

**From:** [DMHC Licensing eFiling](#)  
**Subject:** APL 18-006 (OFR) - 2018 Annual Assessment  
**Date:** Friday, February 16, 2018 9:25:12 AM  
**Attachments:** [APL18 - 006 \(OFR\) - 2018 Annual Assessment Letter.pdf](#)

---

Dear Health Plan Representative,

Please find the attached All Plan Letter regarding the 2018 Annual Assessment.

Thank you.



Edmund G. Brown Jr., Governor  
State of California  
Health and Human Services Agency  
**DEPARTMENT OF MANAGED HEALTH CARE**  
980 9<sup>th</sup> St., Ste. 500, Sacramento, CA 95814  
Telephone: 916-255-2443 | Fax: 916-255-2280  
[www.HealthHelp.ca.gov](http://www.HealthHelp.ca.gov)

## ALL PLAN LETTER

**Date:** February 16, 2018

**To:** All California Licensed Health Care Service Plans

**From:** Pritika Dutt, Deputy Director  
Office of Financial Review

**Re:** APL 18-006 (OFR) ANNUAL ASSESSMENTS

---

Please file on or before May 15, 2018, the *Report of Enrollment Plan*, as required by Health and Safety Code section 1356 and the California Code of Regulations, title 28, section 1300.84.6(a). The *Report of Enrollment Plan* is an online form to be filed electronically, via the Department's eFiling web portal: <https://wps0.dmhc.ca.gov/secure/login/>. This form is used to calculate the annual assessment for each plan.

Once in the Department's eFiling portal, select *Online Forms*. From the drop-down menu, select *Annual Enrollment Report*, and then complete and submit the report. For questions or problems related to the electronic filing of the report or pertaining to the number of enrollees to be reported, please contact Suzanne Kanyavong at (916) 255-2443 or via electronic mail at [suzanne.kanyavong@dmhc.ca.gov](mailto:suzanne.kanyavong@dmhc.ca.gov).

Please be aware that Health and Safety Code section 1356, subdivision (f) provides that **no refunds or reductions of the amount assessed shall be allowed** if any miscalculated assessment is based on a Plan's overestimate of enrollment.

Please note that the enrollment numbers reported in the *Report of Enrollment Plan* will be compared with the Plan's enrollment numbers included in Report #4: Enrollment and Utilization Table, filed with the March 31, 2018 quarterly financial statements. Therefore, the March 31, 2018 financial statements **must be filed with the Department prior to the filing** of the *Report of Enrollment Plan*. Please coordinate the submission of the *Report of Enrollment Plan* with the individual at the Plan who is responsible for submitting the March 31, 2018 financial statements.

Enhancements have been made to the online form to assist plans that have to report Quality Improvement Fee (QIF), Administrative Services Only (ASO), or out-of-state enrollment for financial reporting purposes that create a discrepancy regarding the enrollment numbers provided on the *Report of Enrollment Plan*. If there is a discrepancy

between the enrollment numbers reported in the *Report of Enrollment Plan* and Report #4: Enrollment and Utilization Table, the Plan will need to provide an explanation in the designated area on the form. This will alleviate the Plan having to file an additional document that explains the reasons for the discrepancy in enrollment reported. Again, please take care to accurately report your enrollment because there can be no refunds issued, pursuant to Health and Safety Code section 1356, subdivision (f).

For questions pertaining to this APL, including questions regarding how to calculate the plan's assessments and regarding enhancements, please contact Suzanne Kanyavong at (916) 255-2443 or via electronic mail at [suzanne.kanyavong@dmhc.ca.gov](mailto:suzanne.kanyavong@dmhc.ca.gov).