



Unreasonable Health Plan Premium Rate Filings Report

January 1, 2014, through March 31, 2014

June 5, 2014

UNREASONABLE HEALTH PLAN PREMIUM RATE FILINGS REPORT

The Department of Managed Health Care (DMHC) is the country's first government agency solely dedicated to regulating health plans and assisting consumers to resolve disputes with health plans. The DMHC oversees 65 full-service health plans, including all California HMOs and some PPOs, as well as 52 specialized plans such as dental and vision. Overall, the DMHC regulates approximately 90 percent of the commercial health care marketplace in California.

Under Senate Bill 1163 (Leno – Chap. 661, Stats. 2010), full service health care service plans must file with the DMHC specified premium rate information, provide certain actuarial certifications, and meet specified website and consumer notice requirements. These filings are posted to the DMHC website for public comment at: <http://wps0.dmhc.ca.gov/RateReview/>

SB 1163 also authorizes the DMHC to review premium rates and make a determination if such rates are unreasonable, as defined by the federal Affordable Care Act. Although the DMHC may determine that premium rates are unreasonable, the DMHC does not have the authority to approve or disapprove premium rates. On a quarterly basis, the DMHC must report to the California State Legislature any unreasonable rate increases filed by health care service plans as required by SB 1163, and codified under Health and Safety Code section 1385.11, subdivision (d). Copies of all previously submitted Unreasonable Health Plan Premium Rate Filings Quarterly Reports are available for review on the DMHC's website at: http://www.dmhc.ca.gov/aboutthedmhc/gen/gen_legisqrpts.aspx

This report reflects the DMHC rate review activities for the first quarter of calendar year 2014.

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The DMHC reviewed 19 premium rate filings. The DMHC found none of those rate filings unreasonable.