STATE OF CALIFORNIA
Budget Change Proposal - Cover Sheet
DF-46 (REV 03/25)

Fiscal Year	Business Unit Number	Department
2026-27	4150	Department of Managed Health Care

Hyperion Budget Request Name	Relevant Program or Subprogram
4150-024-BCP-2026-GB	3870-Health Plan Program

Budget Request Title
Prior Authorization Reporting (SB 306)

Budget Request Summary
The Department of Managed Health Care (DMHC) requests four positions and $1,449,000 in 2026-27, increasing to eight positions and $1,562,000 in 2027-28, and $1,809,000 in 2028-29 and annually thereafter from the Managed Care Fund to implement the requirements of SB 306 (Chapter 408, Statutes of 2025).

Requires Legislation (submit required legislation with the BCP)	Code Section(s) to be Added/Amended/Repealed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

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

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 **Approval Date:** N/A

Project Approval Document: 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	1/10/2026	Gita Mehirdel	1/10/2026
Department Director	**Date**	**Agency Secretary**	**Date**
Mary Watanabe	1/10/2026	Kim Johnson	1/10/2026

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	1/10/2026

A. Problem Statement

The Department of Managed Health Care (DMHC) requests four positions and $1,449,000 in 2026-27, increasing to eight ongoing permanent positions and $1,562,000 in 2027-28, and $1,809,000 in 2028-29 and annually thereafter from the Managed Care Fund to implement the requirements of SB 306 (Chapter 408, Statutes of 2025).

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

Table 1- Positions Requested

Program / Classification	Number of Positions 2026-27	Number of Positions 2027-28 / Ongoing
Office of Plan Licensing (OPL)		
Attorney IV	1	2
Associate Governmental Program Analyst	2	2
Total Positions (OPL)	**3**	**4**
Office of Legal Services (OLS)		
Attorney IV	1	1
Total Positions (OLS)	**1**	**1**
Help Center (HC)		
Attorney III	0	1
Associate Governmental Program Analyst	0	2
Total Positions (HC)	**0**	**3**
Total Positions	**4**	**8**

Background/History

The DMHC's mission is to ensure health plan members have access to equitable, high-quality, timely and affordable health care within 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 97 percent of state regulated commercial and government markets. Health plans licensed by the DMHC provide coverage for over 30 million enrollees.

Under existing law, managed care health plans commonly use utilization management, including prior authorization, to control costs and verify medical necessity. Prior authorization requires providers to obtain approval from a health plan before services are rendered, but providers and consumer advocates argue it often delays access to care and creates unnecessary administrative burdens, especially for services that are routinely approved.

SB 306 requires health plans and health insurers to submit data to the DMHC and the California Department of Insurance (CDI), respectively, on prior authorization practices including the types

of health care services subject to prior authorization requirements, approval and modification rates and related prior authorization information. Using this data and after consulting with stakeholders, the departments (DMHC and CDI) must each develop and publish a list of health care services that will be exempt from prior authorization requirements by July 1, 2027, which health plans must then implement. The bill also requires a report on the impact of these exemptions four years after the list takes effect and will sunset on January 1, 2034.

The timeline of this process is summarized as follows:

July 1, 2026: The DMHC issues instructions for health plans to report data on prior authorization, including types of services, approval and modification rates and other relevant information.

December 31, 2026: Health plans submit the required prior authorization data to the DMHC.

July 1, 2027: The DMHC publishes a list of health care services exempt from prior authorization requirements.

January 1, 2028: Health plans begin implementing the prior authorization exemptions.

July 1, 2031: Health plans submit data to support public report. The DMHC may revise instructions as needed.

January 1, 2032: The DMHC issues a public report on the impact of the prior authorization exemptions.

January 1, 2034: SB 306 sunsets.

SB 306 authorizes the DMHC to contract with a consultant to assist in compiling the list of prior authorization exemptions and requires the DMHC to consult with stakeholders before finalizing the list of prior authorization exemptions. As previously mentioned, the list must be published by July 1, 2027.

To address the requirements of SB 306, the DMHC will need to:

- Promulgate and amend applicable regulations to clarify the requirements of SB 306.
- Review health plan contracts, policies and procedures, evidence of coverage and disclosure forms for compliance with the requirements set forth in SB 306.
- Address consumer complaints related to prior authorization.
- Collect, review and analyze prior authorization data for compliance and reporting purposes.
- Publish a list of health care services exempt from prior authorization requirements.
- Issue a public report on the impact of the prior authorization exemptions.

B. Justification

SB 306 addresses the issues of burdensome prior authorization requirements for providers while benefiting both the healthcare consumers and providers. By streamlining the prior authorization requirements and exemptions, this bill reduces administrative delays and allows patients to have faster and consistent access to timely and medically necessary heath care services. Overall, SB

306 supports timely clinical decision-making and helps to support better healthcare outcomes by removing unnecessary administrative barriers.

The DMHC has determined the following resources are necessary to implement the requirements of SB 306.

Office of 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, issue ongoing legal memoranda and promulgate regulation to verify compliance with the requirements of SB 306. Additionally, OLS anticipates ongoing workload to address health plans requests, including processing exemption requests, re-authorizing prior authorization for services and handling requests to revoke prior authorization exemptions.

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

1.0 Attorney IV

This position will address highly complex regulatory and policy concerns, lead regulation promulgation and formal rulemaking while providing legal support through in-depth legal analysis of health plans requests to verify compliance with the requirements of SB 306.

The DMHC estimates the OLS costs to be one position and $289,000 in 2026-27, $281,000 in 2027-28 and annually thereafter.

Office of Plan Licensing (OPL)

The DMHC's 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.

The OPL anticipates additional workload to issue legal guidance, review health plan contracts, policies and procedures, evidence of coverage and disclosure forms for compliance with the requirements set forth in SB 306.

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

1.0 Attorney IV in 2026-27, increasing to 2.0 Attorney IV in 2027-28 and ongoing

These positions will address the highly complex and in-depth legal analysis of health plan filings, including the review of evidence of coverage, disclosure forms, provider and enrollee notices, plan to plan agreements, policies and procedures and provider contracts for compliance with the requirements set forth in SB 306.

2.0 Associate Governmental Program Analyst

These positions will support the complex development and implementation of compliance measures and provide ongoing analytical review of health plan contracts, policies and procedures, evidence of coverage and disclosure forms.

Consultant Funding

The OPL is requesting consulting funding of $500,000 in FY 2026-27 only to assist with clinical consulting services following the passage of SB 306. These services will include developing guidance to assist health plans in reporting all covered health care services, items and supplies subject to prior authorization, including approval percentage and other related data. The consultant will also evaluate reports submitted by health plans, develop and publish a list of services, items and supplies for which health plans must cease requiring prior authorization and draft a report on the impacts of ending the prior authorization.

This work requires highly specialized expertise not available through the civil service system. Additionally, utilizing consultant contracts provides flexibility to access expertise across various clinical areas that cannot be limited to a specific civil service classification. The workload is one-time and not ongoing.

The DMHC estimates the OPL costs to be three positions and $1,136,000 in 2026-27, four positions and $893,000 in 2027-28, four positions and $885,000 in 2028-29 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.

Help Center (HC) anticipates additional workload to address an increased volume of consumer complaints following the passage of SB 306.

1.0 Attorney III (beginning January 1, 2028)

This position will review, analyze and respond to complex consumer complaints, including evaluating health plan responses and medical group denial letters and supporting documentation from providers and health plans.

2.0 Associate Governmental Program Analyst (beginning January 1, 2028)

These positions will assist and provide analytical support and conduct analysis to address the increased volume of consumer and provider complaints following the passage of SB 306.

The DMHC estimates the HC costs to be three positions and $323,000 in 2027-28, $590,000 in 2028-29 and annually thereafter.

Office of Technology and Innovation (OTI)

The DMHC's 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. OTI anticipates additional annual software licensing costs for the new employees included in this proposal.

The DMHC estimates the OTI costs to be $20,000 in 2026-27, $57,000 in 2027-28, $45,000 in 2028-29 and annually thereafter for software licensing costs.

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, procurements, organizational effectiveness and improvement, business continuity planning, policies management and strategic planning

The OAS anticipates additional legal education costs to support the new legal positions.

The DMHC estimates the OAS costs to be $4,000 in 2026-27, $8,000 in 2027-28 and annually thereafter for legal education software licensing.

C. Departmentwide and Statewide Considerations

This proposal aligns with the DMHC's mission to support health plan members have access to equitable, high-quality, timely, and affordable health care within a stable health care delivery system. This proposal also aligns with the DMHC's strategic plan to regulate fairly, efficiently and effectively and foster a culture of excellence.

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 to support access to care.

D. Outcomes and Accountability

Approval of this proposal will provide the DMHC with the necessary resources to implement the requirements of SB 306.

E. Implementation Plan

The DMHC will begin implementing the requirements of SB 306 on July 1, 2026.

F. Supplemental Information

This request will be funded through annual assessment of the health plans that are regulated by the DMHC. The ongoing fiscal impact of this request to full-service health plans is estimated at less than $0.04 per enrollee per year.

Attachment A: BCP Fiscal Detail Sheet

Attachment B: Workload Standards

Attachment C: Current Org Chart

Attachment D: Proposed Org Chart

BCP Fiscal Detail Sheet

(Dollars in Thousands)

BCP Title: Prior Authorization Reporting (SB 306)

BR Name: 4150-024-BCP-2026-GB

Budget Request Summary

Personal Services

Personal Services	FY26 Current Year	FY26 Budget Year	FY26 BY+1	FY26 BY+2	FY26 BY+3	FY26 BY+4
Positions - Permanent	0	4	8	8	8	8
Total Positions	**0**	**4**	**8**	**8**	**8**	**8**
Earnings - Permanent	0	502	831	991	991	991
Total Salaries and Wages	**$0**	**$502**	**$831**	**$991**	**$991**	**$991**
Total Staff Benefits	0	326	538	647	647	647
Total Personal Services	**$0**	**$828**	**$1,369**	**$1,638**	**$1,638**	**$1,638**

Operating Expenses and Equipment

Operating Expenses and Equipment	FY26 Current Year	FY26 Budget Year	FY26 BY+1	FY26 BY+2	FY26 BY+3	FY26 BY+4
5301 - General Expense	0	9	13	20	20	20
5302 - Printing	0	4	7	8	8	8
5304 - Communications	0	8	13	16	16	16
5306 - Postage	0	4	7	8	8	8
5320 - Travel: In-State	0	12	20	24	24	24
5322 - Training	0	16	26	32	32	32
5340 - Consulting and Professional Services - External	0	500	2	2	2	2
5340 - Consulting and Professional Services - Interdepartmental	0	8	1	1	1	1
5346 - Information Technology	0	24	64	52	52	52
5368 - Non-Capital Asset Purchases - Equipment	0	36	40	8	8	8
Total Operating Expenses and Equipment	**$0**	**$621**	**$193**	**$171**	**$171**	**$171**

Total Budget Request

Total Budget Request	FY26 Current Year	FY26 Budget Year	FY26 BY+1	FY26 BY+2	FY26 BY+3	FY26 BY+4
Total Budget Request	**$0**	**$1,449**	**$1,562**	**$1,809**	**$1,809**	**$1,809**

Fund Summary

Fund Source

Fund Source	FY26 Current Year	FY26 Budget Year	FY26 BY+1	FY26 BY+2	FY26 BY+3	FY26 BY+4
State Operations - 0933 - Managed Care Fund	0	1,449	1,562	1,809	1,809	1,809
Total State Operations Expenditures	**$0**	**$1,449**	**$1,562**	**$1,809**	**$1,809**	**$1,809**
Total All Funds	**$0**	**$1,449**	**$1,562**	**$1,809**	**$1,809**	**$1,809**

Program Summary

Program Funding

Program Funding	FY26 Current Year	FY26 Budget Year	FY26 BY+1	FY26 BY+2	FY26 BY+3	FY26 BY+4
3870 - Health Plan Program	0	1,449	1,562	1,809	1,809	1,809
Total All Programs	**$0**	**$1,449**	**$1,562**	**$1,809**	**$1,809**	**$1,809**

Personal Services Details

Positions

Positions	FY26 Current Year	FY26 Budget Year	FY26 BY+1	FY26 BY+2	FY26 BY+3	FY26 BY+4
5393 - Assoc Govtl Program Analyst	0	2	4	4	4	4
5780 - Attorney IV	0	2	3	3	3	3
5795 - Attorney III	0	0	1	1	1	1
Total Positions	**0**	**4**	**8**	**8**	**8**	**8**

Salaries and Wages

Salaries and Wages	FY26 Current Year	FY26 Budget Year	FY26 BY+1	FY26 BY+2	FY26 BY+3	FY26 BY+4
5393 - Assoc Govtl Program Analyst	0	164	246	328	328	328
5780 - Attorney IV	0	338	506	506	506	506
5795 - Attorney III	0	0	79	157	157	157
Total Salaries and Wages	**$0**	**$502**	**$831**	**$991**	**$991**	**$991**

Staff Benefits

Staff Benefits	FY26 Current Year	FY26 Budget Year	FY26 BY+1	FY26 BY+2	FY26 BY+3	FY26 BY+4
5150450 - Medicare Taxation	0	7	12	14	14	14
5150500 - OASDI	0	31	52	61	61	61
5150630 - Retirement - Public Employees - Miscellaneous	0	157	261	311	311	311
5150820 - Other Post-Employment Benefits (OPEB) Employer Contributions	0	10	16	19	19	19
5150900 - Staff Benefits - Other	0	121	197	242	242	242
Total Staff Benefits	**$0**	**$326**	**$538**	**$647**	**$647**	**$647**

Total Personal Services

Total Personal Services	FY26 Current Year	FY26 Budget Year	FY26 BY+1	FY26 BY+2	FY26 BY+3	FY26 BY+4
Total Personal Services	**$0**	**$828**	**$1,369**	**$1,638**	**$1,638**	**$1,638**

WORKLOAD STANDARDS
Office Plan Licensing (OPL)
1 Attorney IV in 2026-27, increasing to 2 Attorney IV in 2027-28 and ongoing

Activities/ Tasks	2026-27 Tasks Per Year	2027-29 2028-29 Tasks Per Year	2029-31/ Ongoing Tasks Per Year	2026-27 Hours Per Task	2027-28 2028-29 Hours Per Task	2029-30/ Ongoing Hours Per Task	2026-27/ Total Hours	2027-29 2028-29 Total Hours	2029-30/ Ongoing Total Hours
Lead interdepartmental meetings to gather additional information to implement.	12	12	12	10	11	10	120	132	120
Prepare procedures and internal and external checklists utilized during filing review.	3	1	1	103	120	120	310	120	120
Lead training in compliance review processes and anticipate compliance laws.	2	1	1	40	40	40	80	40	40
Lead team with establishing and maintaining consulting	1	1	1	50	50	50	50	50	50
Conduct review of plan filings to determine whether the plan complied with reporting instructions set forth in APL.	48	48	48	15	15	20	720	720	960
Meet with consultant to determine services, items and supplies are most frequently approved by plans and define the threshold for "most frequently approved".	104	104	104	5	9.5	5	520	988	520
Prepare report publishing a list of services, items, and supplies as the most frequently approved by plans or their delegated entities.	0	1	1	0	100	100	0	100	100

Activities/ Tasks	2026-27 Tasks Per Year	2027-29 2028-29 Tasks Per Year	2029-31/ Ongoing Tasks Per Year	2026-27 Hours Per Task	2027-28 2028-29 Hours Per Task	2029-30/ Ongoing Hours Per Task	2026-27/ Total Hours	2027-29 2028-29 Total Hours	2029-30/ Ongoing Total Hours
Prepare APL regarding the cessation of requiring prior authorization for identified services.	0	1	1	0	40	40	0	40	40
Review EOCs, Disclosure Forms, provider notices and enrollee notices for compliance with SB 306.	0	93	93	0	10	12.5	0	930	1163
Review plan to plan agreements, ASAs, policies and procedures, provider contracts for compliance with SB 306.	0	48	48	0	10	10	0	480	480
Prepare a report regarding the impact of the cessation of the prior authorization requirements.	0	0	1	0	0	7	0	0	7
Total Hours Worked							**1,800**	**3,600**	
Number of Positions Required							**1**	**2**	

WORKLOAD STANDARDS
Office Plan Licensing (OPL)
2 Associate Government Program Analyst

Activities/ Tasks	2026-27 Tasks Per Year	2027-28/ Ongoing Tasks Per Year	2026-27 Hours Per Task	2027-28/ Ongoing Hours Per Task	2026-27/ Total Hours	2027-28/ Ongoing Total Hours
Assist with conducting interdepartmental meetings to gather additional information to implement.	12	12	4	4	48	48
Assist with creating report format for plans, tracking log, and eFiling Exhibit.	3	3	60	60	180	180
Develop procedures and checklists utilized during filing review.	2	2	30	30	60	60
Participate in training of compliance review processes and updates to anticipate compliance laws.	3	3	30	30	90	90
Assist with establishing and maintaining consulting contract.	1	0	150	0	150	0
Maintain weekly tracking report and documentation of each health plan compliance issues and completion status.	52	52	10	9.5	520	492
Conduct initial filing review of plan submission and subsequent filing amendments to identify administrative issues and deficiencies.	48	48	8.3	12	398	576
Issue, monitor and log work assigned to consultant, and review invoices for payment.	104	104	5	5	520	520
Consult with contractor on issues.	104	104	5	5	520	520
Consult with lead Attorney on issues and next steps to be taken.	104	104	5	5	520	520

Activities/ Tasks	2026-27 Tasks Per Year	2027-28/ Ongoing Tasks Per Year	2026-27 Hours Per Task	2027-28/ Ongoing Hours Per Task	2026-27/ Total Hours	2027-28/ Ongoing Total Hours
Prepare and issue weekly Statistics Report on status of current filing reviews.	52	52	3.5	3.5	182	182
Prepare and issue mandated Report.	1	1	100	100	100	100
Meet with Manager and Admin Team weekly.	52	52	3.5	3.5	182	182
Meet with lead Attorney bi- weekly.	26	26	5	5	130	130
Total Hours Worked					**3,600**	**3,600**
Number of Positions Required					**2**	**2**

WORKLOAD STANDARDS
Office of Legal Services (OLS)
1 Attorney IV

Activities/ Tasks	Total Tasks	Hours Per Task	2026-27 Ongoing Total Hours
Conduct consultant, economist and stakeholder meetings, capture and compile feedback, compile research and analysis regarding most highly complex policy concerns and recommendations on policy guidance to management resulting from this bill.	1	250	250
Lead recurring work group meetings with program divisions involved with regulation promulgation, compile and capture feedback, determine what revisions are required, draft initial text of the proposed feedback, process draft regulation internally for management and program approval.	1	200	200
Draft final regulation text and incorporated documents (statement of reasons, notices, and APA required documents) for management, Agency and Department of Finance review and approval, finalize any revisions and submit rulemaking package to the Office of Administrative Law (OAL).	1	460	460
Lead the regulatory process from development through final approval, including drafting and submitting rulemaking documents, conducting public hearings, summarizing and analyzing stakeholder feedback and coordinating with the Office of Administrative Law (OAL, and serve as lead on recommendation guidance from OAL attorneys in getting rulemaking package finalized for approval with Secretary of State.	1	800	800
Provide legal support for committees and work group meetings related to legal recommendations for regulation.	1	20	20
Serve as lead on post-implementation actions including answering internal and external questions that arise from regulations, conducting additional stakeholder meetings and advising executive management, Agency and the Governor's Office on additional policy implications and legal impacts.	1	70	70
Total Hours Worked			**1,800**
Number of Positions Required			**1**

WORKLOAD STANDARDS
Help Center (HC)
1 Attorney III (beginning January 1, 2028)

Activities/ Tasks	2027-28 Tasks Per Year	2028-29/ Ongoing Tasks Per Year	Hours Per Task	2027-28 Total Hours (Jan-June 2028)	2028-29/ Ongoing Total Hours
Comply with the Knox Keene Act mandate to resolve and make compliance determinations on issues raised in complaints within 30 days. Analyze complex complaints, plan response, plan and medical group denial letters, provider and plan documentation.	41	82	12	490	980
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.	41	82	4	164	328
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.	41	82	2	82	164
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.	41	82	2	82	164
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 directions and consultation regarding standards for analysis and response.	41	82	2	82	164
Total Hours Worked				**900**	**1,800**
Number of Positions Required				**1**	**1**

WORKLOAD STANDARDS
Help Center (HC)
Provider Complaint Branch (PCB)
1 Associate Governmental Program Analyst (beginning January 1, 2028)

Activities/ Tasks	2027-28 Tasks Per Year	2028-29/ Ongoing Tasks Per Year	Hours Per Task	2027-28 Total Hours (Jan-June 2028)	2028-29/ Ongoing Total Hours
Review of complaints regarding Requests for Health Plan Information (RHPI) review.	110	219	3.2	354	705
Draft requests for information to Payor. Prepare and send requests for information.	110	219	2	220	438
Case note entry. Draft initial complaint summary. Input resolution summary.	110	219	2	220	438
Recover payment information	110	219	1	110	219
Total Hours Worked				**900**	**1,800**
Number of Positions Required				**1**	**1**

WORKLOAD STANDARDS
Help Center (HC)
Standard Complaint Branch (SCB)
1 Associate Governmental Program Analyst (beginning January 1, 2028)

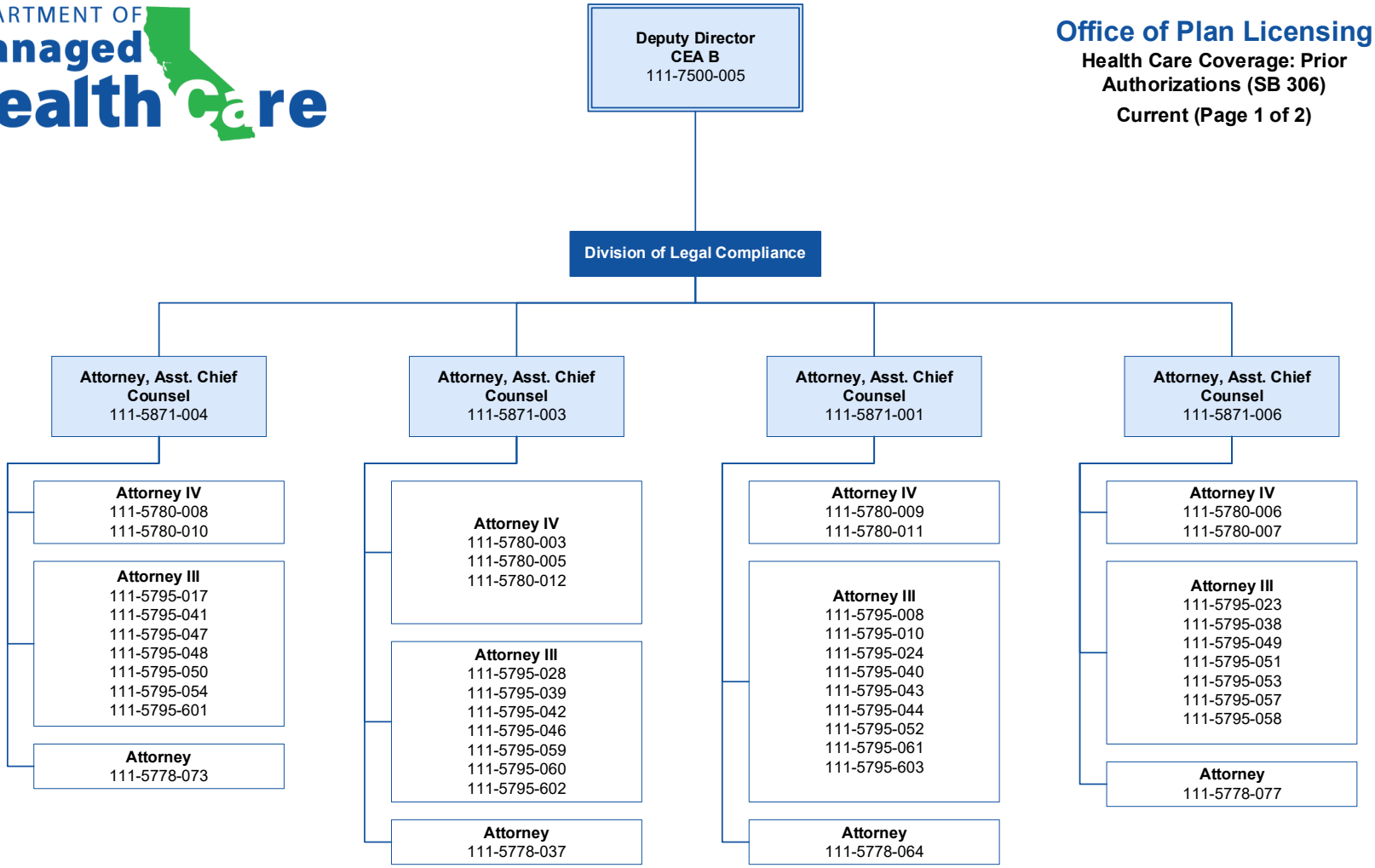
Activities/ Tasks	2027-28 Tasks Per Year	2028-29/ Ongoing Tasks Per Year	Hours Per Task	2027-28 Total Hours (Jan-June 2028)	2028-29/ Ongoing Total Hours
Analyze, process and resolve category 1 and 2 complex complaints.	62	124	7.5	466	932
Update and maintain complaint and medical record tracking relevant databases, such as Spotlight, Request for Health Plan Information and Evidence of Coverage analysis.	62	124	4	248	496
Produce and maintain consumer, health plan and consultation staff correspondence, including emails, phone calls, follow up updates, inquiries and Requests for Information.	62	124	1	62	124
Consult with Legal Staff and clinical staff on subcase reviews.	62	124	1	62	124
Analyze, review and process grievance violations.	62	124	1	62	124
Total Hours Worked				**900**	**1,800**
Number of Positions Required				**1**	**1**

DEPARTMENT OF Managed Health Care

Office of Plan Licensing

Health Care Coverage: Prior Authorizations (SB 306)

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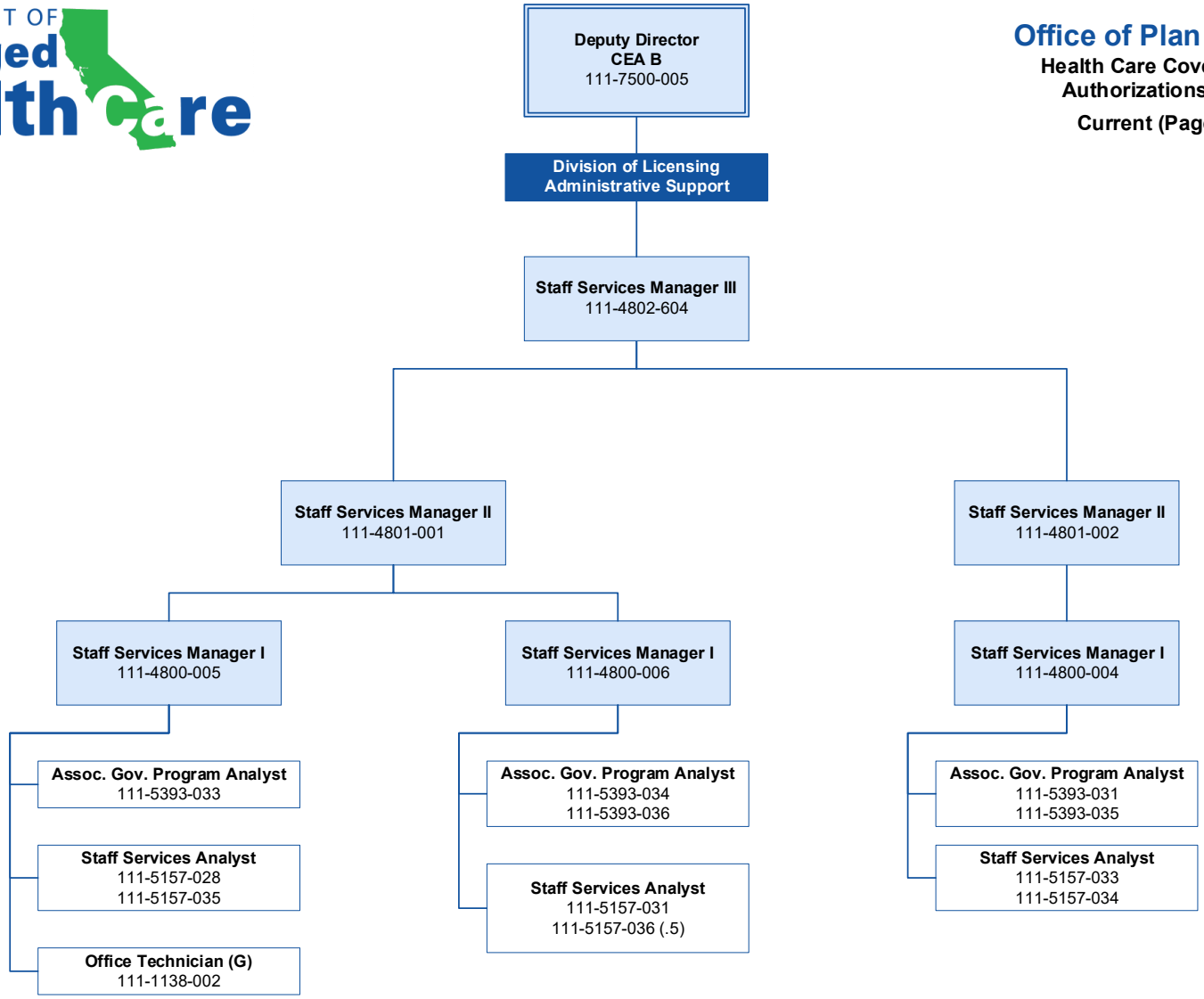


DEPARTMENT OF Managed Health Care

Office of Plan Licensing

Health Care Coverage: Prior Authorizations (SB 306)

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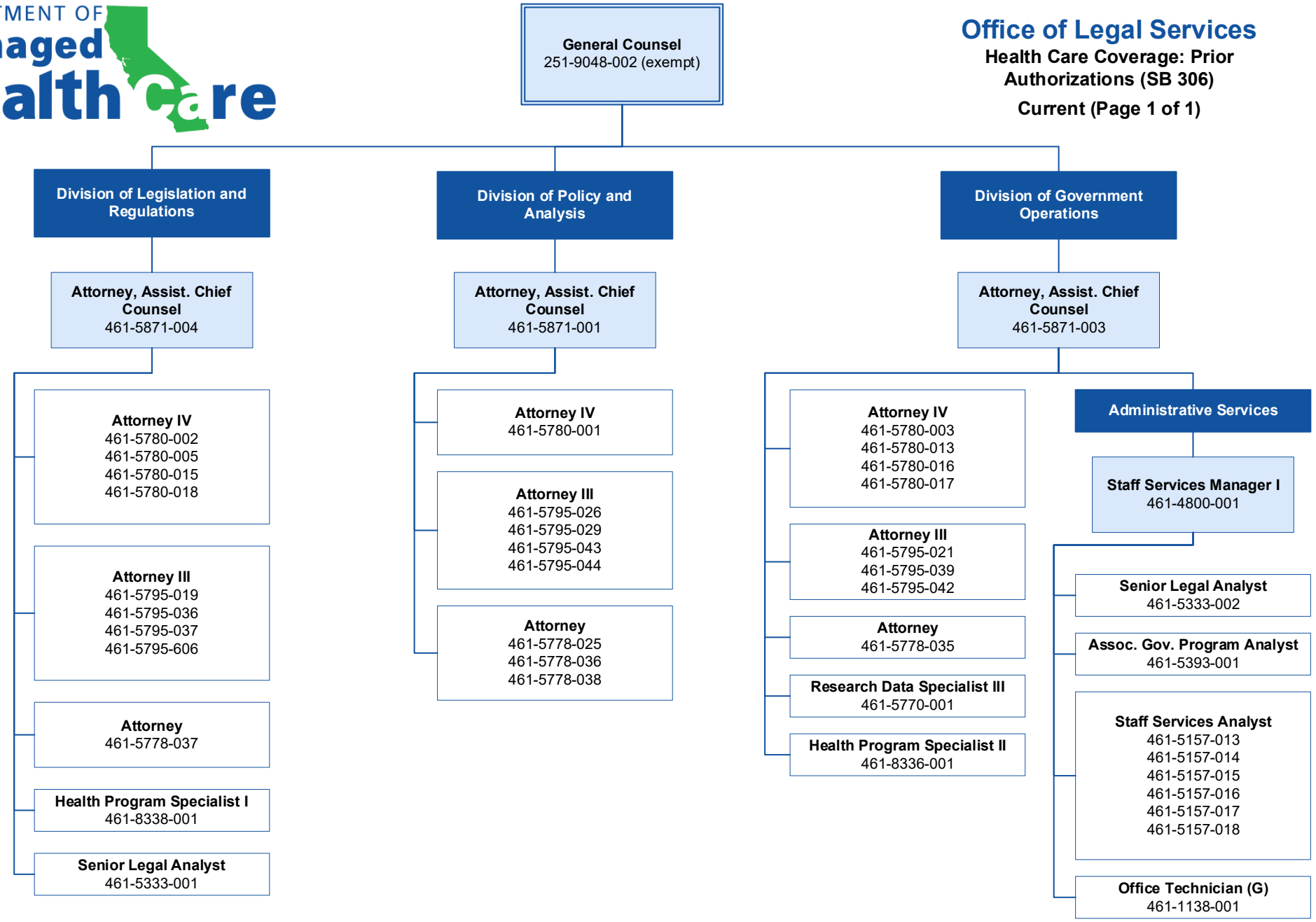


DEPARTMENT OF Managed Health Care

Office of Legal Services

Health Care Coverage: Prior Authorizations (SB 306)

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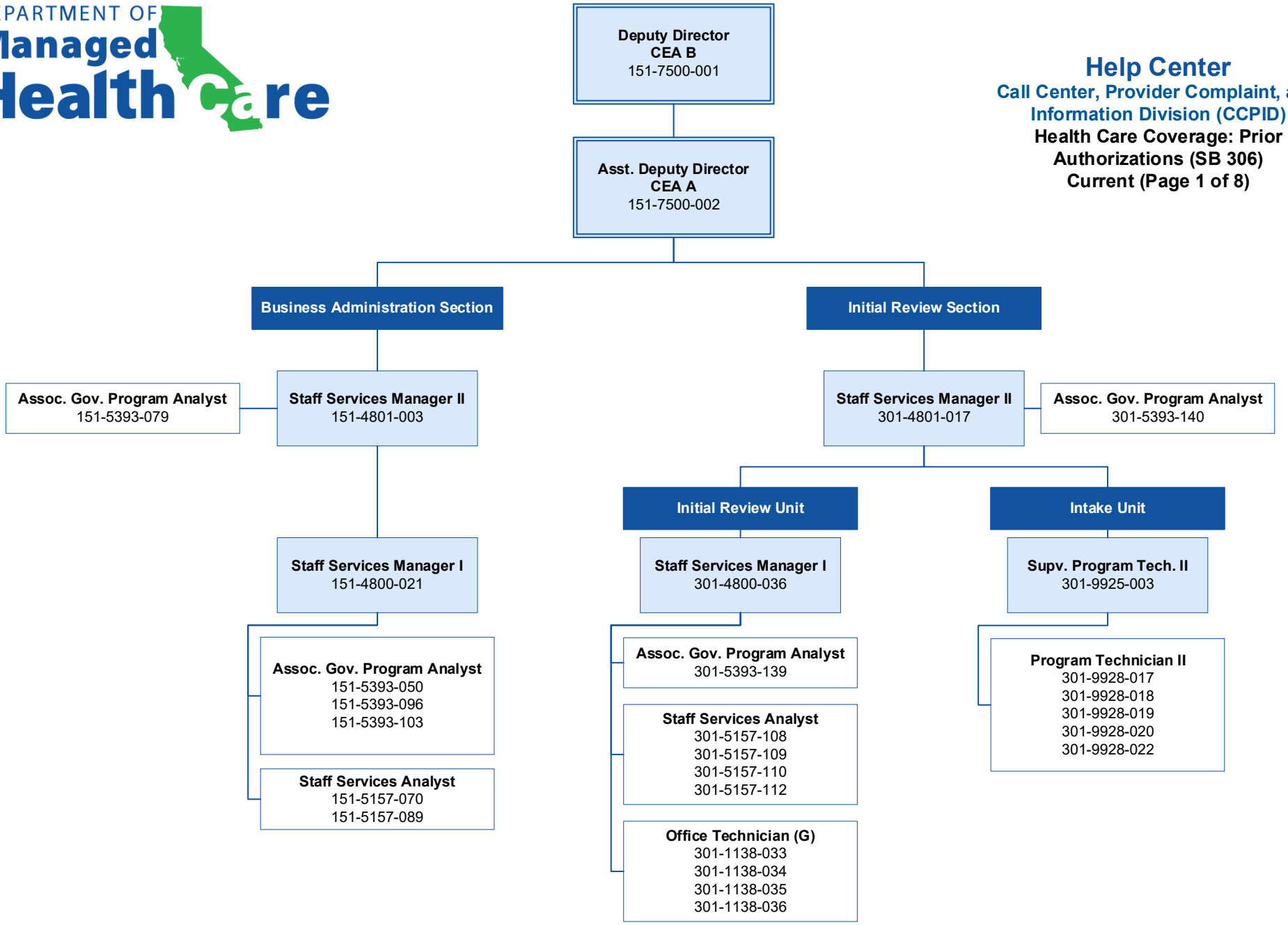


DEPARTMENT OF Managed Health Care

Help Center

Call Center, Provider Complaint, and Information Division (CCPID)

Health Care Coverage: Prior Authorizations (SB 306)
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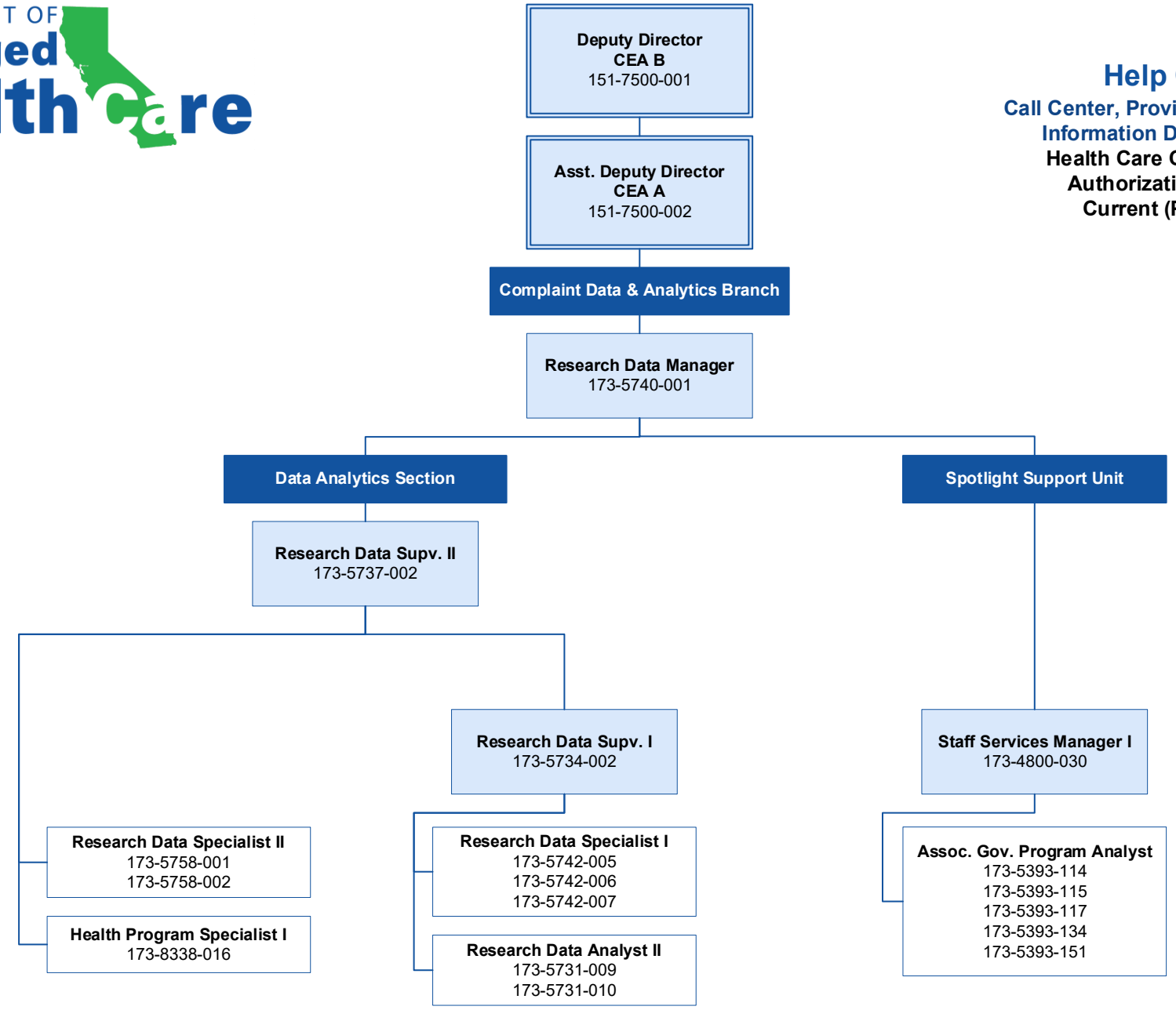


DEPARTMENT OF Managed Health Care

Help Center

Call Center, Provider Complaint, and Information Division (CCPID)

Health Care Coverage: Prior Authorizations (SB 306)
Current (Page 2 of 8)

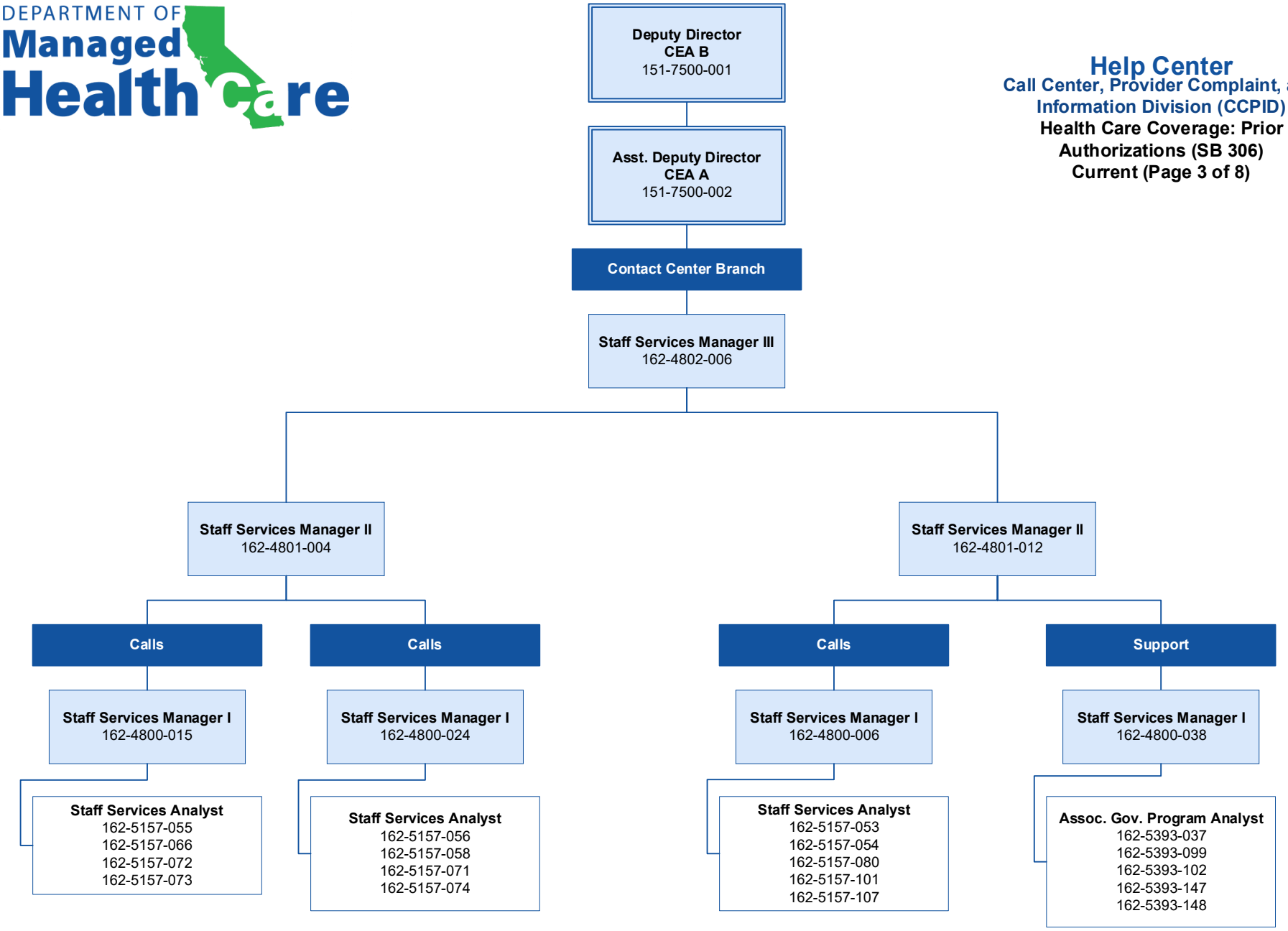


DEPARTMENT OF Managed Health Care

Help Center

Call Center, Provider Complaint, and Information Division (CCPID)

Health Care Coverage: Prior Authorizations (SB 306)
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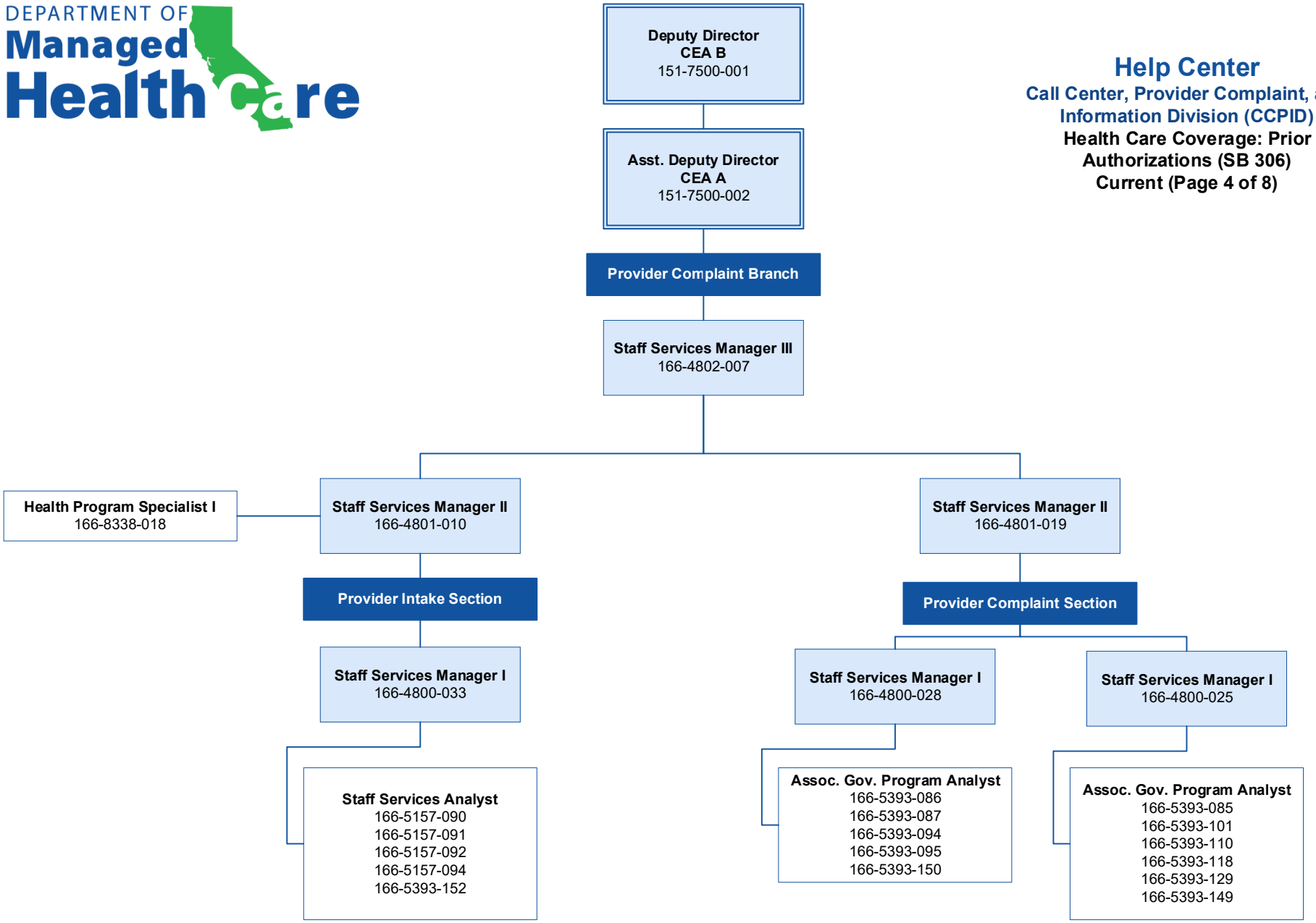


DEPARTMENT OF Managed Health Care

Help Center

Call Center, Provider Complaint, and Information Division (CCPID)

Health Care Coverage: Prior Authorizations (SB 306)
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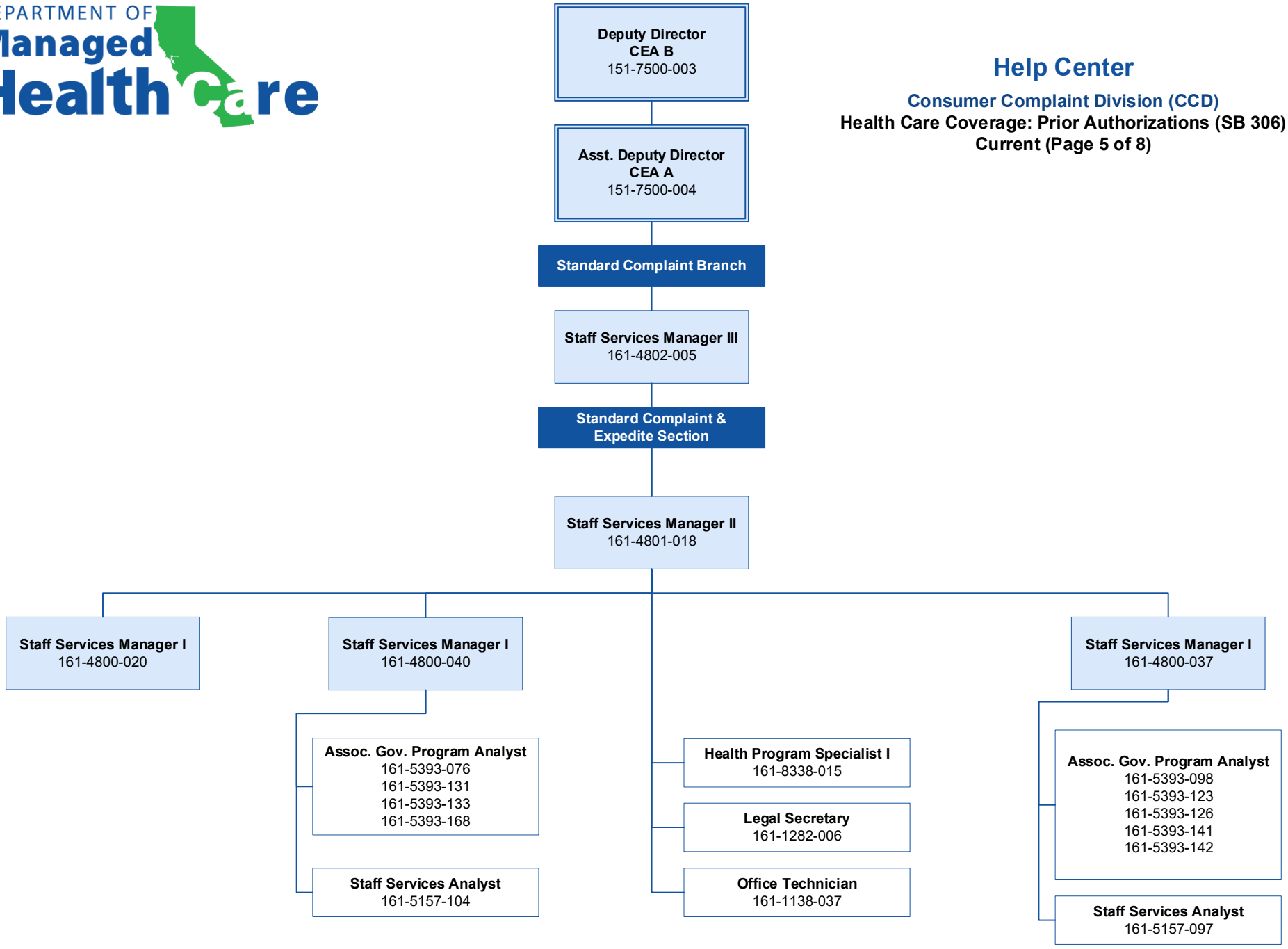


DEPARTMENT OF Managed Health Care

Help Center

Consumer Complaint Division (CCD)

Health Care Coverage: Prior Authorizations (SB 306)
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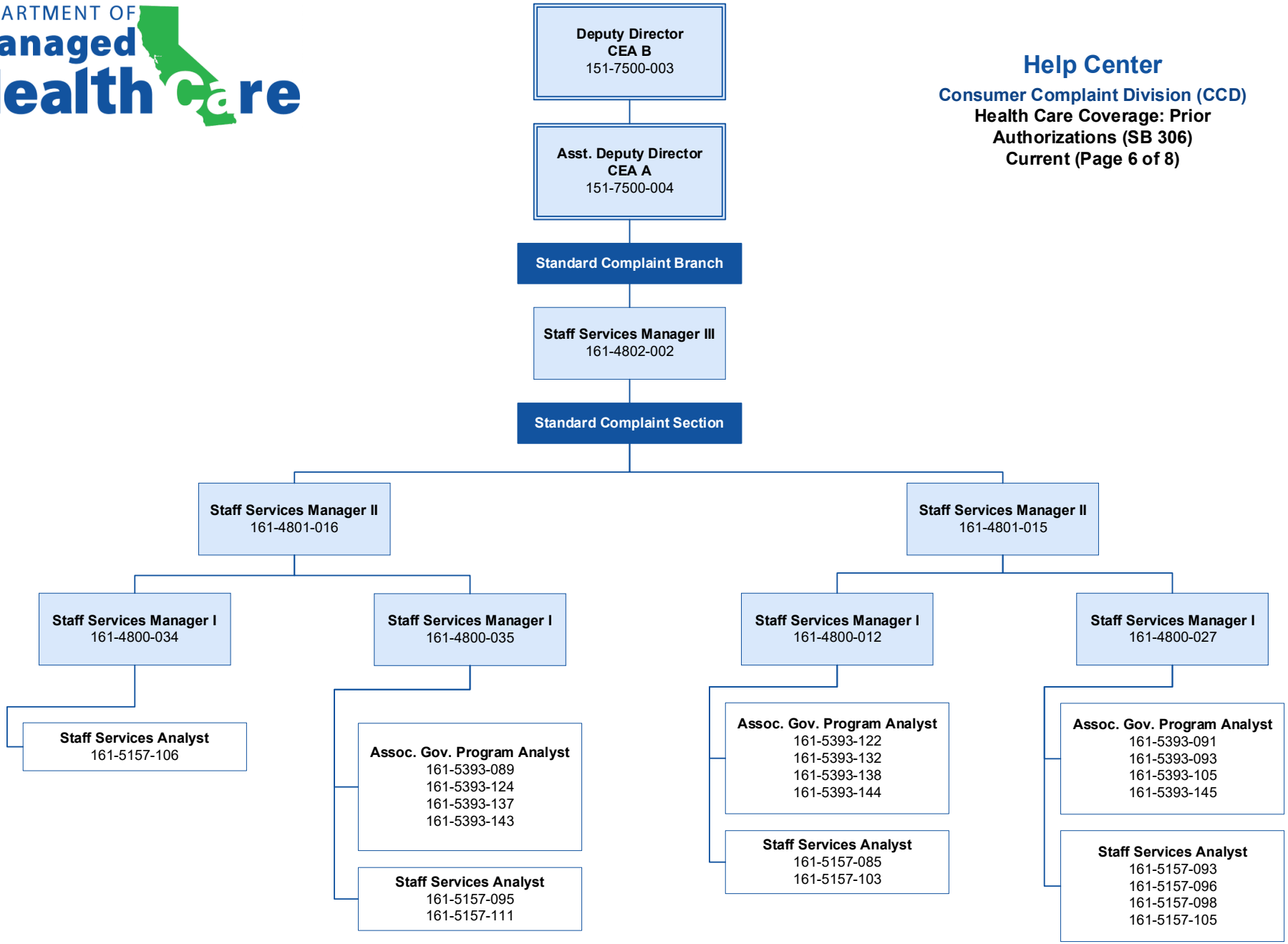


DEPARTMENT OF Managed Health Care

Help Center

Consumer Complaint Division (CCD)

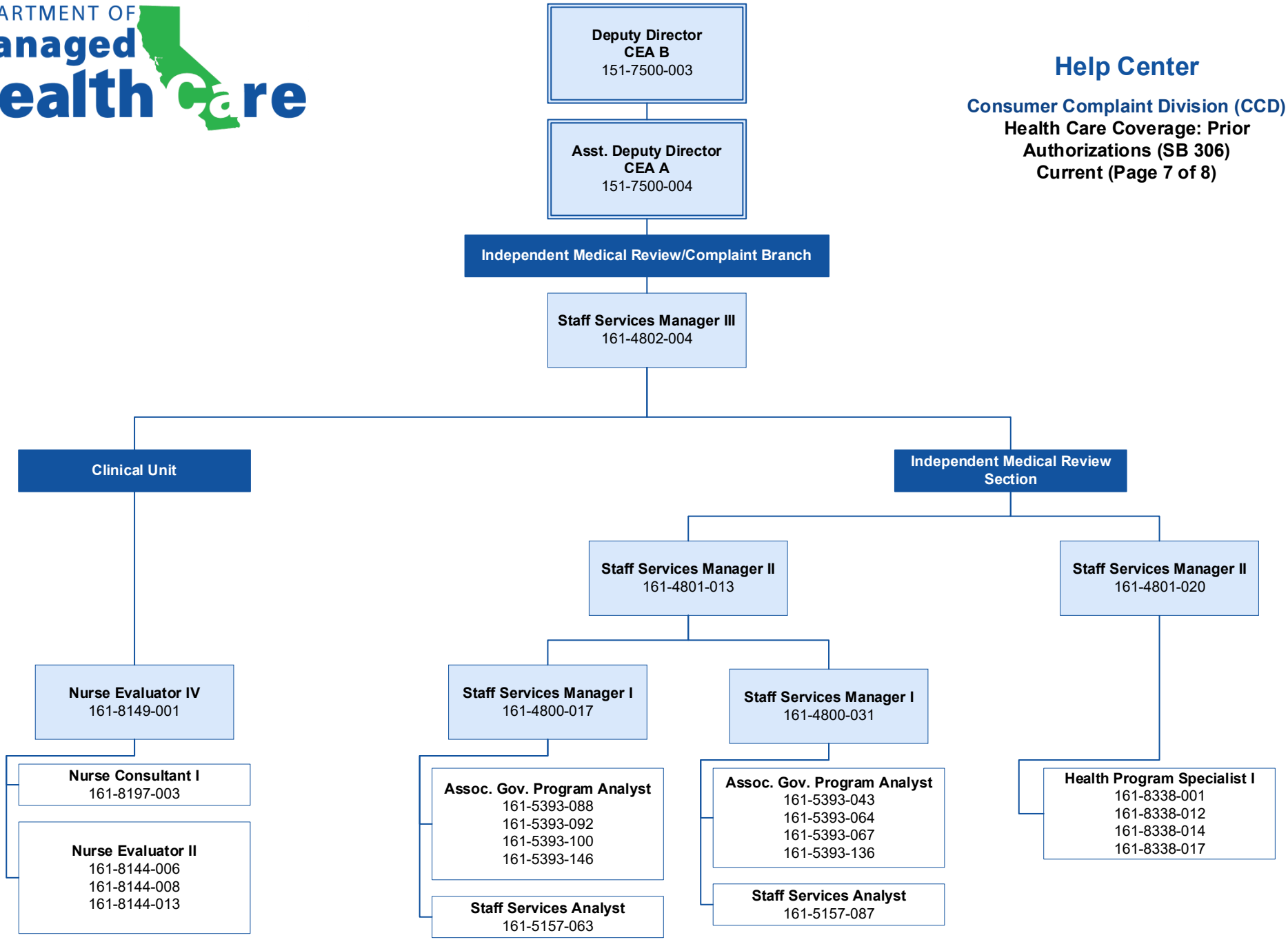
Health Care Coverage: Prior Authorizations (SB 306)
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DEPARTMENT OF Managed Health Care

Help Center

Consumer Complaint Division (CCD)
Health Care Coverage: Prior Authorizations (SB 306)
Current (Page 7 of 8)

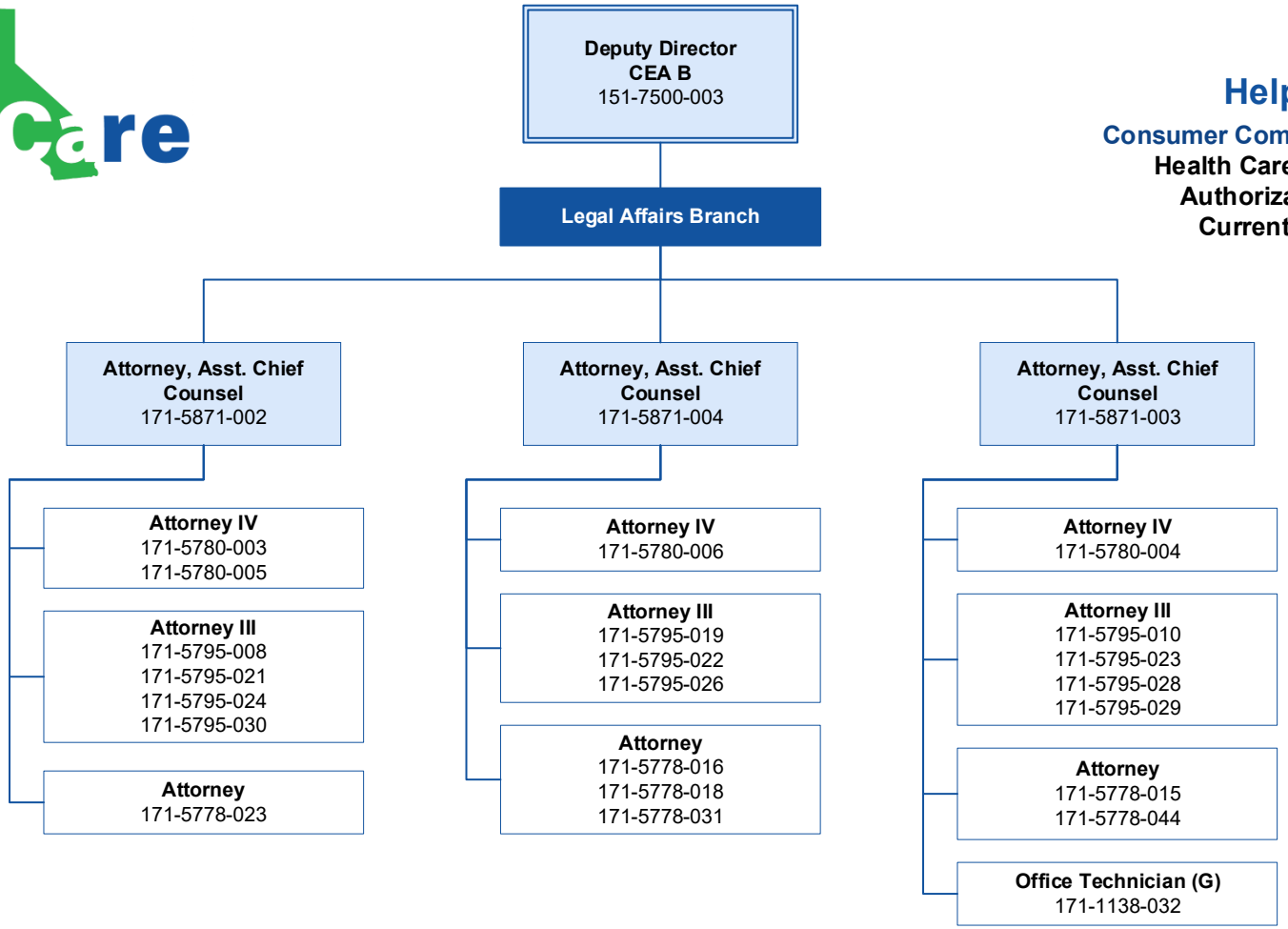


DEPARTMENT OF Managed Health Care

Help Center

Consumer Complaint Division (CCD)

Health Care Coverage: Prior Authorizations (SB 306)
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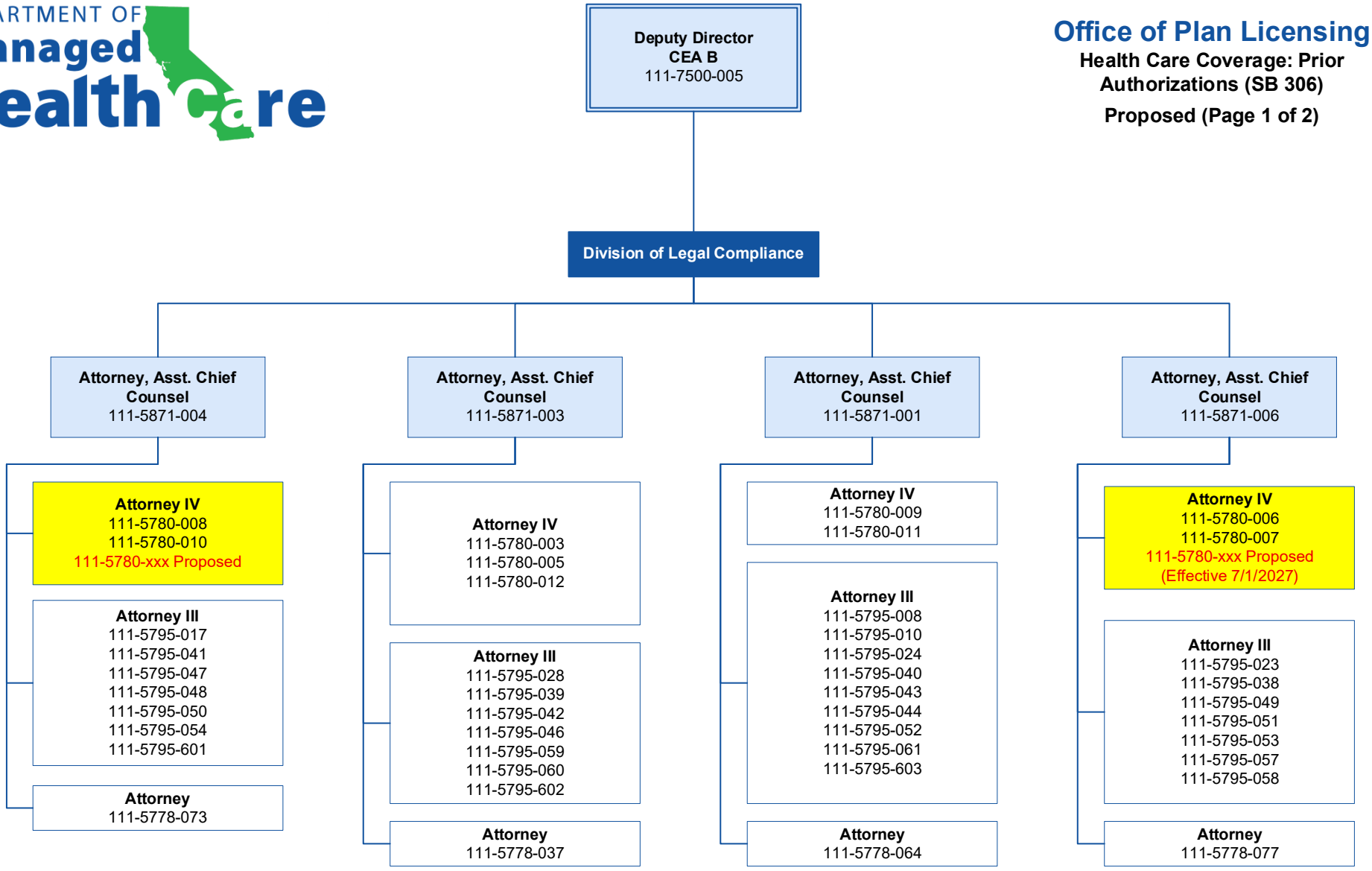


DEPARTMENT OF Managed Health Care

Office of Plan Licensing

Health Care Coverage: Prior Authorizations (SB 306)

Proposed (Page 1 of 2)

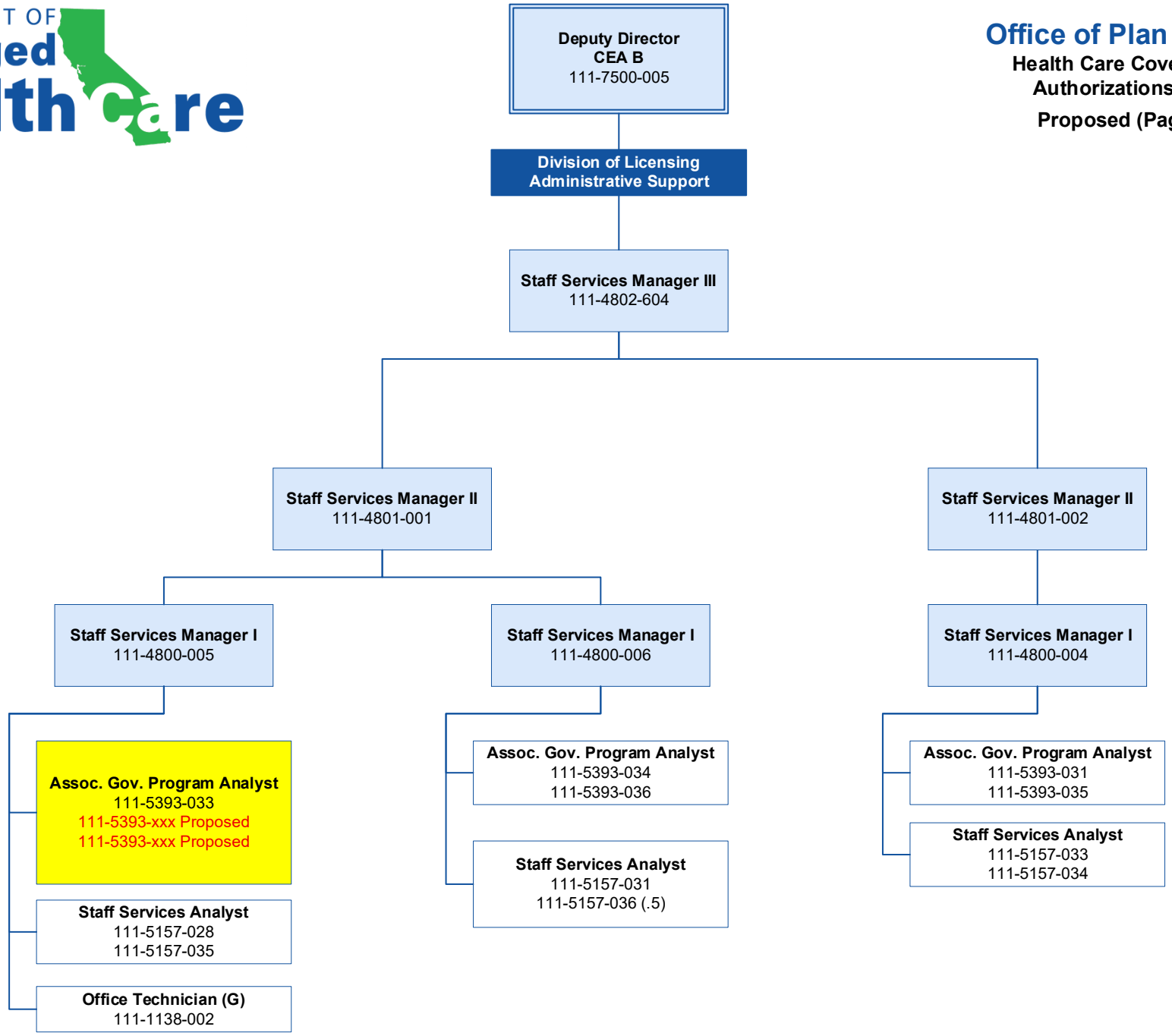


DEPARTMENT OF Managed Health Care

Office of Plan Licensing

Health Care Coverage: Prior Authorizations (SB 306)

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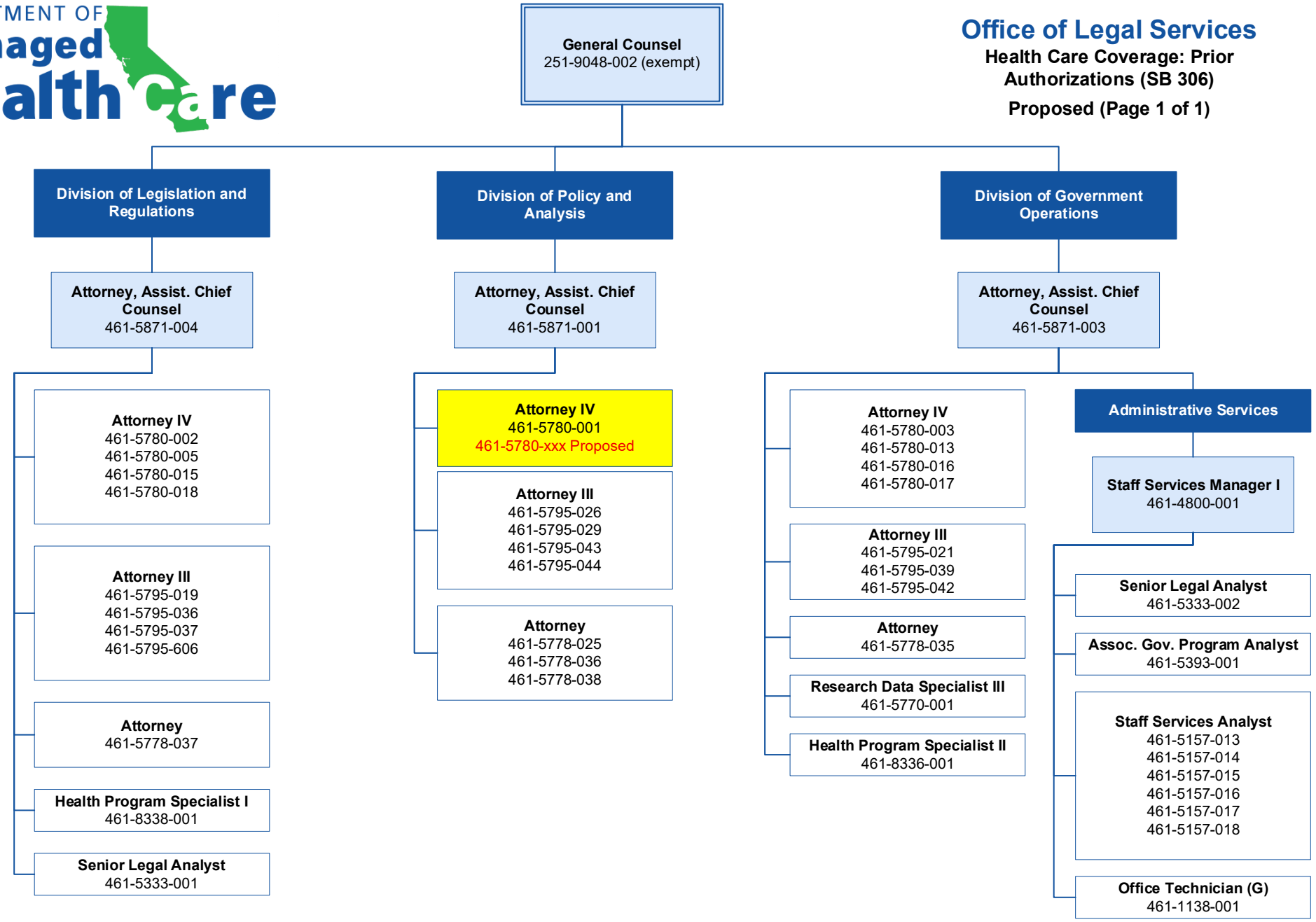


DEPARTMENT OF Managed Health Care

Office of Legal Services

Health Care Coverage: Prior Authorizations (SB 306)

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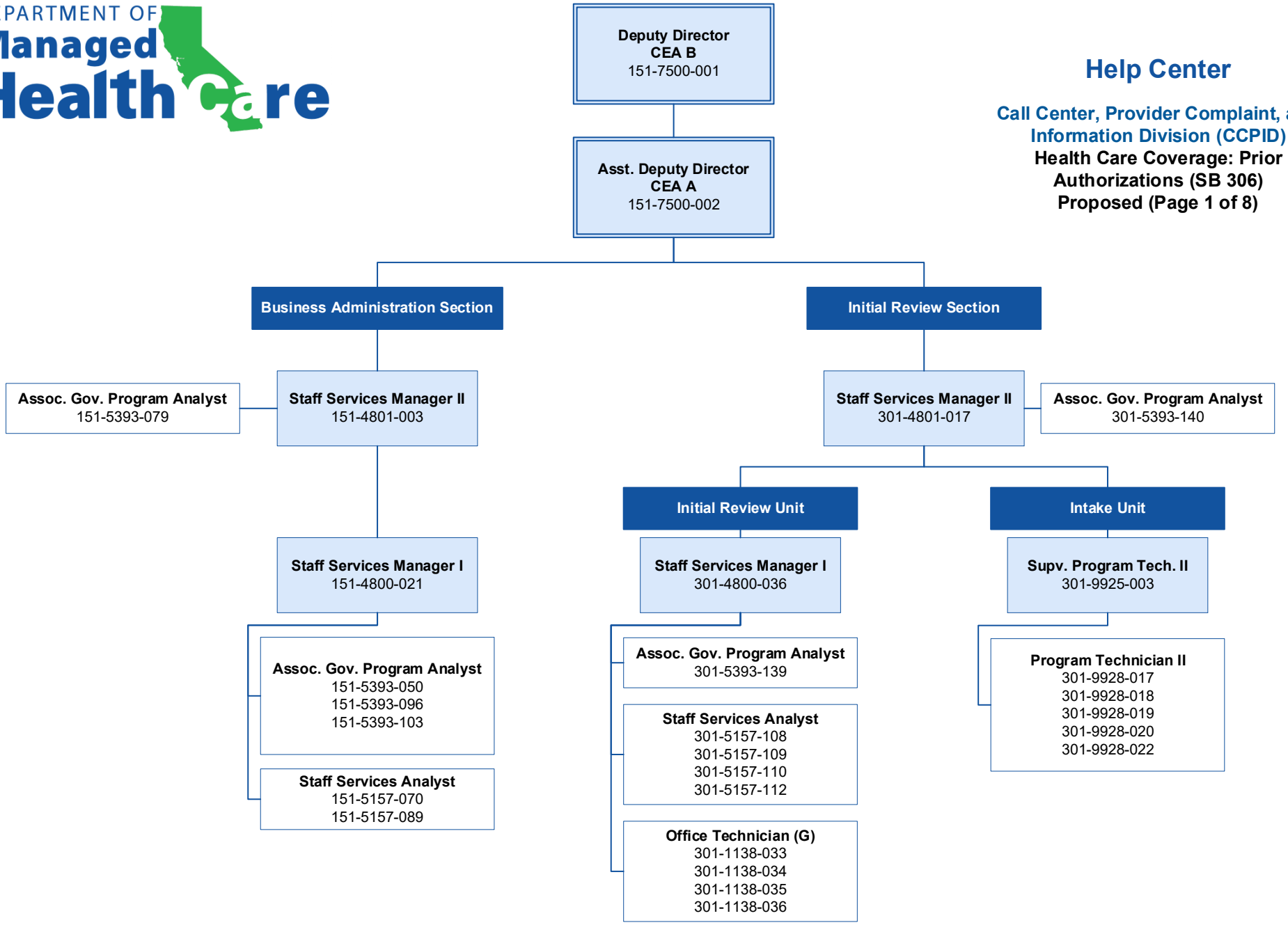


DEPARTMENT OF Managed Health Care

Help Center

Call Center, Provider Complaint, and Information Division (CCPID)

Health Care Coverage: Prior Authorizations (SB 306)
Proposed (Page 1 of 8)

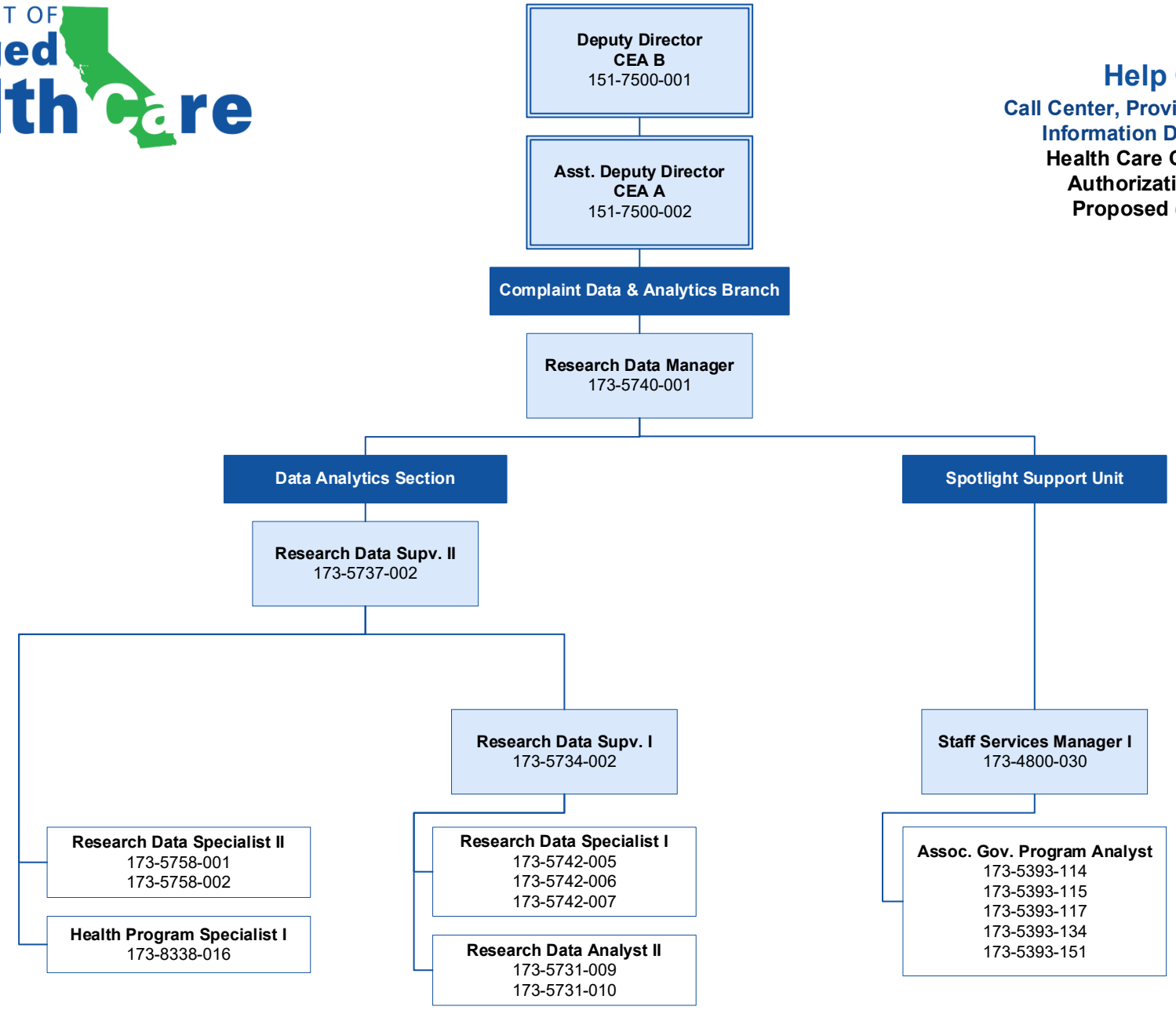


DEPARTMENT OF Managed Health Care

Help Center

Call Center, Provider Complaint, and Information Division (CCPID)

Health Care Coverage: Prior Authorizations (SB 306)
Proposed (Page 2 of 8)



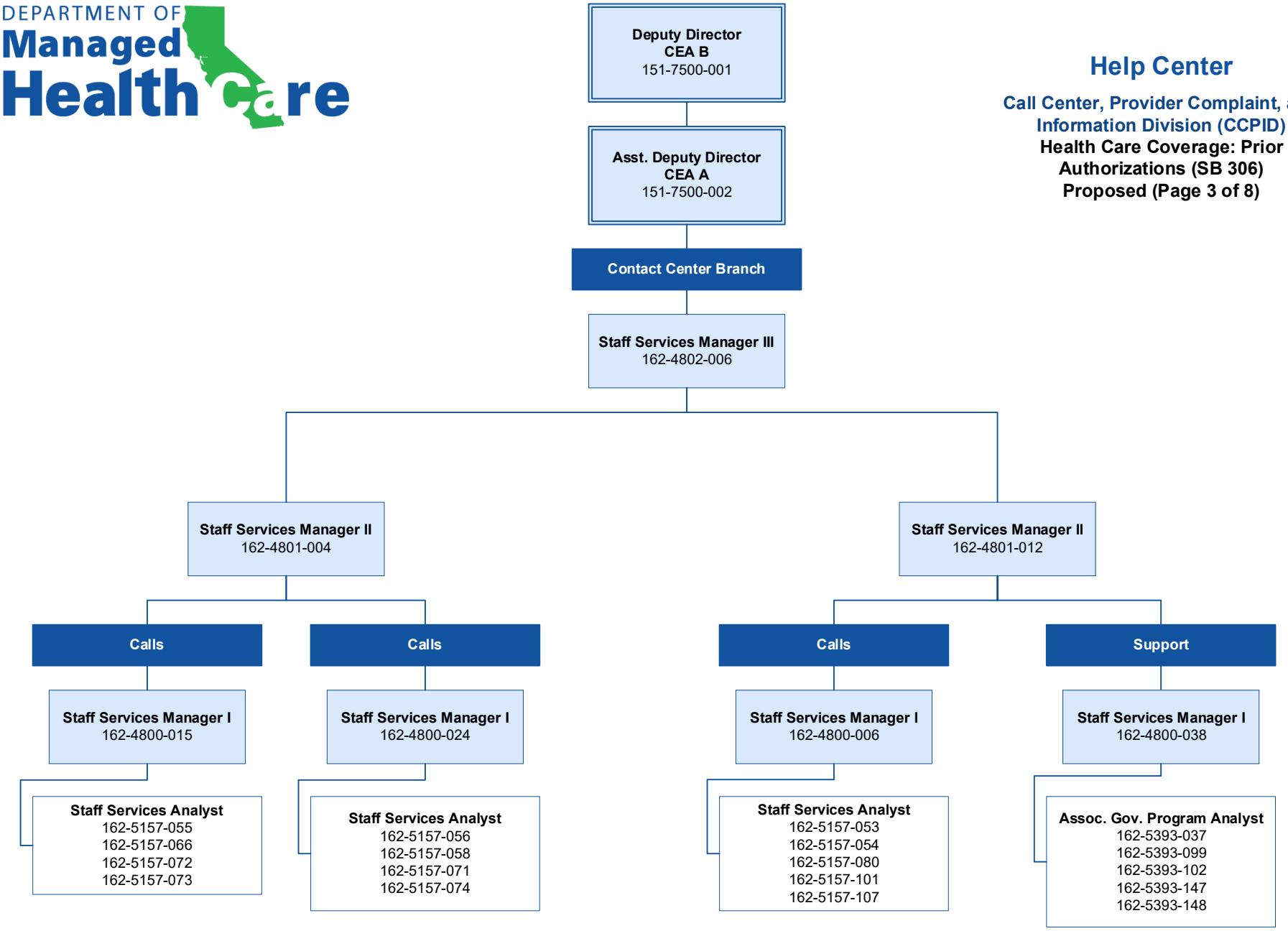
DEPARTMENT OF Managed Health Care

Attachment B

Help Center

Call Center, Provider Complaint, and Information Division (CCPID)

Health Care Coverage: Prior Authorizations (SB 306)
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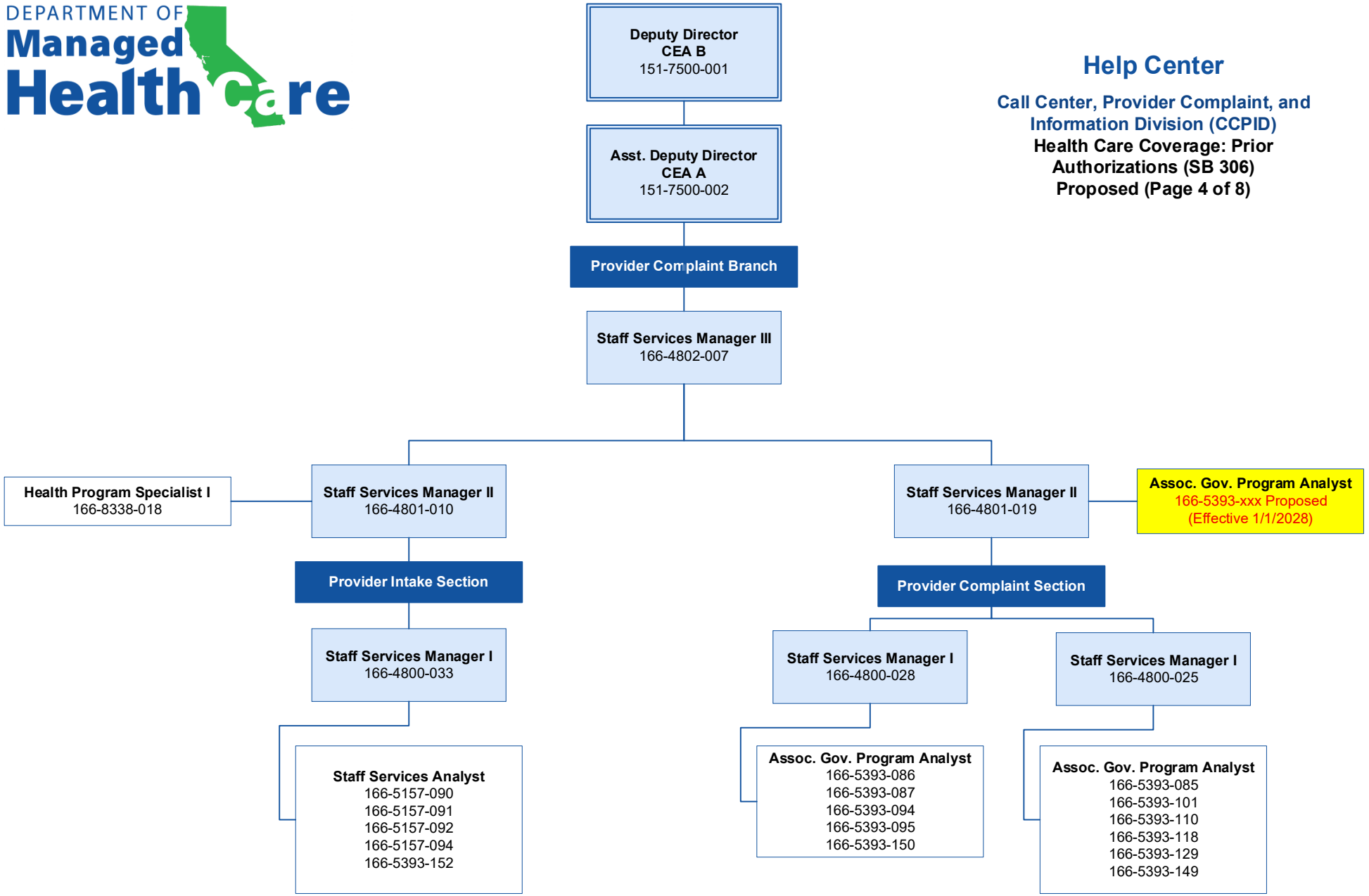


DEPARTMENT OF Managed Health Care

Help Center

Call Center, Provider Complaint, and Information Division (CCPID)

Health Care Coverage: Prior Authorizations (SB 306)
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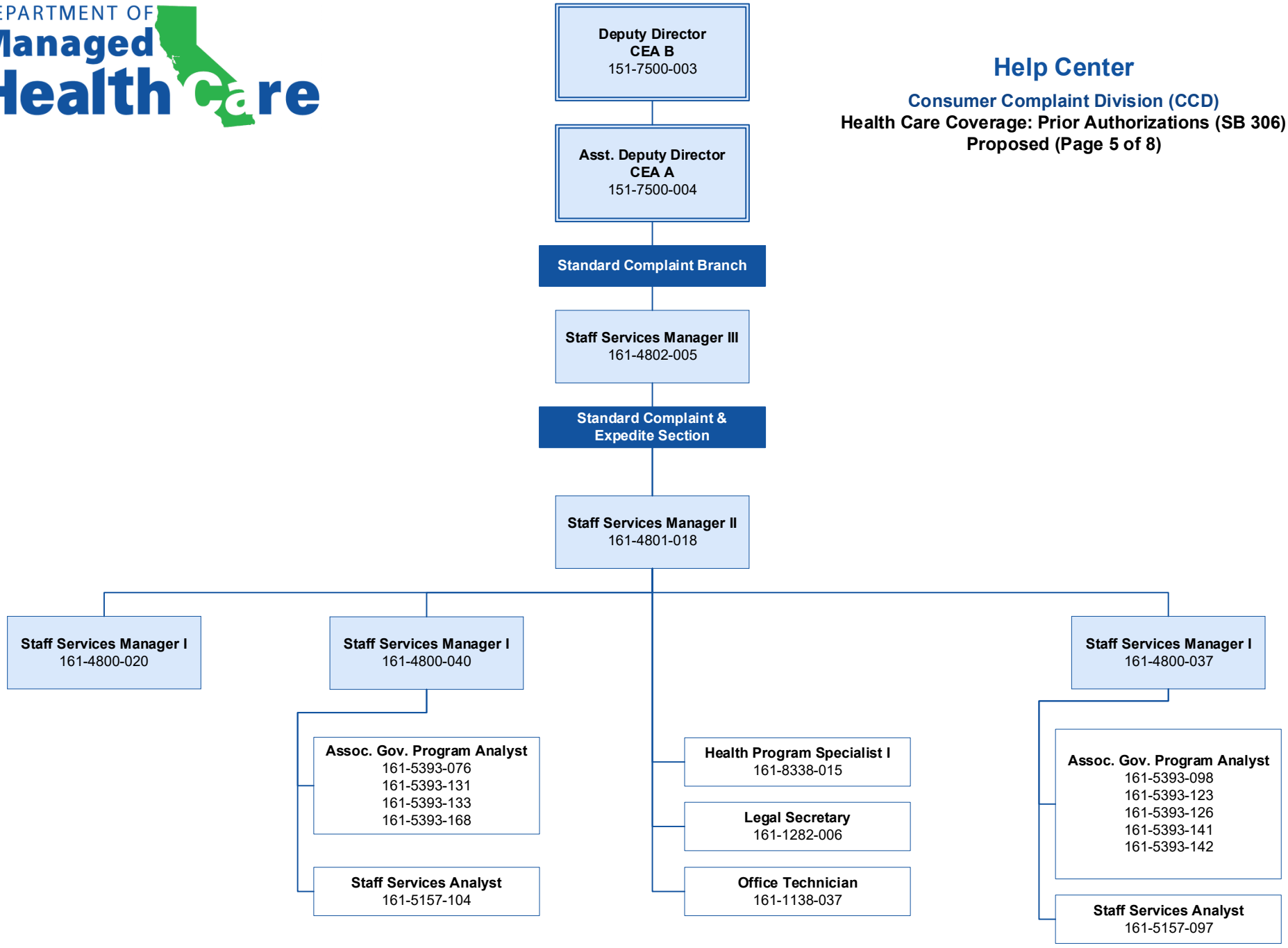


DEPARTMENT OF Managed Health Care

Help Center

Consumer Complaint Division (CCD)

Health Care Coverage: Prior Authorizations (SB 306)
Proposed (Page 5 of 8)

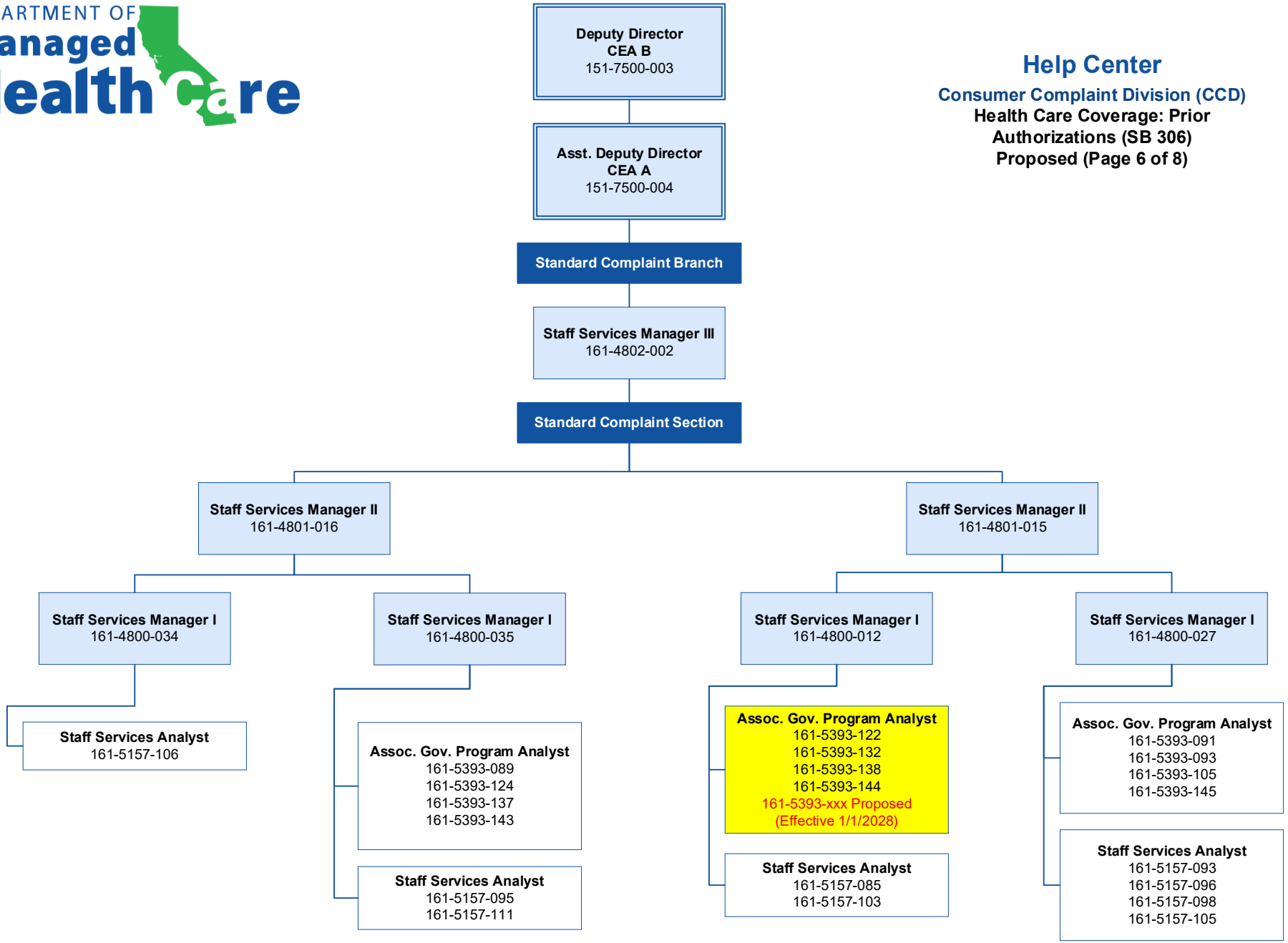


DEPARTMENT OF Managed Health Care

Help Center

Consumer Complaint Division (CCD)

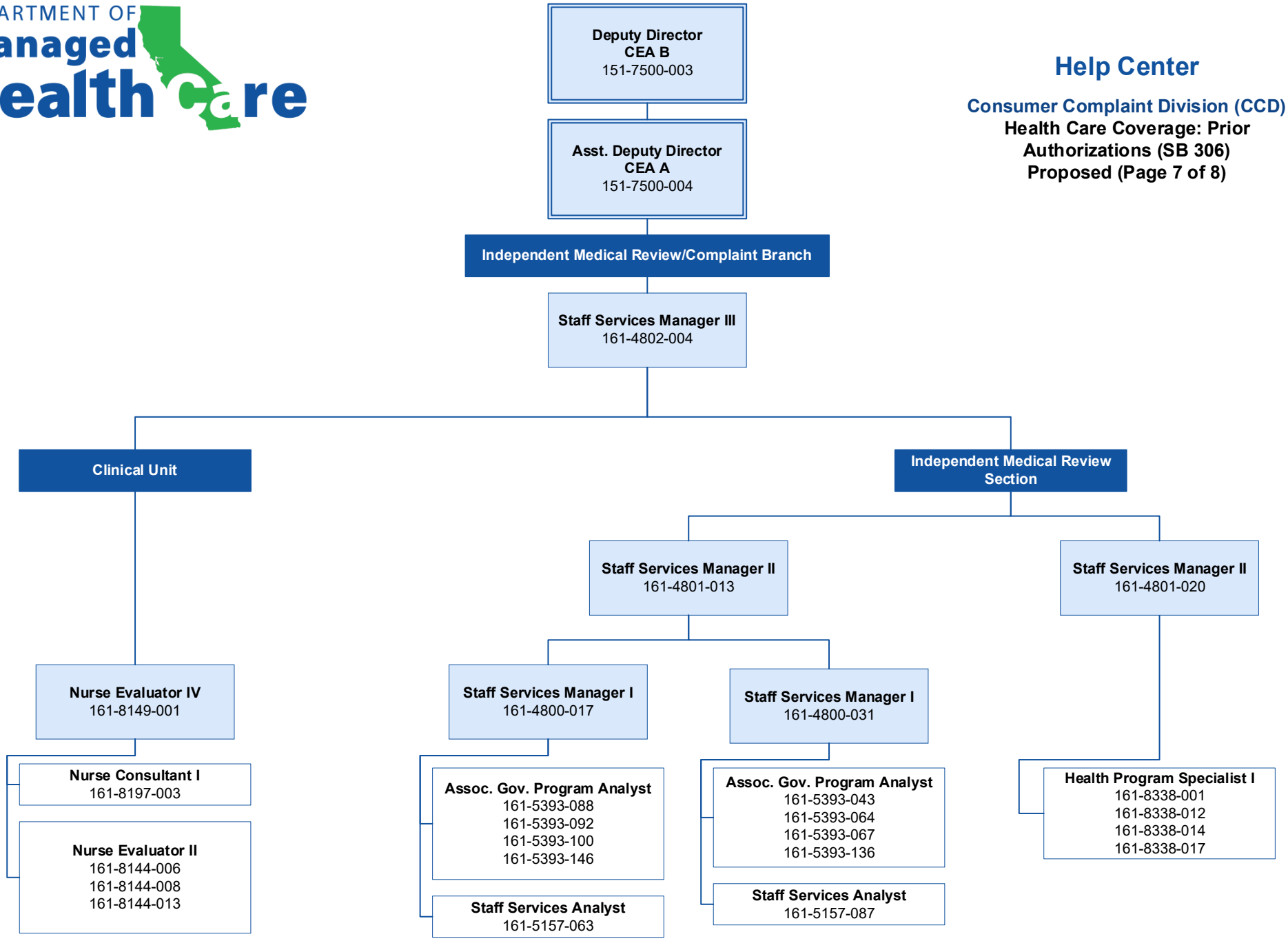
Health Care Coverage: Prior Authorizations (SB 306) Proposed (Page 6 of 8)



DEPARTMENT OF Managed Health Care

Help Center

Consumer Complaint Division (CCD)
Health Care Coverage: Prior Authorizations (SB 306)
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DEPARTMENT OF Managed Health Care

Help Center

Consumer Complaint Division (CCD)

Health Care Coverage: Prior Authorizations (SB 306) Proposed (Page 8 of 8)

