

**Periodic Reports that Licensed Plans are Required to Submit to the DMHC<sup>†</sup>**

<b>Description of Report</b>	<b>Periodic - Frequency</b>	<b>Periodic - Due Date</b>	<b>Responsible Division/Method<sup>1</sup></b>	<b>Citation</b>
Anti-Fraud Report	Annually	January 31	Enforcement/E-filing	1348(c)
Arbitration - Redacted	Quarterly	Not specified	Legal Services/E-filing	1373.21(b); 1300.73.21(a)(2)
Claims Payment Report	Quarterly – For deficient plans and groups only	Within 60 days of end of quarter	Provider Oversight Unit/Web portal Claim Settlement Practices and Provider Oversight	1300.71(q)
Comparative Benefit Matrix Information (AB 1401)	Annually	November 15	Licensing/E-filing	1363.06 (d)
Compliance With Access Standards (Pending)	Annually	TBD	TBD	1367.03(g)(2)
Enrollment Report	Annually	May 15	Licensing	1300.84.6
Enrollment in HIPAA GI Individual Plans	Annually	October 1	Licensing/E-filing	1373.6(a)(3)
Federally Qualified HMOs	Annually	Within 30 days of filing with the federal government	Licensing	1383
Financial Report	Quarterly	Within 45 days of the close of each quarter	Financial Oversight /Financial Statement Web Portal	1300.84.2
Financial Statement - Annual	Annually	Within 120 days of close of fiscal year	Financial Oversight /Financial Statement Web portal	1384(c); 1300.84.06
Grievance System	Quarterly	Within 30 days of end of	Help Center/E-filing	1368(c), 1300.68(f)

<sup>†</sup> This listing does not include entries for reports that a plan must file with the DMHC as a result of amendments or material modifications of the information previously filed with the department (e.g., changes in the plan’s bylaws, change in principle officers, etc.) or reports to the department required to as a condition of exemption from licensure.

<sup>1</sup> Plans should direct any questions regarding filing or report requirements to the Division responsible for review.

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Report		quarter		
Individual Contract Rating and Underwriting Criteria Report	Annually	June 1	Licensing/E-filing	1389.3(c)
Medicare Supplement Contract Enrollee Report	Annually	March 1	Help Center/E-filing	1358.22
Medicare Supplement Contracts Offered or Issued Report	Annually	June 30	Help Center/E-filing	1358.225
Medicare Supplement Grievance Reports	Annually	March 31	Help Center/E-filing	1358.10(k)(6)
Medicare Supplement Loss Ratio Experience Report	Annually	June 30	Financial Oversight/E Filing	1358.146
Medicare Supplement Refund or Credit Calculations	Annually	May 31	Financial Oversight/E Filing	1358.14(b)
Plan Claims Payment and Dispute Resolution Mechanism Report	Annually	January 15	Provider Oversight Unit/Web portal Claim Settlement Practices and Provider Oversight	1367(h)(3), 1300.71.38(k) 1300.71 (q)
Risk-Bearing Organization Report - Annual	Annually	May 15	Provider Oversight Unit/Web portal Financial Solvency	1300.71 1375.4(b)(6); 1300.75.4.3(b)
Risk-Bearing Organization Report – Quarterly	Quarterly	Within 45 days of the close of each quarter	Provider Oversight Unit/Web portal Financial Solvency	1375.4(b)(6); 1300.75.4.3(a)

## EVENT DRIVEN REPORTS

Description of Report	Event-Driven	Responsible Division/Method	Citation
Arbitration - Unredacted	Within 30 days of decision	Legal Services/E-filing	1373.21(c); 1300.73.21(a)(1)
Audit Report - Requested	Within 120 days of the receipt of a request from the Director	Financial Oversight/Financial Statement Web portal	1384(a)
Audit Report - Surrender	Within 105 days of a notice of surrender or order of revocation	Financial Oversight/E-Filing	1384(b)
Charitable or Public Activity Report	Upon occurrence of certain specified events	Licensing/E-filing	1300.84.7
Charitable Trust Obligation Report	Upon conversion or restructure	Licensing/E-filing	1399.70
Claims Payment Report	For Deficient Plans & Groups Only	Provider Oversight Unit/Web portal Claim Settlement Practices and Provider Oversight	1300.71(q)
Non-Contracting Provider Reimbursement Report	If payment to non-contracting providers exceeds 10% of total health care costs.	Provider Oversight Unit/Web portal Financial Solvency	1377(b); 1377(c); 1300.77.3
Point-of-Service Failure to Meet TNE Requirements Financial Reports	Within 30 days of the close of any month in which the plan does not meet minimum TNE requirements	Financial Oversight/Financial Statement Web Portal	1374.64(b)(1)(A)(ii); 1374.64(b)(2)(A)(ii); 1300.84.3(d)
TNE Requirements Failure Financial Report	Within 30 days of the close of any month in which the plan does not meet minimum TNE requirements	Financial Oversight/Financial Statement web portal	1300.84.3(d)