State of California
Health and Human Services Agency
Department of Managed Health Care
Exhibit E-1 Health Plan Support
Regarding COVID-19 Supplies
DMHC 10-275 New: 12/2020

Exhibit E-1
Health Plan Support Regarding COVID-19 Supplies

As required by APL 20-043 health plans shall report the following information to the DMHC by the reporting due dates listed below, through the DMHC eFiling portal.

Reporting period: The initial reporting period is February 1, 2020 through November 30, 2020. After the initial reporting period, each month starting in December and ongoing, the reporting periods are the first of the month through the last day of the month.

Report due dates:

Initial reporting period: Health plans must file the report during the period spanning February 1, 2020 through November 30, 2020, no later than January 4, 2021.

Subsequent reporting periods: Health plans must file the subsequent reports as follows: December 2020 report by February 1, 2021; January 2021 report by March 1, 2021; February 2021 report by April 1, 2021; March 2021 report by May 1, 2021; April 2021 report by June 1, 2021; May 2021 report by July 1, 2021; and June 2021 report by August 1, 2021. The reports are due within a month of the ending of the reporting period.

Submitting reports: Submit the report through the DMHC eFiling portal. Submit the report as an Exhibit E-1 in a Report/Other filing titled “COVID-19 Supplies for [Month Year]" (e.g., "COVID-19 Supplies Report for December 2020").

Plan Information	
Legal Name of Plan:	Plan ID Number: 933-

Plan Type

License Restriction:

☐ Unrestricted ☐ Restricted

Market Type: (Select all that apply)

☐ Commercial - Individual ☐ Commercial - Small ☐ Commercial - Large

☐ Medicare, MAPD, or SNP ☐ Medi-Cal ☐ Cal MediConnect

☐ Other *(Describe)*

Product Type: (Select all that apply)

☐ HMO ☐ PPO ☐ EPO ☐ POS

☐ HSP ☐ OTHER *(Describe)* _____

Reporting Period

Reporting Period Type:

☐ Initial Report ☐ Subsequent Report

Reporting Month:

☐ January ☐ February ☐ March ☐ April

☐ May ☐ June ☐ July ☐ August

☐ September ☐ October ☐ November ☐ December

Reporting Year:

☐ 2020 ☐ 2021 ☐ 2022

Item 2A.

Did the health plan (or a delegated entity on behalf of the plan) provide COVID-19 Supplies to any of its contracted providers during the applicable reporting period?:

☐ No ☐ Yes *(If yes to A, then see instructions on page 3)*

Item 2B.

Did the health plan (or a delegated entity on behalf of the plan) provide any of its contracted providers with money or other consideration to purchase COVID-19 Supplies during the reporting period?:

☐ No ☐ Yes *(If yes to B, then see instructions on page 4)*

If no to both item 2A and 2B, please submit completed pages one through three of this form as an Exhibit E-1 in a Report/Other filing titled “COVID-19 Supplies Report for [Month Year]”. The plan is not required to submit pages three and four of this form for this required report if no is selected for both item 2A and 2B.

Form II.A.		
Plan Information		
Legal Name of Plan:		Plan ID Number: 933-
Reporting Period:	Reporting Month:	Reporting Year:
Instructions: For each contracted provider the plan provided PPE, please complete a separate Form II.A.; use as many duplicates of Form II.A. as needed to represent all contracted providers who received PPE during this reporting period.		
Item II.A.		
1. Name of contracted provider:		

2. Type of COVID-19 Supply (click):	3. Amount Provided (units):	4. Dates Provided (month/date/year):
☐ Respiratory (masks, etc.)		
☐ Eye (shields, visors, etc.)		
☐ Hand (gloves, etc.)		
☐ Other (disposable clothing, sleeve protector, aprons, etc.)		

Form II.B.		
Plan Information		
Legal Name of Plan:		Plan ID Number: 933-
Reporting Period:	Reporting Month:	Reporting Year:
Instructions: For each contracted provider the plan provided money or consideration, please complete a separate Form II.B.; use as many duplicates of Form II.B. as needed to represent all contracted providers who received money or consideration during this reporting period.		
Item II.B.		
1. Name of contracted provider:		
2. Amount of Money or consideration:	3. Dates Provided:	