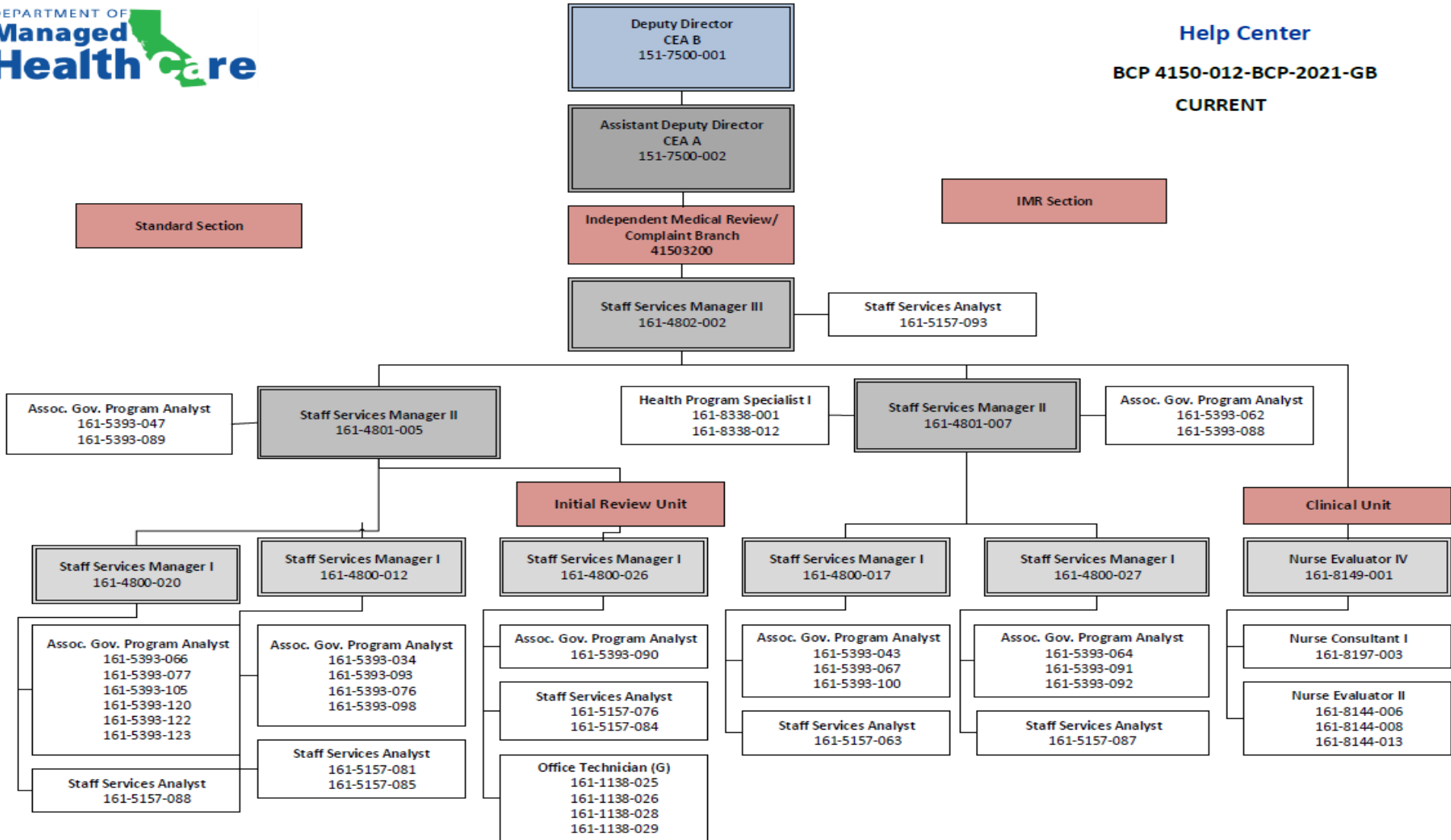
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Help Center

BCP 4150-012-BCP-2021-GB

CURRENT



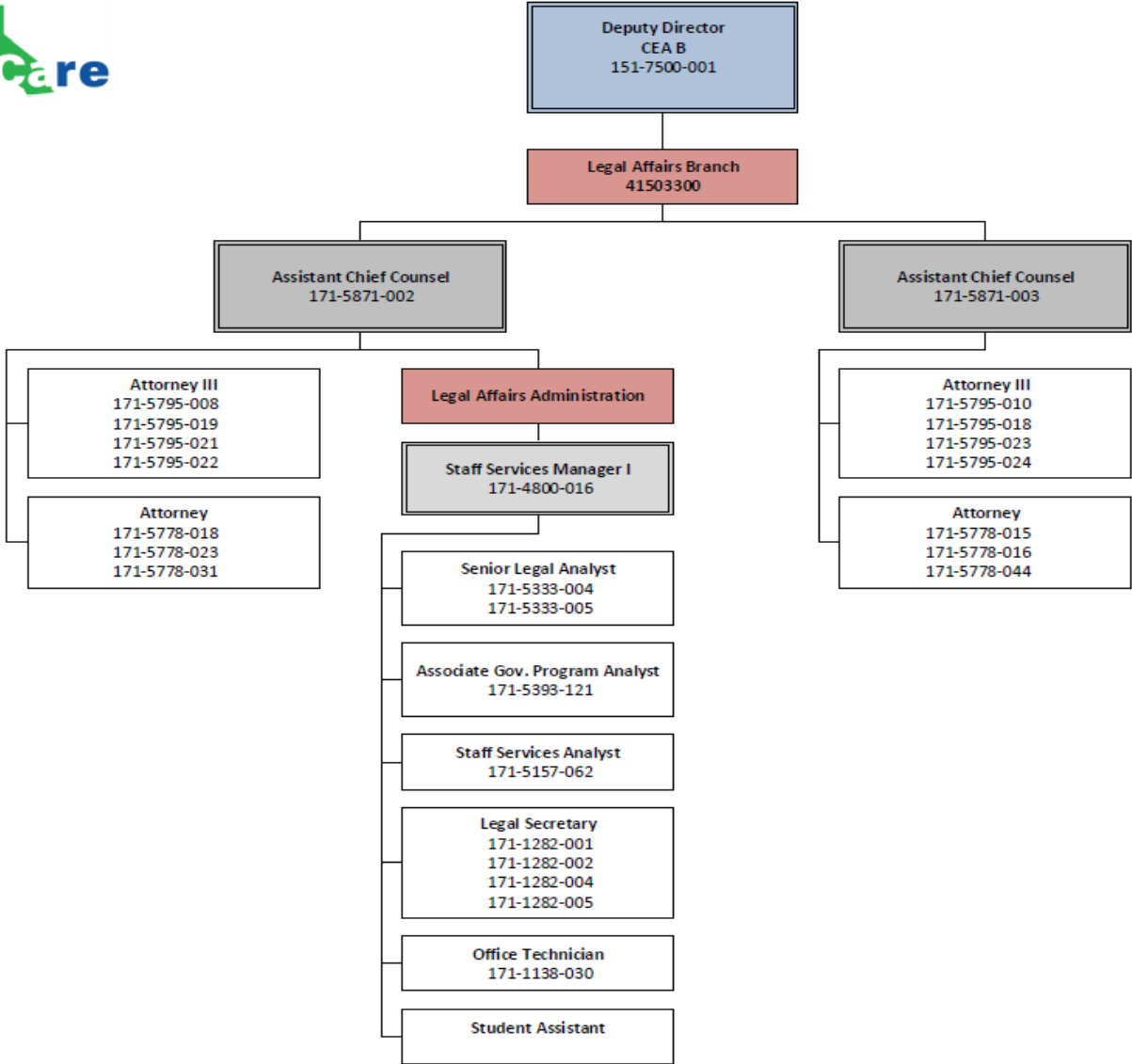
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Help Center

BCP 4150-012-BCP-2021-GB

CURRENT



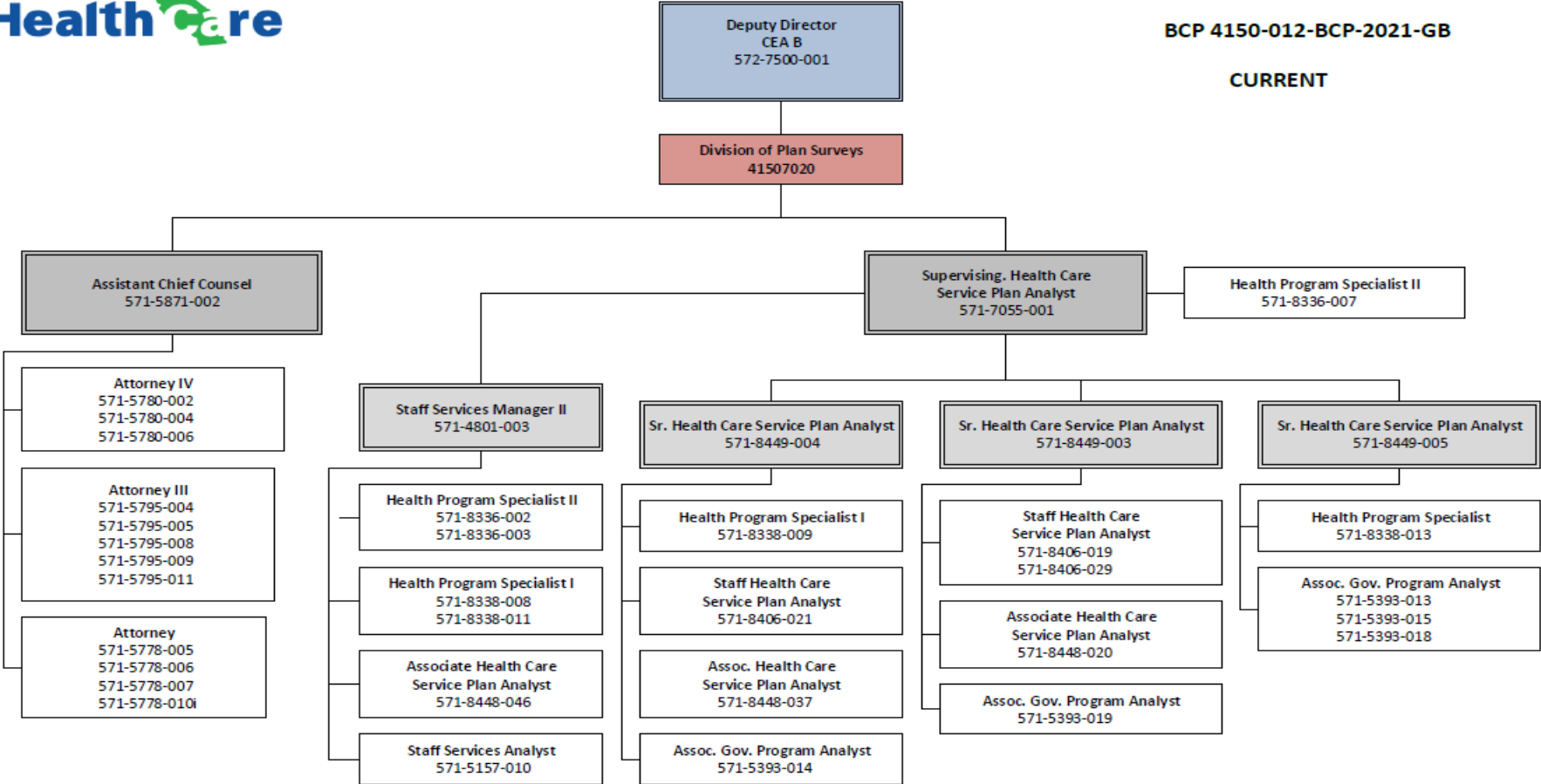
Attachment C: Current Organizational Charts



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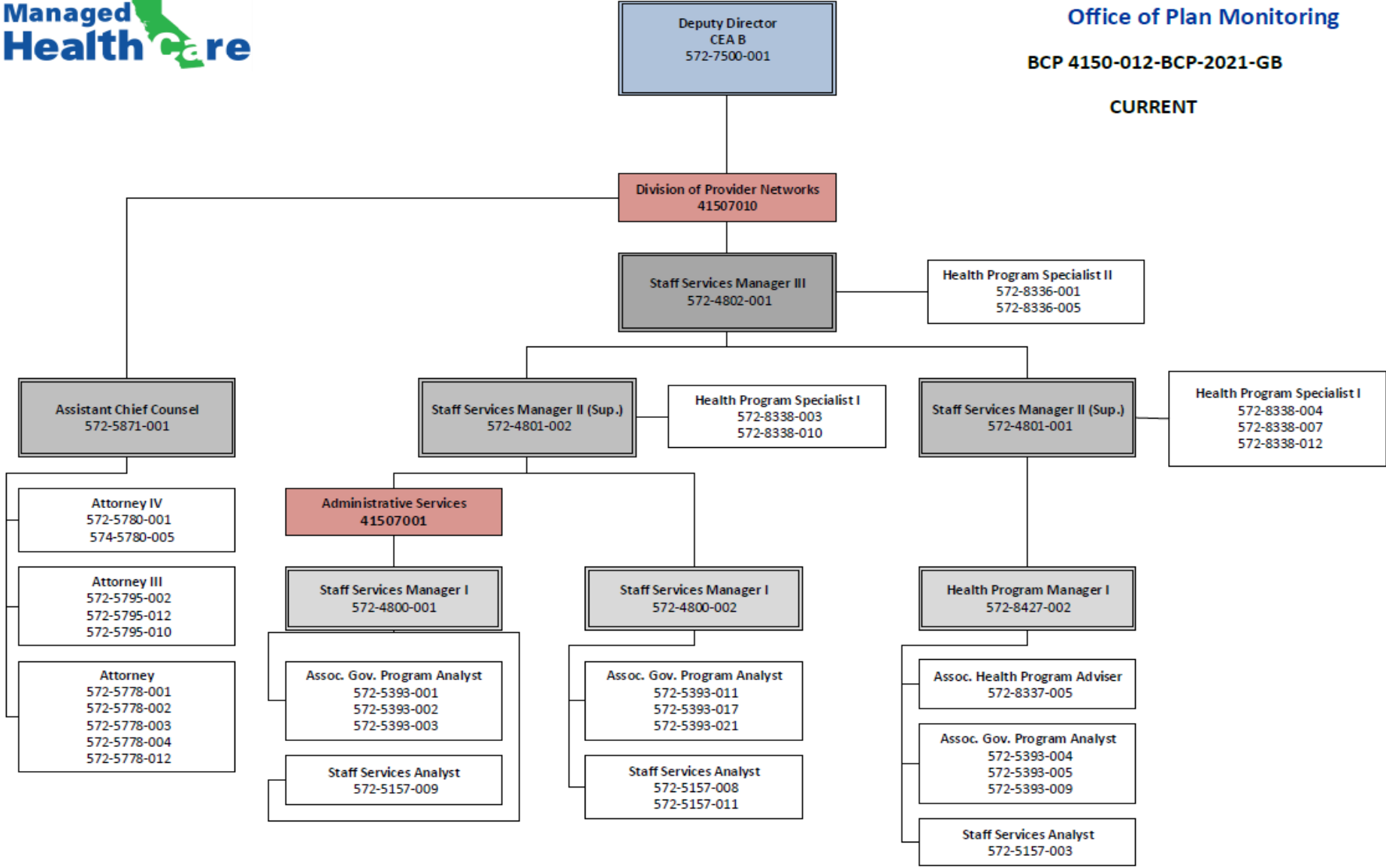
CURRENT



Attachment C: Current Organizational Charts



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 CURRENT



Attachment D: Proposed Organizational Chart

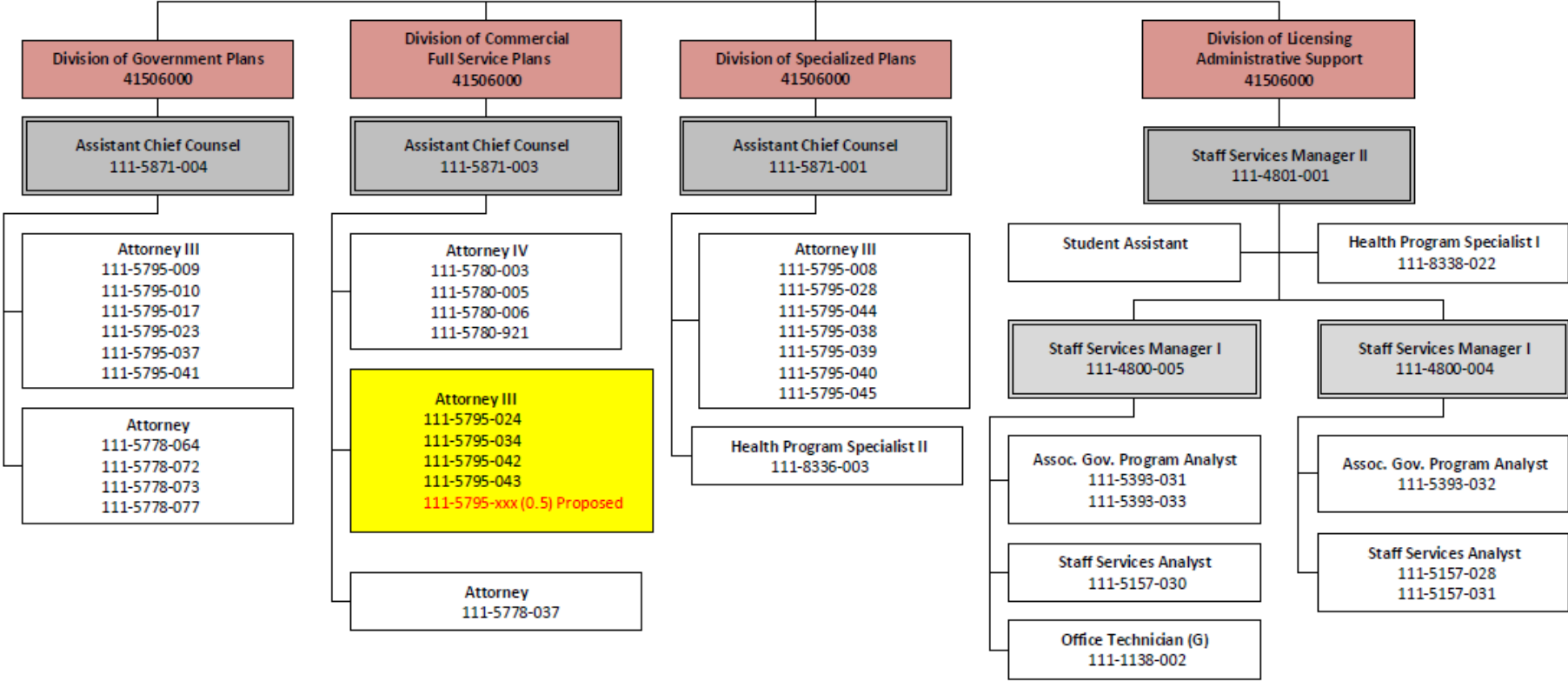


Office of Plan Licensing

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PROPOSED

Deputy Director
CEA A
111-7500-005



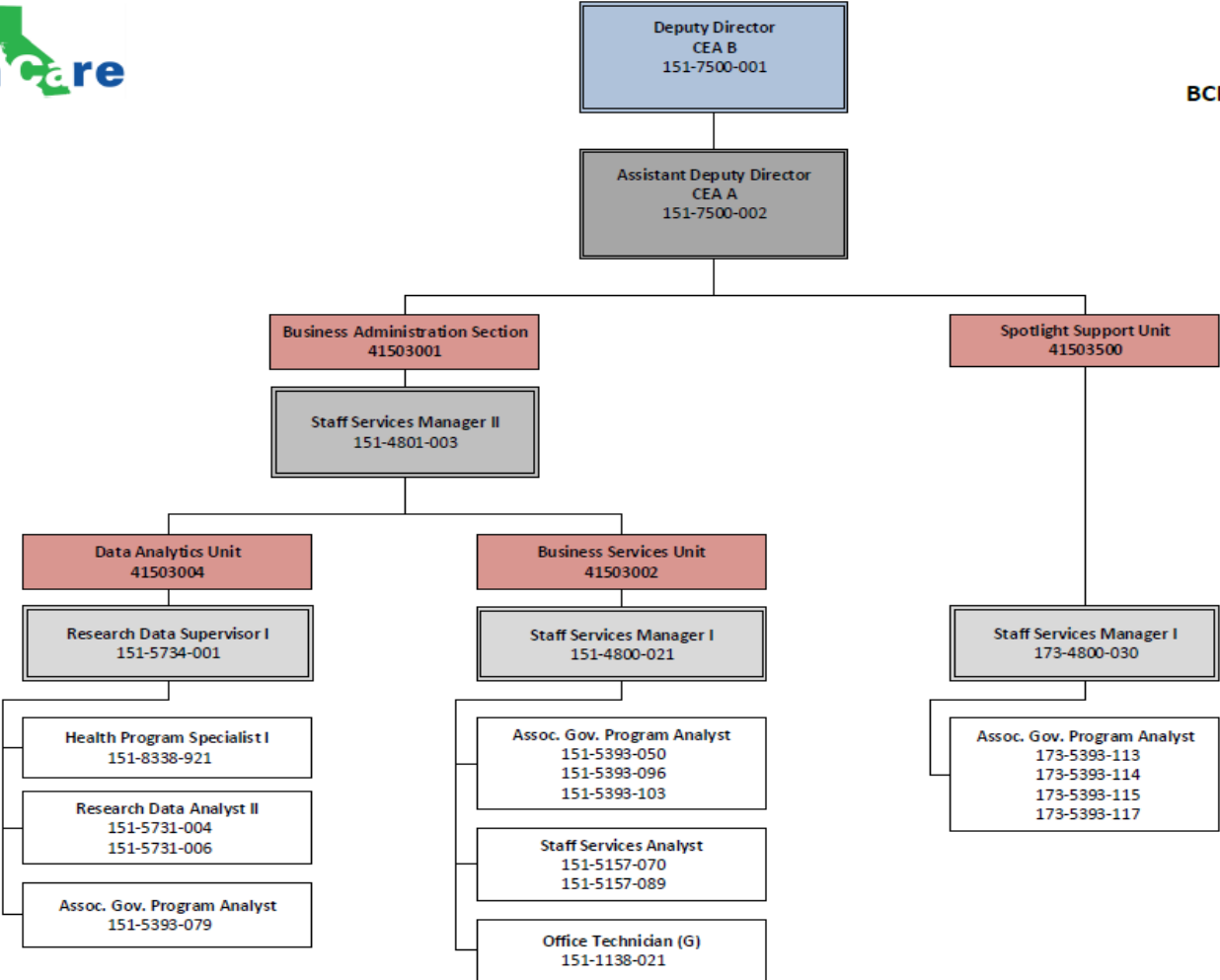
Attachment D: Proposed Organizational Chart



Help Center

BCP 4150-012-BCP-2021-GB

PROPOSED



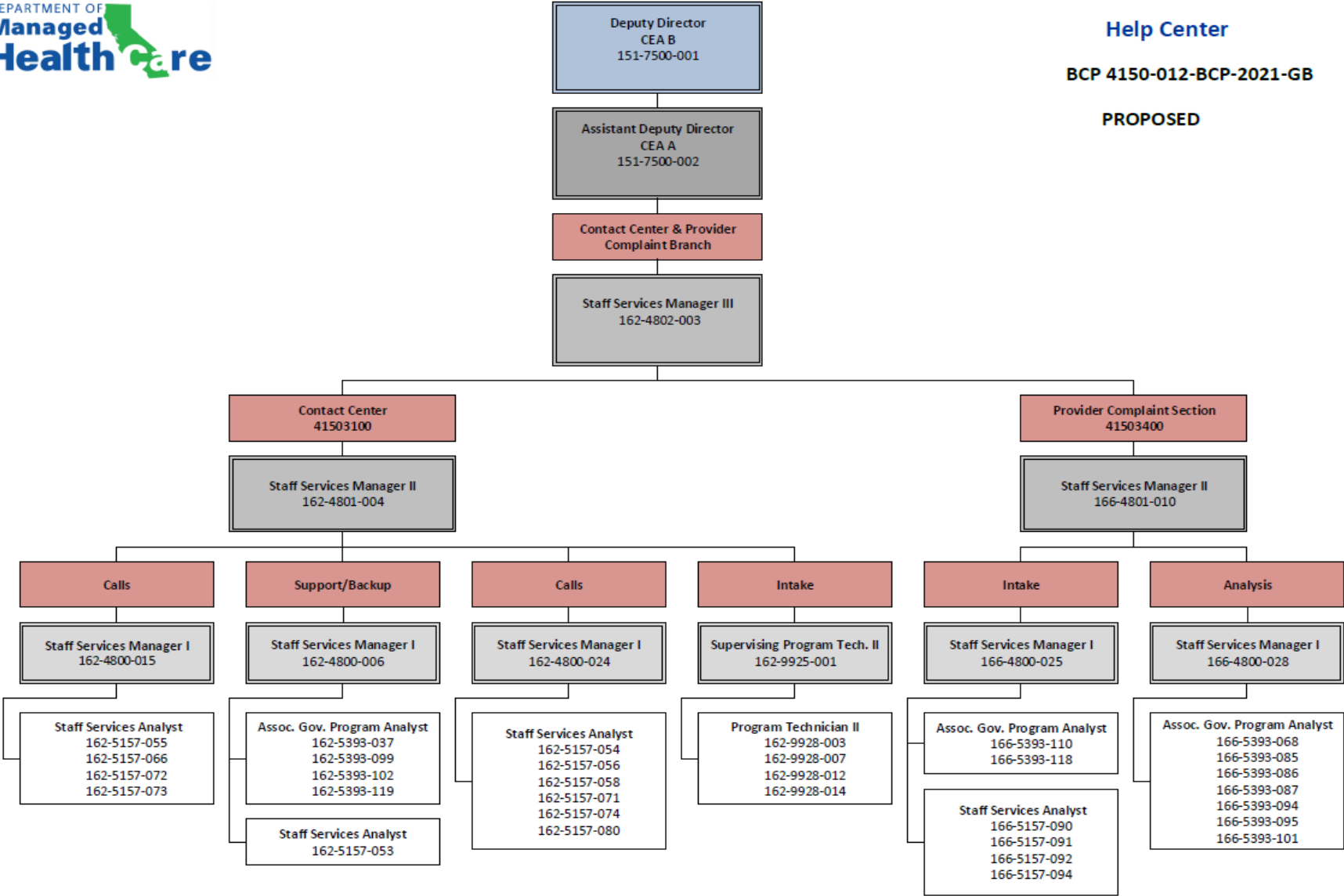
Attachment D: Proposed Organizational Chart



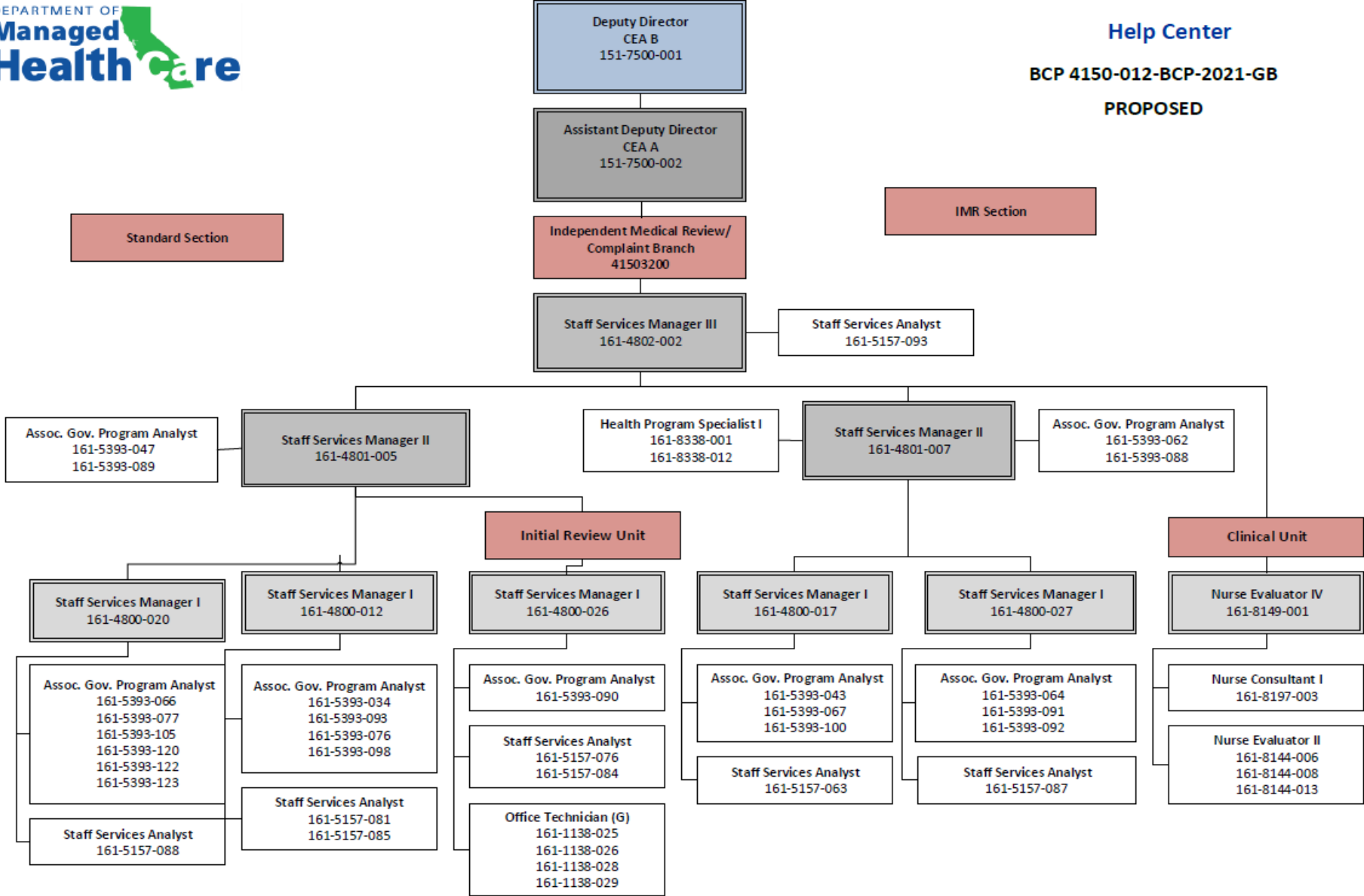
Help Center

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PROPOSED



Attachment D: Proposed Organizational Chart



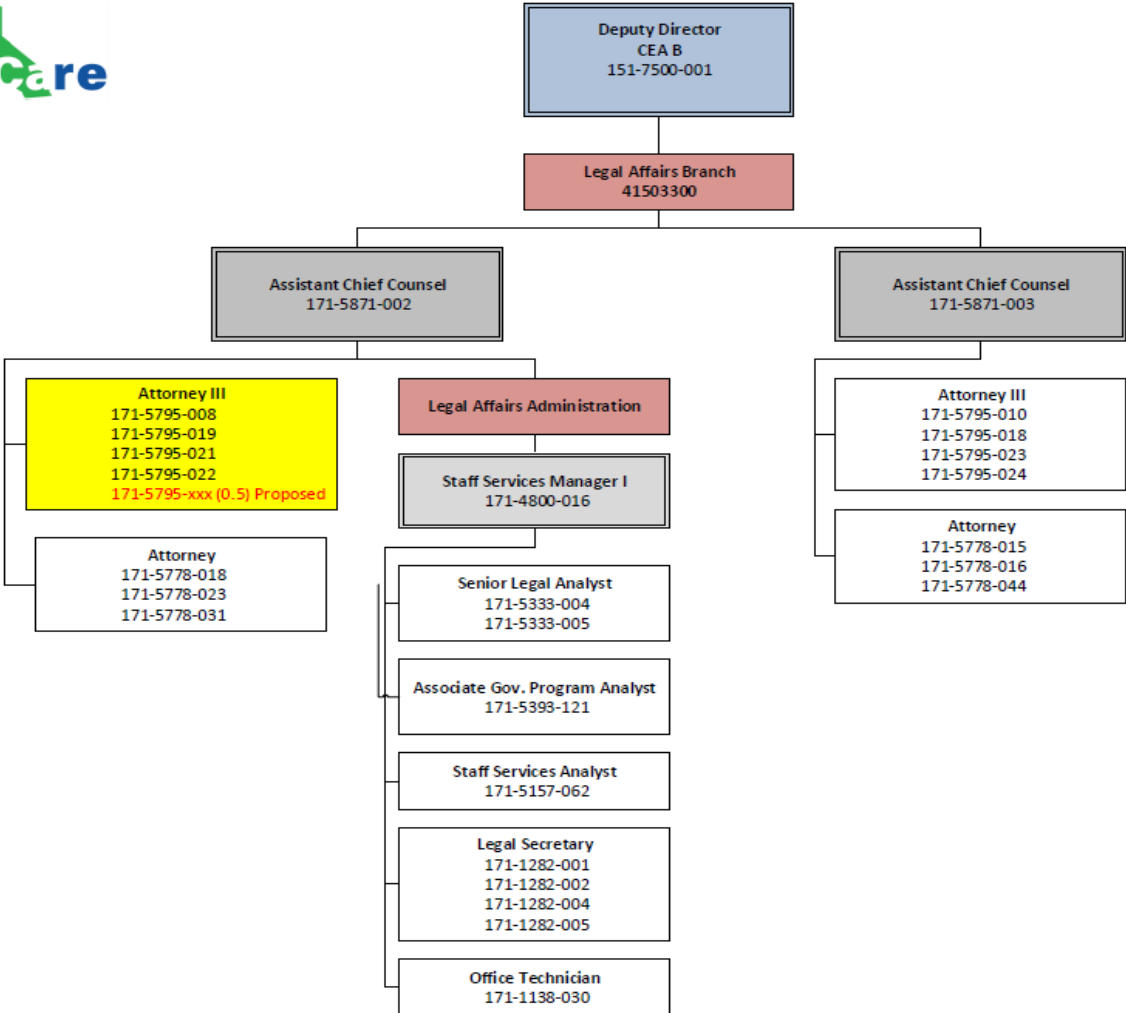
Attachment D: Proposed Organizational Chart



Help Center

BCP 4150-012-BCP-2021-GB

PROPOSED



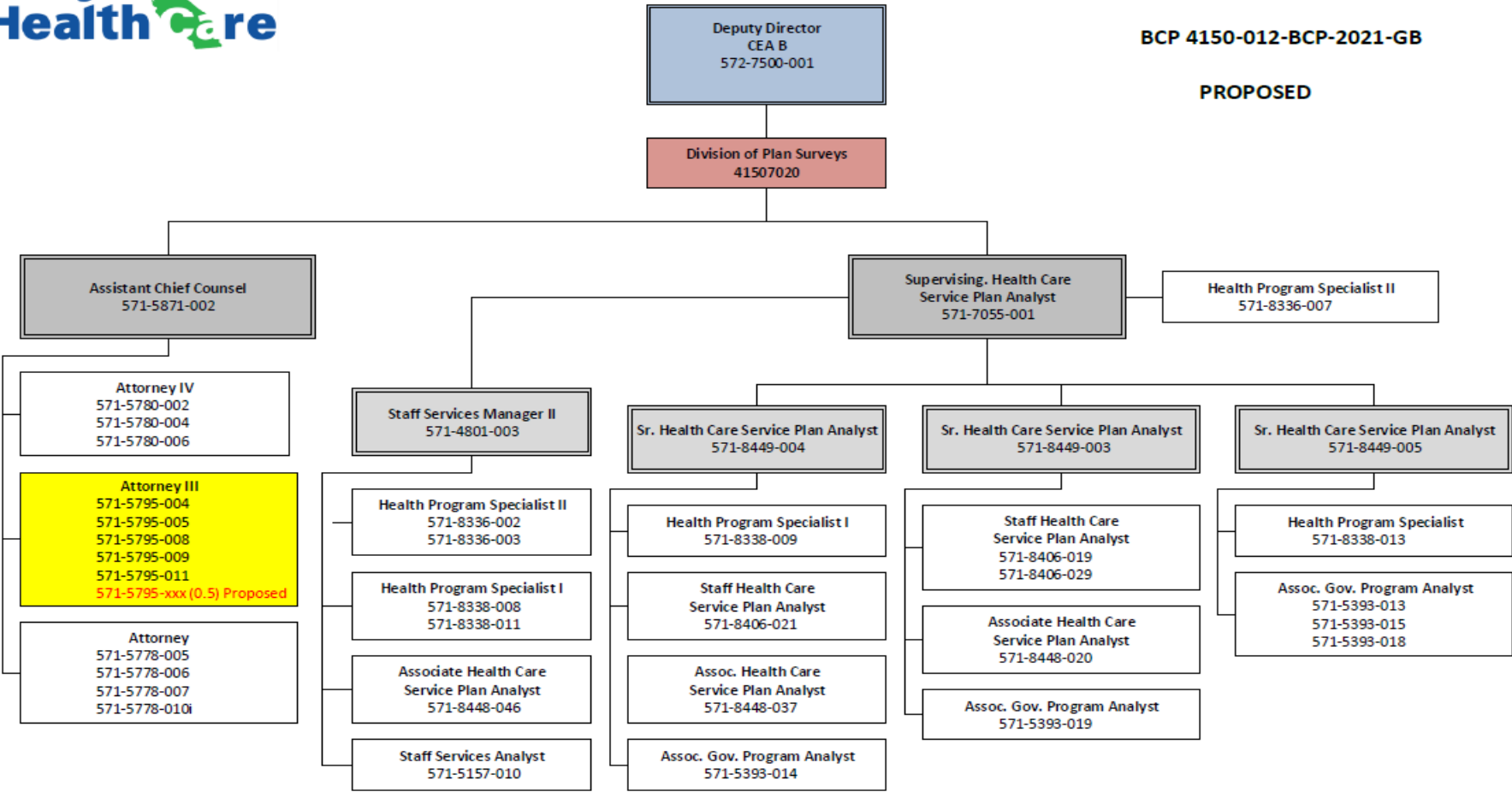
Attachment D: Proposed Organizational Chart



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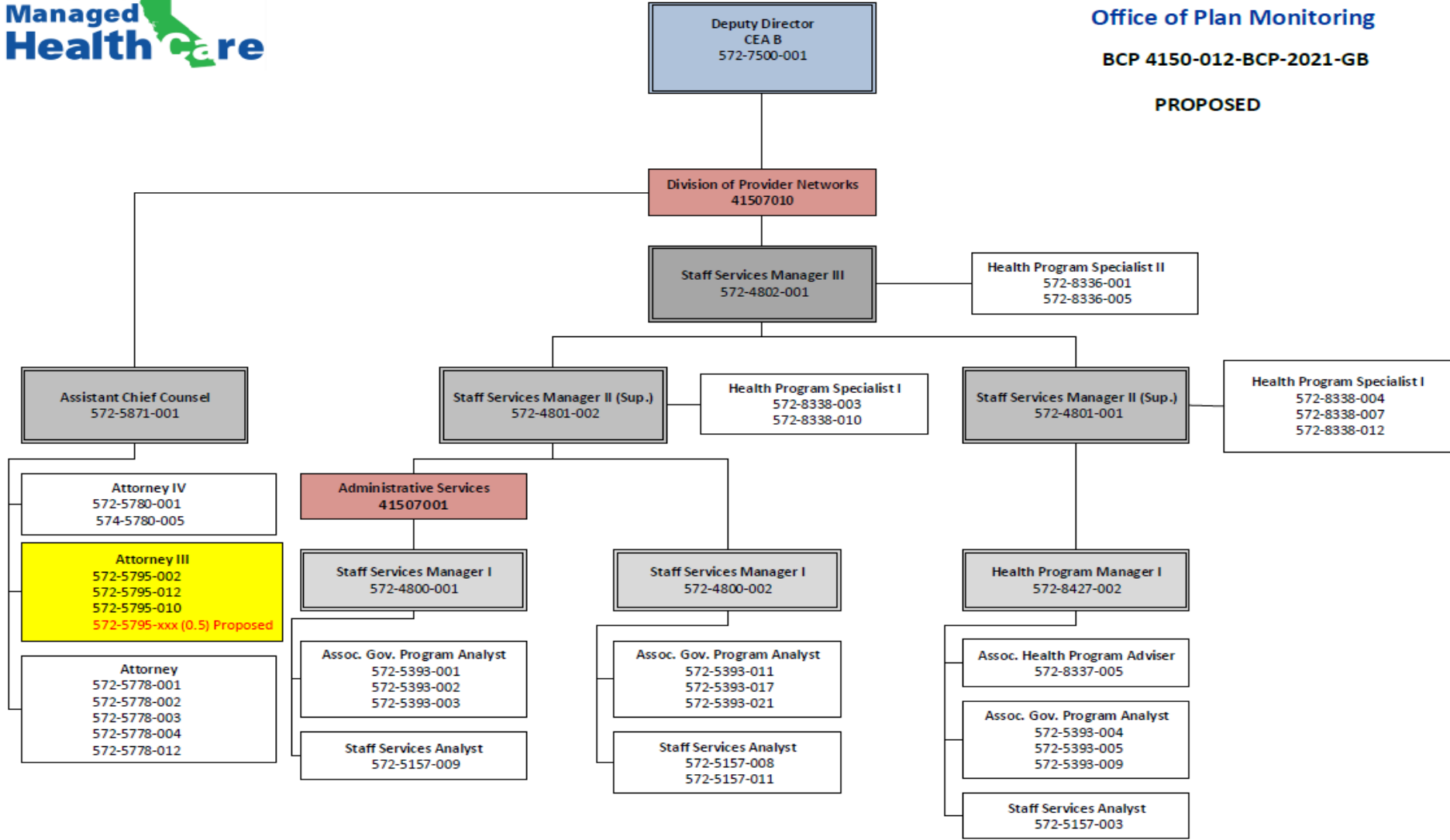
PROPOSED



Attachment D: Proposed Organizational Chart



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 PROPOSED



Attachment D: Proposed Organizational Chart

