STATE OF CALIFORNIA
Budget Change Proposal - Cover Sheet
DF-46 (REV 07/23)

Fiscal Year	Business Unit Number	Department
2025-26	4150	Department of Managed Health Care

Hyperion Budget Request Name	Relevant Program or Subprogram
4150-016-BCP-2025-GB	3870-Health Plan Program

Budget Request Title
Health care coverage: Claim Reimbursement (AB 3275) and Electronic Filing and Analysis of Claims Settlement Data Solution-Planning Phase

Budget Request Summary
The Department of Managed Health Care (DMHC) requests 17.0 positions and $4,568,000 in 2025-26, 24.0 positions and $5,385,000 in 2026-27, $5,381,000 in 2027-28, $5,425,000 in 2028-29, $5,477,000 in 2029-30 and annually thereafter from the Managed Care Fund to implement the requirements of AB 3275 (Chapter 763, Statutes of 2024) and to initiate the planning phase to implement an Electronic Filing and Analysis of Claims Settlement (eFACS) data solution to meet the requirements of AB 3275.

Requires Legislation (submit required legislation with the BCP)	Code Section(s) to be Added/Amended/Repealed
☐ Trailer Bill Language ☐ Budget Bill Language ☒ N/A	

Does this BCP contain information technology (IT) components? ☒ Yes ☐ No *If yes, departmental Chief Information Officer must sign.*	Department CIO Ralph Cesena	Date 1/10/2025

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

Project No. N/A **Project Approval Document:** N/A

Approval Date: N/A **Total Project Cost:** N/A

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	Date	Reviewed By	Date
Rita Pearson	1/10/2025	Gita Mehirdel	1/10/2025
Department Director	**Date**	**Agency Secretary**	**Date**
Mary Watanabe	1/10/2025	Kimberly Chen for Kim Johnson	1/10/2025

Department of Finance Use Only

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

Principal Program Budget Analyst	Date submitted to the Legislature
Joseph Donaldson	1/10/2025

A. Problem Statement

The Department of Managed Health Care (DMHC) requests 17.0 positions and $4,568,000 in 2025-26, 24.0 positions and $5,385,000 in 2026-27, $5,381,000 in 2027-28, $5,425,000 in 2028-29, $5,477,000 in 2029-30 and annually thereafter from the Managed Care Fund to implement the requirements of AB 3275 (Chapter 763, Statutes of 2024) and to initiate the planning phase to implement an Electronic Filing and Analysis of Claims Settlement (eFACS) data solution to meet the requirements of AB 3275 .

The request includes consultant funding of $385,000 in 2025-26 for the eFACS IT project planning and assistance with Project Approval Lifecycle (PAL) development.

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

Table 1- Positions Requested

Program / Classification	Number of Positions 2025-26	Number of Positions 2026-27 / Ongoing
Office of Legal Services		
Attorney III	1.0	1.0
Research Data Specialist III	1.0	1.0
Office of Financial Review		
Corporation Examiner	4.0	8.0
Corporation Examiner IV (Specialist)	2.0	2.0
Corporation Examiner IV (Supervisor)	1.0	2.0
Supervising Corporation Examiner	1.0	1.0
Help Center		
Attorney III	1.0	1.0
Associate Governmental Program Analyst	1.0	1.0
Office of Enforcement		
Attorney	3.0	3.0
Office of Administrative Services		
Associate Governmental Program Analyst	1.0	2.0
Office of Technology and Innovation		
Information Technology Specialist I	1.0	2.0
Total Positions	**17.0**	**24.0**

Background/ History

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 health plans under the Knox-Keene Health Care Service Plan Act of 1975, as amended (Knox-Keene Act). The DMHC regulates the majority of health care coverage in California including 96 percent of state regulated commercial and government markets. The health plans licensed by the DMHC provide coverage to nearly 30 million members.

Current law requires health plans to reimburse, contest, or deny a claim within 30 working days from the date of receipt. However, health maintenance organizations (HMOs) are allowed 45 working days to process claims. For contested claims, health plans have 30 working days, or 45 working days for HMOs, after receiving all necessary information to complete the claim reconsideration process.

Current law also requires interest to accrue at a rate of 15 percent per year if the claim reimbursement deadline is missed and imposes a fee of $10 if a health plan fails to automatically include interest owed when paying a claim. Additionally, existing law requires health plans to establish a grievance process to effectively resolve complaints.

Beginning January 1, 2026, AB 3275 requires health plans to reimburse a claim within 30 calendar days after receipt of the claim, or if a claim is contested or denied, notifying the claimant in writing within 30 calendar days. AB 3275 also increased the penalty on health plans that fails to automatically pay interest owed on a claim, raising it from $10 to $15 or 10 percent of the accrued interest on the claim.

Additionally, AB 3275 requires that member complaints regarding delayed or denied claim payments be treated as a grievance, making them subject to grievance-related provisions of the Knox-Keene Act. This includes the option to file a complaint directly with the health plan as well as with the DMHC.

To address the remaining requirements of AB 3275, the DMHC will need to:

- Promulgate and amend applicable regulations to clarify the requirements of AB 3275.
- Review the health plan policies and procedures submitted by health plans following the passage of AB 3275.
- Review quarterly and annual financial statements submitted by health plans to analyze increased administrative costs resulting from SB 3275 requirements.
- Address an increased number of health care consumer and provider complaints.
- Address an increased number of significant matter enforcement referrals beginning in 2025-26 following the passage of AB 3275.

B. Justification

Under existing law, health plans are required to reimburse claims no later than 30 and 45 working days after receipt of a claim, unless the claim is contested. AB 3275 amends the 30 and 45 working days timeline to 30 calendar days and adds penalties for timeliness violations.

The 30-calendar day standard for all claims proposed by AB 3275 shorten payment deadlines and promote efficiency in claims processing across California's health care delivery system. However,

the DMHC anticipates that some health plans and delegated entities may encounter challenges in meeting the shorter timeframe. As a result, the DMHC expects an increased volume of enforcement actions, corrective action plans related to claim reimbursement and an increased number of health care consumer and provider complaints.

The DMHC has determined that the following resources are necessary to implement the requirements of AB 3275.

Office Legal Services (OLS)

The DMHC's OLS conducts legislative and legal research, drafts analyses for the DMHC and makes policy and operational recommendations consistent with those analyses. The OLS also leads rulemaking activities for the DMHC, including pre-notice stakeholder engagement, research and analysis, drafting regulation language, creating regulation packages, attending public hearings, responding to public comments and shepherding regulation packages through the Office of Administrative Law's review process.

The OLS anticipates additional workload to conduct legal research, promulgate and amend applicable regulations and draft legal memorandum to clarify the requirements set forth in AB 3275. The OLS also anticipates additional workload to assist the DMHC Office of Financial Review (OFR) and other DMHC programs with formal and informal legal opinions related to AB 3275.

The OLS is requesting the following resources to address the anticipated workload:

1.0 Attorney III
This position will coordinate complex policy concerns and policy recommendations with other DMHC offices as regulations are developed. This position will also have duties in drafting regulation text and monitoring regulation through formal rule making process.

1.0 Research Data Specialist III
This position will assist the attorney in researching and gathering information for applicable legal questions presented to the OFR, assist in crafting legal positions and review and analyze Public Record Act and Information Practices Act requests.

The DMHC estimates the OLS costs to be 2.0 positions and $459,000 in 2025-26, $445,000 in 2026-27 and annually thereafter.

Office of Financial Review (OFR)

The DMHC's OFR works to ensure the stability in California's health care delivery system by actively monitoring the financial status of health plans and provider groups to ensure they can meet their financial obligations to consumers and purchasers. The Division of Financial Oversight, within the OFR, monitors and evaluates the financial viability of health plans to ensure continued access to health care services for California enrollees. This is achieved by reviewing financial statements, analyzing financial arrangements, evaluating the information submitted during the licensing, material modification and amendment processes and conducting routine and non-routine financial examinations.

The OFR anticipates a significant one-time workload to review the health plan policies and procedures submitted by health plans following the passage of AB 3275. The OFR also anticipates a significant ongoing workload increase to review quarterly and annual financial statements submitted by health plans to analyze increased administrative costs resulting from AB 3275 requirements and correspond with health plans. The OFR also anticipates an increased workload to address potential financial deficiencies from health plans experiencing financial challenges as a result of the interest requirements in AB 3275.

The OFR is requesting the following resources to address the anticipated workload:

2.0 Corporation Examiner IV Specialist

These positions will review complex claims, coordinate investigation referrals, update examination procedures and collaborate with online claims portal updates.

4.0 Corporation Examiner in 2025-26, increasing to 8.0 Corporation Examiner in 2026-27/ongoing
These positions will review claims, conduct examination of health plans, prepare preliminary and final reports and monitor corrective action plan in compliance with the Knox-Keene Act.

1.0 Corporation Examiner IV Supervisor in 2025-26, increasing to 2.0 Corporation Examiner IV Supervisor in 2026-27/ongoing
These positions will provide health plan examination activity oversight and collaborate with management teams and health plans on corrective action plans and other examination result outcomes.

1.0 Supervising Corporation Examiner
This position will provide health plan examination activity oversight and collaborate with management teams and health plans on corrective action plans and other examination result outcomes.

Analytics Client Software Licensing Costs
The OFR requests funding of $8,000 in 2025-26 and $13,000 in 2026-27 and annually thereafter for statistical analysis licensing costs required to assist OFR staff in conducting the financial reviews of health plans and to assist in determining compliance with the Knox-Keene Act. This cost is based on an anticipated $1,000 per user per year cost for the OFR resources included in this proposal. The Department of General Services (DGS) service fees related to this procurement are minimal and will be absorbed within the DMHC's existing budget.

Consultant Funding
The OFR requests consultant funding of $61,000 in 2025-26, $10,000 in 2026-27 and annually thereafter for the ongoing review and maintenance of claim sampling methodology tools. This cost includes $60,000 in 2025-26, $10,000 in 2026-27 and annually thereafter for a consultant contract and anticipated DGS service fees of $1,000 in 2025-26. The DGS service fee in 2026-27 and ongoing is minimal and will be absorbed within the DMHC's existing budget. The consultant cost is based on OFR's experience with similar contracts and an anticipated $250.00 hourly rate.

The DMHC estimates the OFR costs to be 8.0 positions and $1,711,000 in 2025-26, 13.0 positions and $2,580,000 in 2026-27, $2,545,000 in 2027-28 and annually thereafter.

Help Center (HC)

The DMHC HC educates consumers about their health care rights, resolves consumer complaints, helps consumers navigate and understand their coverage and assists consumers in getting timely access to appropriate health care services. The HC is the first point of contact for consumers and providers with complaints and concerns related to health care.

The HC anticipates an increased number of health care consumer and provider complaints related to the 30 calendar days claim processing requirements of AB 3275. The HC estimates over 300 additional consumer and provider complaints each year.

The HC is requesting the following resources to address the anticipated workload:

1.0 Attorney III
This position will mediate and analyze complaints and develop a plan response, including composing medical expert analysis requests, independent medical review (IMR) justifications and act as liaison, provide counsel, respond to inquiries and handle legal referrals and submit to the DMHC's Office of Enforcement.

1.0 Associate Governmental Program Analyst
This position will analyze, process and assist in resolving complaints, including assisting legal staff and clinical staff on subcase reviews and grievances.

The DMHC estimates the HC costs to be 2.0 positions and $416,000 in 2025-26, $402,000 in 2026-27 and annually thereafter.

Office of Enforcement (OE)

The DMHC's OE handles the enforcement needs of the DMHC, including referrals from offices within the DMHC that review the activities of health plans for compliance with statute and regulation requirements. The OE anticipates increased investigative referrals related to AB 3275 compliance.

The OE anticipates additional workload to address approximately 100 significant matter enforcement referrals annually from OFR and the DMHC HC beginning in 2025-26 following the passage of AB 3275.

The OE is requesting the following resources to address the anticipated workload:

3.0 Attorney
These positions will be responsible for providing legal support to investigate referral cases, including the preparation and oversight of the investigation and course of resolution. Other responsibilities include performing legal review and analysis of the findings reports, conducting legal research of statutes, responding to legal questions during the investigations and developing response strategies.

The DMHC estimates the OE costs to be 3.0 positions and $639,000 in 2025-26, $618,000 in 2026-27 and annually thereafter. This cost includes $12,000 annually for legal software licensing costs for the enforcement positions included in this proposal.

Office of Administrative Services (OAS)

The DMHC's OAS is responsible for all administrative support services for the DMHC, including human resources, labor relations, training, EEO (Equal Employment Opportunity), DEIB (Diversity, Equity, Inclusion and Belonging), employee wellness, health and safety, accounting, budgeting, facilities management, business services, contracts, procurement, organizational effectiveness and improvement, business continuity planning, policies management and strategic planning.

To obtain sufficient resources to support the additional positions requested in this proposal, which is consistent with the DMHC's ratio used for all other hiring, the OAS is requesting 1.0 Associate Governmental Program Analyst (AGPA) position in 2025-26 and 2.0 AGPA positions annually thereafter to perform the additional ongoing administrative support workload.

The DMHC is requesting to establish these AGPA positions as an interchangeable classification to promote the policy of recruiting employees at the entry level Staff Services Analyst (SSA) and later promoting those qualified to the journeyman level AGPA, without further action. The DMHC frequently uses the entry level SSA and journeyman level AGPA classifications for this purpose.

The DMHC estimates the OAS costs to be 1.0 position and $168,000 in 2025-26, 2.0 positions and $321,000 in 2026-27, $314,000 in 2027-28 and annually thereafter. This cost includes $10,000 each year for continuing legal education training for the legal positions included in this proposal. The cost is based on an estimated $2,000 per legal position per year.

Office of Technology & Innovation (OTI)

The DMHC's OTI is responsible for all DMHC IT-related facets, including application and system development and support, procurement and management of IT assets, data security and supporting staff members' IT needs. Like the OAS, as program areas expand resources to support

the programs, the OTI must increase at a similar rate. For the OTI, program expansion translates to an increase in new employee setup, service requests, change requests, collection of data analytics, security log analysis and ongoing maintenance of each new staffs' devices. The DMHC's OTI is requesting 1.0 Information Technology Specialist I (ITS I) position in 2025-26 and 2.0 ITS I positions annually thereafter to perform the additional support workload.

IT eFAC Project Planning Costs

The OTI also anticipates additional workload to modernize the DMHC's current Claims Settlement Practices and Dispute Resolution Application to capture the timeliness standards outlined by SB 3275. The OTI estimates that the changes mandated by AB 3275 will impact all three application portals including, health plan portal, DMHC portal and public portal and affecting more than 30 reports. The system currently operates on a legacy .NET framework and its architecture must be updated to implement the changes mandated by AB 3275. The OTI anticipates a 24-month IT project to modernize the Claims Settlement Practices and Dispute Resolution Report application.

The DMHC proposes to implement a complete eFAC data solution enabling the DMHC to:

- Review claims payment timeliness data in a faster manner.
- Identify and categorize claims payment timeliness issues in a faster manner.
- Analyze the claims payment timeliness trends and determine appropriate action.

While the scope of this project focuses on the implementation of a complete eFAC data solution, this initiative shall lay the foundation for improving program efficiencies in the future for electronic filing of all documents required to be submitted by health plans and their delegated entities to the DMHC.

The resulting solution will enhance the DMHC's existing Risk Bearing Organization (RBO) Financial Reporting System's Grading criteria, Corrective Action Plan process and reports related to claims timeliness to ensure compliance with AB 3275 requirements.

The following resources are requested to address the anticipated IT Project planning workload:

Consultant Funding

OTI is requesting limited-term consulting funding of $191,000 in 2025-26 for project planning and assistance with PAL development.

This amount includes $52,000 for the California Department of Technology (CDT) IT Project Approval PAL Planning oversight and $3,000 for related CDT fees. The planning oversight cost is based on CDT's $218 per hour rate and an estimated 240 hours.

This amount also includes $130,000 for IT consultant funding to assist with the development of the IT PAL documents for submittal to CDT and $6,000 for CDT fees related to this IT consultant contract. The consultant cost is based on OTI's experience with similar contracts and a $135.00 hourly rate.

Interim Solution – Maintenance and Operation of Legacy Application

Although the IT project proposal primarily focuses on planning for the implementation of the eFAC data solution, the DMHC proposes an interim solution for Maintenance and Operations (M&O) to address the immediate statutory requirements of AB 3275 concurrently with the project planning phase.

The following resources are requested to address the maintenance and operations workload of the legacy applications:

Consultant Funding

The OTI is requesting limited-term consulting funding of $180,000 in 2025-26 for a senior programmer IT consultant to support developer staff with the maintenance and operations the legacy applications during the IT project planning phase and $7,000 in 2025-26 for related CDT

fees. The cost of the programmer consultant is determined by OTI's expertise and experience with similar contracts and an hourly rate of $171.00.

The use of limited-term consultant funding is being requested instead of a civil service classification due to the immediate need for high-level expertise to perform the short-term workload. This workload is not ongoing and is not sufficient to support a permanent civil service resource.

The DMHC estimates OTI's total cost in this proposal to be 1.0 position and $1,175,000 in 2025-26, 2.0 positions $1,019,000 in 2026-27, $1,057,000 in 2027-28, $1,105,000 in 2028-29, $1,157,000 in 2029-30 and annually thereafter.

These amounts also include $14,000 in 2025-26, $9,000 in 2026-27, $10,000 in 2027-28 and annually thereafter for the Department of General Services (DGS) procurement service and administration fees. These amounts also include $559,000 in 2025-26, $593,000 in 2026-27, $637,000 in 2027-28, $680,000 in 2028-29, $732,000 in 2029-30 and annually thereafter for various annual software licensing costs to support the positions included in this proposal. The annual rates are based on OTI's experience with similar licensing purchases, plus a prudent anticipated annual rate increase.

C. Departmentwide and Statewide Considerations

This proposal aligns to the DMHC's mission to protect consumer health care rights and ensure a stable health care delivery system. This proposal also aligns to the DMHC's strategic plan to regulate fairly, efficiently and effectively and foster a culture of excellence.

This proposal also aligns to the California Health and Human Services (CalHHS) IT Data and Strategic Plan to achieve solution and data optimization, and use of technology and data to inform insights and drive decisions.

D. Outcomes and Accountability

Approval of this proposal will provide the resources for the planning phase to initiate the implementation of a project to modernize the DMHC Claims Settlement Practices and Dispute Resolution Application. This modernization will enhance program efficiencies for the electronic filing of all documents required to be submitted by health plans and their delegated entities. Additionally, the resources requested in this proposal will also address the interim maintenance and operations of the legacy applications and meet the administrative program requirements necessary for compliance with AB 3275.

E. Implementation Plan

The DMHC will begin to implement the requirements of AB 3275 on July 1, 2025.

F. 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 $0.11 per enrollee per year.

Attachment A: BCP Fiscal Detail Sheet
Attachment B: Workload Standards
Attachment C: Current Organizational Charts
Attachment D: Proposed Organizational Charts

BCP Fiscal Detail Sheet

BCP Title: Health care coverage: Claims Reimbursement (AB 3275) and Electronic Filing and Analysis of Claims Settlement Data Solution-Planning Phase

BR Name: 4150-016-BCP-2025-GB

Budget Request Summary

Personal Services

Personal Services	FY25 Current Year	FY25 Budget Year	FY25 BY+1	FY25 BY+2	FY25 BY+3	FY25 BY+4
Positions - Permanent	0.0	17.0	24.0	24.0	24.0	24.0
Total Positions	**0.0**	**17.0**	**24.0**	**24.0**	**24.0**	**24.0**
Earnings - Permanent	0	1,879	2,555	2,555	2,555	2,555
Total Salaries and Wages	**$0**	**$1,879**	**$2,555**	**$2,555**	**$2,555**	**$2,555**
Total Staff Benefits	0	1,146	1,586	1,586	1,586	1,586
Total Personal Services	**$0**	**$3,025**	**$4,141**	**$4,141**	**$4,141**	**$4,141**

Operating Expenses and Equipment

Operating Expenses and Equipment	FY25 Current Year	FY25 Budget Year	FY25 BY+1	FY25 BY+2	FY25 BY+3	FY25 BY+4
5301 - General Expense	0	17	24	24	24	24
5302 - Printing	0	17	24	24	24	24
5304 - Communications	0	17	24	24	24	24
5306 - Postage	0	17	7	0	0	0
5320 - Travel: In-State	0	107	163	163	163	163
5322 - Training	0	68	96	96	96	96
5324 - Facilities Operation	0	102	144	144	144	144
5340 - Consulting and Professional Services - Interdepartmental	0	69	10	11	12	12
5340 - Consulting and Professional Services - External	0	371	10	10	10	10
5344 - Consolidated Data Centers	0	16	0	0	0	0
5346 - Information Technology	0	623	676	720	763	815
5368 - Non-Capital Asset Purchases - Equipment	0	119	66	24	24	24
Total Operating Expenses and Equipment	**$0**	**$1,543**	**$1,244**	**$1,240**	**$1,284**	**$1,336**

Total Budget Request

Total Budget Request	FY25 Current Year	FY25 Budget Year	FY25 BY+1	FY25 BY+2	FY25 BY+3	FY25 BY+4
Total Budget Request	**$0**	**$4,568**	**$5,385**	**$5,381**	**$5,425**	**$5,477**

Fund Summary

Fund Source

Fund Source	FY25 Current Year	FY25 Budget Year	FY25 BY+1	FY25 BY+2	FY25 BY+3	FY25 BY+4
State Operations - 0933 - Managed Care Fund	0	4,568	5,385	5,381	5,425	5,477
Total State Operations Expenditures	**$0**	**$4,568**	**$5,385**	**$5,381**	**$5,425**	**$5,477**
Total All Funds	**$0**	**$4,568**	**$5,385**	**$5,381**	**$5,425**	**$5,477**

Program Summary

Program Funding

Program Funding	FY25 Current Year	FY25 Budget Year	FY25 BY+1	FY25 BY+2	FY25 BY+3	FY25 BY+4
3870 - Health Plan Program	0	4,568	5,385	5,381	5,425	5,477
Total All Programs	**$0**	**$4,568**	**$5,385**	**$5,381**	**$5,425**	**$5,477**

Personal Services Details

Positions

Positions	FY25 Current Year	FY25 Budget Year	FY25 BY+1	FY25 BY+2	FY25 BY+3	FY25 BY+4
1402 - Info Tech Spec I	0.0	1.0	2.0	2.0	2.0	2.0
4440 - Supvng Corporation Examiner	0.0	1.0	1.0	1.0	1.0	1.0
4443 - Corporation Examiner	0.0	4.0	8.0	8.0	8.0	8.0
4452 - Corporation Examiner IV (Spec)	0.0	2.0	2.0	2.0	2.0	2.0
4453 - Corporation Examiner IV (Supvr)	0.0	1.0	2.0	2.0	2.0	2.0
5393 - Assoc Govtl Program Analyst	0.0	2.0	3.0	3.0	3.0	3.0
5770 - Research Data Spec III	0.0	1.0	1.0	1.0	1.0	1.0
5778 - Atty	0.0	3.0	3.0	3.0	3.0	3.0
5795 - Atty III	0.0	2.0	2.0	2.0	2.0	2.0
Total Positions	**0.0**	**17.0**	**24.0**	**24.0**	**24.0**	**24.0**

Salaries and Wages

Salaries and Wages	FY25 Current Year	FY25 Budget Year	FY25 BY+1	FY25 BY+2	FY25 BY+3	FY25 BY+4
1402 - Info Tech Spec I	0	99	199	199	199	199
4440 - Supvng Corporation Examiner	0	135	135	135	135	135
4443 - Corporation Examiner	0	375	750	750	750	750
4452 - Corporation Examiner IV (Spec)	0	227	227	227	227	227
4453 - Corporation Examiner IV (Supvr)	0	122	244	244	244	244
5393 - Assoc Govtl Program Analyst	0	158	237	237	237	237
5770 - Research Data Spec III	0	110	110	110	110	110
5778 - Atty	0	349	349	349	349	349
5795 - Atty III	0	304	304	304	304	304
Total Salaries and Wages	**$0**	**$1,879**	**$2,555**	**$2,555**	**$2,555**	**$2,555**

Staff Benefits

Staff Benefits	FY25 Current Year	FY25 Budget Year	FY25 BY+1	FY25 BY+2	FY25 BY+3	FY25 BY+4
5150450 - Medicare Taxation	0	27	37	37	37	37
5150500 - OASDI	0	116	158	158	158	158

Staff Benefits	FY25 Current Year	FY25 Budget Year	FY25 BY+1	FY25 BY+2	FY25 BY+3	FY25 BY+4
5150630 - Retirement - Public Employees - Miscellaneous	0	494	672	672	672	672
5150820 - Other Post-Employment Benefits (OPEB) Employer Contributions	0	48	68	68	68	68
5150900 - Staff Benefits - Other	0	461	651	651	651	651
Total Staff Benefits	**$0**	**$1,146**	**$1,586**	**$1,586**	**$1,586**	**$1,586**

Total Personal Services

Total Personal Services	FY25 Current Year	FY25 Budget Year	FY25 BY+1	FY25 BY+2	FY25 BY+3	FY25 BY+4
Total Personal Services	**$0**	**$3,025**	**$4,141**	**$4,141**	**$4,141**	**$4,141**

Attachment B

WORKLOAD STANDARDS
Office of Legal Services (OLS)
1.0 Attorney III

Activities/ Tasks	**Total Tasks Per Year**	**Hours Per Task**	**Total Annual Hours**
Capture and compile meeting feedback, research complex policy concerns and recommendations on policy guidance to management resulting from this bill.	1	260	260
Coordinate programs involved with regulation promulgation, compile and capture feedback, determine required revisions, draft initial text and proposed feedback, process draft regulation for review.	1	200	200
Draft final regulation text and incorporated documents for Agency and Department approval. Finalizing revisions and submit rulemaking package to the Office of Administrative Law.	1	480	480
Monitor regulation through formal rulemaking process, hold public hearing, summarize, compile, and respond to shareholder feedback, prepare draft of final rulemaking documents for management review and submit final rulemaking package to the Office of Administrative Law.	1	800	800
Provide legal support for committees and work groups related to legal recommendations for regulation.	1	20	20
Field and respond to internal and external questions that arise from regulations, conduct additional stakeholder meetings, and advise executive management, Agency, and the Governor's Office on additional policy implications and legal impacts.	1	40	40
Total Hours Worked			**1,800**
Number of Positions Required			**1.0**

Attachment B

Workload Standards
Office of Legal Services (OLS)
1.0 Research Data Specialist III

Activities/ Tasks	**Total Tasks Per Year**	**Hours Per Task**	**Total Annual Hours**
Assist attorneys and management in the review of standard legal questions presented by Office of Financial Review and aid in gathering initial information and supporting documentation.	5	20	100
Assist attorneys in researching applicable state and federal laws as well as other applicable legal and procedural references.	5	20	100
Assist attorneys in reviewing legal questions regarding bill presented by Department divisions and gather initial information and supporting documentation.	5	70	350
Assist attorneys in researching applicable law and gather legal references, craft position, and draft initial response opinion email.	5	120	600
Follow up with impacted staff and management. Meet and brief Office of Legal Services and Office of Financial Review management, discuss initial findings, receive further direction and/ or feedback for possible revisions.	5	20	100
Review and analyze difficult Public Records Act and Information Practices Act requests received by the Department of Managed Health Care in relation to this bill.	5	20	100
Identify potentially responsive records in relation to Office of Financial Review reports and exams and coordinate on gathering all records. Review collected records for responsiveness, applicable privileges and any confidential or sensitive information.	5	60	300
Draft responses to Public Records Act and Information Practices Act requests. Notify requestor of determinations or reasons for denial. Coordinate and ensure documents are available for inspection or provide notice of fees.	5	10	50
Perform difficult legal research in constantly evolving areas of both federal and state laws and prepare specialized legal opinions regarding the most difficult legal issues related to submitted Public Records Act and Information Practices Act requests.	5	20	100
Total Hours Worked			**1,800**
Number of Positions Required			**1.0**

Attachment B

WORKLOAD STANDARDS

Office of Financial Review (OFR)

1.0 Supervising Corporation Examiner

Activities/ Tasks	**Total Tasks 2025-26**	**Total Tasks 2026-27**	**Hours Per Task 2025-26**	**Hours Per Task 2026-27 & Ongoing**	**Total Hours 2025-26**	**Total Hours 2026-27 & Ongoing**
Provide health plan examination activity oversight through report drafting, meetings, workload reviews and process streamlining.	30	40	36	27	1,080	1,080
Collaborate with management teams, department offices and health plans corrective action plans and other outputs regarding examination results.	30	40	8	8	240	320
Collaborate with IT project to update claims online portal.	2	0	100	0	200	0
Review escalated and/ or complex risk bearing organization examination reports related to AB 1455 reports.	33	52	0.5	1	16	52
Review escalated and/ or complex health plan examination reports related to AB 1455 reports.	50	80	0.5	1	25	80
Collaborate in reviews of health plans related to potential fiscal downturn due to additional cost related to interest and penalty requirements.	5	10	7.9	6.9	40	69
Oversee the update of examination procedures and templates to reflect new timeliness and interest calculation identified in the bill. Reviewing and maintaining updates on an annual basis.	1	1	199	199	199	199
Total Hours Worked					**1,800**	**1,800**
Number of Positions Required					**1.0**	**1.0**

Attachment B

WORKLOAD STANDARDS

Office of Financial Review (OFR)

1.0 Corporation Examiner IV Supervisor (2025-26) / 2.0 Corporation Examiner IV Supervisor (2026-27/ongoing)

Activities/ Tasks	**Total Tasks 2025-26**	**Total Tasks 2026-27**	**Hours Per Task 2025-26**	**Hours Per Task 2026-27 & Ongoing**	**Total Hours 2025-26**	**Total Hours 2026-27 & Ongoing**
Provide health plan examination activity oversight through report drafting, meetings, workload reviews and process streamlining.	18	36	34	34	612	1,224
Collaborate with management teams, department offices and health plans corrective action plans and other outputs regarding examination results.	18	36	8	8	144	288
Provide risk bearing organization examination activity oversight through report drafting, meetings, workload reviews and process streamlining.	20	40	34	34	680	1,360
Collaborate with management teams, department offices and risk bearing organizations corrective action plans and other outputs regarding examination results.	20	40	3.6	7	72	280
Collaborate with IT project to update claims online portal.	1	1	100	100	100	100
Review escalated and/ or complex risk bearing organization examination reports related to AB 1455 reports.	90	155	0.5	0.5	45	78
Review escalated and/ or complex risk bearing organization financial and eFiling reports related to AB 1455 reports.	144	240	0.5	0.5	72	120
Collaborate in reviews of health plans related to potential fiscal downturn due to additional cost related to interest and penalty requirements.	5	10	15	15	75	150
Total Hours Worked					**1,800**	**3,600**
Number of Positions Required					**1.0**	**2.0**

Attachment B

WORKLOAD STANDARDS

Office of Financial Review (OFR)

2.0 Corporation Examiner IV (Specialist)

Activities/ Tasks	**Total Tasks Per Year**	**Hours Per Task**	**Total Annual Hours**
Coordinate Office of Enforcement investigation referrals	11	42.7	470
Collaborate with IT project to update claims online portal.	1	500	500
Update examination procedures for risk bearing organization and health plans to reflect new requirements	1	90	90
Collaborate with department regulation updates to align with revisions to sections 1371 and 1371 of the Health and Safety Code.	1	180	180
Coordinate consultants to review and update the claim sampling methodology to appropriately capture reduced timeframes.	1	80	80
Conduct claims review of complex examination for health plans and risk bearing organizations.	76	30	2,280
Total Hours Worked			**3,600**
Number of Positions Required			**2.0**

Attachment B

WORKLOAD STANDARDS

Office of Financial Review (OFR)

4.0 Corporation Examiner (2025-26) / 8.0 Corporation Examiner (2026-27/ongoing)

Activities/ Tasks	**Total Tasks 2025-26**	**Total Tasks 2026-27**	**Hours Per Task 2025-26**	**Hours Per Task 2026-27 & Ongoing**	**Total Hours 2025-26**	**Total Hours 2026 & Ongoing**
Examination of health plan claims samples related to health plan claim processing.	2,880	5,760	0.4	0.4	1,152	2,304
Analyze and monitor health plan corrective action plans.	5	11	3.6	19.8	18	218
Prepare enforcement referrals for health plans not meeting 95% compliance pursuant to 1300.71(a)(8) as a result of the reduced claims processing timeframes.	0	11	4	100	0	1100
Review health plan claims processing and procedures for compliance.	18	36	1	1	18	36
Examination of risk bearing organization claims samples related to health plan claim processing.	3,200	6,400	0.4	0.4	1,280	2,560
Review risk bearing organization claims processing and procedures for compliance.	20	40	1	1	20	40
Analyze and monitor risk bearing organizations corrective action plans due to claims processing timeliness.	30	60	64	64	1,920	3,840
Analyze and monitor risk bearing organizations corrective action plans for financial solvency issues related to claim processing.	22	44	86	86	1,892	3,784
Examination of risk bearing organization quarterly and annual AB 1455 reports for timeliness standards.	300	518	1	1	300	518
Collaborate with IT project to update claims online portal.	1	0	200	200	200	0
Review updated health plan policies and procedures for compliance.	100	0	4	4	400	0
Total Hours Worked					**7,200**	**14,400**
Number of Positions Required					**4.0**	**8.0**

Attachment B

Workload Standards

Help Center (HC)

1.0 Associate Governmental Program Analyst

Activities/ Tasks	**Total Tasks Per Year**	**Hours Per Task**	**Total Annual Hours**
Analyze, process, and resolve category 1 and 2 complex complaints.	12	30	360
Update and maintain complaint and medical record tracking relevant databases, such as Spotlight, Request for Health Plan Information and Evidence of Coverage analysis.	12	30	360
Produce and maintain consumer, health plan and consultation staff correspondence, including emails, phone calls, follow up updates, inquiries and Requests for Information.	12	30	360
Consult with Legal Staff and clinical staff on subcase reviews.	12	30	360
Analyze, review, and process grievance violations.	12	30	360
Total Hours Worked			**1,800**
Number of Positions Required			**1.0**

Attachment B

Workload Standards
Help Center (HC)
1.0 Attorney III

Activities/ Tasks	**Total Tasks Per Year**	**Hours Per Task**	**Total Annual Hours**
Comply with the Knox Keene Act mandate to resolve and make compliance determinations on issues raised in complaints within 30 days. Analyze complex complaint, plan response, plan and medical group denial letters, provider and plan documentation.	12	30	360
Contact enrollee, enrollee's authorized assistant, plan, provider, and other departments for additional information. Apply case facts to the Knox Keene Act and relevant regulations. Document all activities in case database. Compose medical expert analysis requests, Independent Medical Review justifications, and liaison counsel inquiry responses to analyst staff.	12	30	360
Compose correspondence advising enrollee and plan of compliance finding on complaint. Discussion with enrollee, plan or provider pre- and post-complaint closure. Provide lead support services, including document review, case status meetings and advice on case handling and resolution, to Attorney staff.	12	30	360
Prepare referrals to the Office of Enforcement cases. Consult with individual staff regarding case specifics. Review Liaison Counsel subcases and provide responses to HC staff.	12	30	360
Consult with other DMHC Offices, such as Office of Enforcement, regarding complex cases. Review draft documents prepared internally and/ or externally. Apply case facts and provide direction and consultation regarding standards for analysis and response.	12	30	360
Total Hours Worked			**1,800**
Number of Positions Required			**1.0**

Attachment B

WORKLOAD STANDARDS

Office of Enforcement (OE)

3.0 Attorney

Activities/ Tasks	**Total Tasks Per Year**	**Hours Per Task**	**Total Annual Hours**
Evaluate case, draft and send investigative discovery, evaluate, responses and analyze need for further information of Help Center standard and expedite complaint referrals.	50	35	1,750
Evaluate and recommend course of action based upon evidence received and violations found, negotiate settlement and corrective action, and close enforcement action of Help Center standard and expedite complaint referrals. Prepare operative documents at each stage.	50	35	1,750
Evaluate case, draft and send investigative discovery, evaluate, responses and analyze need for further information of Help Center provider complaint referrals.	36	25	900
Evaluate and recommend course of action based upon evidence received and violations found, negotiate settlement and corrective action, and close enforcement action of Help Center provider complaint referrals. Prepare operative documents at each stage.	36	15	540
Evaluate case, draft and send investigative discovery, evaluate, responses and analyze need for further information of Office of Financial Review referrals.	11	20	220
Evaluate and recommend course of action based upon evidence received and violations found, negotiate settlement and corrective action, and close enforcement action of Office of Financial Review referrals. Prepare operative documents at each stage.	11	21.8	240
Total Hours Worked			**5,400**
Number of Positions Required			**3.0**

Attachment B

WORKLOAD STANDARDS

Office of Administrative Services (OAS)
1.0 Associate Governmental Program Analyst (2025-26)/
2.0 Associate Governmental Program Analyst (2026-27/ongoing)

Activities/ Tasks	**Total Tasks 2025-26**	**Total Tasks 2026-27 & Ongoing**	**Hours Per Task**	**Total 2025 Hours**	**Total Hours 2026-27 & Ongoing**
Work with the contract office, procurement office and program staff to assist in identifying and managing budget allotment and program expenditures and projections, including the review and monitoring of procurement and position control activity. (Monthly, Quarterly, and Annual)	15	30	3.2	48	96
Coordinate job-related training, including annual required training and upward mobility, and all aspects of recruitment and retention. This includes duty statements, justifications, job postings, applications and verification of employment eligibility.	227.5	455	2.9	660	1,320
Assist with HR issues and questions including their health/medical benefits, leave accruals, classification and pay, retirement, reasonable accommodations, EAP, and EEO services. Process all aspects of employee grievances.	227.5	455	2	455	910
Coordinate facility related accommodations and service requests, including ergonomic evaluations, repairs, copy/ main requests, and telecom requests.	227.5	455	2.8	637	1,274
Total Hours Worked				**1,800**	**3,600**
Number of Positions Required				**1.0**	**2.0**

Attachment B

WORKLOAD STANDARDS

Office of Technology & Innovation (OTI)
1.0 Information Technology Specialist I (2025-26)/
2.0 Information Technology Specialist I (2026-27/ongoing)

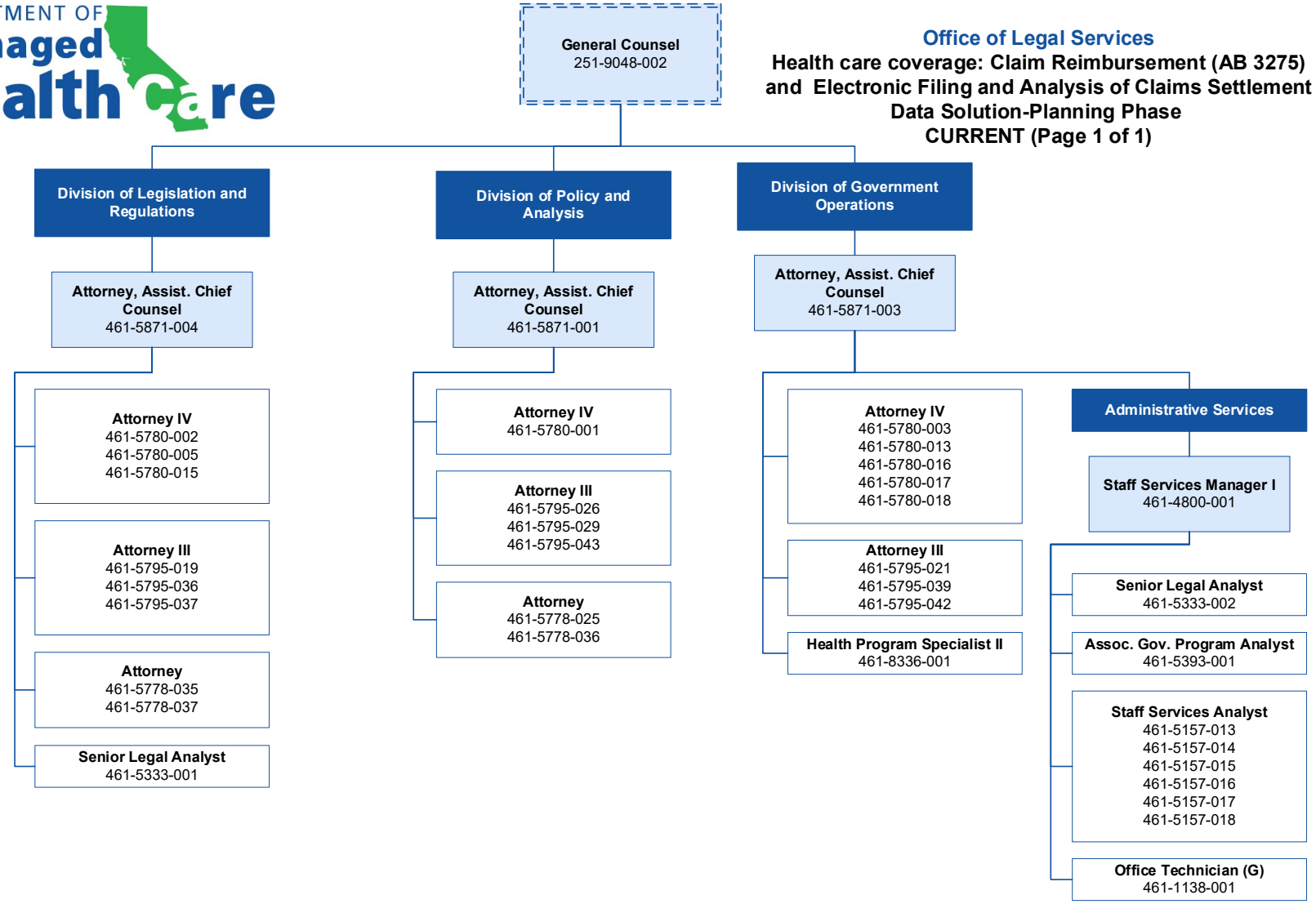
Activities/ Tasks	**Total Tasks 2025-26**	**Total Tasks 2026-27 & Ongoing**	**Hours Per Task**	**Total 2025-26 Hours**	**Total Hours 2026-27 & Ongoing**
Provide desktop support including asset management, image management, patch management, help desk, service requests, mobile device support. Onboarding new positions, including equipment and software setup, and providing ongoing support.	227.5	455	3.96	900	1,800
Manage employee security training, develop, and maintain DMHC user policies, monitor adherence to network information security policies and procedures, including security log analysis and ongoing maintenance.	227.5	455	3.96	900	1,800
Total Hours Worked				**1,800**	**3,600**
Number of Positions Required				**1.0**	**2.0**

Attachment C

DEPARTMENT OF Managed Health Care

Office of Legal Services

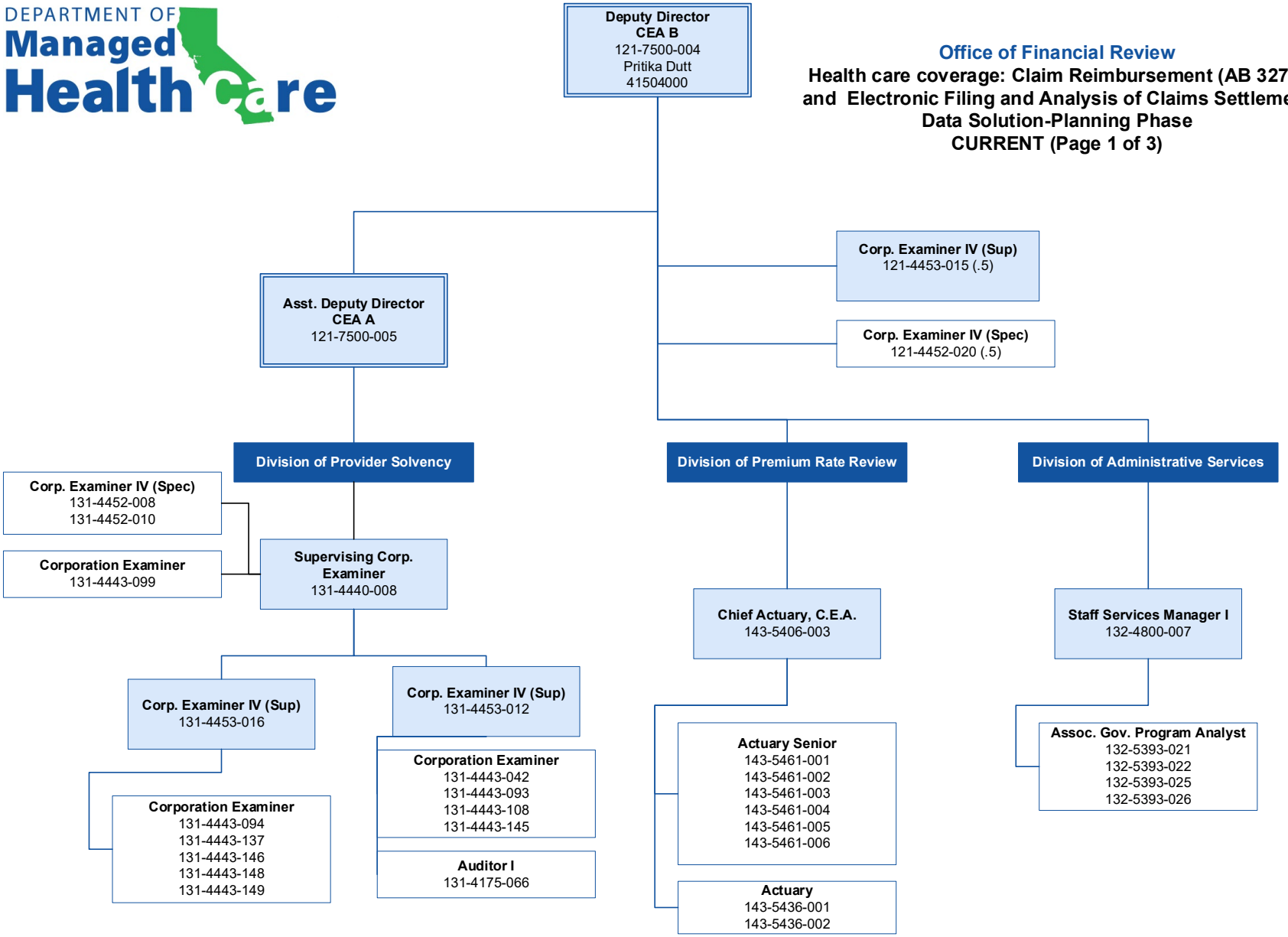
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DEPARTMENT OF Managed Health Care

Office of Financial Review

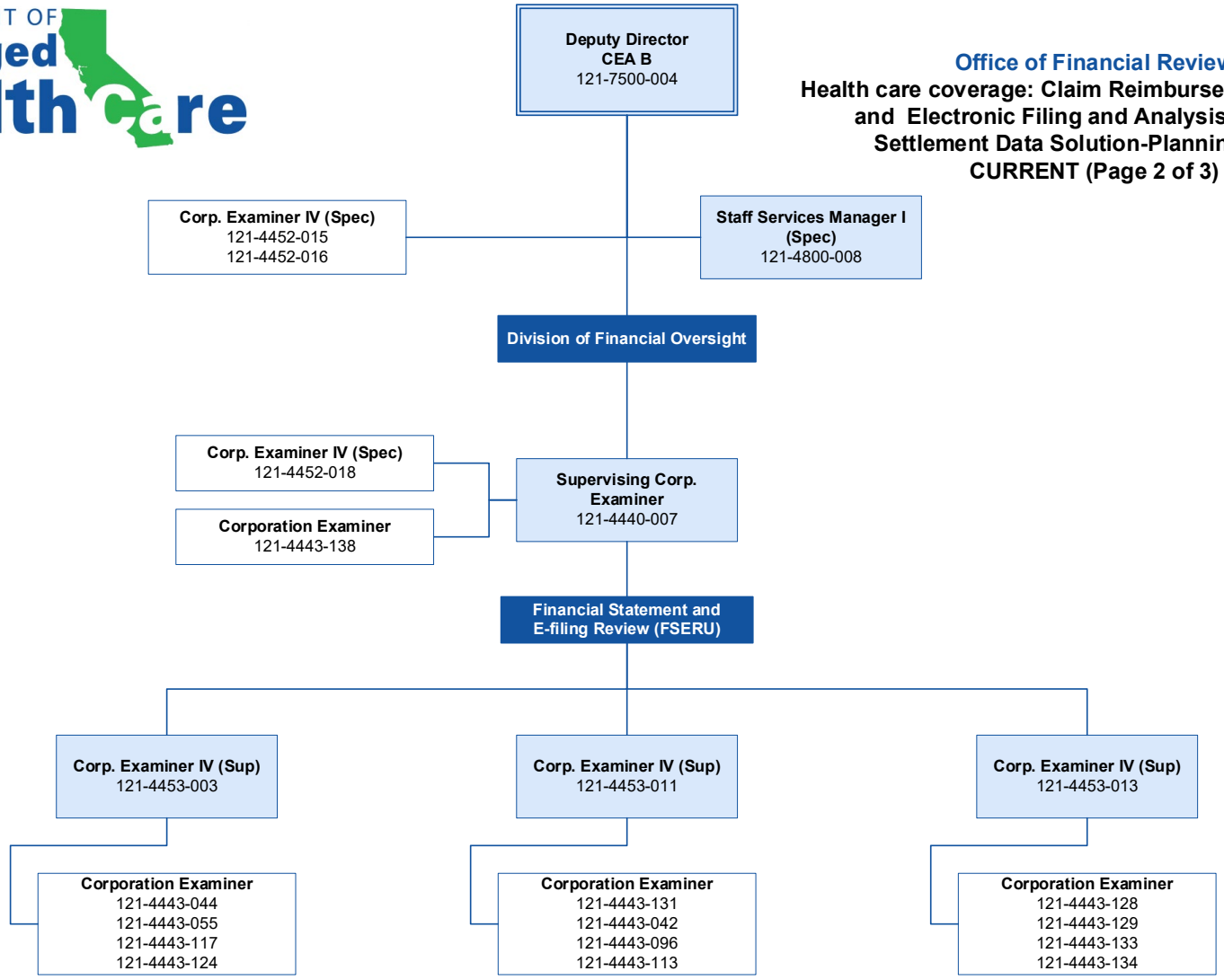
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DEPARTMENT OF Managed Health Care

Office of Financial Review

Health care coverage: Claim Reimbursement (AB 3275) and Electronic Filing and Analysis of Claims Settlement Data Solution-Planning Phase
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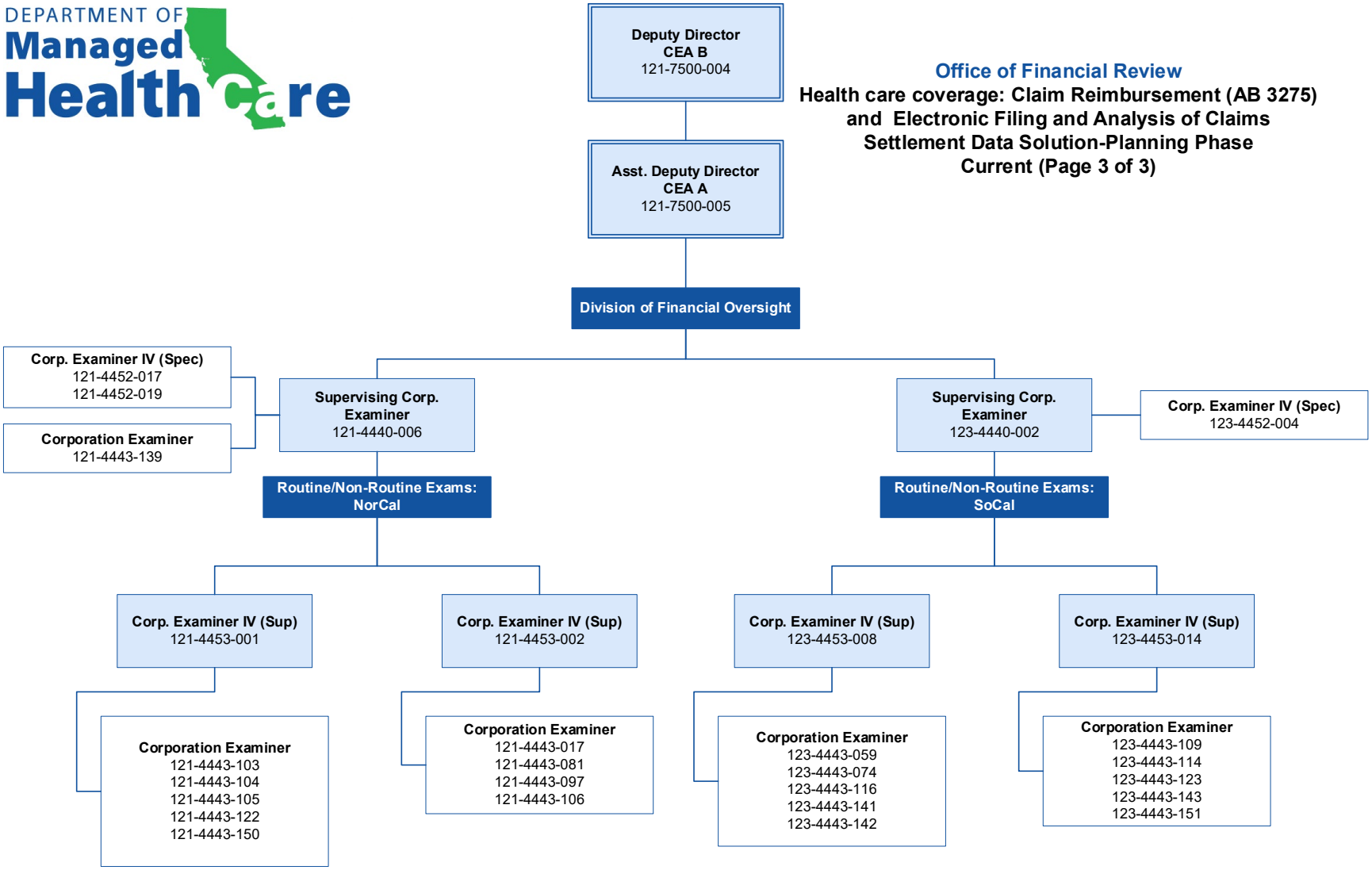


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DEPARTMENT OF Managed Health Care

Office of Financial Review

Health care coverage: Claim Reimbursement (AB 3275) and Electronic Filing and Analysis of Claims Settlement Data Solution-Planning Phase
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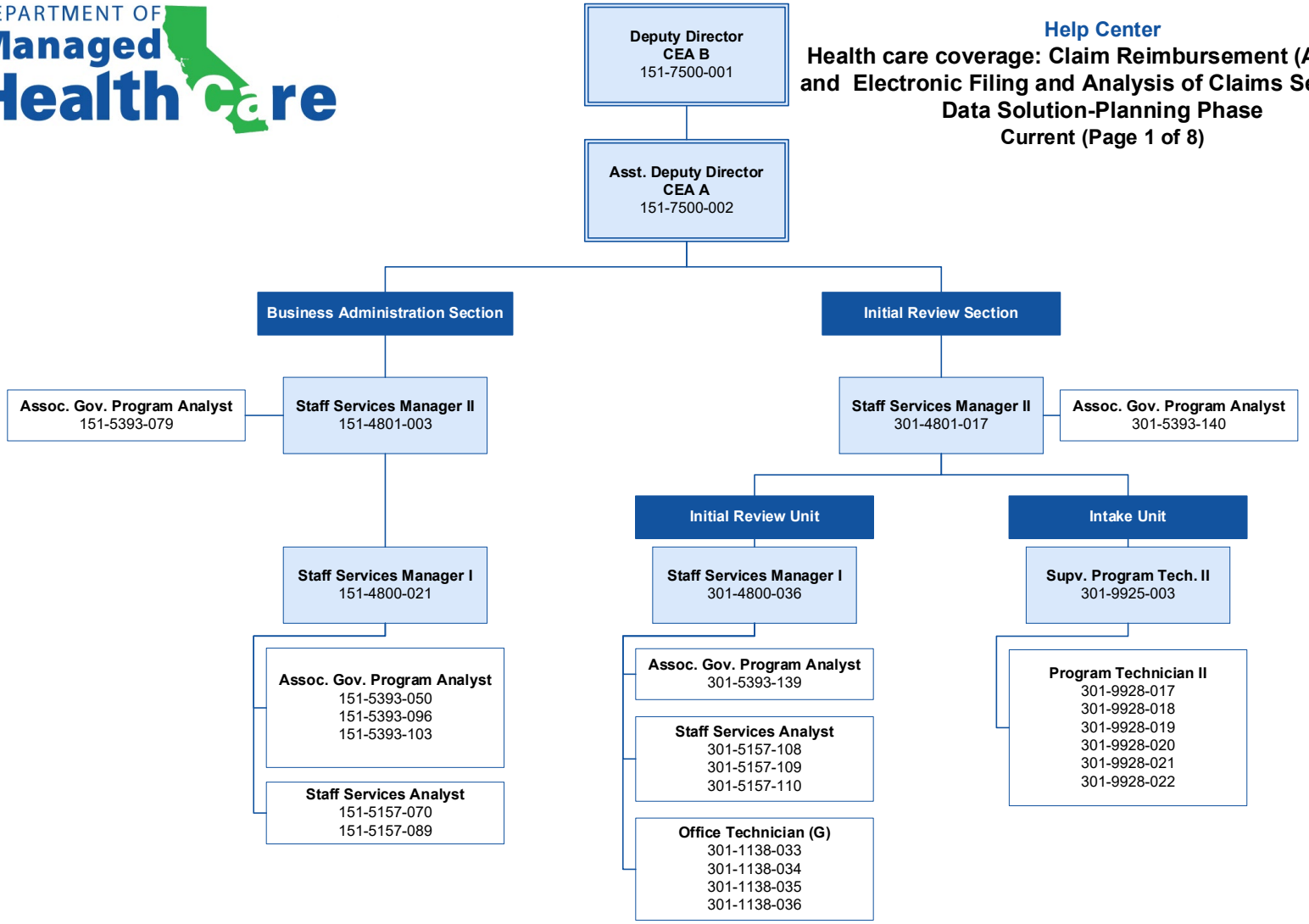


DEPARTMENT OF Managed Health Care

Help Center

Health care coverage: Claim Reimbursement (AB 3275) and Electronic Filing and Analysis of Claims Settlement Data Solution-Planning Phase

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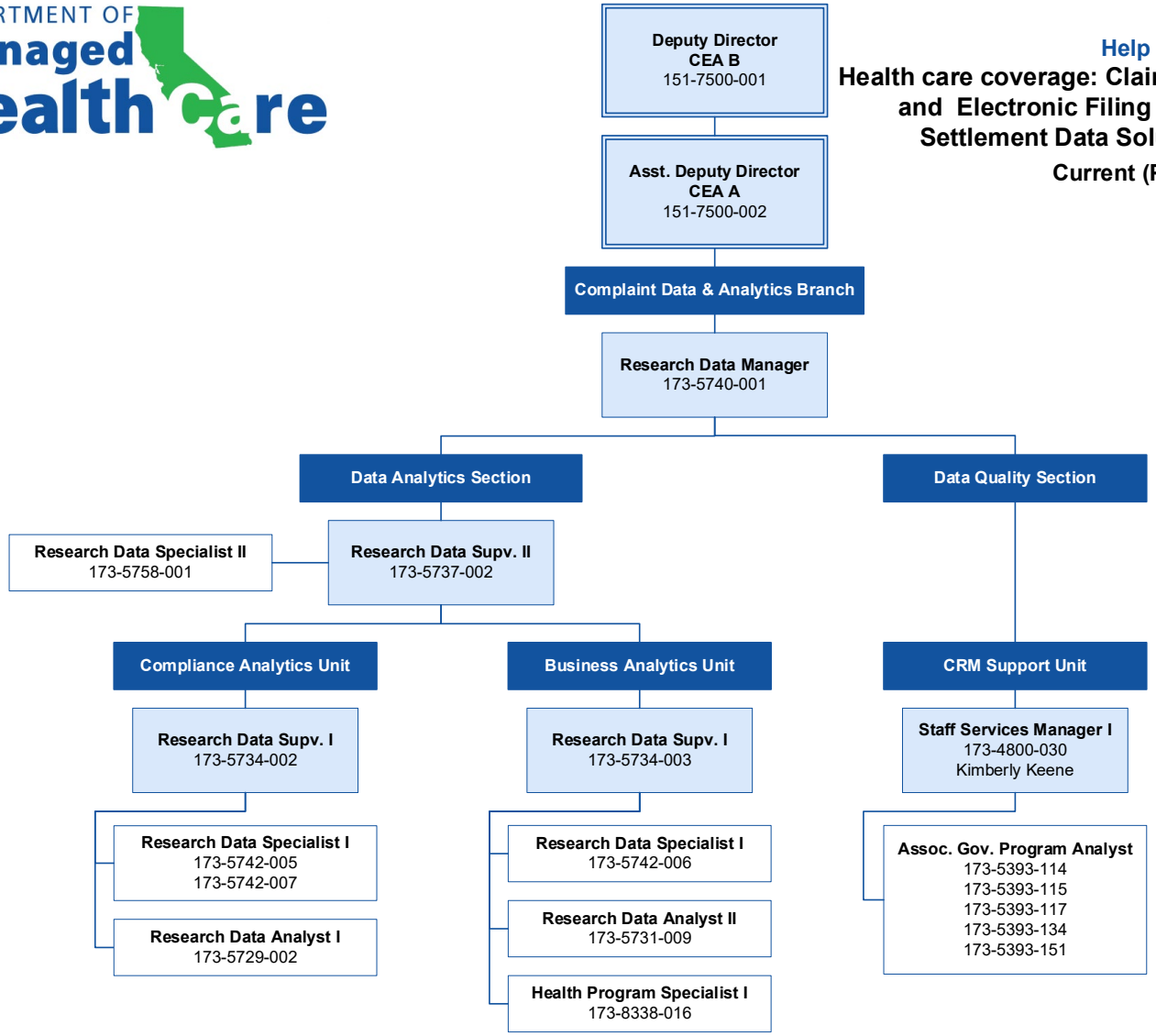


DEPARTMENT OF Managed Health Care

Help Center

Health care coverage: Claim Reimbursement (AB 3275) and Electronic Filing and Analysis of Claims Settlement Data Solution-Planning Phase

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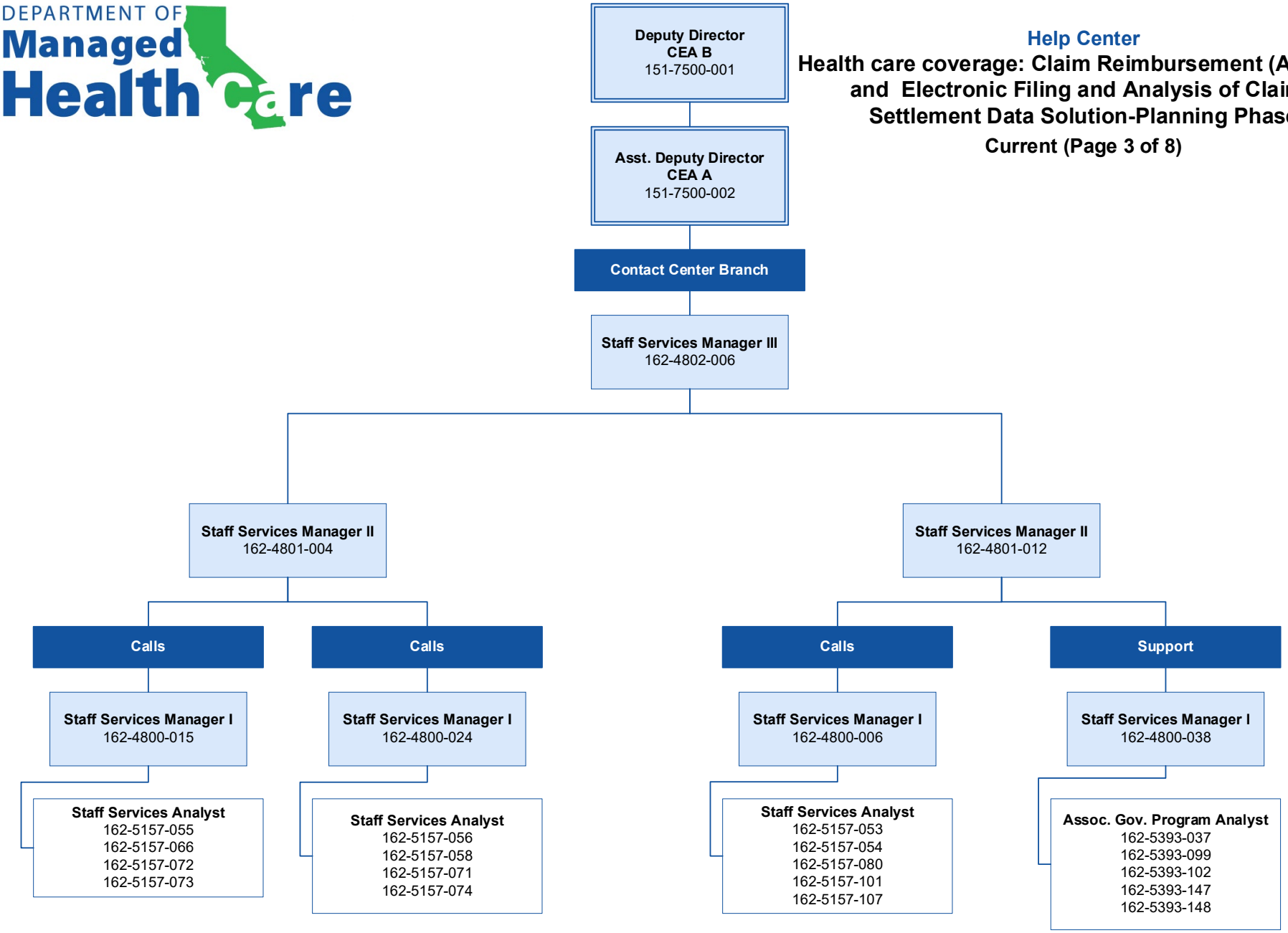
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Help Center

Health care coverage: Claim Reimbursement (AB 3275) and Electronic Filing and Analysis of Claims Settlement Data Solution-Planning Phase

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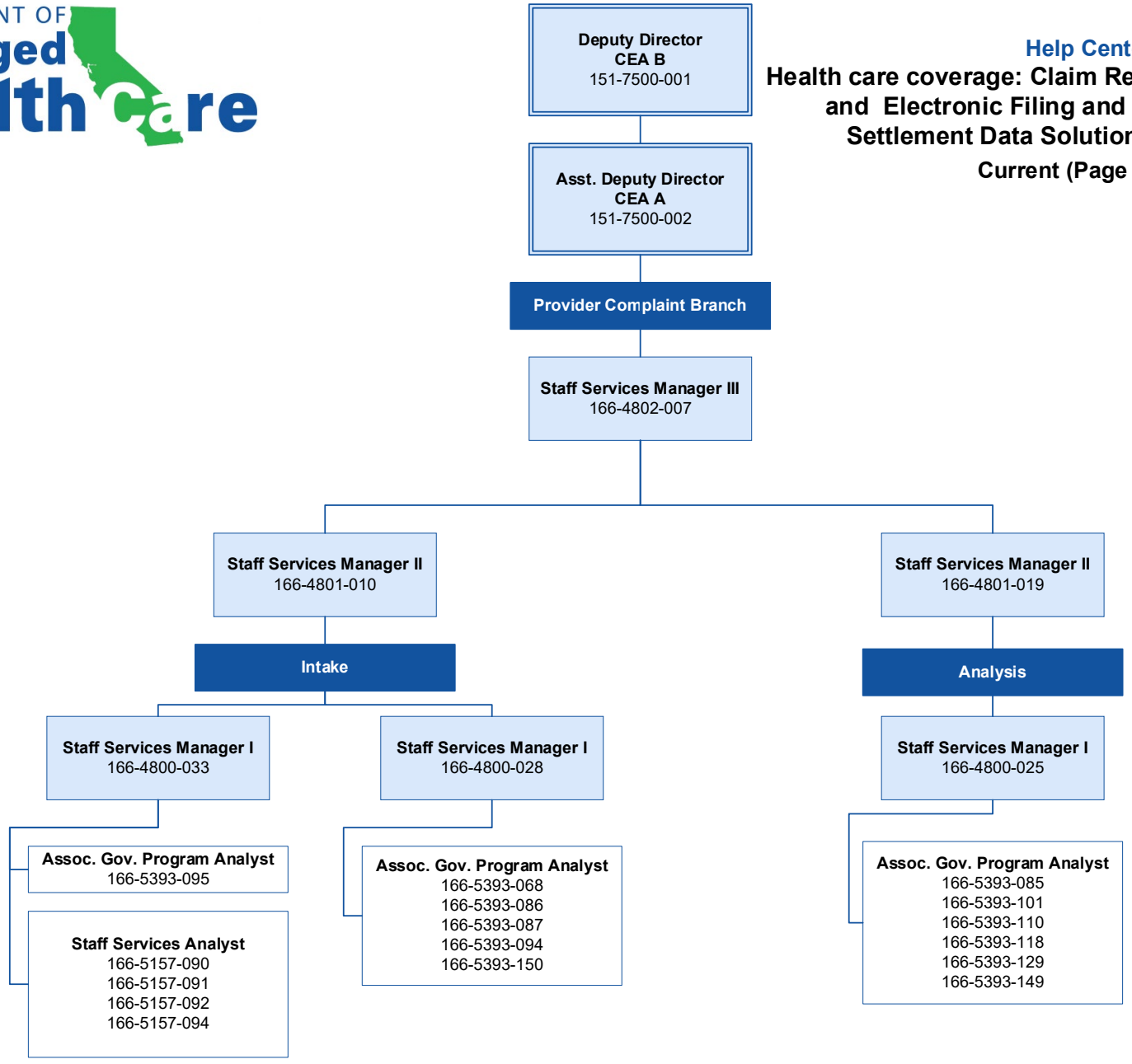
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DEPARTMENT OF Managed Health Care

Help Center

Health care coverage: Claim Reimbursement (AB 3275) and Electronic Filing and Analysis of Claims Settlement Data Solution-Planning Phase

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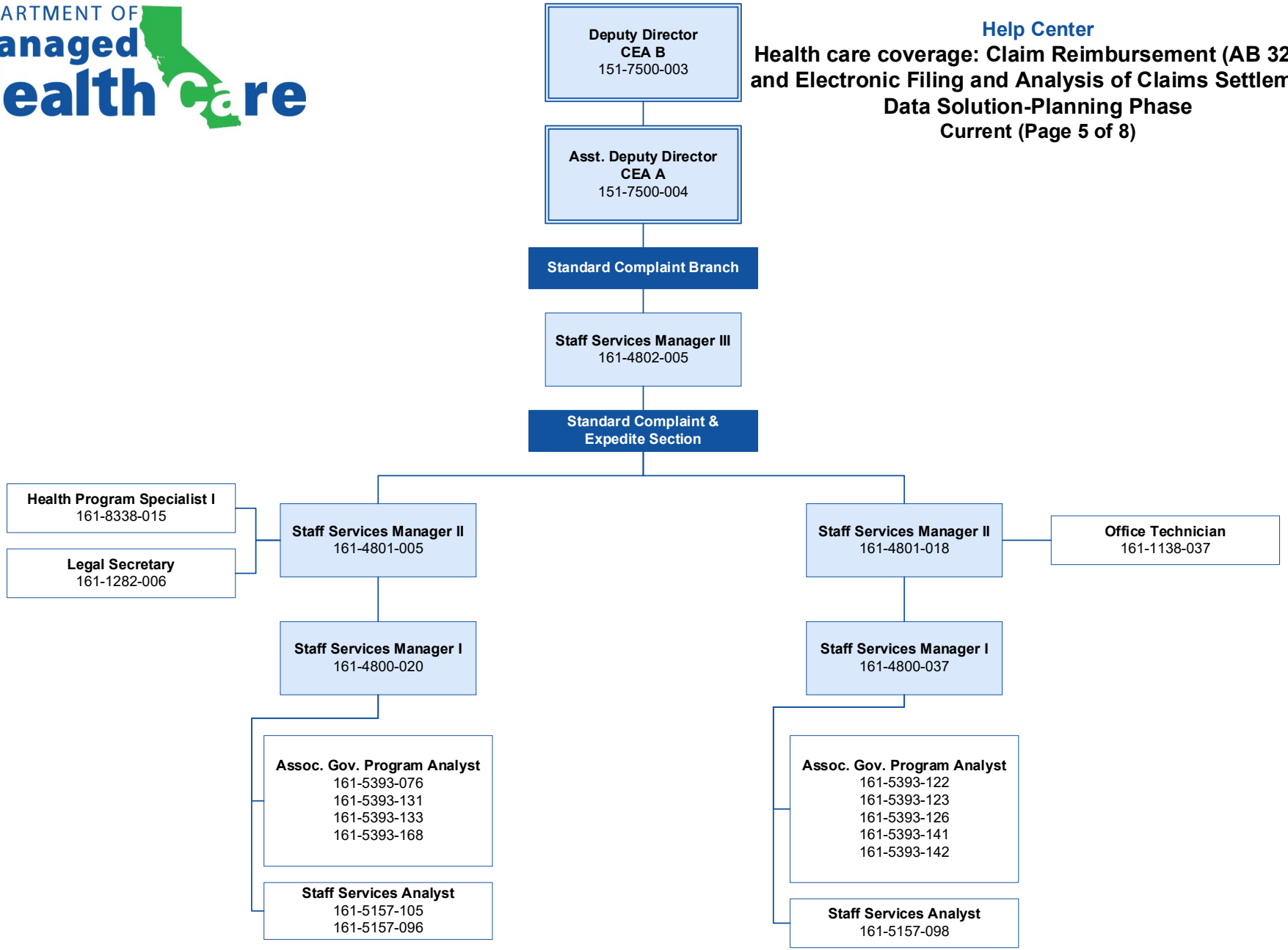


DEPARTMENT OF Managed Health Care

Help Center

Health care coverage: Claim Reimbursement (AB 3275) and Electronic Filing and Analysis of Claims Settlement Data Solution-Planning Phase

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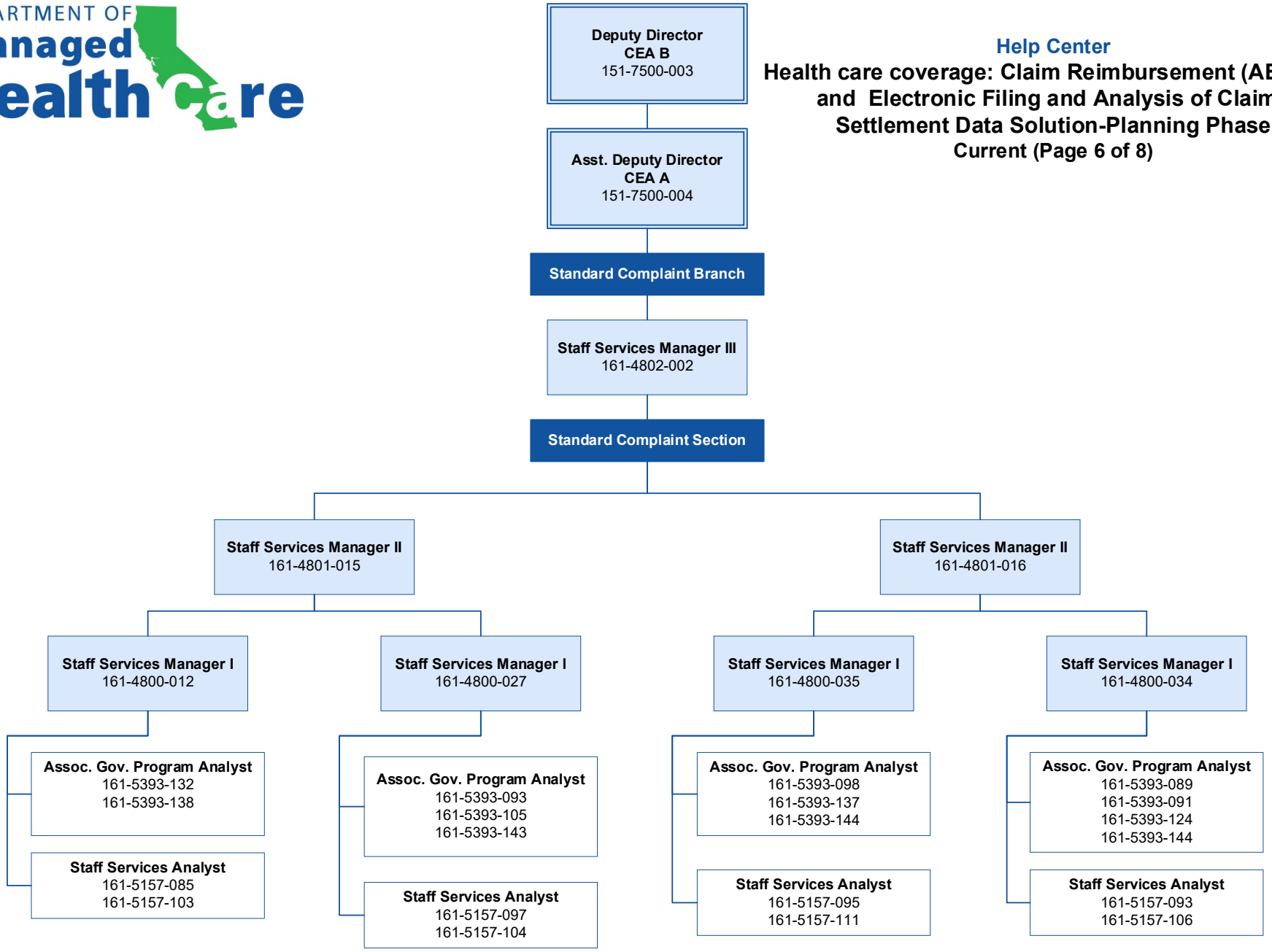


DEPARTMENT OF Managed Health Care

Help Center

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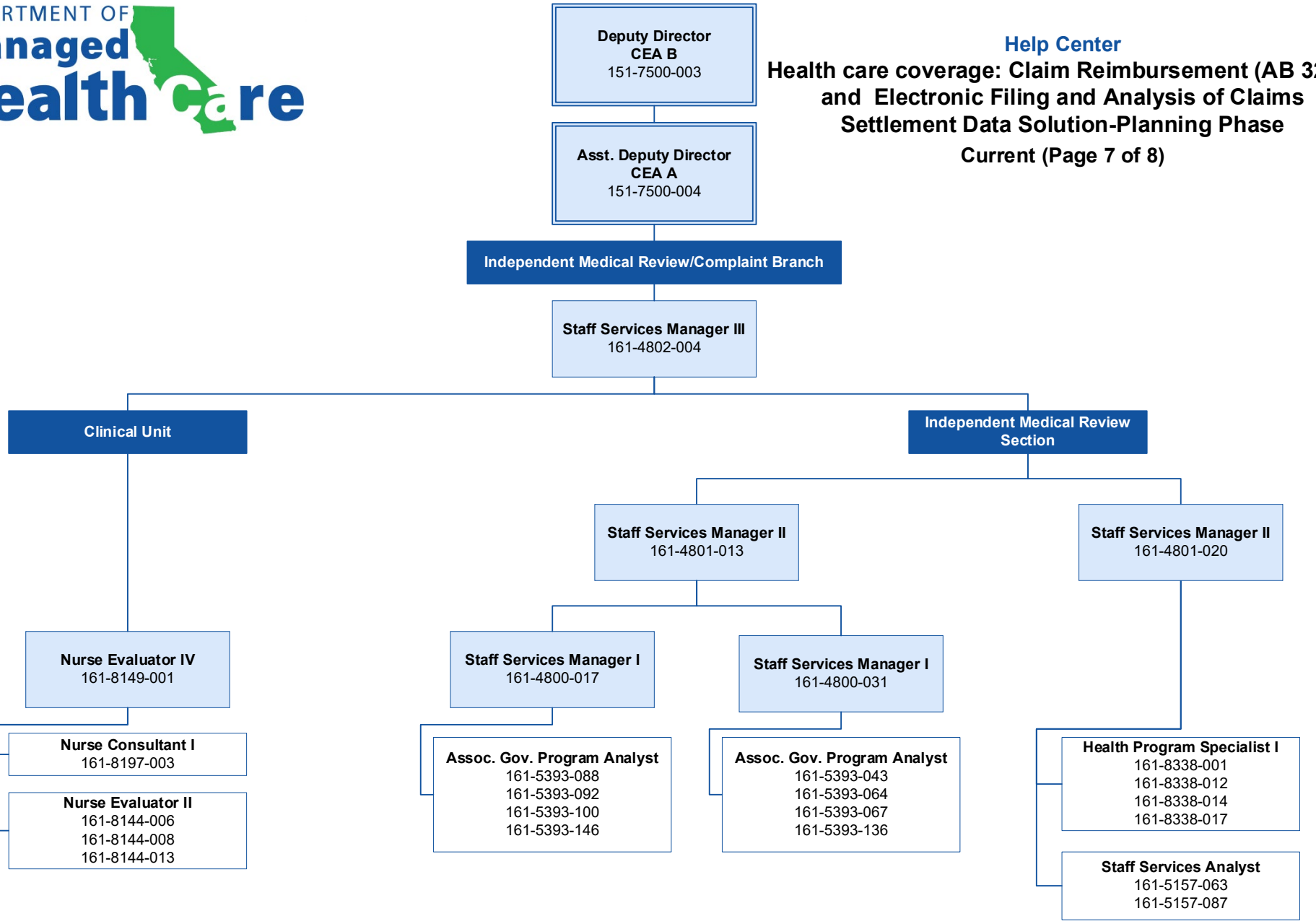


DEPARTMENT OF Managed Health Care

Help Center

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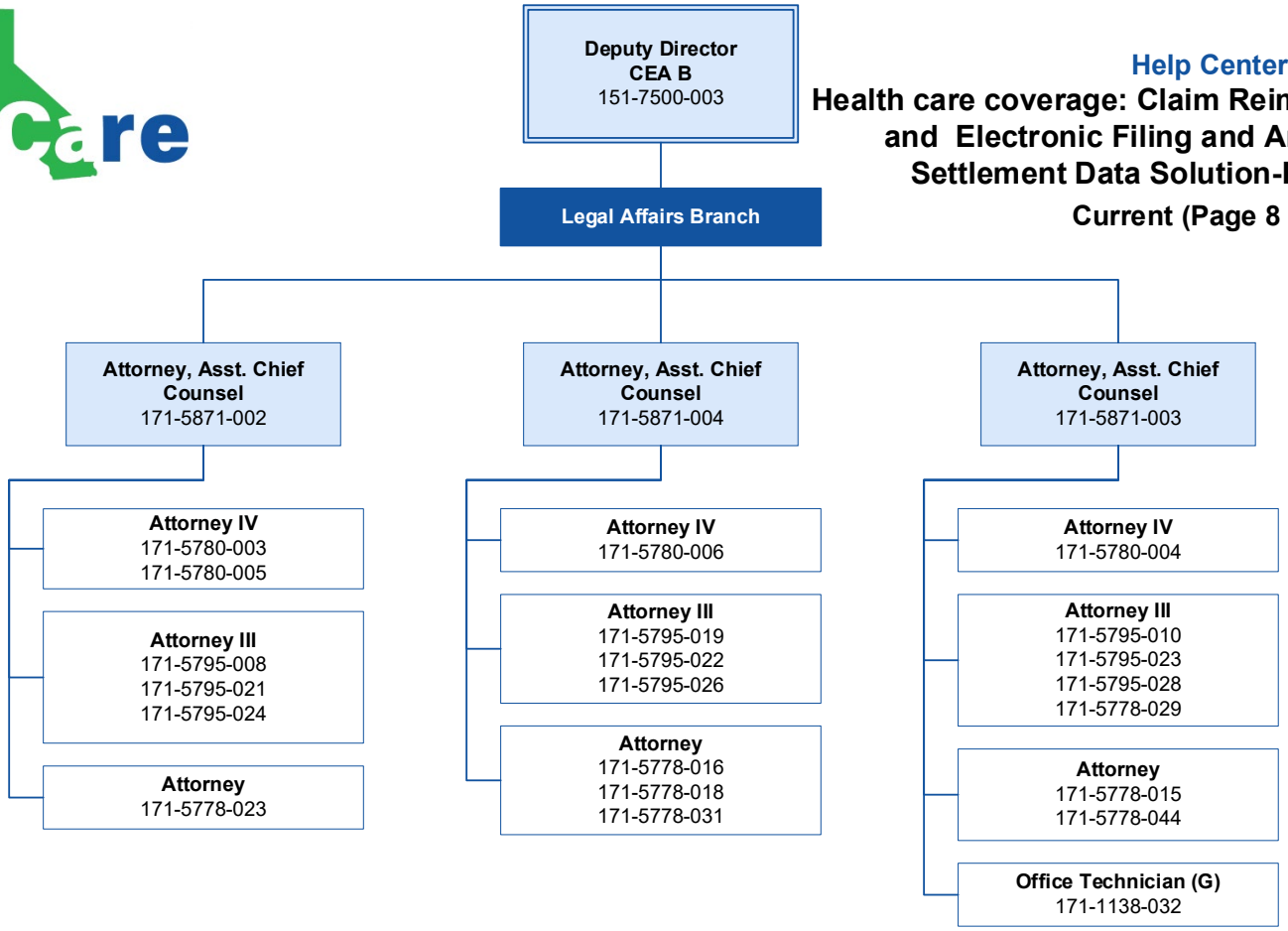


DEPARTMENT OF Managed Health Care

Help Center

Health care coverage: Claim Reimbursement (AB 3275) and Electronic Filing and Analysis of Claims Settlement Data Solution-Planning Phase

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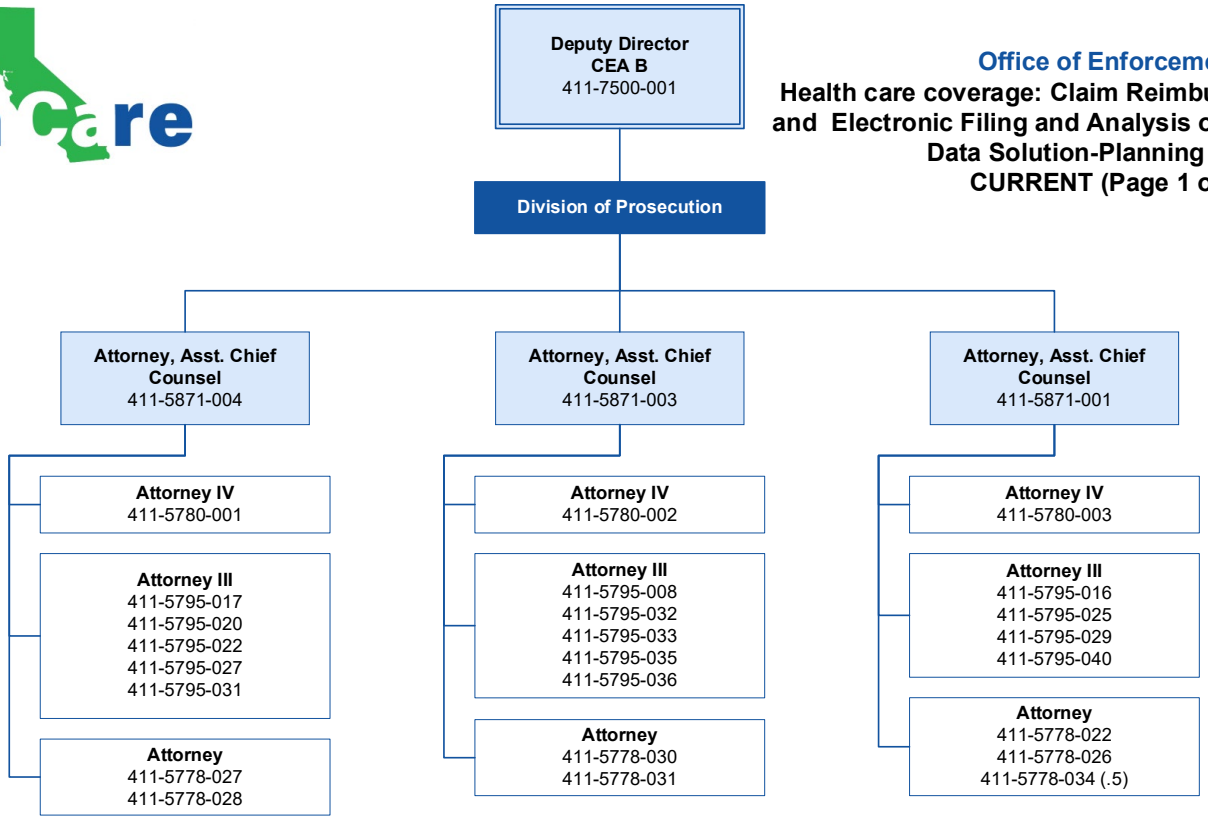


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DEPARTMENT OF Managed Health Care

Office of Enforcement

Health care coverage: Claim Reimbursement (AB 3275) and Electronic Filing and Analysis of Claims Settlement Data Solution-Planning Phase
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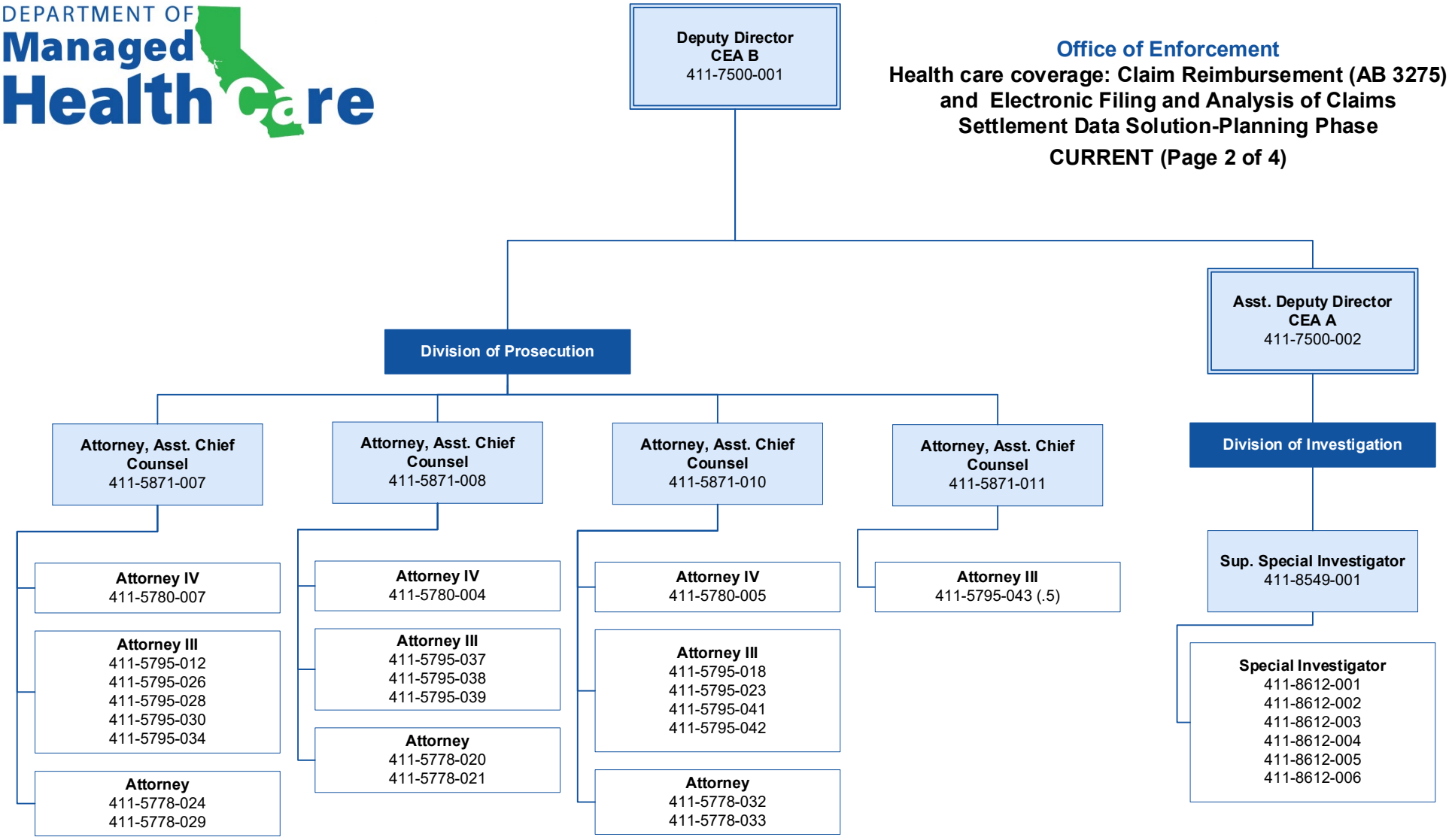
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DEPARTMENT OF Managed Health Care

Office of Enforcement

Health care coverage: Claim Reimbursement (AB 3275) and Electronic Filing and Analysis of Claims Settlement Data Solution-Planning Phase

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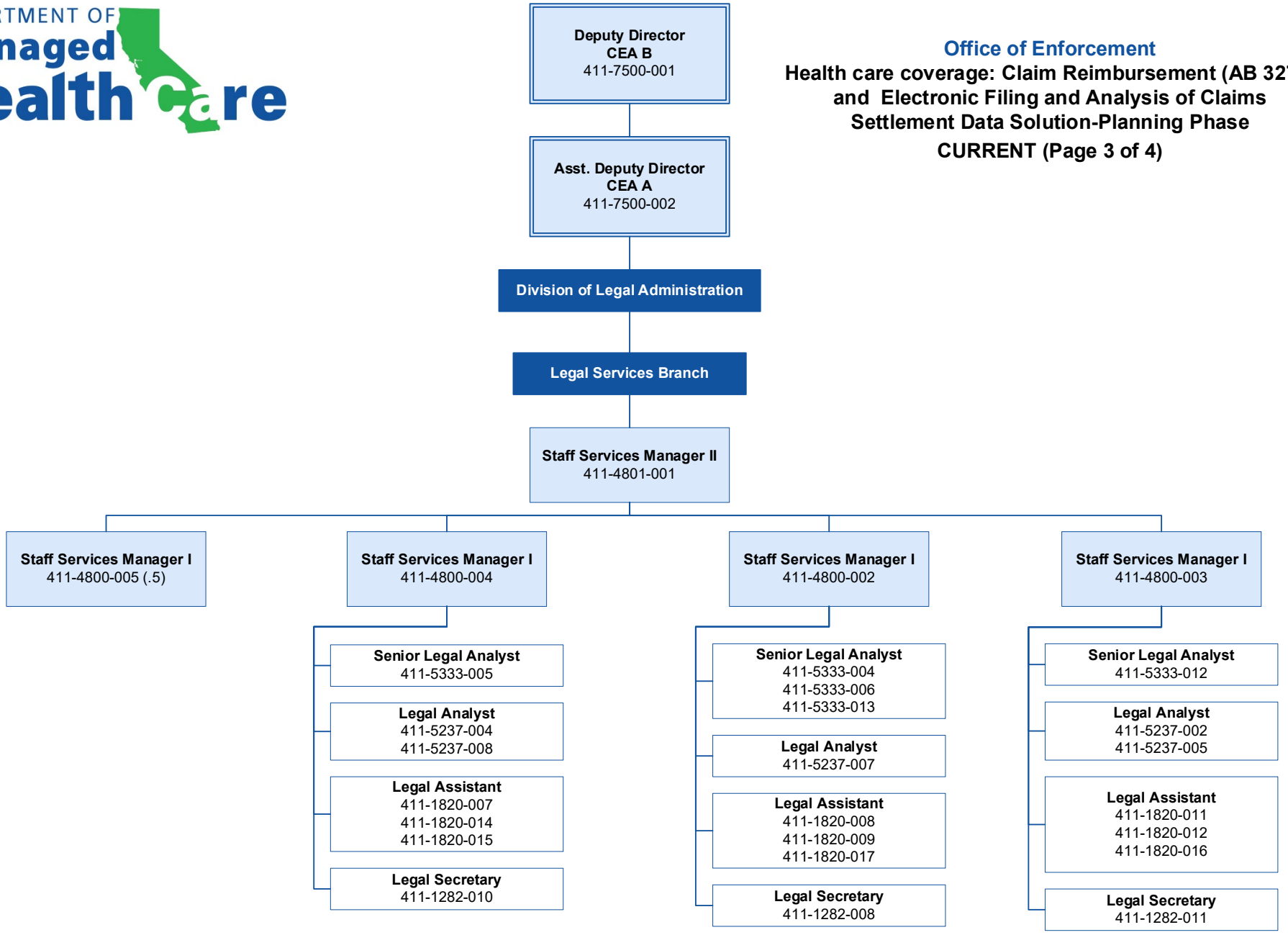
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DEPARTMENT OF Managed Health Care

Office of Enforcement

Health care coverage: Claim Reimbursement (AB 3275) and Electronic Filing and Analysis of Claims Settlement Data Solution-Planning Phase

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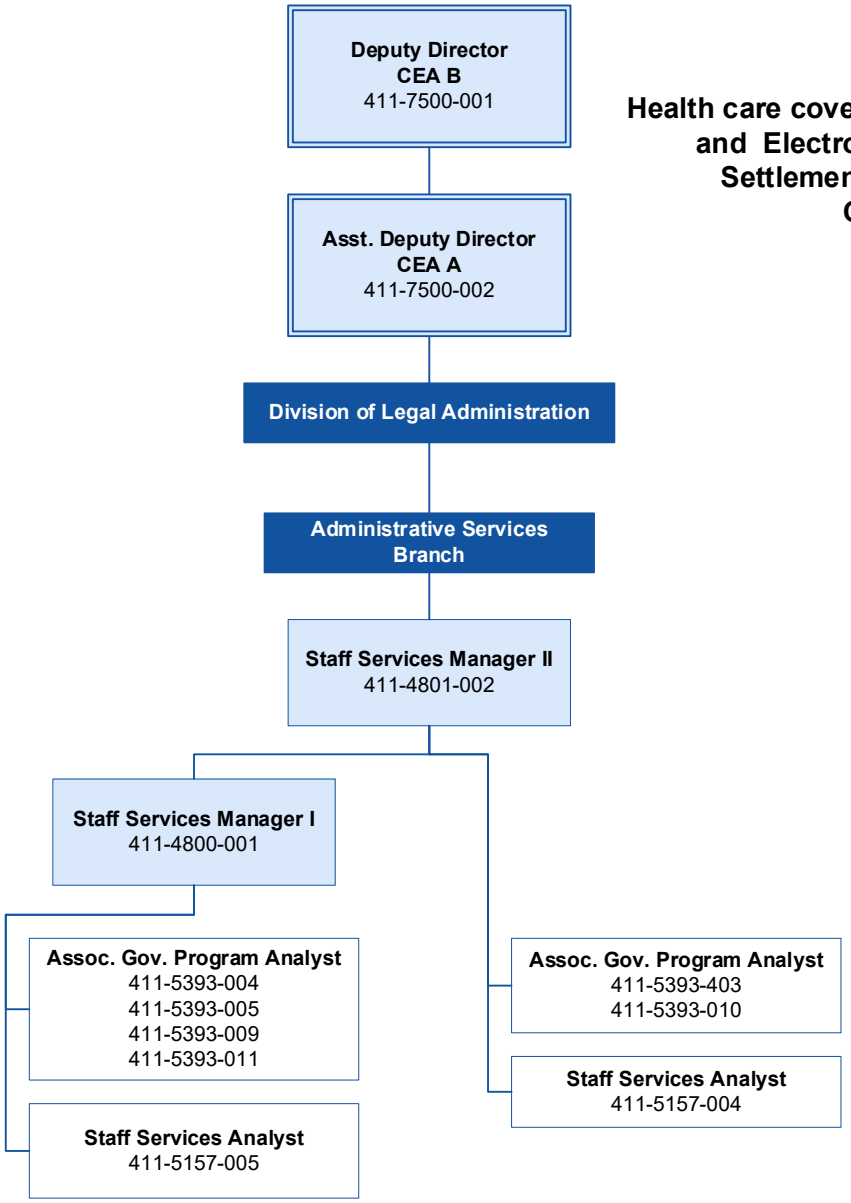


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DEPARTMENT OF Managed Health Care

Office of Enforcement

Health care coverage: Claim Reimbursement (AB 3275) and Electronic Filing and Analysis of Claims Settlement Data Solution-Planning Phase
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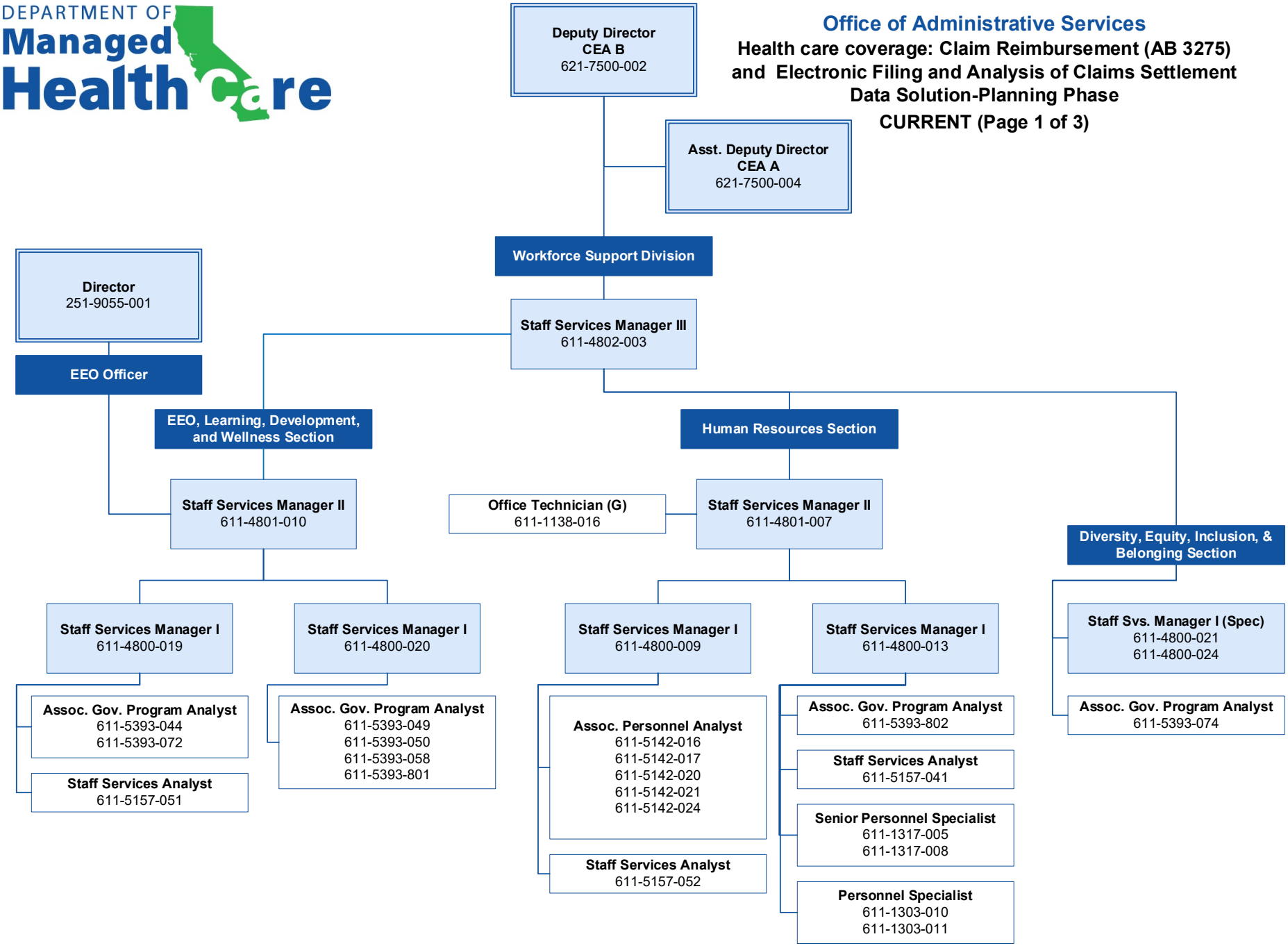
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DEPARTMENT OF Managed Health Care

Office of Administrative Services

Health care coverage: Claim Reimbursement (AB 3275) and Electronic Filing and Analysis of Claims Settlement Data Solution-Planning Phase

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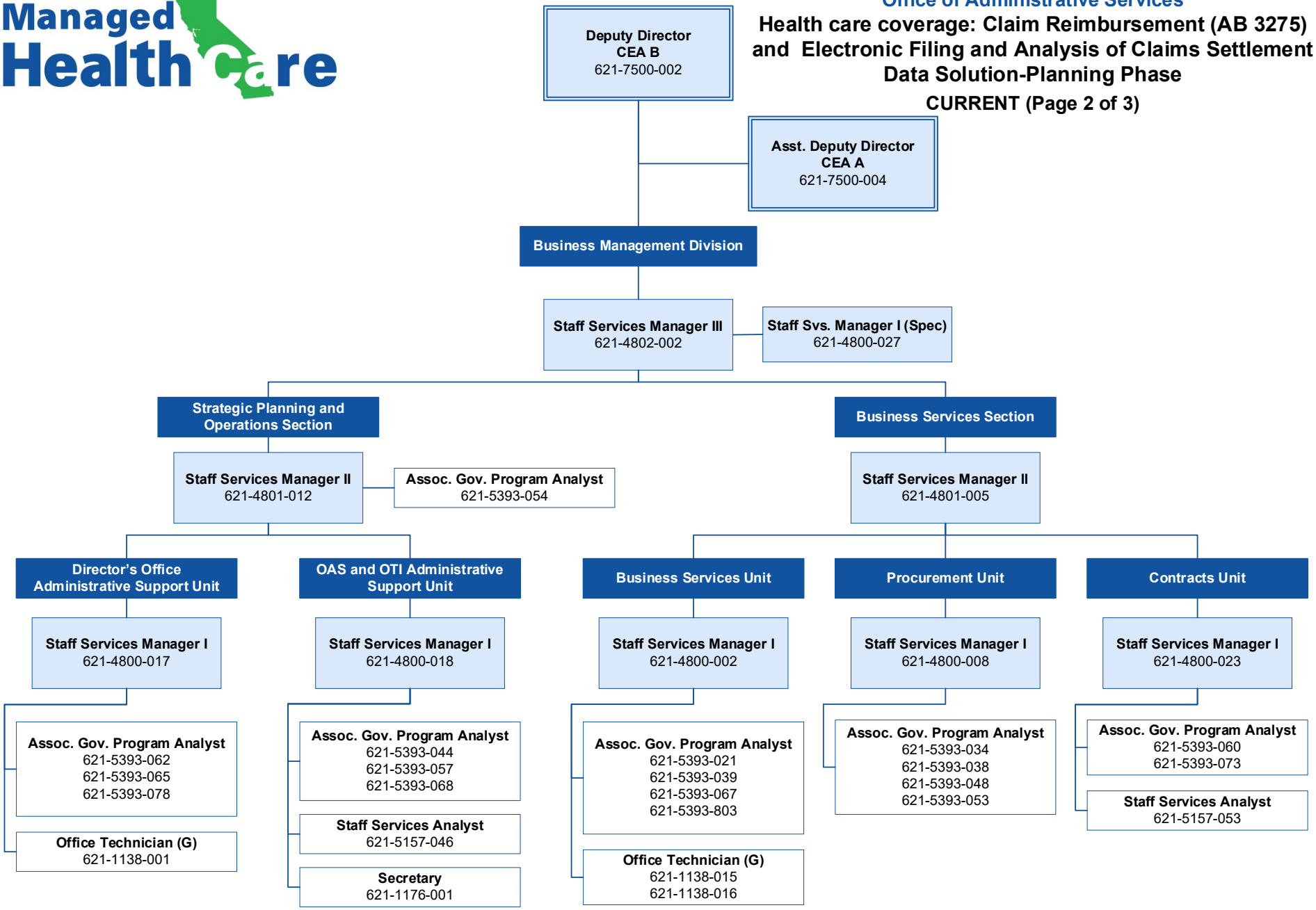


DEPARTMENT OF Managed Health Care

Office of Administrative Services

Health care coverage: Claim Reimbursement (AB 3275) and Electronic Filing and Analysis of Claims Settlement Data Solution-Planning Phase

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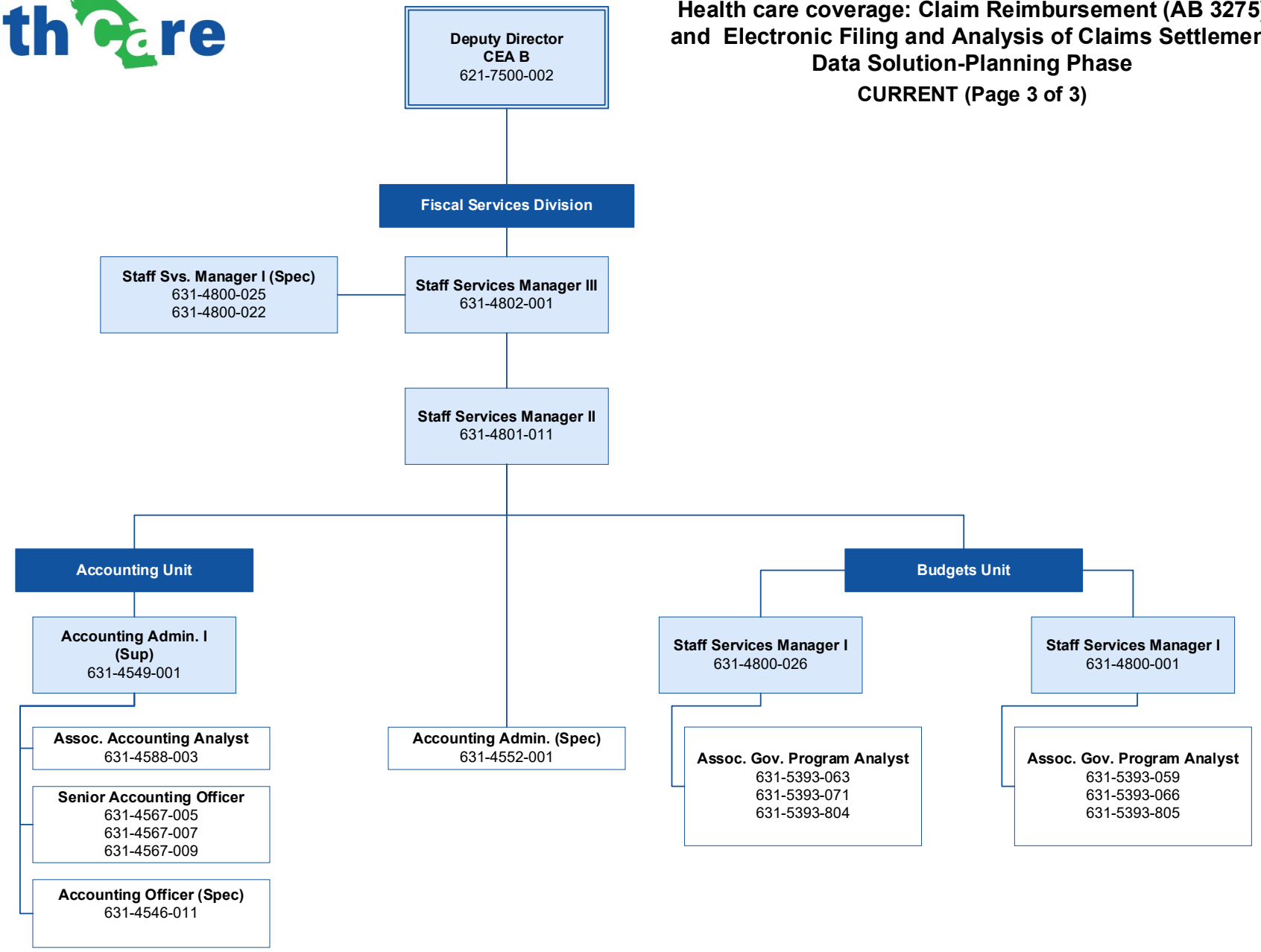


DEPARTMENT OF Managed Health Care

Office of Administrative Services

Health care coverage: Claim Reimbursement (AB 3275) and Electronic Filing and Analysis of Claims Settlement Data Solution-Planning Phase

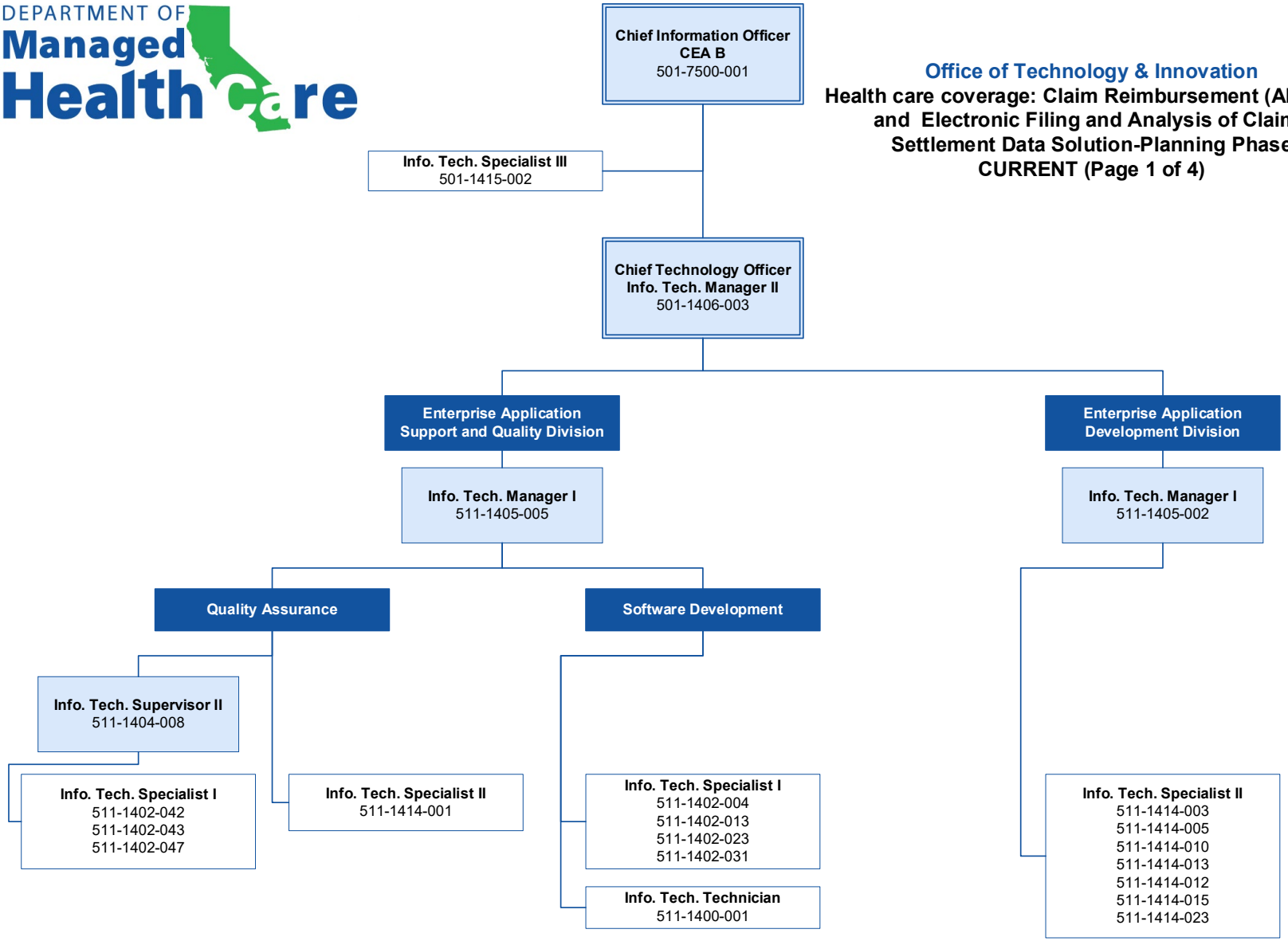
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DEPARTMENT OF Managed Health Care

Office of Technology & Innovation

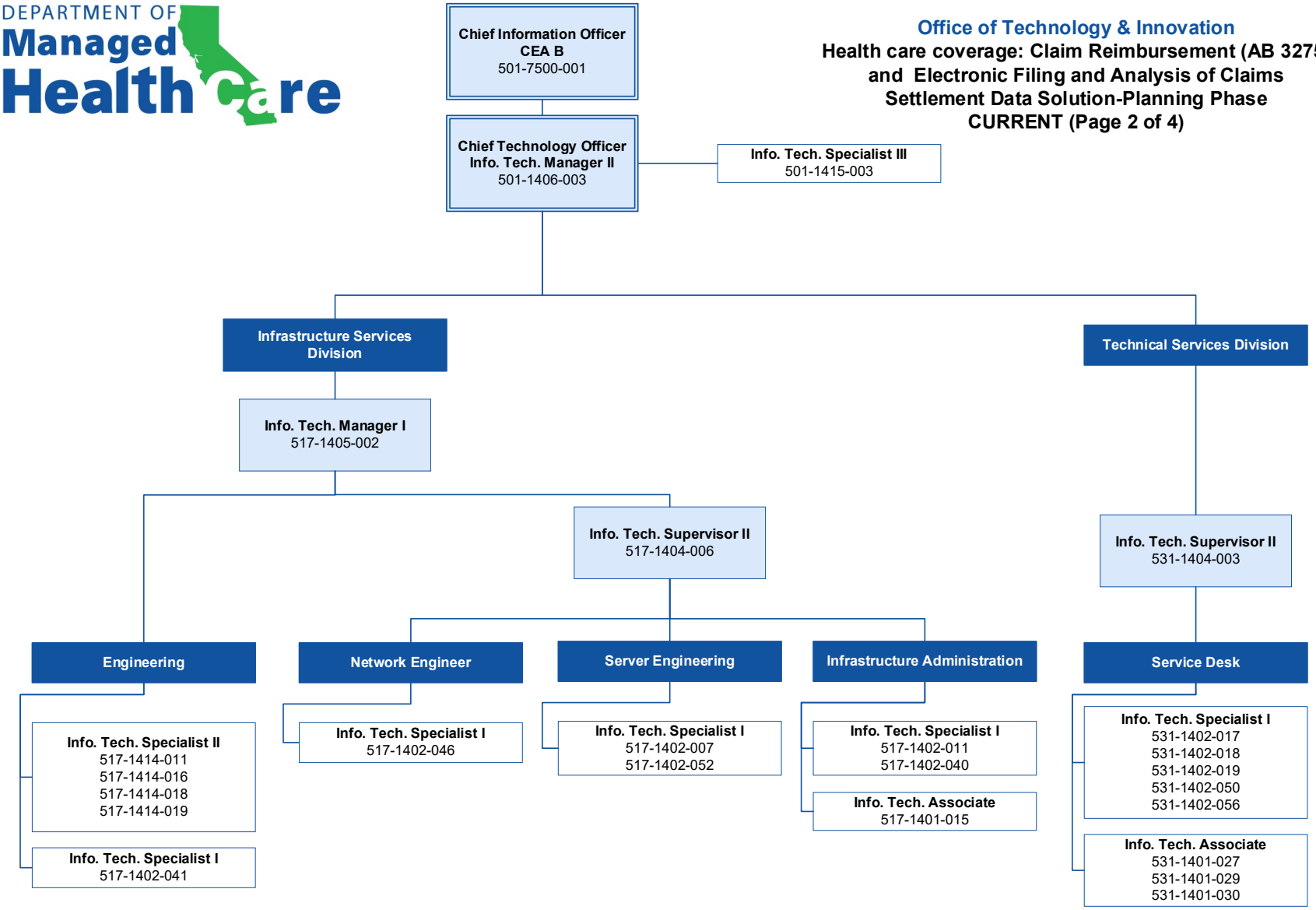
Health care coverage: Claim Reimbursement (AB 3275) and Electronic Filing and Analysis of Claims Settlement Data Solution-Planning Phase
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DEPARTMENT OF Managed Health Care

Office of Technology & Innovation

Health care coverage: Claim Reimbursement (AB 3275) and Electronic Filing and Analysis of Claims Settlement Data Solution-Planning Phase
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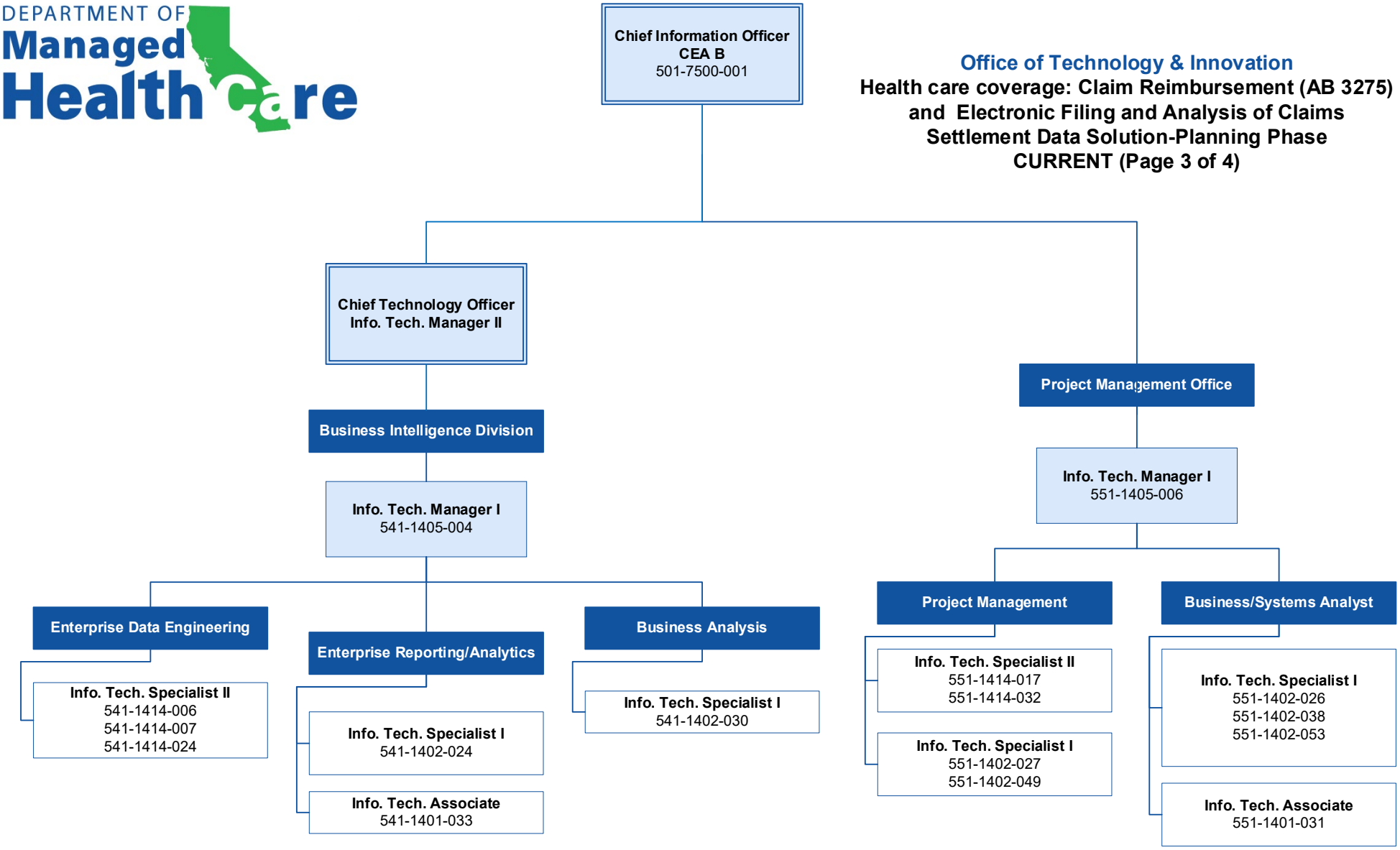


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DEPARTMENT OF Managed Health Care

Office of Technology & Innovation

Health care coverage: Claim Reimbursement (AB 3275) and Electronic Filing and Analysis of Claims Settlement Data Solution-Planning Phase
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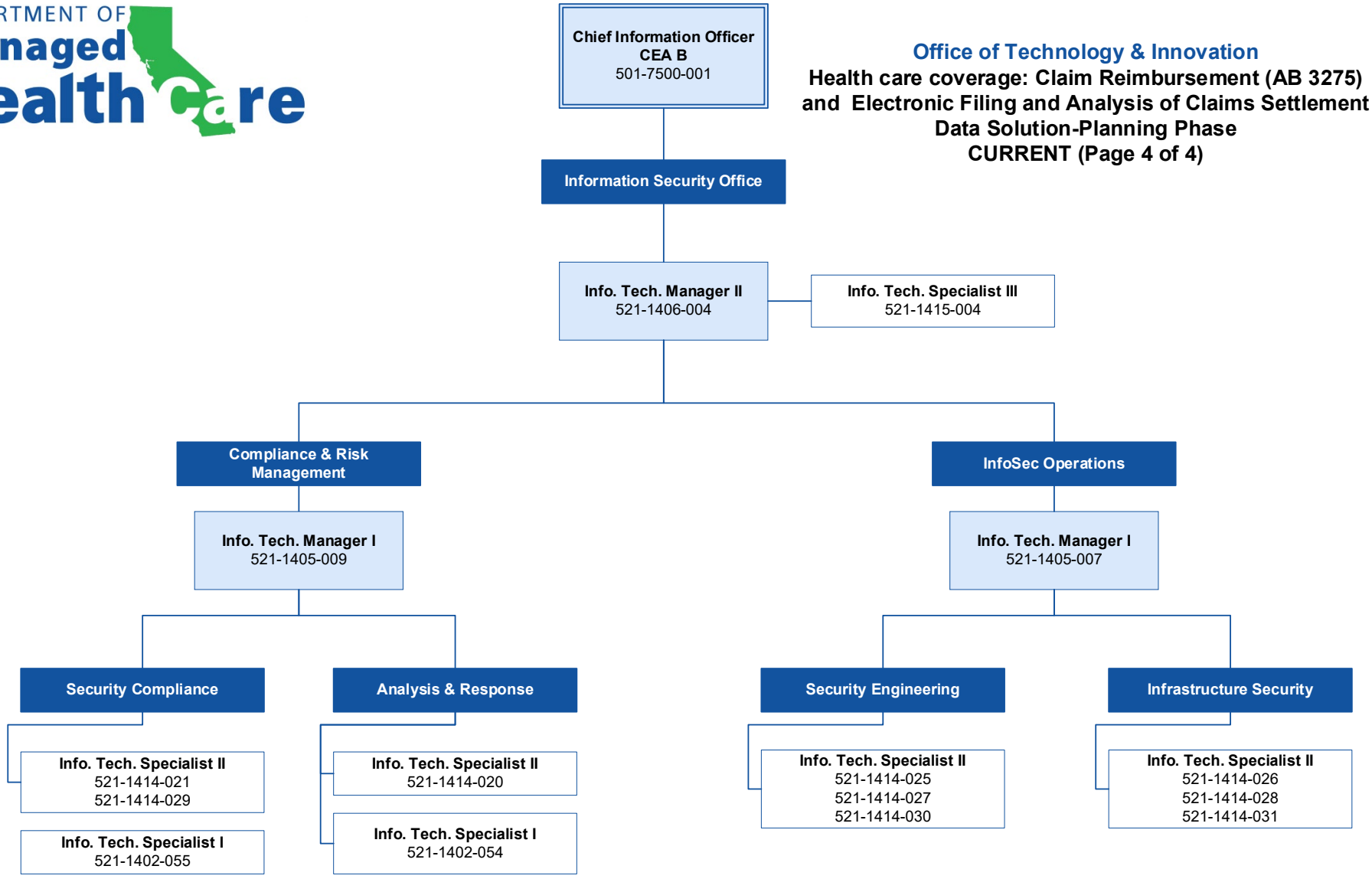


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DEPARTMENT OF Managed Health Care

Office of Technology & Innovation

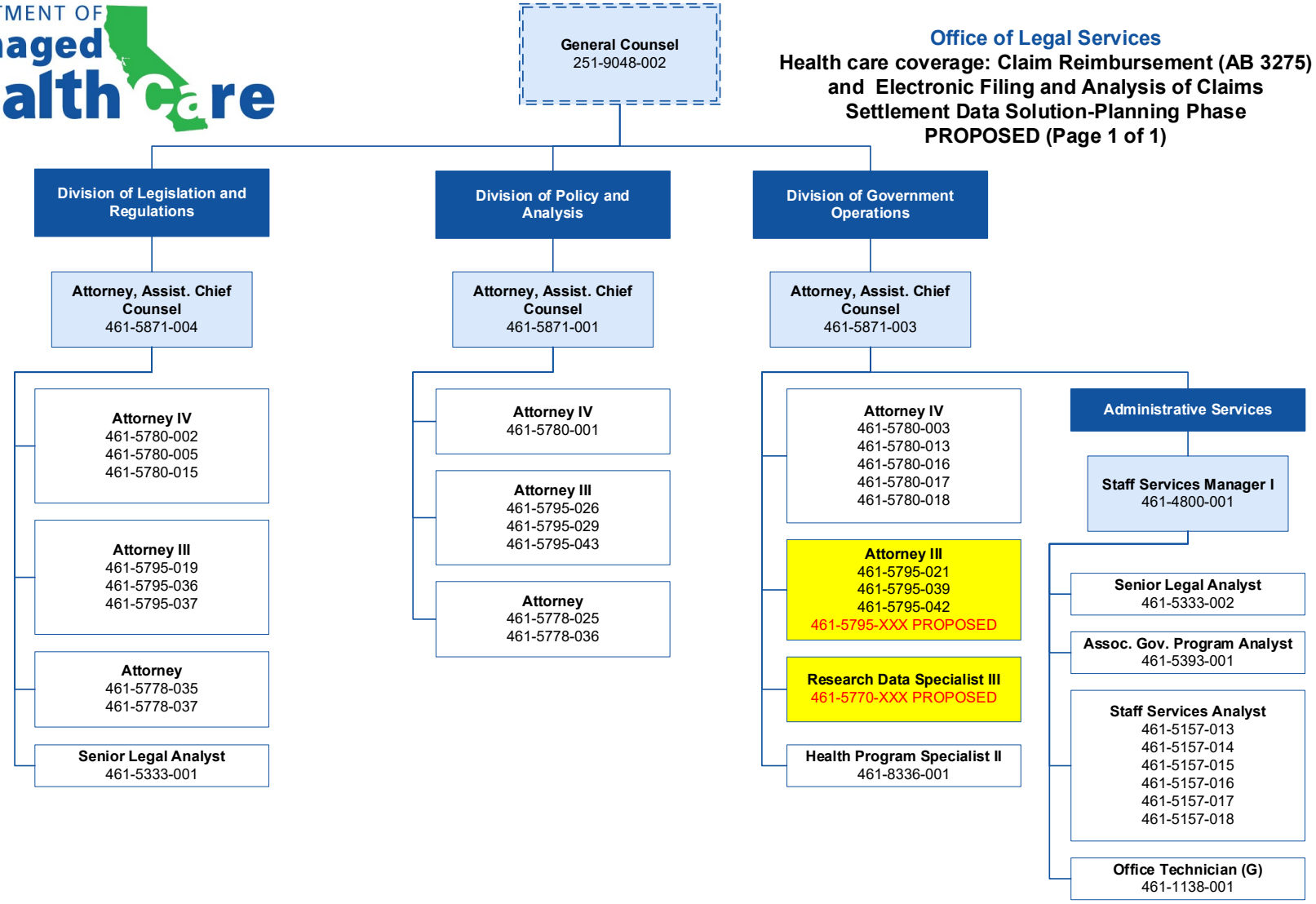
Health care coverage: Claim Reimbursement (AB 3275) and Electronic Filing and Analysis of Claims Settlement Data Solution-Planning Phase
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Attachment D

DEPARTMENT OF Managed Health Care

Office of Legal Services
Health care coverage: Claim Reimbursement (AB 3275) and Electronic Filing and Analysis of Claims Settlement Data Solution-Planning Phase
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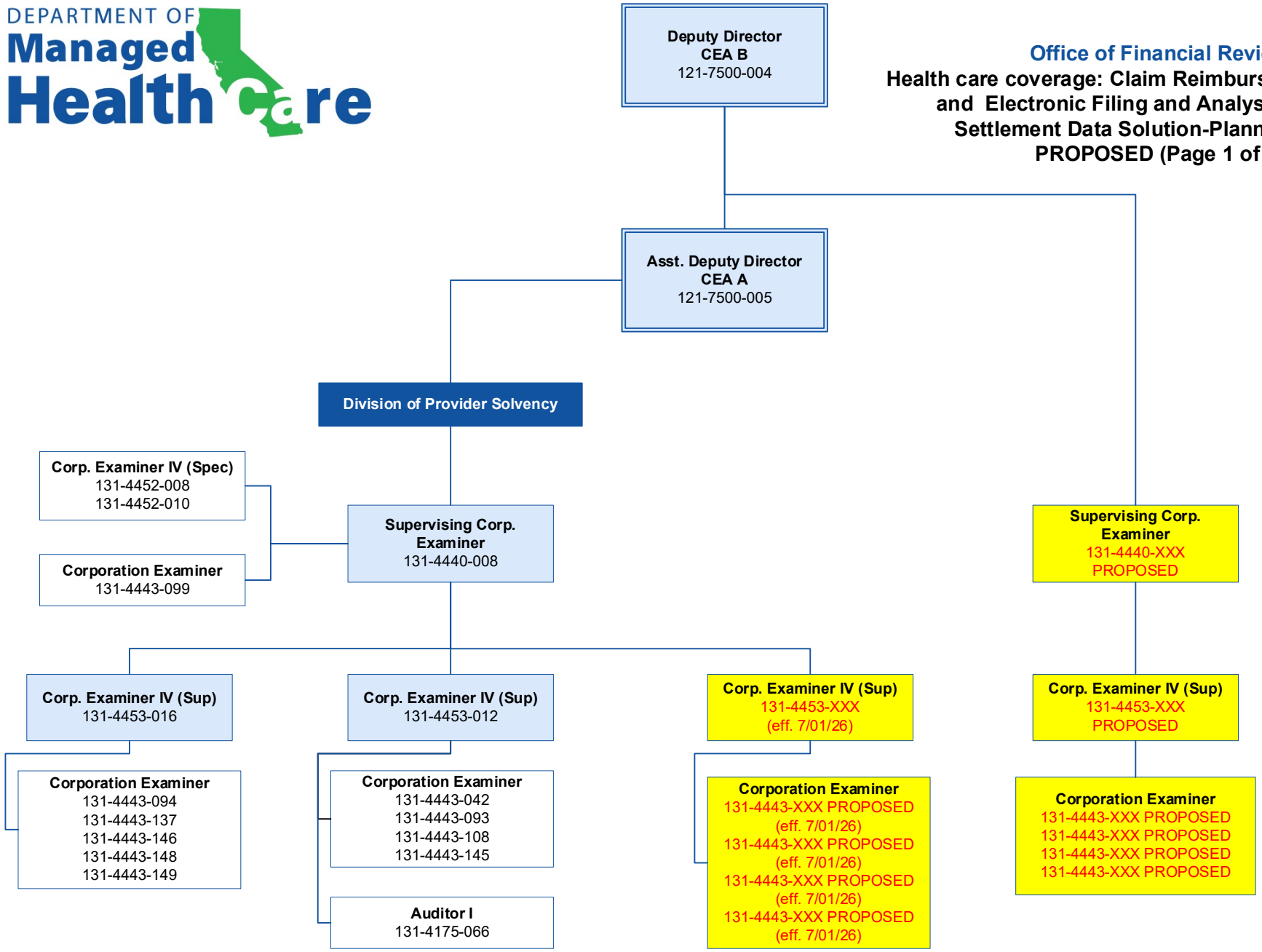


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DEPARTMENT OF Managed Health Care

Office of Financial Review

Health care coverage: Claim Reimbursement (AB 3275) and Electronic Filing and Analysis of Claims Settlement Data Solution-Planning Phase
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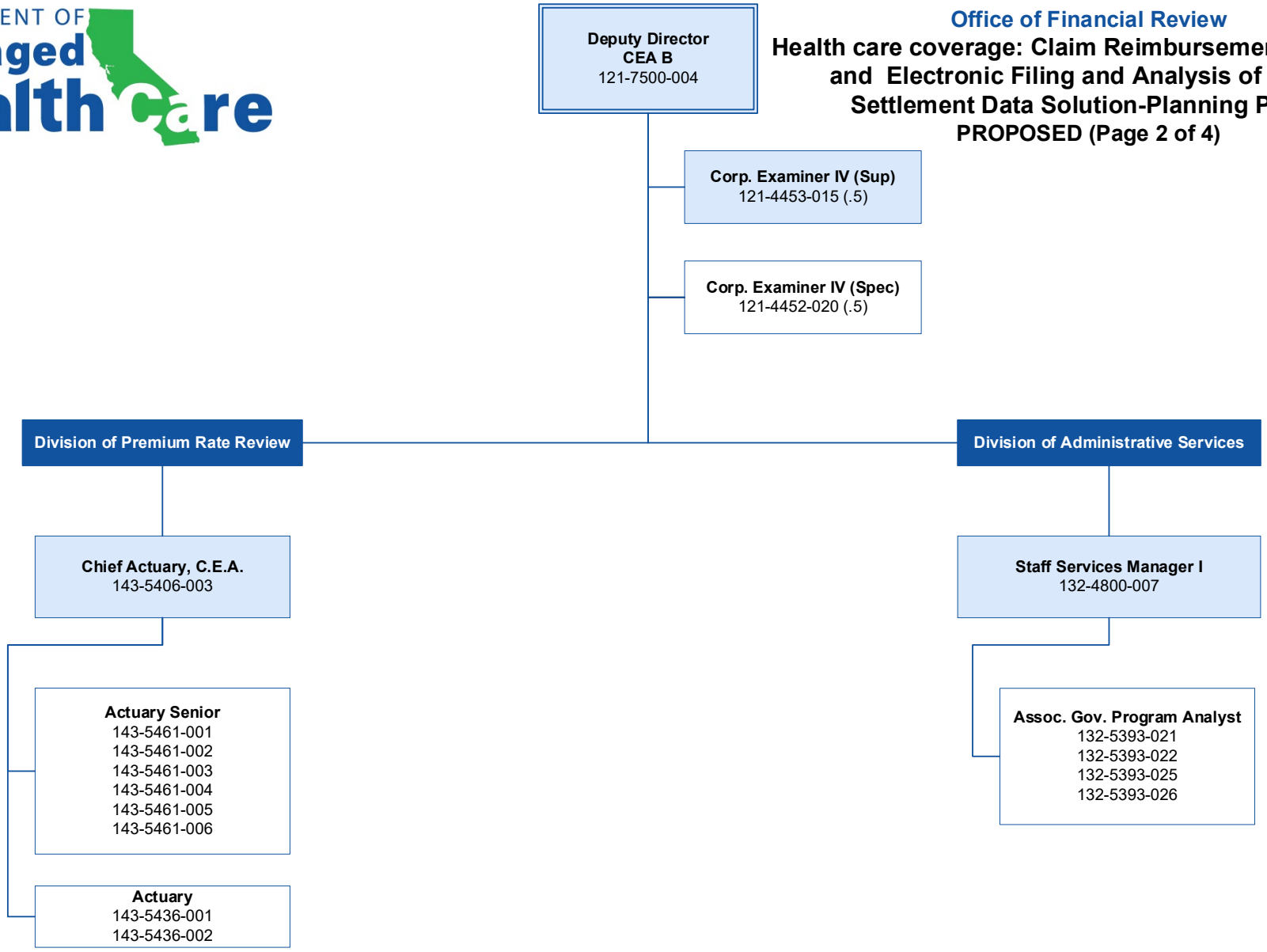
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DEPARTMENT OF Managed Health Care

Office of Financial Review

Health care coverage: Claim Reimbursement (AB 3275) and Electronic Filing and Analysis of Claims Settlement Data Solution-Planning Phase

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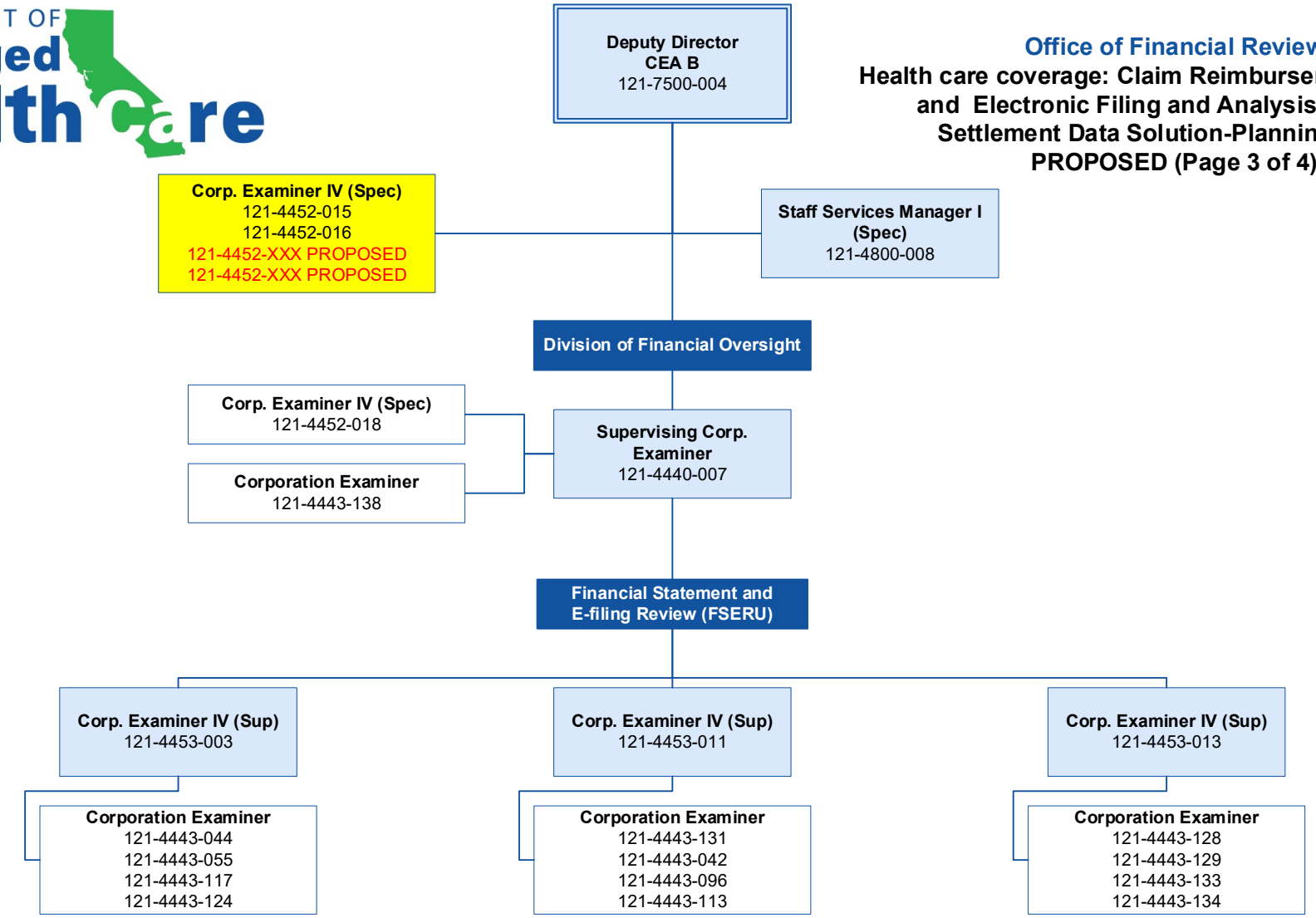


Attachment D

DEPARTMENT OF Managed Health Care

Office of Financial Review

Health care coverage: Claim Reimbursement (AB 3275) and Electronic Filing and Analysis of Claims Settlement Data Solution-Planning Phase
PROPOSED (Page 3 of 4)

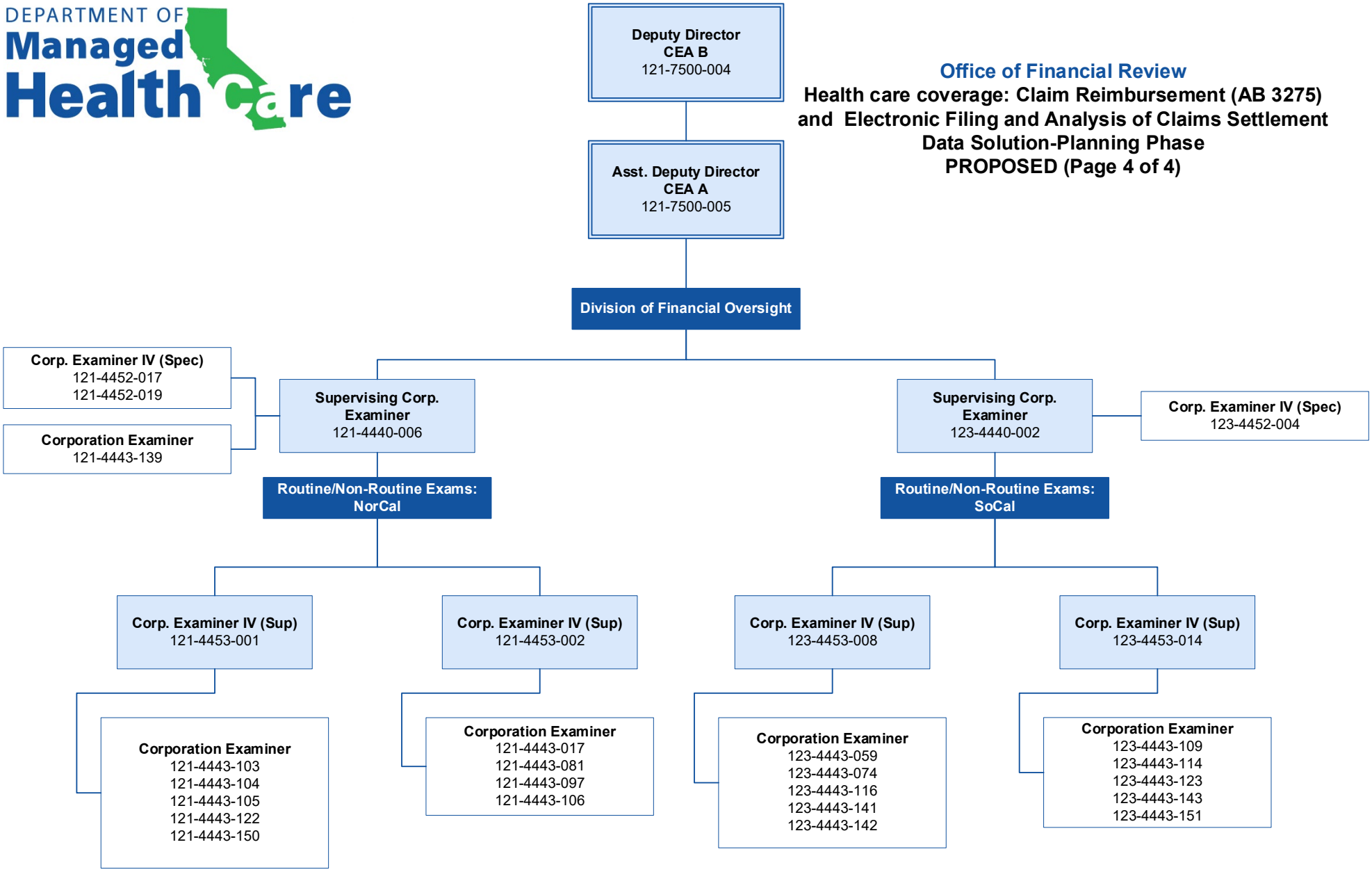


Attachment D

DEPARTMENT OF Managed Health Care

Office of Financial Review

Health care coverage: Claim Reimbursement (AB 3275) and Electronic Filing and Analysis of Claims Settlement Data Solution-Planning Phase
PROPOSED (Page 4 of 4)

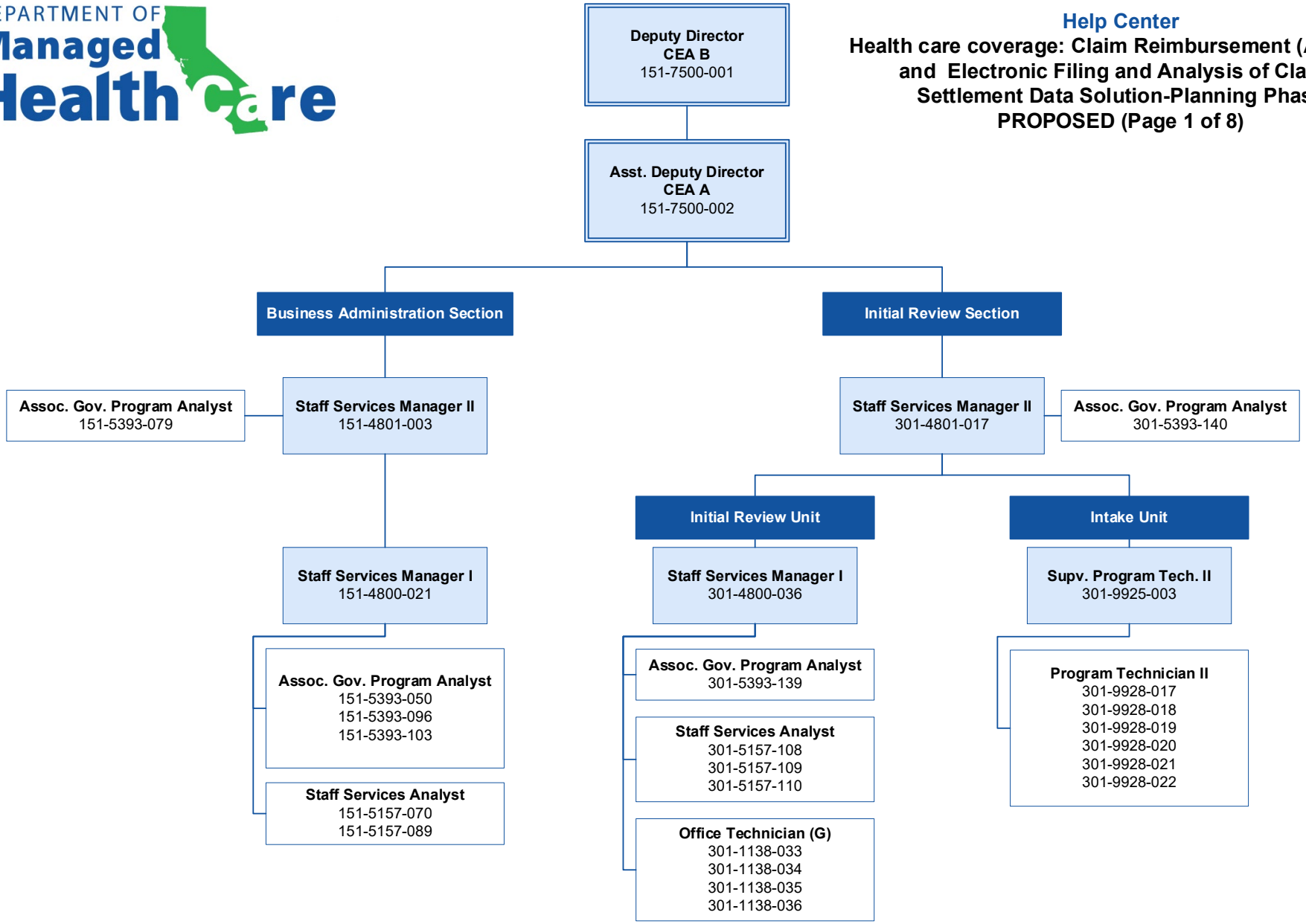


Attachment D

DEPARTMENT OF Managed Health Care

Help Center

Health care coverage: Claim Reimbursement (AB 3275) and Electronic Filing and Analysis of Claims Settlement Data Solution-Planning Phase
PROPOSED (Page 1 of 8)



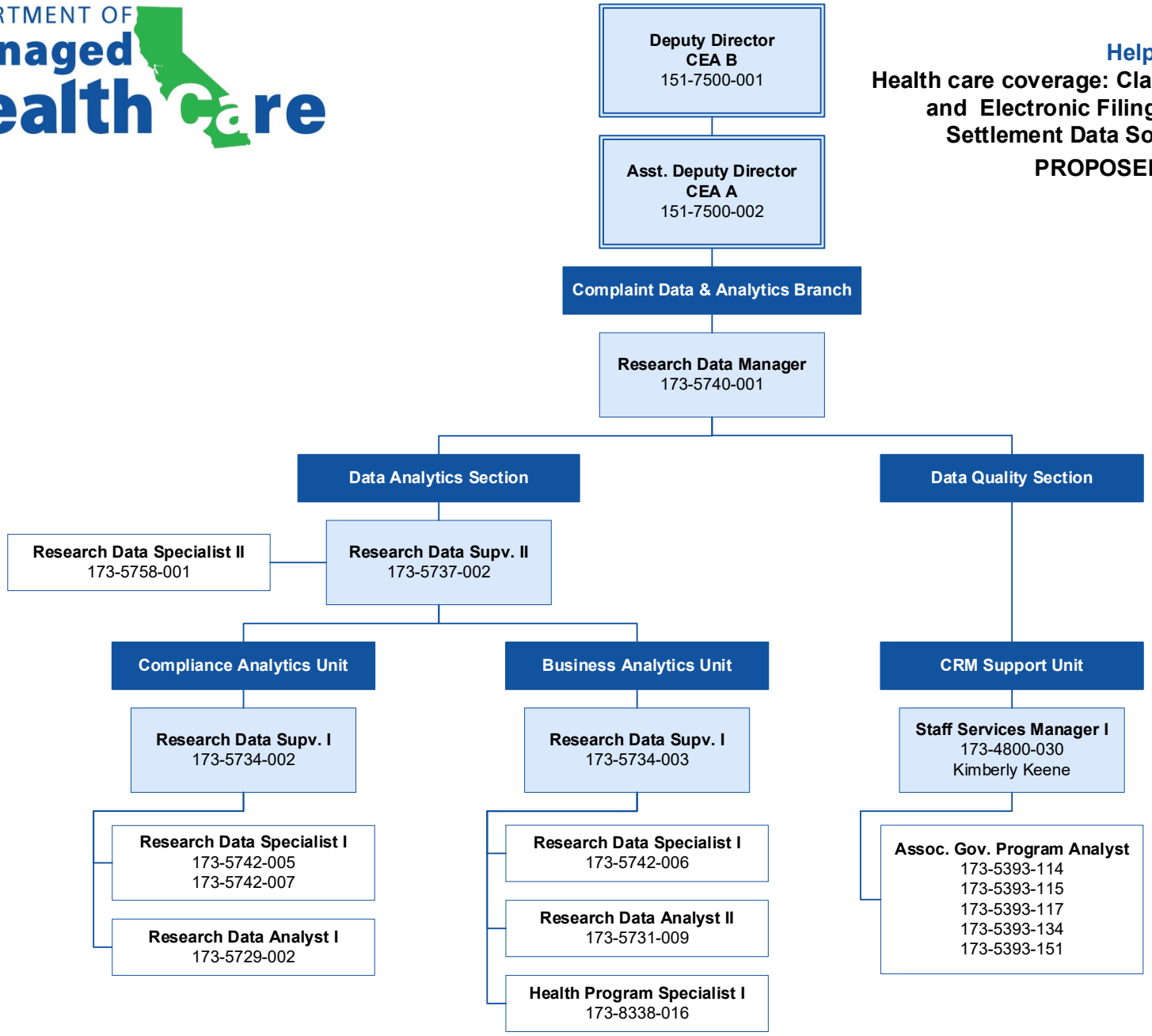
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DEPARTMENT OF Managed Health Care

Help Center

Health care coverage: Claim Reimbursement (AB 3275) and Electronic Filing and Analysis of Claims Settlement Data Solution-Planning Phase

PROPOSED (Page 2 of 8)



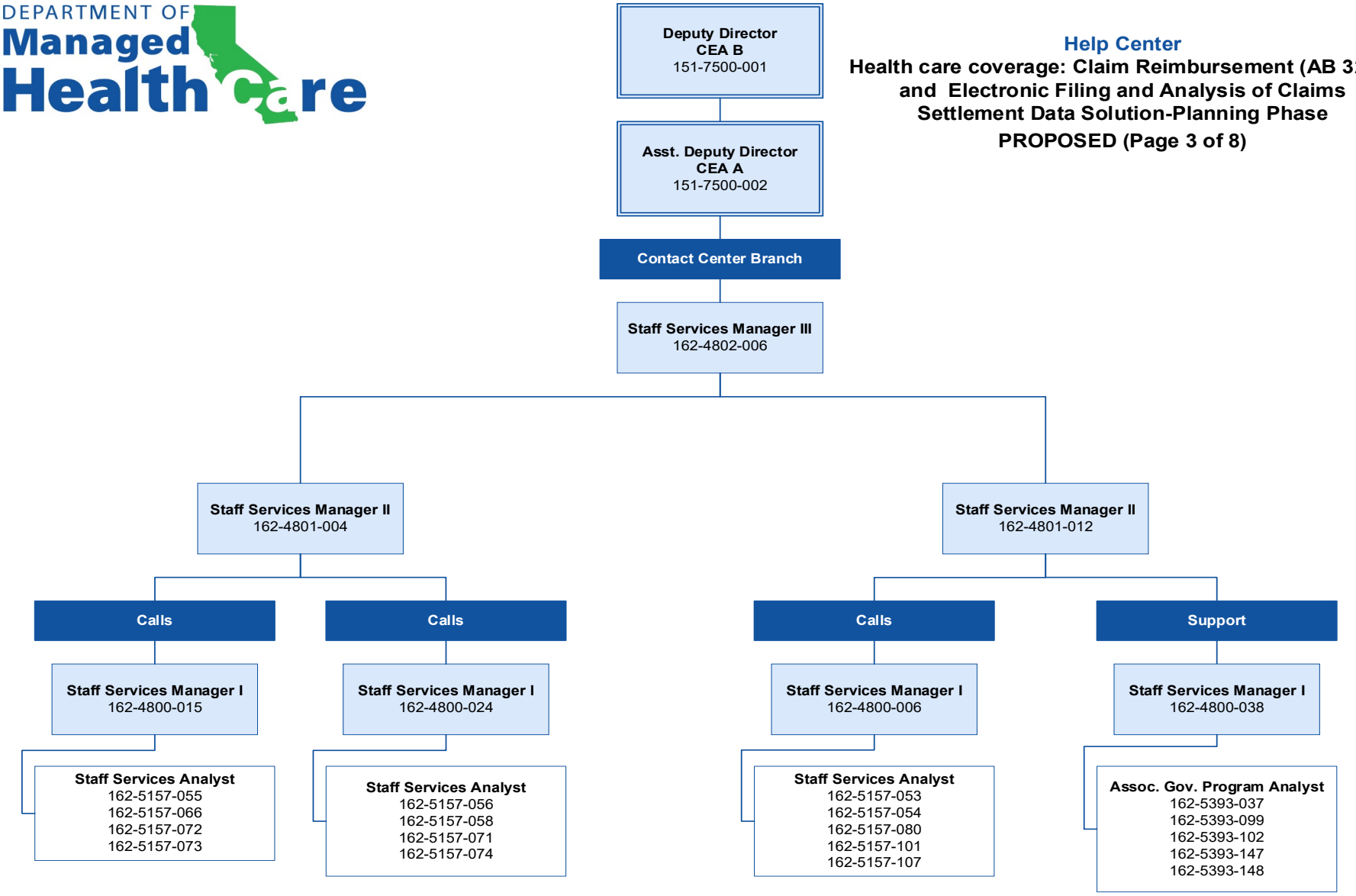
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DEPARTMENT OF Managed Health Care

Help Center

Health care coverage: Claim Reimbursement (AB 3275) and Electronic Filing and Analysis of Claims Settlement Data Solution-Planning Phase

PROPOSED (Page 3 of 8)

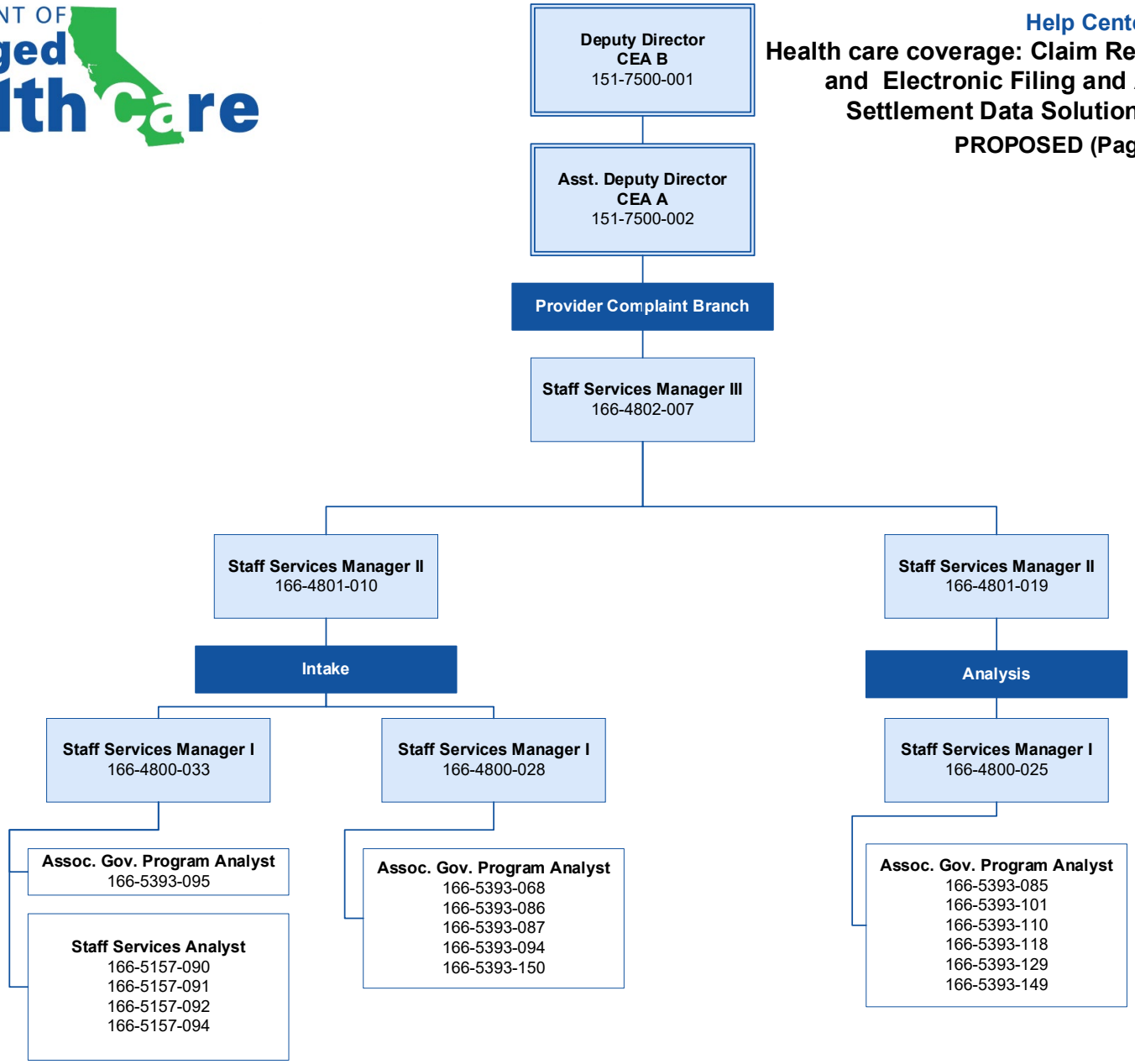


DEPARTMENT OF Managed Health Care

Help Center

Health care coverage: Claim Reimbursement (AB 3275) and Electronic Filing and Analysis of Claims Settlement Data Solution-Planning Phase

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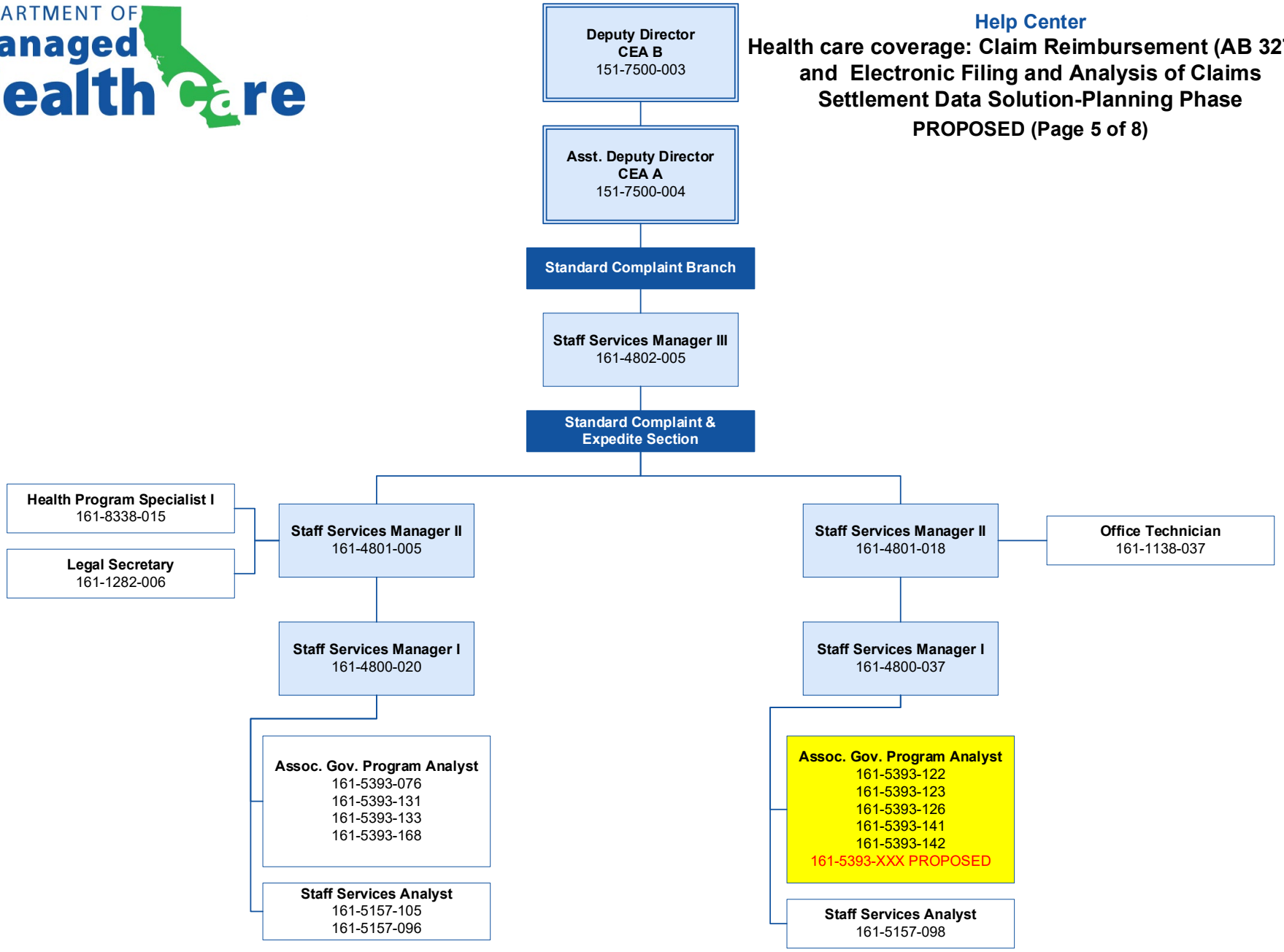


DEPARTMENT OF Managed Health Care

Help Center

Health care coverage: Claim Reimbursement (AB 3275) and Electronic Filing and Analysis of Claims Settlement Data Solution-Planning Phase

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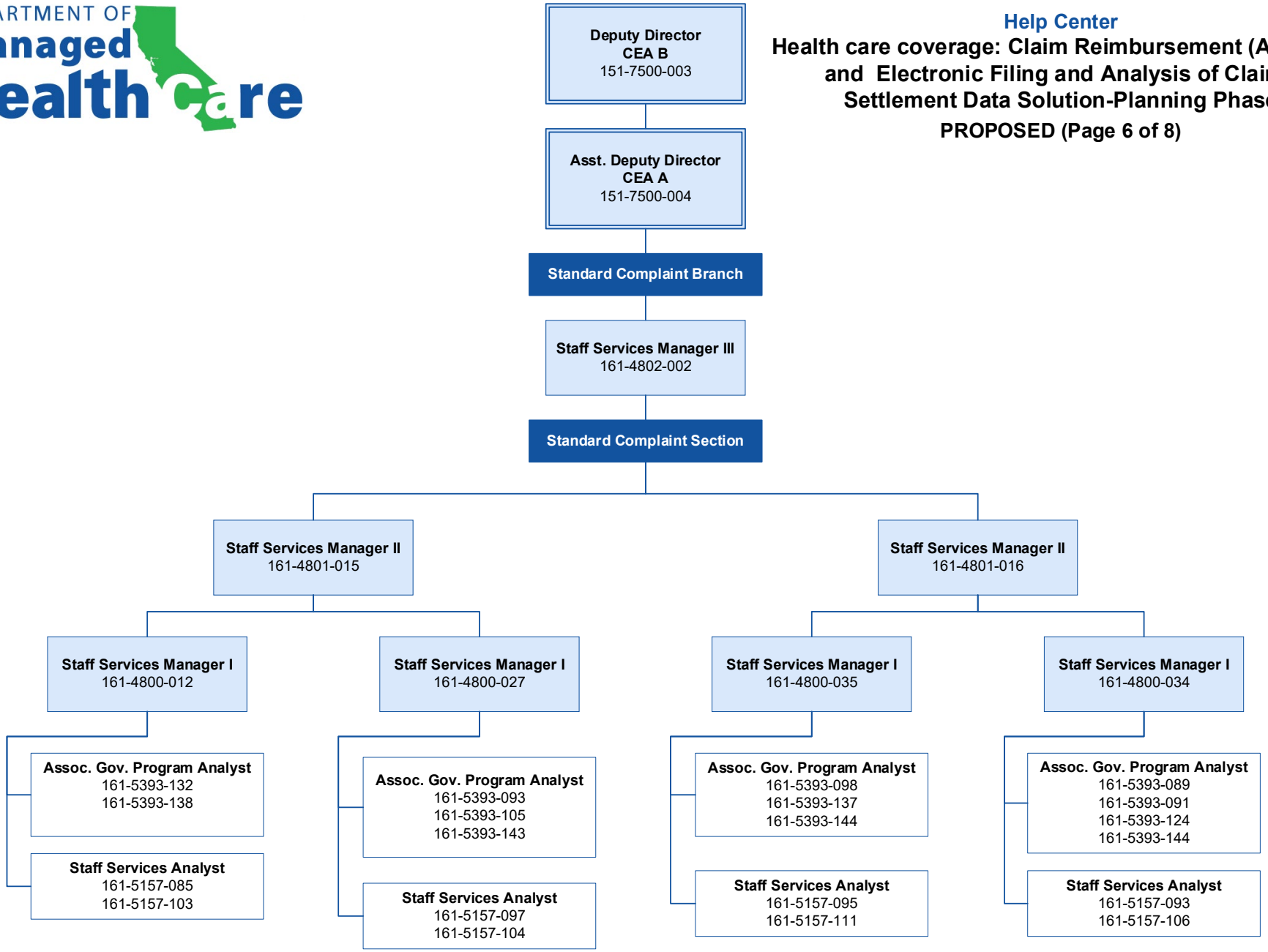
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DEPARTMENT OF Managed Health Care

Help Center

Health care coverage: Claim Reimbursement (AB 3275) and Electronic Filing and Analysis of Claims Settlement Data Solution-Planning Phase

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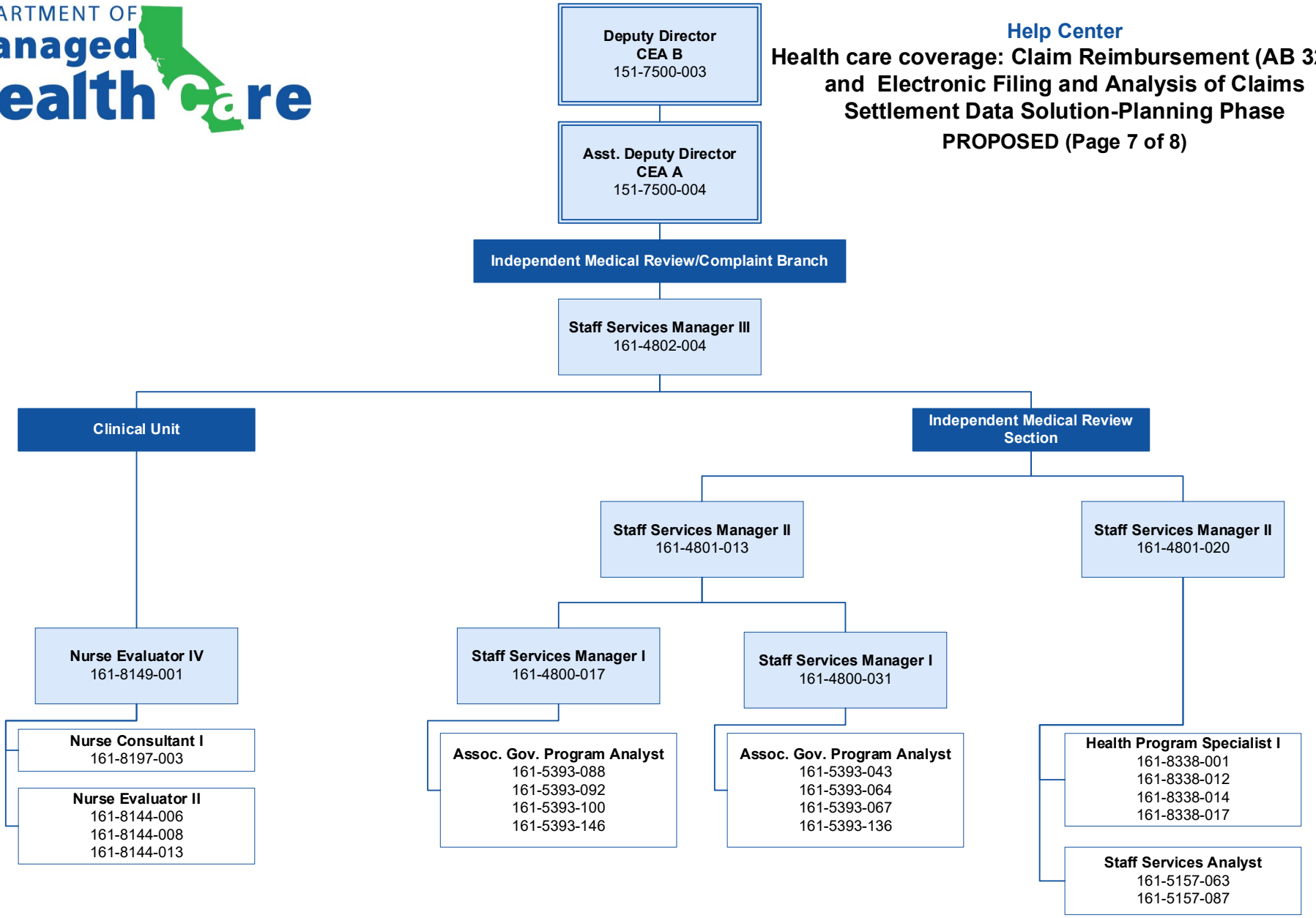
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DEPARTMENT OF Managed Health Care

Help Center

Health care coverage: Claim Reimbursement (AB 3275) and Electronic Filing and Analysis of Claims Settlement Data Solution-Planning Phase

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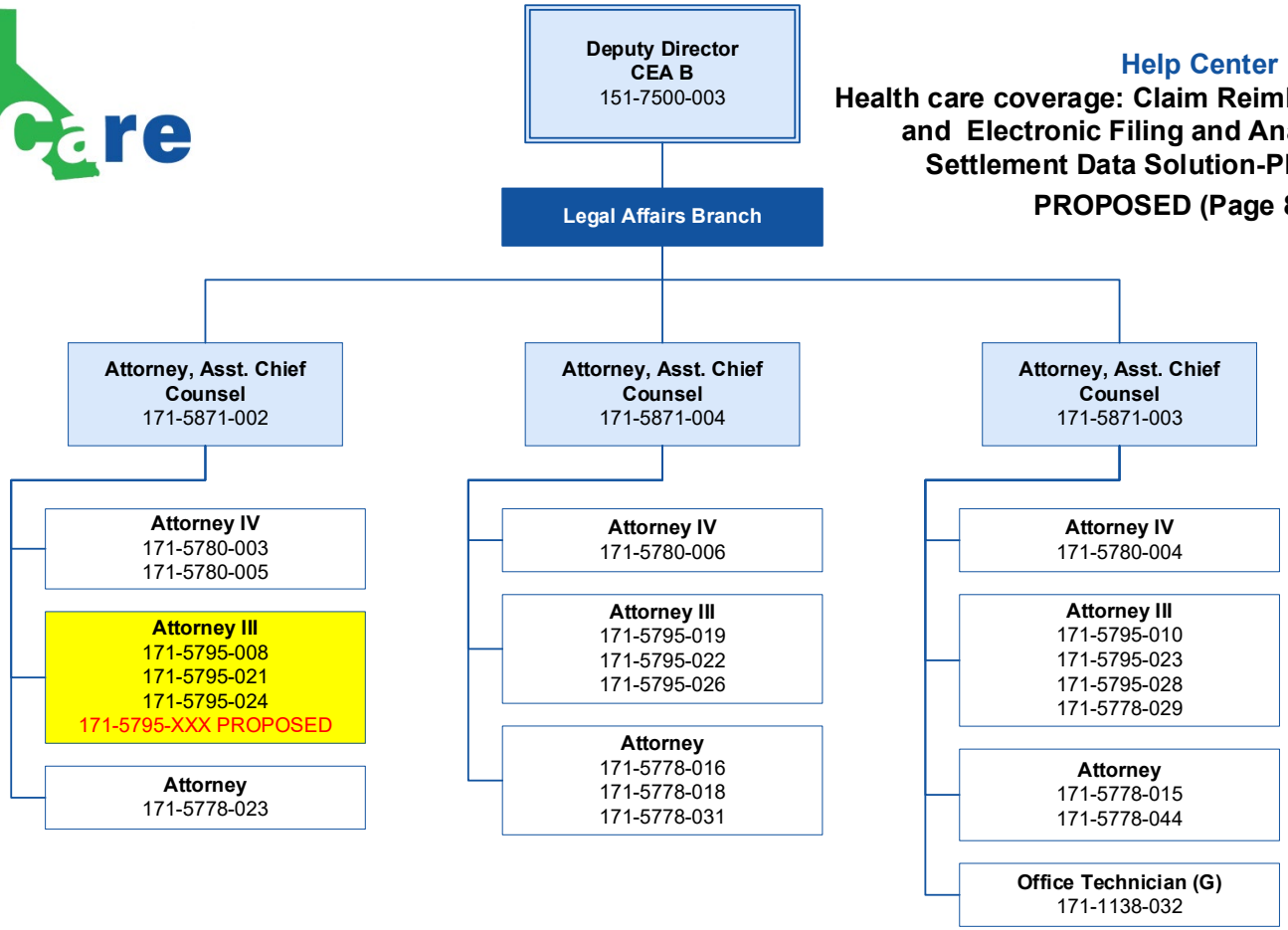
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DEPARTMENT OF Managed Health Care

Help Center

Health care coverage: Claim Reimbursement (AB 3275) and Electronic Filing and Analysis of Claims Settlement Data Solution-Planning Phase

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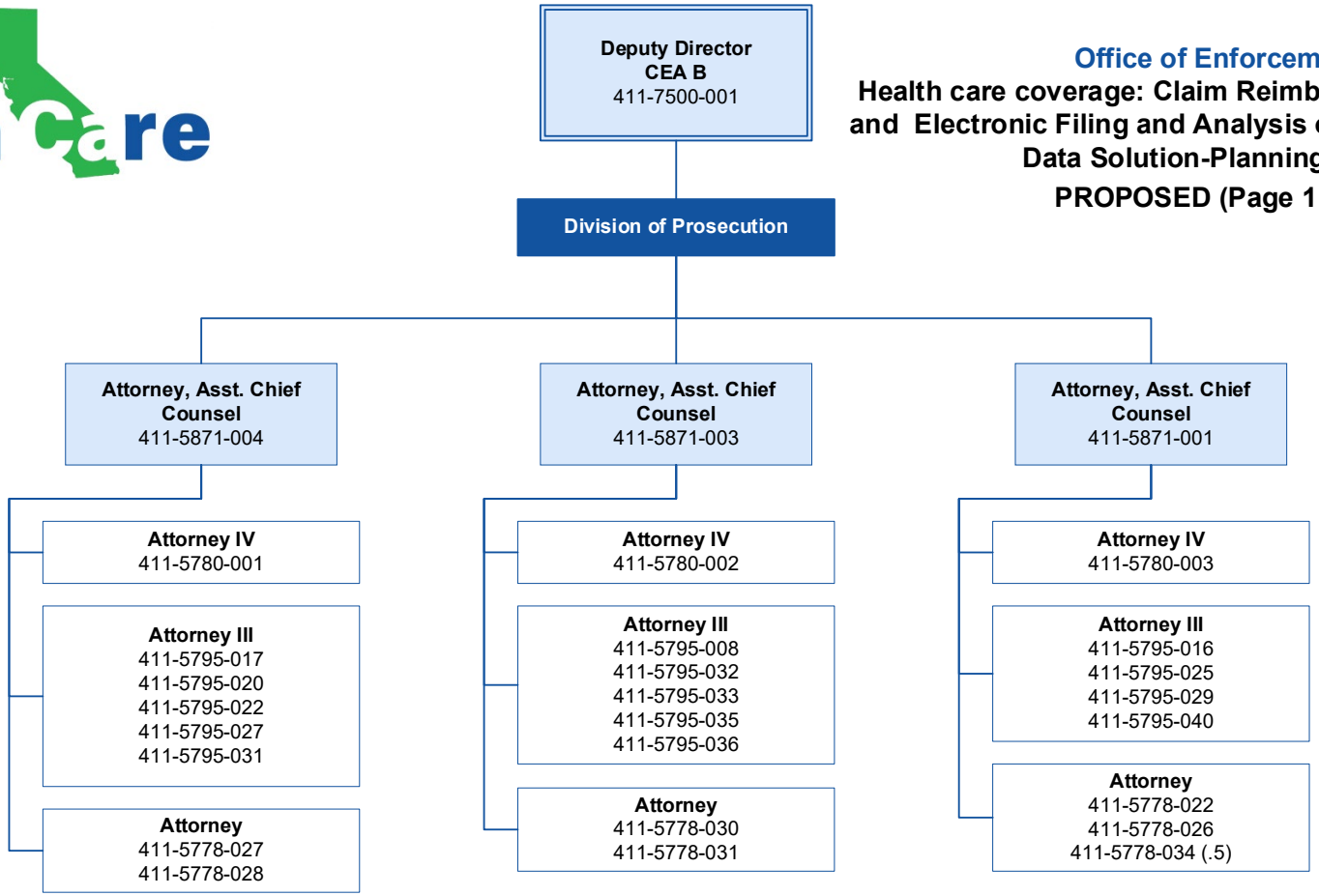
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DEPARTMENT OF Managed Health Care

Office of Enforcement

Health care coverage: Claim Reimbursement (AB 3275) and Electronic Filing and Analysis of Claims Settlement Data Solution-Planning Phase

PROPOSED (Page 1 of 4)



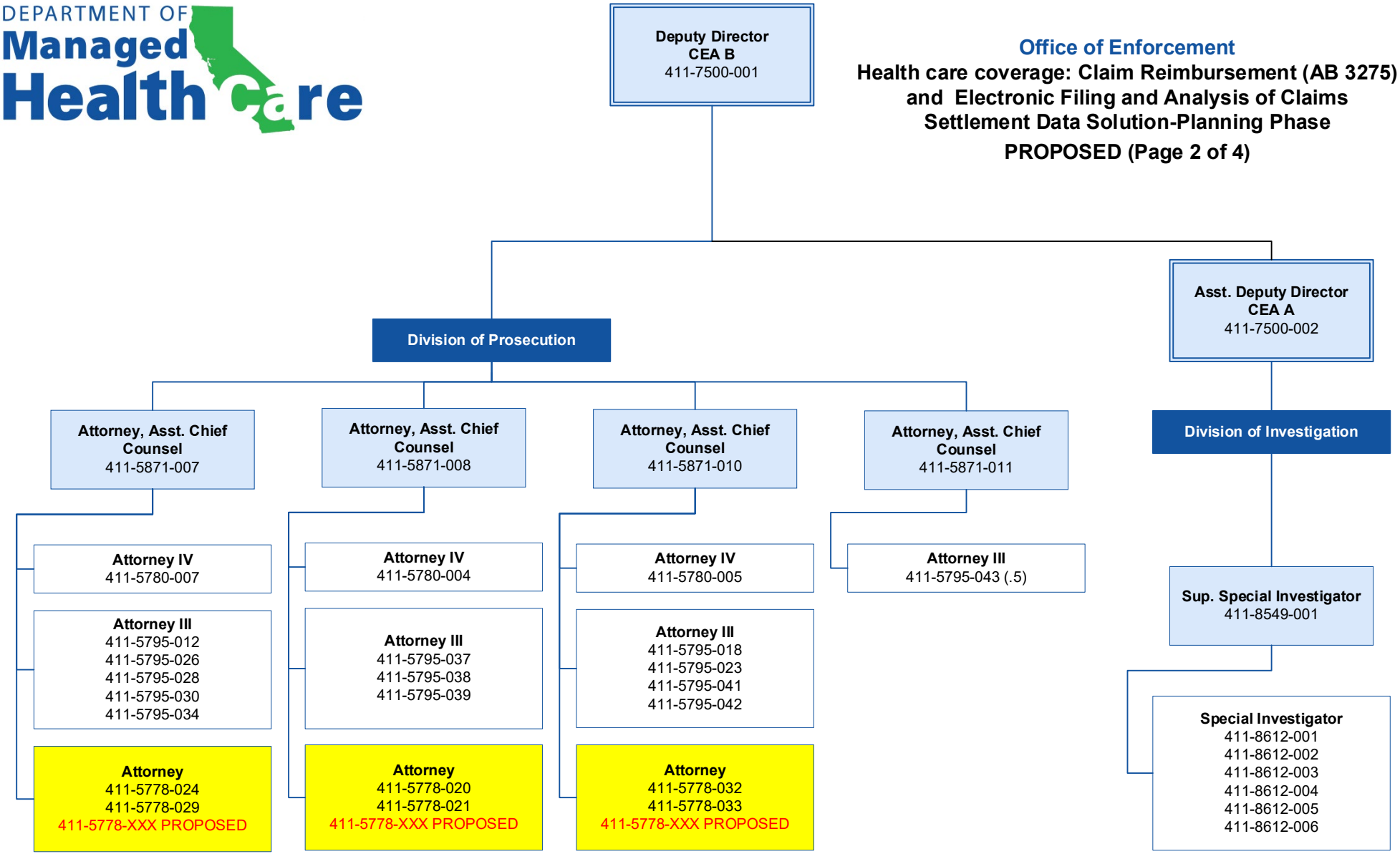
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DEPARTMENT OF Managed Health Care

Office of Enforcement

Health care coverage: Claim Reimbursement (AB 3275) and Electronic Filing and Analysis of Claims Settlement Data Solution-Planning Phase

PROPOSED (Page 2 of 4)

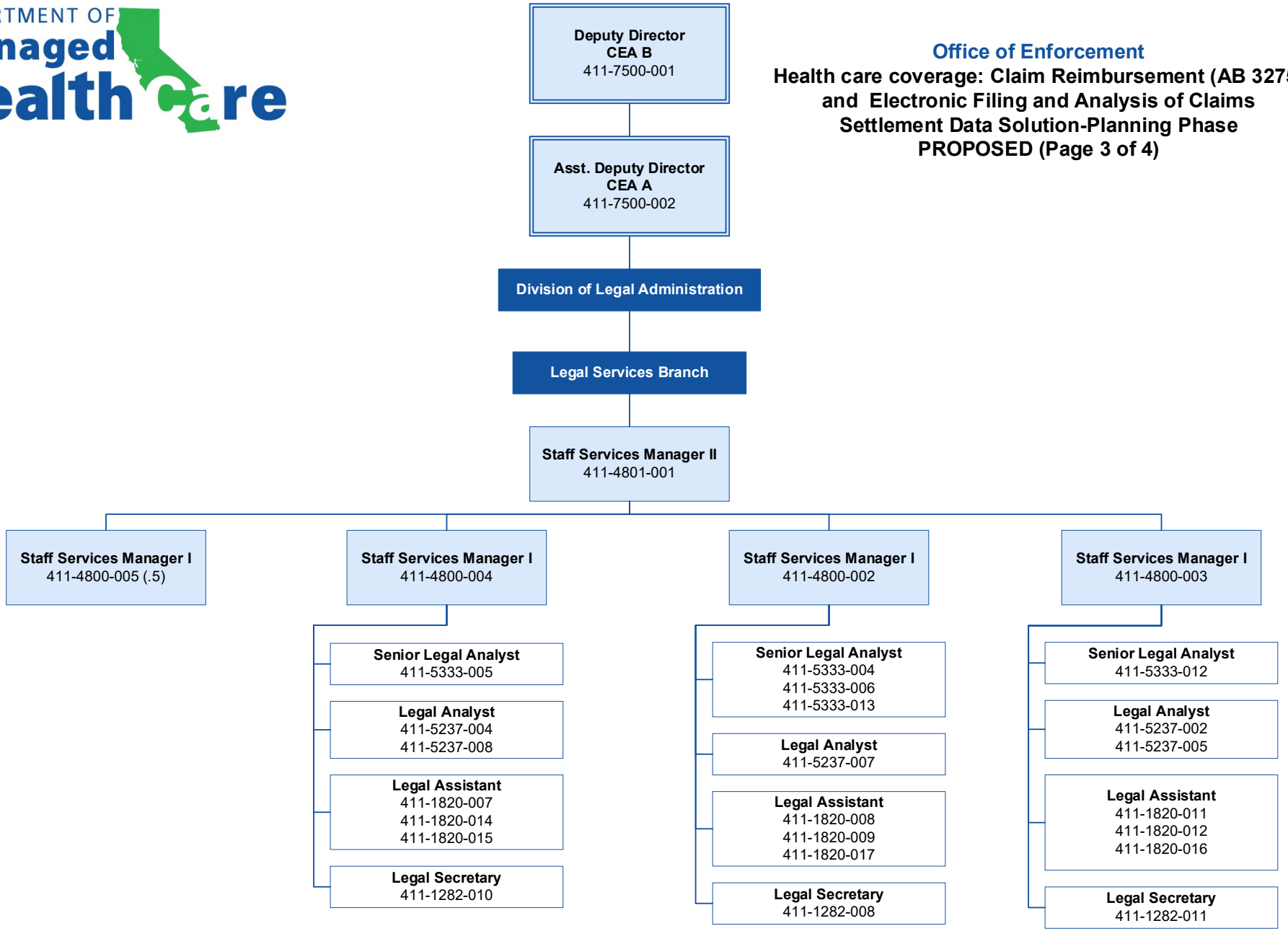


Attachment D

DEPARTMENT OF Managed Health Care

Office of Enforcement

Health care coverage: Claim Reimbursement (AB 3275) and Electronic Filing and Analysis of Claims Settlement Data Solution-Planning Phase
PROPOSED (Page 3 of 4)



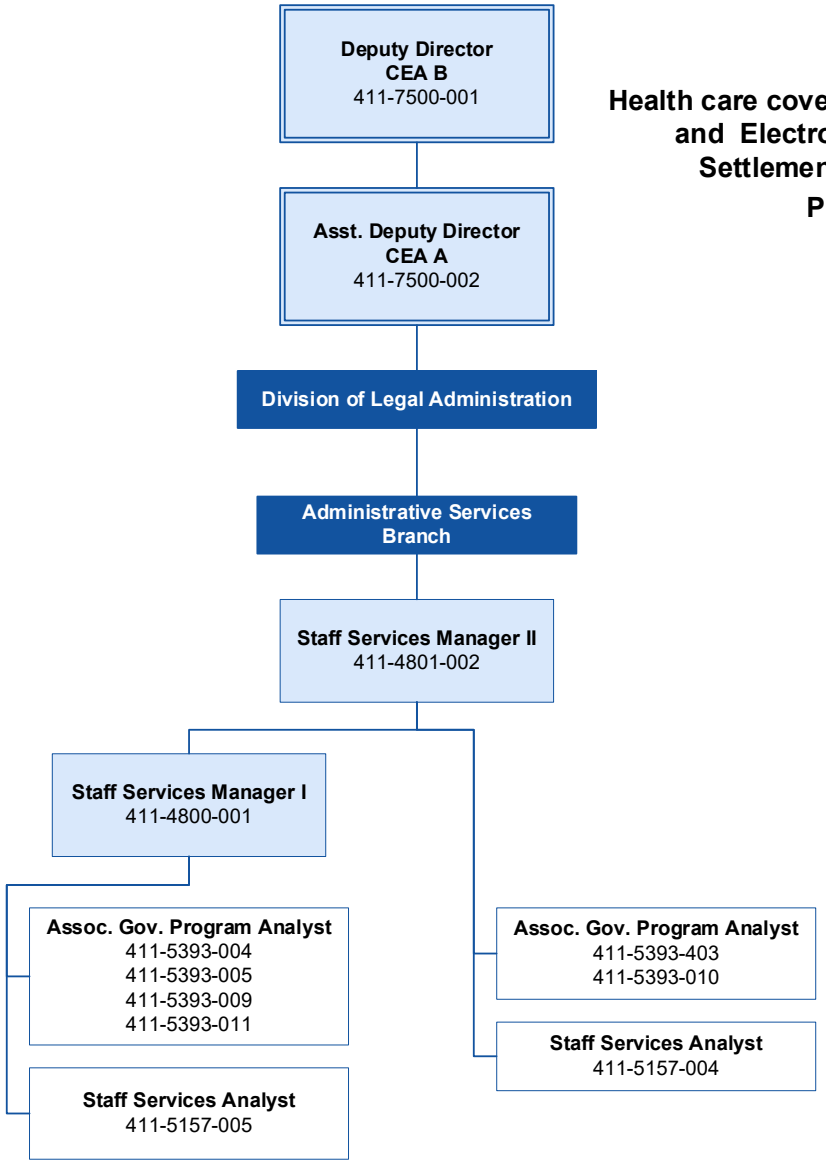
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DEPARTMENT OF Managed Health Care

Office of Enforcement

Health care coverage: Claim Reimbursement (AB 3275) and Electronic Filing and Analysis of Claims Settlement Data Solution-Planning Phase

PROPOSED (Page 4 of 4)



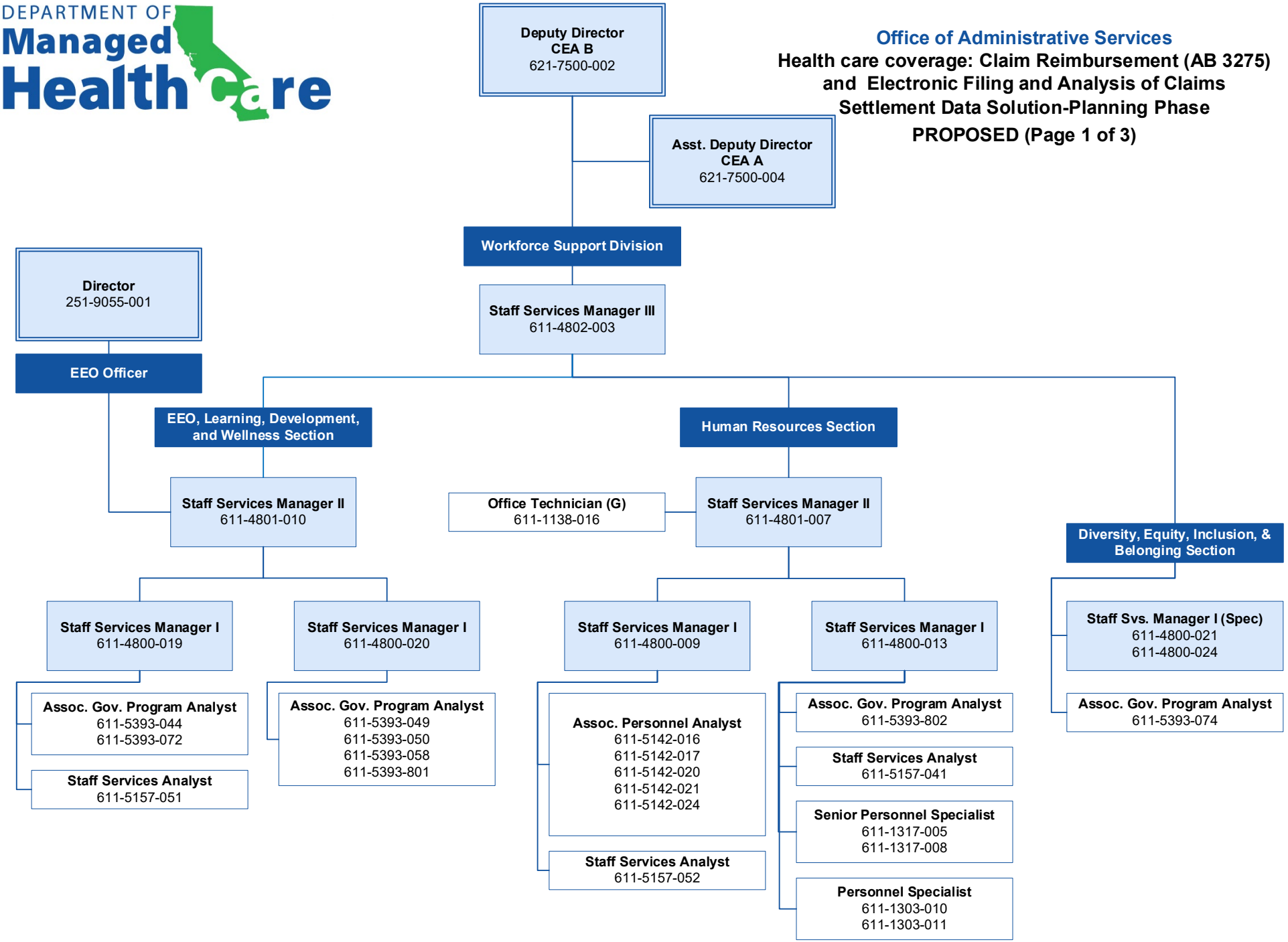
Attachment D

DEPARTMENT OF Managed Health Care

Office of Administrative Services

Health care coverage: Claim Reimbursement (AB 3275) and Electronic Filing and Analysis of Claims Settlement Data Solution-Planning Phase

PROPOSED (Page 1 of 3)



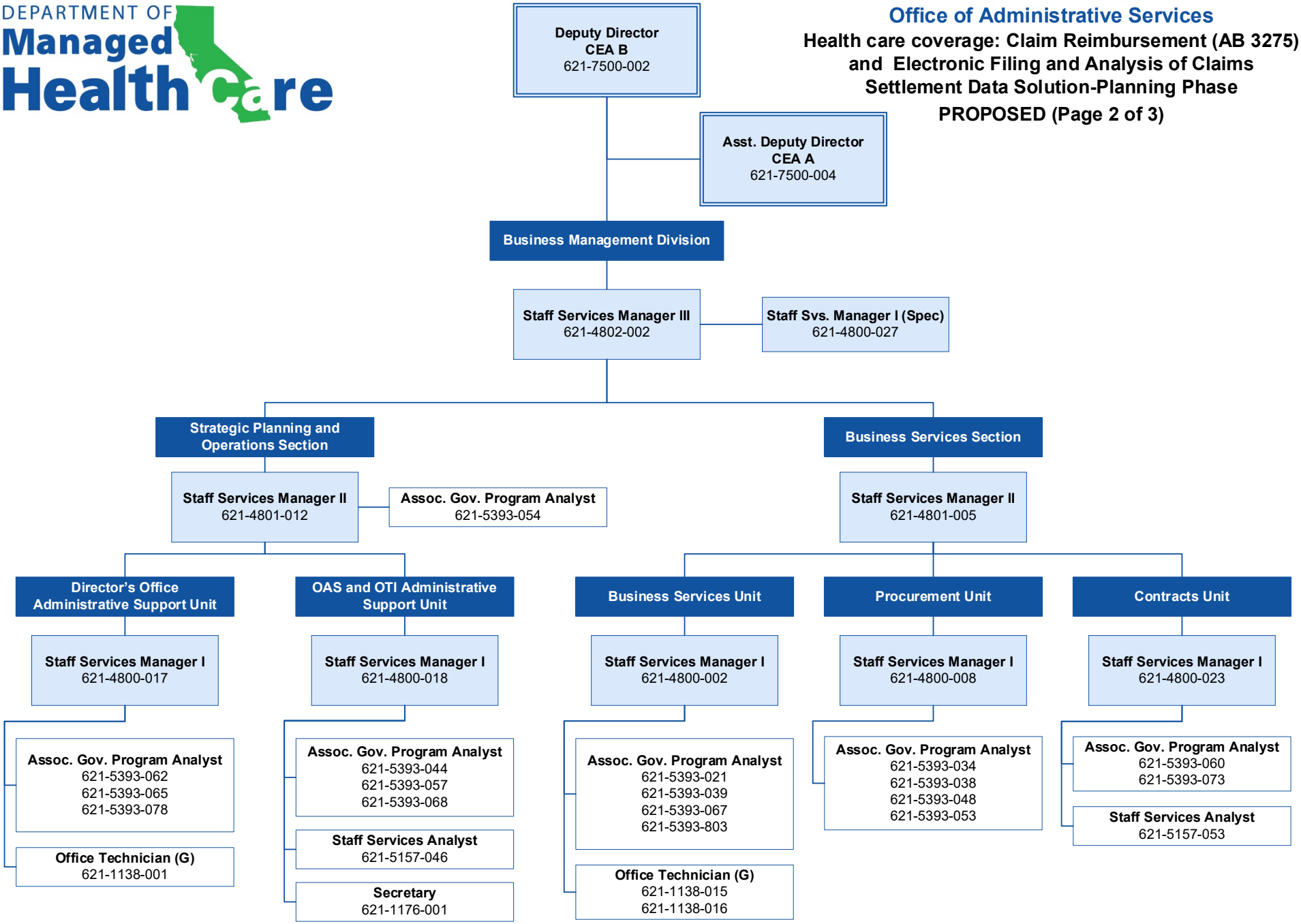
Attachment D

DEPARTMENT OF Managed Health Care

Office of Administrative Services

Health care coverage: Claim Reimbursement (AB 3275) and Electronic Filing and Analysis of Claims Settlement Data Solution-Planning Phase

PROPOSED (Page 2 of 3)

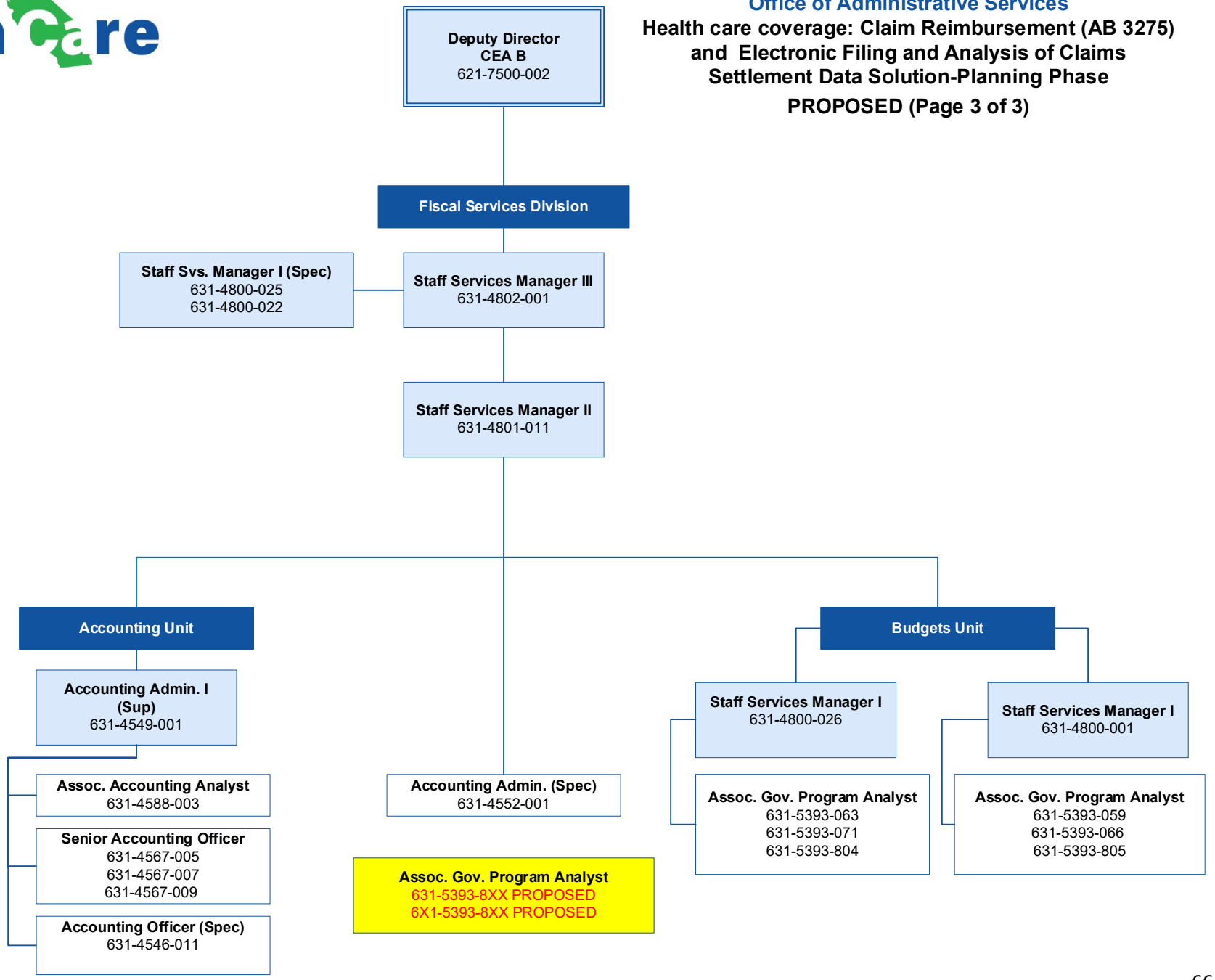


DEPARTMENT OF Managed Health Care

Office of Administrative Services

Health care coverage: Claim Reimbursement (AB 3275) and Electronic Filing and Analysis of Claims Settlement Data Solution-Planning Phase

PROPOSED (Page 3 of 3)

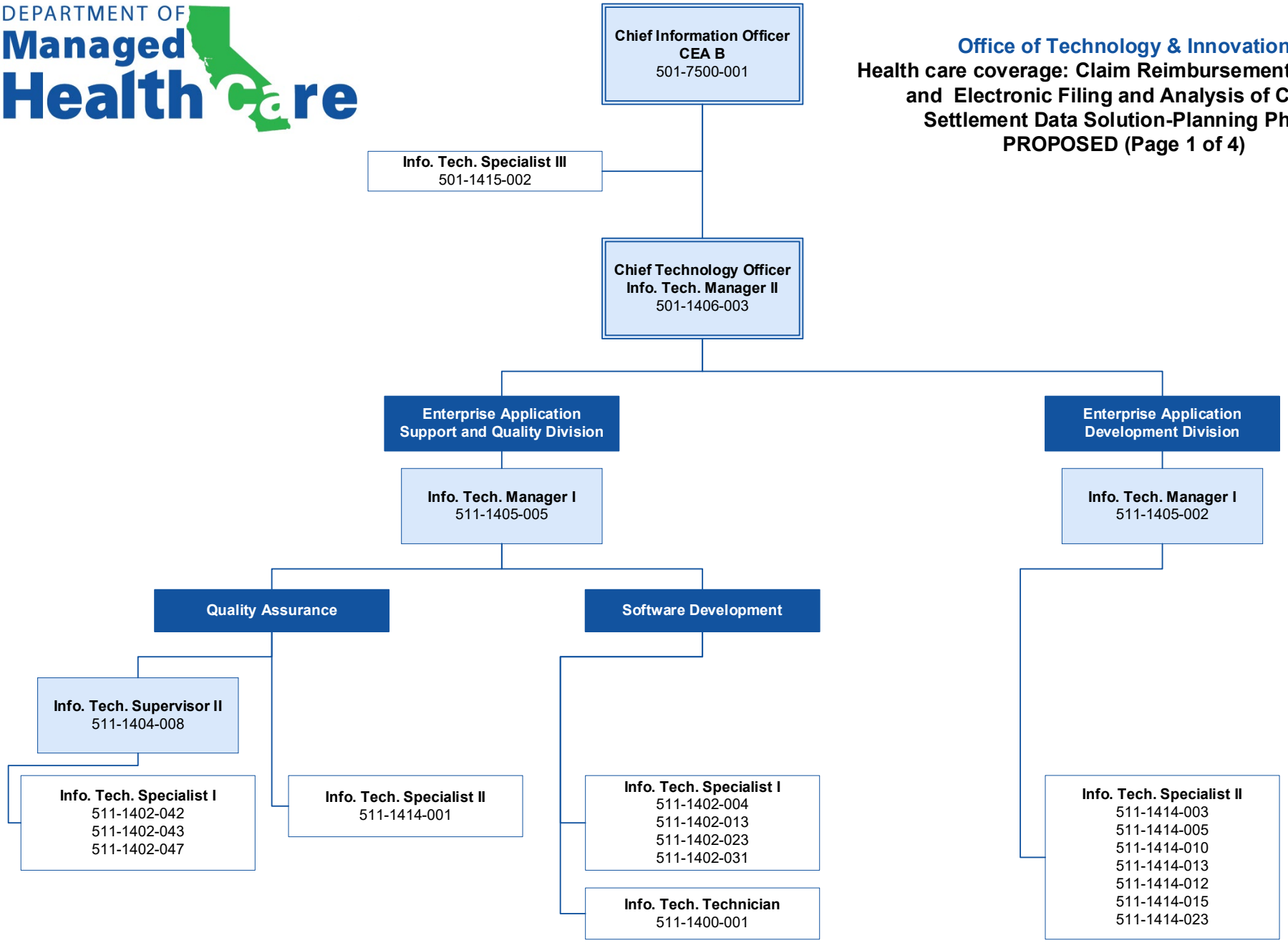


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DEPARTMENT OF Managed Health Care

Office of Technology & Innovation

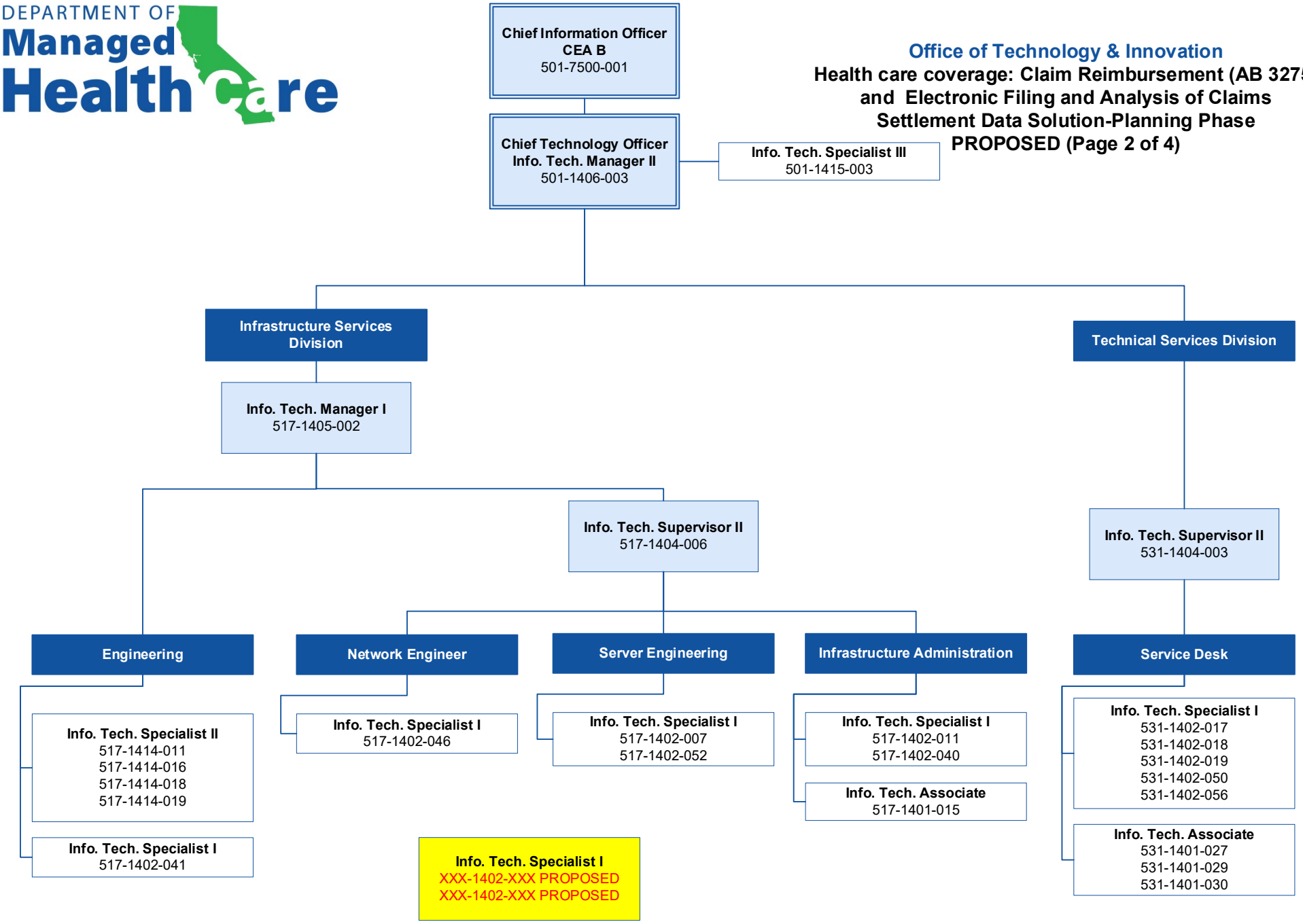
Health care coverage: Claim Reimbursement (AB 3275) and Electronic Filing and Analysis of Claims Settlement Data Solution-Planning Phase
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DEPARTMENT OF Managed Health Care

Office of Technology & Innovation

Health care coverage: Claim Reimbursement (AB 3275) and Electronic Filing and Analysis of Claims Settlement Data Solution-Planning Phase
PROPOSED (Page 2 of 4)

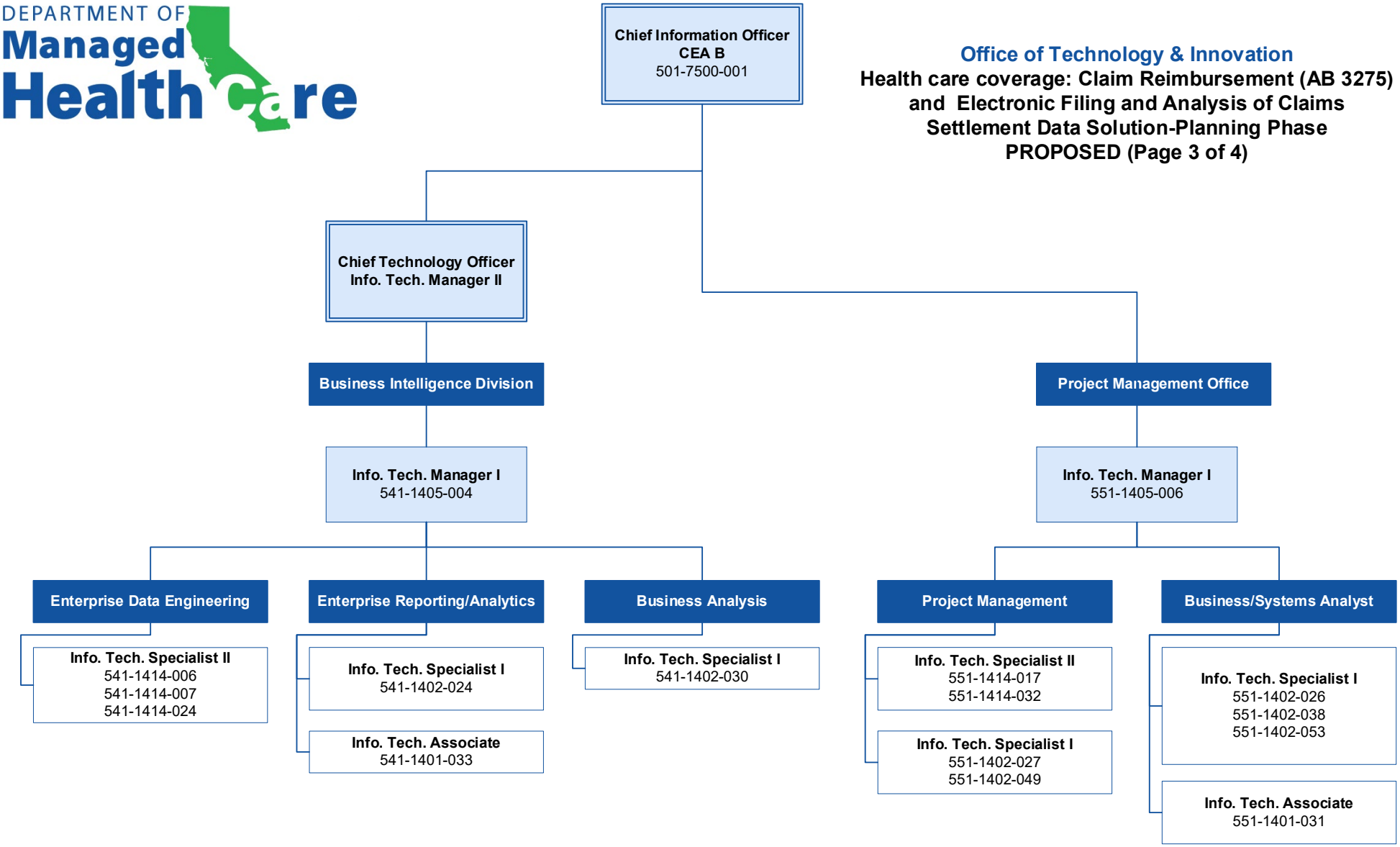


Attachment D

DEPARTMENT OF Managed Health Care

Office of Technology & Innovation

Health care coverage: Claim Reimbursement (AB 3275) and Electronic Filing and Analysis of Claims Settlement Data Solution-Planning Phase
PROPOSED (Page 3 of 4)



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DEPARTMENT OF Managed Health Care

Office of Technology & Innovation

Health care coverage: Claim Reimbursement (AB 3275) and Electronic Filing and Analysis of Claims Settlement Data Solution-Planning Phase
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