

## Pre-Filing Request Form

To assist the Department of Managed Health Care's Office of Plan Licensing in scheduling a pre-filing conference, please complete the form by entering information into the applicable fields and checking the applicable boxes. Submit completed forms to [Duty.Counsel@DMHC.CA.GOV](mailto:Duty.Counsel@DMHC.CA.GOV) and allow 5 business days to process. Please direct questions on the status of requests to (916) 324-9046.

Dated: \_\_\_\_\_

Non-Licensed Entity

Licensed Health Care Service Plan

Brief Description *(Describe the purpose of the requested pre-filing below)*

### SECTION I – PRIMARY PRE-FILING POINT OF CONTACT

1. Contact Name *(Last, First)*

2. Title *(i.e. Director, President, CEO, Counsel, etc.)*

3. Phone Number

4. Email Address

<b>SECTION II – PLAN/ENTITY INFORMATION</b>			
5. Legal Name of Entity		Plan ID Number <i>(If applicable)</i>	
6. DBA or Fictitious Name of Entity			
7. Primary Business Address <i>(Applicants only)</i>			
8. Primary Mailing Address <i>(Applicants only)</i>			
<b>SECTION III – PROPOSAL DETAILS</b>			
9. Proposed Filing:			
Initial Application		New Product Offering	
Service Area Expansion/Withdrawal		Other <i>(Describe below)</i>	
10. Proposed License Restriction:			
Unrestricted		Restricted	
11. Proposal to Contract with:			
CMS	DHCS	Covered CA	Other
12. Proposed Service(s):			
<b>N/A</b>			
Acupuncture	Behavioral	Chiropractic	
Dental	EAP	Full-Service	
MA Only	Pharmacy	Vision	

13. Proposed Market(s):		<b>N/A</b>	
Commercial - Individual	Commercial - Small	Commercial - Large	
Medicare, MAPD, or SNP	Medi-Cal	Cal MediConnect	
Other <i>(Describe below)</i>			
14. Proposed Product Type(s) <sup>1</sup> :		<b>N/A</b>	
HMO	PPO	EPO	
POS	HSP	OTHER <i>(Describe)</i>	
15. Are you proposing to contract with a KKA Health Plan?:			
No		Yes <i>(List below)</i>	
16. Anticipated Date for Approval of Filing:		<b>N/A</b>	
17. Anticipated Filing Date:			
18. Provide Entity's Availability <i>(3-5 dates with two hour blocks, 2-3 weeks out)</i> :			

<sup>1</sup> Acronyms: **CMS** – U.S. Centers for Medicare and Medicaid Services; **DHCS** – California Department of Health Care Services; **Covered CA** – Covered California; **MA** – Medicare Advantage; **HMO** – Health Maintenance Organization; **PPO** – Preferred Provider Organization; **EPO** – Exclusive Provider Organization; **POS** – Point of Service; **HSP** – Healthcare Service Plan; **KKA** – Knox Keene Act