



Gavin Newsom, Governor
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Health and Human Services Agency
DEPARTMENT OF MANAGED HEALTH CARE
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March 6, 2023

SENT VIA EMAIL ONLY

Meiram Bendat
Psych Appeal
7 West Figueroa Street, Ste. 300
Santa Barbara, CA 93101
mbendat@psych-appeal.com

**RE: DMHC California Public Records Act Request
CPRA Request No. 2023-0047**

Dear Meiram Bendat:

The Department of Managed Health Care's (DMHC or the Department) Office of Legal Services received your California Public Records Act (CPRA) request on February 1, 2023, seeking the following statistical information related to the Department's administration of the Independent Medical Review (IMR) process from January 1, 2016, through December 31, 2022:

- (1) The average time between DMHC's initial receipt¹ of an enrollee's IMR application and DMHC's initial review of the application.
- (2) The average time between DMHC's initial receipt of an IMR application and DMHC's determination that the application affirmatively qualifies for IMR under the following categories:
 - a) Urgent and/or expedited IMRs for:
 1. In-network services
 2. Out-of-network services
 - b) Standard IMRs for:
 1. In-network services
 2. Out-of-network service

¹ For purposes of Questions 1 and 2, references to DMHC's "initial receipt" of an enrollee's IMR application pertain to an enrollee's IMR application that may or may not have been deemed "complete" by DMHC at the time of its initial receipt.

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- c) Urgent and/or expedited mental health (including substance abuse) IMRs for:
 - 1. In-network services
 - 2. Out-of-network services
 - d) Standard mental health (including substance abuse) IMRs for:
 - 1. In-network services
 - 2. Out-of-network services
 - e) Urgent and/or expedited medical (excluding mental health and substance abuse) IMRs for:
 - 1. In-network services
 - 2. Out-of-network services
 - f) Standard medical (excluding mental health or substance abuse) IMRs for:
 - 1. In-network services
 - 2. Out-of-network services
- (3) The average time between DMHC's receipt of a complete IMR application and DMHC's determination that the application affirmatively qualifies for IMR under the following categories:
- a) Urgent and/or expedited IMRs for:
 - 1. In-network services
 - 2. Out-of-network services
 - b) Standard IMRs for:
 - 1. In-network services
 - 2. Out-of-network services
 - c) Urgent and/or expedited mental health (including substance abuse) IMRs for:
 - 1. In-network services
 - 2. Out-of-network services
 - d) Standard mental health (including substance abuse) IMRs for:
 - 1. In-network services
 - 2. Out-of-network services
 - e) Urgent and/or expedited medical (excluding mental health and substance abuse) IMRs for:
 - 1. In-network services
 - 2. Out-of-network services
 - f) Standard medical (excluding mental health or substance abuse) IMRs for:
 - 1. In-network services
 - 2. Out-of-network services

- (4) The average time between DMHC's receipt of a complete IMR application and DMHC's notification to the enrollee that DMHC has affirmatively qualified the enrollee's application for IMR under the following categories:
 - a) Urgent and/or expedited IMRs for:
 1. In-network services
 2. Out-of-network services
 - b) Standard IMRs for:
 1. In-network services
 2. Out-of-network services
 - c) Urgent and/or expedited mental health (including substance abuse) IMRs for:
 1. In-network services
 2. Out-of-network services
 - d) Standard mental health (including substance abuse) IMRs for:
 1. In-network services
 2. Out-of-network services
 - e) Urgent and/or expedited medical (excluding mental health and substance abuse) IMRs for:
 1. In-network services
 2. Out-of-network services
 - f) Standard medical (excluding mental health or substance abuse) IMRs for:
 1. In-network services
 2. Out-of-network services
- (5) The average time between DMHC's determination that a complete IMR application affirmatively qualifies for IMR and DMHC's assignment of the case to MAXIMUS under the following categories:
 - a) Urgent and/or expedited IMRs
 - b) Standard IMRs
 - c) Urgent and/or expedited mental health (including substance abuse) IMRs
 - d) Standard mental health (including substance abuse) IMRs
 - e) Urgent and/or expedited medical (excluding mental health and substance abuse) IMRs
 - f) Standard medical (excluding mental health or substance abuse) IMRs
- (6) The average time between DMHC's assignment of a case to MAXIMUS and DMHC's receipt of MAXIMUS's clinical determination under the following categories:
 - a) Urgent and/or expedited IMRs
 - b) Standard IMRs
 - c) Urgent and/or expedited mental health (including substance abuse) IMRs
 - d) Standard mental health (including substance abuse) IMRs

- e) Urgent and/or expedited medical (excluding mental health and substance abuse) IMRs
 - f) Standard medical (excluding mental health or substance abuse) IMRs
- (7) The average time between DMHC's receipt of MAXIMUS's clinical determination and DMHC's notification to the enrollee of MAXIMUS's clinical determination under the following categories:
- a) Urgent and/or expedited IMRs
 - b) Standard IMRs
 - c) Urgent and/or expedited mental health (including substance abuse) IMRs
 - d) Standard mental health (including substance abuse) IMRs
 - e) Urgent and/or expedited medical (excluding mental health and substance abuse) IMR
 - f) Standard medical (excluding mental health or substance abuse) IMRs
- (8) The average time between DMHC's receipt of a complete IMR application and DMHC's notification to the enrollee of MAXIMUS's clinical determination under the following categories:
- a) Urgent and/or expedited IMRs
 - b) Standard IMRs
 - c) Urgent and/or expedited mental health (including substance abuse) IMRs
 - d) Standard mental health (including substance abuse) IMRs
 - e) Urgent and/or expedited medical (excluding mental health and substance abuse) IMR
 - f) Standard medical (excluding mental health or substance abuse) IMRs

On February 13, 2023, the Department notified you via email that we possess data responsive to your CPRA request above and that we anticipated production of that data to you by March 10, 2023.

Attached to the transmission email for this letter, please find two PDF files containing the IMR data responsive to your CPRA request above that is in the Department's possession, aggregated by year as you had requested. However, please note the following clarifications with respect to the data produced:

1. The DMHC Help Center's case management system, Spotlight, is unable to generate data on the average time between DMHC's initial receipt of an enrollee's IMR application and DMHC's initial review of the application (your CPRA Request 1 above) in an accurate and systematic manner, therefore this data cannot be produced.
2. The DMHC Help Center's case management system, Spotlight, is unable to generate the requested IMR data by in-network vs. out-of-network services (your CPRA Requests 2 through 4 above, subparts 1 and 2 for

- each) in an accurate and systematic manner, therefore this data cannot be produced.
3. The responsive data generated for 2022 is tentative as of the date of this letter due to a pending routine review of Spotlight system data.
 4. The data is measured and being reported in calendar days.
 5. The Completed Application Date dataset was not captured in Spotlight prior to May 2016. As such, data for IMR cases prior to May 2016 were excluded in the calculations for Requests 3, 4, and 8 in the Department's response for 2016.

By providing you with this information the DMHC considers your CPRA request fulfilled and the file is now closed. If you have any questions regarding your request, please contact us at PRA@dmhc.ca.gov. Thank you for your interest in this matter.

Sincerely,

Michael Rouzer

Michael Rouzer
Health Program Specialist II
Office of Legal Services

Attachment: Two PDF Files w/Responsive Standard and Expedited IMR Data