



Policy and Procedure No: CO 21.0		Revision No: 0
Division: Care Management		
Department: Compliance		
Title: PHC-CA DMHC Filing Requirements		
Effective Date: 11/4/2025		
Supersedes Policy No: NA		
Reviewed/Revised by: Sandra Holzner		Review/Revision Date: 11/4/2025
Approving Committee: Compliance Committee		Date: 12/15/2025
Executive Oversight Committee Date: 12/16/2025		

Purpose:

The purpose of this policy is to establish the rationale and guiding principles for filing required PHC California (Health Plan) documents with the California Department of Managed Health Care (DMHC). Under the Knox-Keene Health Care Service Plan Act of 1975 (Health and Safety Code §1340 et seq.) and related regulations (Title 28, California Code of Regulations), licensed health care service plans are required to submit specified documents, reports, amendments, and filings to the DMHC to ensure regulatory oversight, transparency, and consumer protection.

Policy:

1. Regulatory Compliance
 - a. To fulfill statutory and regulatory obligations under the Knox-Keene Act and Title 28 of the California Code of Regulations.
2. Transparency and Accountability
 - a. To provide the DMHC with the necessary information to assess the Health Plan's operations, governance, financial solvency, and member protection practices.
3. Consumer Protection
 - a. To enable DMHC to ensure that plan disclosures, evidence of coverage (EOC) documents, and other member-facing materials are accurate, fair, and compliant with applicable laws.
4. Operational Oversight
 - a. To permit DMHC review of organizational changes such as key personnel updates, ownership changes, provider network adequacy, or material modifications to ensure continued operational compliance.
5. Maintenance of Licensure
 - a. To maintain the Plan's Knox-Keene license in good standing by demonstrating continued adherence to requirements governing structure, solvency, quality of care, and member rights.
6. Approval of Material Modifications

- a. To secure DMHC approval before implementing material modifications to plan operations, service areas, benefit designs, provider networks, or other substantive changes.

Procedure:

Operational Area	Item Description	Filing Timeframe
Administrative	Explanation of Coverage	Annually, Errata, revisions (if required)
Administrative	Administrative Service Agreements (ASA)	New ASA, amendments or revisions
Administrative	Key Personnel	Within 5 calendar days of any changes
Compliance	TBD	TBD
Credentialing	TBD	TBD
Health Education	TBD	TBD
Health Equity	Public Policy Community Advisory Charter	Revisions
HIPAA	Notice of Privacy Practices (NPP)	Annually and any revisions
Provider Relations	TBD	TBD
Risk Management	TBD	TBD
Quality Improvement	TBD	TBD
Utilization Management	Second Medical Opinion Policy and Procedure	TBD

Definitions:

N/A

Monitoring:

This Policy and Procedure is reviewed and approved at least annually by the Care Management Compliance Committee.

References:

1. Knox-Keene Health Care Service Plan Act of 1975

