

Change of Principal Officer

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| Print Name of Delegated Payer Organization, Above (IPA, Medical Group, Capitated Hospital) | Print RBO Number, Above (Available from health plans; issued by DMHC) |

The following individuals are designated to be the Principal Officers* with respect to compliance with and reporting for Claims Settlement and Provider Dispute Resolution (PDR) requirements as specified under California's Health and Safety Code. These designations supersede any designations dated prior to the date below.

| Claims and Provider Dispute Resolution - Primary | Claims and Provider Dispute Resolution - Alternate |
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| Print Name, Above | Print Name, Above |
| | |
| Provide Original Signature Sample, Above in Blue Ink | Provide Original Signature Sample, Above in Blue Ink |
| | |
| Print Title, Above | Print Title, Above |
| | |
| Print Phone Number, Above | Print Phone Number, Above |
| | |
| Print E-Mail Address, Above | Print E-Mail Address, Above |

I am an officer of the organization named above or its contracted management company, and am authorized to make this designation.

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| Signature, Above (original required; use blue ink) | Print Date, Above |
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| Print Signatory's Name, Above | Print Signatory's Phone Number, Above |
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| Print Signatory's Title, Above | Print Signatory's E-Mail Address, Above |

Whenever a delegated provider group needs to designate a superseding Principal Officer, please submit this form to the address at each health plan as indicated on the "Coml Claims & PDR Report Addresses" document. Important instructions about that document and preparing this form are provided below.

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| Instructions |
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Purpose

This designation format has been developed to provide for a standardized, formal means for a delegated provider group to communicate to health plans a newly designated Principal Officer(s) without repeating the original attestation process. These instructions have been developed to help in using the form. The History of Revisions will track any updates to the form or instructions.

Background & Citations from Regulatory Requirements

In January 2004, California's health plans required that delegated claims paying organizations (IPAs, medical groups and capitated hospitals that have been contractually designated by a health plan to process delegated claims) submit forms attesting to their compliance with regulations governing claims settlement practices and provider dispute resolution. That submission also provided for an initial designation of Principal Officers. Shortly after the original attestations and designations, it became clear that superseding Principal Officers will be designated from time to time. This form and instructions were developed by HICE to reflect DMHC requirements, which are quite formal with respect to signature certification of the accuracy of reporting and the designation of organizational representatives.

Formal claims reporting requirements for health plans are specified in 28 CCR 1300.71(q) and for delegated entities in 1300.71(e).

In particular, claim reports from delegated claims paying organizations must bear a certifying signature as required in 1300.71(e)(3)(iii):

"...that each Quarterly Claims Report be signed by and include the written verification of a principal officer, as defined by section 1300.45(o), of the claims processing organization or the capitated provider, stating that the report is true and correct to the best knowledge and belief of the principal officer."

As just cited, Principal Officers are described in California regulations 28 CCR 1300.45(o):

"'Principal officer' means a president, vice-president, secretary, treasurer or chairman of the board of a corporation, a sole proprietor, the managing general partner of a partnership, or a person having similar responsibilities or functions."

Similarly, Principal Officers must be designated for Provider Disputes: 28 CCR 1300.71.38 (h) and reporting must conform to 1300.71.38(k).

To conclude the background for this form, it is important to understand that the DMHC's "Electronic Filing Signature Verification" form requires that sample signatures from each designee be "original" and in blue ink on each copy.

*In October of 2024, HICE requested clarification from the DMHC regarding the possibility of utilizing two Principal Officers. Currently, DMHC requires a Principal Officer identified for the Claims section and one for the Provider Disputes section. This can cause issues when the Principal Officer is unavailable for any reason. HICE asked if plans will be able to add an Alternate Principal Officer line to identify appropriate signatory in the event the Primary Principal Officer is unavailable and:

- (1) if the two Principal Officers can be interchangeable for both areas, or;
- (2) if two Principal Officers can be designated for each area.

In January 2025, the DMHC provided the following response: The DMHC has not identified any issues with the use of multiple principal officers. Section 1300.71(e)(3)(iii) requires that "a principal officer" sign and verify the report. Please refer to the definition of "principal officer" in CCR section 1300.45(o) when identifying the principal officer(s) for the entity.

Instructions

General. Whenever a new principal officer will be designated by a delegated claim paying organization (IPA, medical group, capitated hospital), this format should be completed including sample, original signatures for Principal Officers, and an original signature for the designating signatory. Even if only one of the Principal Officers is being superseded, information and sample, original signatures for both the superseding Officer and the continuing Officer should be provided so that the form supersedes entirely any previous designations. Original signatures should be provided separately to each health plan, in blue ink as indicated on the form. Photocopies are not acceptable. Fax copies may be provided in situations when the deadline for submitting quarterly reports is too close to allow for expedited mail delivery, as long as originals of this form have been mailed separately.

Name of Delegated Payer Organization. Print the name of the IPA, medical group or capitated hospital where indicated.

RBO Number. Enter the number where indicated. The risk-bearing organization number is issued by the DMHC. This number is assigned to each organization that has

financial responsibility or reporting responsibility for claims payment. It does not vary according to the health plan. It is the same number required on monthly/quarterly claim reports and quarterly PDR reports.

Claims and Provider Dispute Resolution Columns. Information about the individual(s) being designated as Principal Officer for these functions is printed where indicated. An Original Signature Sample is provided in blue ink, where specified. The requirement to use blue ink is consistent with the DMHC requirements for health plans on its “Electronic Filing Signature Verification” form. If the same individual will serve as Principal Officer for both functions, you may complete the left-side column and enter only the same individual’s name on the first line in the right-hand column.

Signatory’s Information. Provide an original signature from the designating officer in blue ink, and print key information about the designating officer where indicated.

Submitting the form. The forms are submitted to addresses as specified by each health plan. Most of California’s health plans maintain current addresses on a document available on the HICE web site:

<https://www.iceforhealth.org/library.asp?sf=&scid=1260#scid1260>

The addresses on that document may change from time to time. It would be a good practice for delegated payers to view a current copy of it and verify that their health plans’ addresses have not changed prior to submitting a new designation form. If the link doesn’t work, go to www.iceforhealth.org, click on Library, click on Approved HICE Documents, click on Claims, click on Approved Claims Documents, and then click on “Coml Claims & PDR Report Addresses.”

The right-hand column on that “Addresses” document specifies the correct address for submitting this form, which may differ from the addresses for submitting monthly and quarterly reports. Please note that monthly claim reports do not require a Principal Officer’s signature, but signatures are required when data for all three calendar months of the quarter have been filled in.

Obtaining the latest version of this document. The latest version of these instructions and the designation form can be obtained in the same Claims sub-folder at the HICE web site as described above. The name of the file is shown on this page in the page footer at the lower left, identified as “file.”



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| History of Revisions |
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| 8/04 | This is the original version. |
| 6/20 | HICE logo and link to addresses document updated. |
| 2/23 | HICE logo and link to addresses document updated. |
| 02/25 | Updated for dual and alternate approved by DMHC with * included on page 3 |