2026 NETWORKS CHECKLIST AND WORKSHEET FOR QUALIFIED HEALTH PLANS AND QUALIFIED DENTAL PLANS ON THE CALIFORNIA HEALTH BENEFIT EXCHANGE

The Department of Managed Health Care (DMHC or Department), Division of Provider Networks, offers the following information to assist Individual Qualified Health Plans (QHP), Covered California for Small Business (CCSB), and Qualified Dental Plans (QDP) Issuers who intend to offer products on the California Health Benefits Exchange (Exchange) for Plan Year 2026 in demonstrating compliance with the Knox-Keene Act (the Act or KKA).[1]

For full-service health plans and dental plans ("Health Plans") licensed pursuant to the Act,[2] *the Department must evaluate ongoing compliance with network adequacy requirements set forth in the Act and provide information to the Exchange regarding whether a Health Plan is in good standing. All licensure and regulatory requirements of the Act apply to product(s) offered through the Exchange. If a Health Plan is not found to be in good standing with the requirements of licensure, the Health Plan risks not being eligible to be selected to participate on the Exchange. Health Plans who have previously been certified to offer a product(s) on the Exchange may still be required to file network-related information with the Department in preparation for Plan Year 2026, as described further below.*

The checklist contained herein is intended to serve as a guide to returning and new Health Plans who intend to participate on the Exchange in Plan Year 2026. It specifies under what circumstances a network filing is necessary, and further sets forth the network-related information and documents a Health Plan must file in order to demonstrate compliance with the Act and to allow the Department to make a determination of good standing. This checklist and worksheet are not intended to be all-inclusive and represent only those issues that, at a minimum, are required to be addressed by a Health Plan for compliance with the Act and Rules for purposes of network adequacy review and certification to Covered California. Additional information may be requested by the Department within the course of review of a Health Plan filing.

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[1] California Health and Safety Code sections 1340 et seq. and Title 28 of the California Code of Regulations (the Act or KKA). References herein to "Section" are to sections of the Act. References to "Rule" are to the regulations promulgated by the Department at California Code of Regulations, title 28.

[2] The term "Health Plan" refers to both QHPs and QDPs, unless otherwise noted (i.e., full-service health plan).

Filing Timeframes

Prior to QHP/QDP certification, or recertification, Health Plans must have Department approval of necessary network filings. Due dates for network filing submissions are as follows:

	Notice of Material Modification Filings or New License Application (e.g., New Applicant; New Network, Service Area Expansion/Withdrawal)	**Amendment Filings** (e.g., QHP Recertification, Significant Network Change Filings)
Network Filing Inclusive of all Network Related Exhibits	No later than March 3	No later than April 1

To determine whether a Health Plan must file a Notice of Material Modification or Amendment filing for the purposes of recertification, please follow the instructions set forth in the following sections.

Filing Checklist

- Prepare and submit an Amendment or Material Modification pursuant to Sections 1351 and 1352 to a Health Plan's license to address network adequacy compliance with the Act, Rules, CA-ACA, and ACA laws and regulations. When submitting the Health Plan's filing via the eFiling web portal, use the subject title "**HBEX QHP Network Filing 2026**" or "**HBEX QDP Network Filing 2026,**" as appropriate.
- Health Plans are not required to file network exhibits (i.e., Exhibits H & I) for the sole purpose of QHP/QDP recertification. However, Health Plans must submit network exhibits when required under the Act (see below), such as when the network has experienced a significant change since the prior year's certification.
- However, if any of the Health Plan's networks do not require the filing of a Notice of Material Modification/Significant Network Change Amendment filing as described below, the Health Plan must still file an affirmation indicating that no such filings are required for that network and indicate the filing number and date of the Department's last review of the network(s) to be used in the proposal, along with the other information noted below as required in the Exhibit E-1.

General Information

All network filings must be submitted as a separate filing from "HBEX QHP Application 2026," "HBEX QDP Application 2026," and "Plan Year 2026 off-Exchange [Individual] or [Small Group] Products-[HMO], [PPO], [EPO], [POS]" filings.

- Health Plans are not required to file network exhibits (Exhibits H and I) for the sole purpose of QHP/QDP recertification where no network filing is otherwise required. Health Plans must submit network exhibits when required under the Act, as follows:
  - New License Application: If the Health Plan is applying for a new license to

operate as a health care service plan under the Act. (*See* Section 1351, Rule 1300.51.) Network exhibits must be filed with the Department as part of the application for licensure. (*See* Rule 1300.51.)

- Service Area Change or New Network: If the Health Plan is expanding its existing, approved network into a new service area, proposing a different provider network for use with an on-Exchange product, or withdrawing from a service area. (*See* Section 1351; Rule 1300.52.4, subd. (d).) In these scenarios, the relevant network exhibits must be filed with the Department as a Notice of Material Modification. (*See* Rule 1300.52.4, subd. (d).)

- Significant Network Change to Approved Network: If the Health Plan has experienced a 10 percent or greater change in the names of providers listed on the Exhibits I-1, I-2, or I-3 previously reviewed by the Department. (*See* Section 1367.27, subd. (r); Rule 1300.52, subd. (f).) Network exhibits should be filed with the Department as an Amendment to the Health Plan's license. (*See* Rule 1300.52, subd. (f).)

❑ Material Modification Filing or New License Application: Any service area expansions, withdrawals, new networks, or new license applications for the 2026 benefit year must be filed as soon as practicable, but **no later than March 3, 2025.**

A network filing proposing a service area expansion, new network, or service area/network withdrawal must be submitted as a **Notice of Material Modification** to the health plan's license via the eFiling web portal. Health Plans are strongly encouraged to contact the Department and schedule a pre-filing conference before submission of **Notice of Material Modification** via the eFiling web portal. Please refer to the checklist for New Networks and Service Area Expansions, and/or the checklist for Service Area Withdrawals contained within the Networks eFiling Instruction Manual-February 2022.[3] This manual, as well as the Department's templates for filing provider roster information are all available in the "Downloads" section of the eFiling web portal.

Be sure to include the following Exhibits within the Health Plan's Notice of Material Modification:

- Provider Network Rosters (Exhibits I-1, I-2, and I-3), utilizing the Department's templates available for download on the eFiling web portal.
- Description of Service Area, by Full County and/or County/ZIP Code (Exhibit H-1), utilizing the Department's template available for download on the eFiling web portal.
- Requests for Alternative Standards of Accessibility (Exhibit I-5-b), utilizing the Department's template available for download on the eFiling web portal, if applicable.
- Enrollment Projections both current (if applicable) and spanning two years

[3] The Networks eFiling Instruction Manual-February 2022, available via the eFiling web portal, should be reviewed prior to preparing the Health Plan's submission.

beyond implementation (Exhibit I-4-b), utilizing the Department's template available for download on the eFiling web portal.

- Any new or amended network Policy and Procedure documents (Exhibits I-5-a, I-6 and/or J-13). Please submit all amended versions of previously approved documents in both "clean" and "redline" versions.

- Amendment Filing: If the Health Plan has determined that its previously approved QHP/QDP network has experienced a 10 percent or greater change in the names included in the Health Plan's Exhibits I-1, I-2, or I-3, submit an amendment to the Health Plan's license in the eFiling web portal **no later than April 1, 2025**. (*See* Rule 1300.52(f).) Please refer to the checklist for Network Amendment Filings contained within the Networks eFiling Instruction Manual-February 2022. This manual, as well as the Department's templates for filing provider roster information are all available in the "Downloads" section of the eFiling web portal.
  - A Health Plan that intends to propose an offering on the Exchange using more than one network will need to submit a significant change filing for each network that will be proposed in the application to Covered California that has met the 10 percent change threshold, following the other rules as laid out below.
- **Please note, the Health Plan must submit a network QHP/QDP filing whether the Health Plan's proposal requires a Notice of Material Modification or significant network change Amendment filing under the Act.** In that instance, the Health Plan should submit an Exhibit E-1 that details the proposed on-Exchange offerings and provides the narrative information required in the Exhibit E-1, as discussed below. This includes an affirmation that the Health Plan has not experienced a 10% change in the number of named providers to any of its network exhibits.

Narrative: Exhibit E-1

At a minimum, the Health Plan must provide the following information in its Exhibit E-1:

- Whether the Health Plan's application with the Exchange is for Individual and/or Small Group contracts and identify the region(s) the Health Plan intends to serve.
- A description of the provider network(s) to be used to provide health care services to enrollees in the proposed QHP/QDP, including:

  (1) The name of network and Department-issued Network ID (if applicable) for each network to be used on the Exchange;

  (2) The eFiling number associated with the most recent time the network was filed and reviewed;

  (3) A brief overview of any changes to the Health Plan's networks previously approved for use on the Exchange;

  (4) For previously approved networks, an affirmation of whether any of the Exhibits I-1, I-2, or I-3 have experienced a 10 percent or greater change in provider names since the most recent time the network was filed and reviewed. For this purpose, it is not sufficient to reference the filing made

pursuant to Annual Network Review; and,

(5) Information regarding the product types (i.e., large group, small group, and/or individual) for which the previously approved network was reviewed and approved.

- If the Health Plan acquires some or all of its network providers through a plan-to-plan arrangement, either with a specialized or full-service health plan, list the subcontracting Health Plans, as well as the filing number for the subcontracting Health Plans' mirrored network filing, if applicable.
- Identify the eFiling number in which the Health Plan submitted the compliance filings associated with the Department's All Plan Letter (APL) 22-026.

Other Information to Include (As Relevant):

- Significant Enrollment Changes: If the Health Plan experienced greater enrollment in 2025 than was projected in the prior year's QHP/QDP filing, or if the Health Plan projects a significant increase in enrollment in 2026 beyond what was previously projected, submit the following:
  - Enrollment Projections (current and projected over two years) (Exhibit I-4-b, utilizing the Department's template available for download on the eFiling web portal)
- New or Revised Plan-to-Plan Arrangement: If the full-service health plan intends to enter into a new Plan-to-Plan contract with a KKA licensed Health Plan, or change the Health Plan with which it currently has a plan-to-plan contract to another KKA licensed Health Plan, to provide some or all of its network providers, the Department will require information from both the QHP/QDP and the KKA licensed "Subcontracting Health Plan" in their respective network submissions as follows:[4]
  - The QHP/QDP must file:
    - A statement within the Exhibit E-1 identifying the portion of the service area in which the QHP/QDP intends to utilize the Subcontracting Health Plan's network and affirmation that the Subcontracting Health Plan has been approved to operate a network in that portion of the service area. For this purpose, it is not sufficient to reference filings made pursuant to Annual Network Reporting.
    - In some cases, Exhibits I-1, I-2, and/or I-3, as applicable, and Exhibit H-1. These need only be filed if the change in subcontracting arrangement will result in a 10 percent or greater change to the QHP/QDP's network exhibits, as described in Rule 1300.52, subdivision (f) and Section 1367.27, subdivision (r). The templates for these exhibits and the Networks eFiling Instruction Manual-February 2022 which includes the Department Checklist for Network Amendment Filings s are available for download on the eFiling web portal.

[4] "Subcontracting Health Plan" refers to a specialized plan providing embedded essential health benefits or any other Health Plan contracted with the QHP or QDP to contribute providers to the network and arrange services for the QHP/QDP's enrollees.

- The Subcontracting Health Plan must file (in a separate filing):
    - Current and projected enrollment of the Subcontracting Health Plan's network, including all enrollment the Subcontracting Health Plan is projected to receive from the QHP/QDP (Exhibit I-4-b). Such information must be sufficient to demonstrate that the Subcontracting Health Plan has the capacity to take on the enrollment from the QHP/QDP.
    - A statement within the Exhibit E-1 indicating the eFiling number of the most recent network review conducted by the Department and the filing in which the Subcontracting Health Plan was approved to operate in the service area covered by the QHP/QDP. For this purpose, it is not sufficient to reference the filing made pursuant to Annual Network Review.
    - A statement within the Exhibit E-1 indicating whether any of the Subcontracting Health Plan's provider rosters (Exhibits I-1, I-2, or I-3) have experienced a 10 percent or greater change in provider names since the most recent time the network was filed and reviewed. The calculation of change in names should be based on the change since the network was last reviewed through the eFiling web portal.
    - An Exhibit H-1 demonstrating the Subcontracting Health Plan is approved for the service area in which the QHP/QDP intends to utilize the Subcontracting Health Plan's network. The Department's template for this exhibit is available for download on the eFiling web portal.
    - For QDP Network Filings, an indication whether the pediatric dental network will be used for an embedded and/or stand-alone product. For those proposals that are embedded in a DMHC-licensed QHP product, please also provide the name of the QHP and the Name of Network and Network ID for its related network(s) in which the QDP's network will be embedded.

- ❑ <u>New or Revised Plan-to-Plan Arrangement with Non-KKA Licensed Plan</u>: If the Health Plan intends to enter into a new plan-to-plan arrangement with a Health Plan not licensed by the Department, or change the Health Plan with which it currently has a plan-to-plan arrangement to a Health Plan not licensed by the Department, to provide some or all of its network providers, the QHP/QDP will be responsible for providing all network information as follows:
    - A statement within the Exhibit E-1 identifying the Health Plan with which the QHP intends to contract.
    - In some cases, Exhibits I-1, I-2, and/or I-3, as applicable, and Exhibit H-1. These need only be filed if the change in subcontracting health plan will result in a 10 percent or greater change to the QHP/QDP's network exhibits, as described in Rule 1300.52, subdivision (f) and Section 1367.27, subdivision (r). The Department's templates for these exhibits are available for download on the eFiling web portal.