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Subject: DMHC Provider Directory Checklist and Worksheet

Date: Wednesday, March 16, 2016 4:24:29 PM

Attachments: [Provider Directory Checklist.pdf](#)
[Exhibit J-15 - Provider Directory Worksheet.xlsx](#)

Good afternoon,

Attached is the DMHC Provider Directory Checklist and Exhibit J-15, Provider Directory Worksheet. These documents should be used to submit a compliance filing through the Department's eFiling web portal no later than April 22, 2016. Please note, that this checklist and worksheet are not intended to be all-inclusive and represent only those issues, at a minimum, that are required to be addressed by a health care service plan for purposes of compliance with Health & Safety Code Section 1367.27, as enacted by Senate Bill 137 (Hernandez, 2015). Additional information may be requested by the Department within the course of reviewing a plan's filing.

For any questions, please contact Mahavir Jogani, Attorney, Office of Plan Licensing at (916) 445-4565 or Mahavir.Jogani@dmhc.ca.gov.

Thank you.

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**CHECKLIST FOR FULL SERVICE HEALTH CARE SERVICE PLANS AND
 SPECIALIZED HEALTH CARE SERVICE PLANS
 PROVIDER DIRECTORY**

This checklist is not intended to be all-inclusive or to replace a health care service plan’s obligation to comply with all requirements of the Knox-Keene Health Care Service Act of 1975, as amended.¹ The Department of Managed Health Care (“Department”) provides this checklist to assist health care service plans when preparing and submitting the filing. The Department may request additional information during its review of the filing.

This filing is intended to demonstrate a plan’s initial compliance by July 1, 2016, with Section 1367.27, as enacted by Senate Bill 137 (2015). Plans will be required to demonstrate further compliance with the uniform provider directory standards to be developed by the Department pursuant to Section 1367.27(k).

All commercial, specialized, and Medi-Cal health care service plans² should submit this compliance information to the Department as an **Amendment** filing through the Department’s eFiling web portal no later than **April 22, 2016**. Please use the subject field “Section 1367.27 Compliance.” The filing should include the following:

Exhibit E-1: Summary of eFiling Information: In a narrative format, provide a description of the filing, the Exhibits included, and all the measures the Plan has in place to ensure compliance with Section 1367.27, including, but not limited to, the following:

- ❑ How the Plan publishes and maintains its printed and online provider directory or directories, including how the Plan provides a directory or directories for the specific network offered for each product using a consistent method of network and product naming, numbering, or other classification method that ensures the network(s) and plan products in which a provider participates can be easily identified. *See* Section 1367.27(a) and (b).
 - ✓ Include the Plan’s definitions of the terms “network” and “product” in determining compliance with the provider directory consistency requirements of Section 1367.27(b).
 - ✓ Include a description which demonstrates the Plan’s provider directory is accessible and available without restrictions or limitations, including access for persons with disabilities and limited-English proficiency.
 - ✓ Identify the Plan’s telephone number, dedicated email address, and hyperlink to report potential inaccuracies in the Plan’s provider directory or directories.
- ❑ How the Plan ensures that when and if a provider who is not accepting new patients is contacted by an enrollee or potential enrollee seeking to become a new patient, the provider will direct that person to both the Plan for additional assistance in finding a provider and to the Department to report any potential directory inaccuracy. *See* Section 1367.27(j)(2).

¹ California Health and Safety Code sections 1340 et seq. (the “Act”). References herein to “Section” are to sections of the Act. References to “Rule” refer to the regulations the Department promulgated at Title 28 of the California Code of Regulations.

² Plans with a limited or restricted Knox-Keene license should specify, as applicable, where any requirements of Section 1367.27 have been satisfied by a contracted full-service health care service plan.

- ❑ State where the contractual provisions required by Section 1367.27(j) exist in each applicable filed Exhibit K-1. If the provisions are in a prior filing (open or closed), please state the eFiling number(s) of the filing(s).
- ❑ Identify in Exhibit E-1 the extent, if any, to which the Plan is requiring any contracting provider group, specialized health care service plan, or any other entity to provide information to the Plan that is required to comply with Section 1367.27.
 - ✓ Any requirements must be specifically documented in a written contract between the Plan and provider group or specialized health care service plan. *See* Section 1367.27(n)(1).
 - ✓ Address how the Plan will ensure proper oversight of any requirements through the Plan's Exhibit J-14, Provider Directory Policies & Procedures.

Exhibit J-14: Provider Directory Policies & Procedures: (As applicable, Plans must file an amended version of the Plan's most recently filed Exhibit J-14, with all changes denoted in accordance with Rule 1300.52. Please note the new title for the Exhibit J-14.)

- ❑ The Exhibit J-14 should be a comprehensive document containing the Plan's provider directory policies and procedures which ensure compliance with Section 1367.27, and should be formatted to allow for direct reference in the Exhibit J-15, Provider Directory Worksheet.
- ❑ The Plan will submit the Exhibit J-14, Provider Directory Policies & Procedures, as required by this filing and annually thereafter pursuant to Section 1367.27(m).
- ❑ The Exhibit J-14 should, at a minimum, address the following:
 - ✓ How the Plan ensures the provider information requirements of Section 1367.27(h) and (i) are satisfied, including whether a provider is accepting new patients.
 - ✓ The Plan's duties with regard to provider directory or directories regular updating, including weekly, quarterly, and annual updates.
 - ✓ How the Plan receives and verifies the accuracy of the information concerning each provider listed in the provider directory or directories, indicating how a provider can promptly verify or submit changes to their information.
 - ✓ The Plan's provider verification process, including the notification timing, content, and affirmative response requirements of Section 1367.27(l).
 - ✓ How the Plan has complied with the online interface requirement of Section 1367.27(m).
 - ✓ How the Plan receives reports of inaccurate directory information, including the method for allowing enrollees, potential enrollees, other providers, and members of the public to report possible inaccurate, incomplete, or misleading provider directory information.
 - ✓ The Plan's prompt investigation of reports of potential directory inaccuracies, including taking corrective action no later than 30 business days following receipt of any report. *See* Section 1367.27(j) and (o).
 - ✓ How the Plan incorporates reports of potential directory inaccuracies received from enrollees under the Plan's grievance policy. *See* Section 1368 and Rule 1300.68.

- ✓ How the Plan’s grievance system incorporates principles of enrollee reasonable reliance, consistent with any action the Department may take pursuant to Section 1367.27(q).
- ✓ As necessary to provide clarification, the Plan may file an Exhibit J-14, Attachment 1, with diagrams or flowcharts demonstrating the Plan’s compliance with Section 1367.27.

Exhibit J-15: Provider Directory Worksheet: (Please note the Department has revised the template for the Exhibit J-15. Plans do not need to file a “redlined” version of the exhibit, so long as the updated template is completed in full. Please note the new title for the Exhibit J-15.)

- ❑ Populate and submit the attached Exhibit J-15, indicating the Plan’s responses to demonstrate compliance with Section 1367.27.
- ❑ If the Plan’s response to any of the line items in Exhibit J-15 is “Ongoing” or “No,” the Plan must provide an explanation of the response describing what steps the Plan is taking to ensure compliance. The Plan should also indicate by what date(s) the Plan will be compliant.

Exhibit K-1: Provider Contracts: File an Exhibit K-1 in accordance with Rule 1300.52 demonstrating that the Plan’s provider contracts are compliant with Section 1367.27, noting the extent of all revisions in the Exhibit E-1.

- ❑ Provider contracts must include the notification requirements regarding whether a provider is accepting new patients as required by Section 1367.27(j).
- ❑ The Plan may delay payment or reimbursement to a provider or provider group only to the extent consistent with Section 1367.27(p) and (n)(4).
 - ✓ File an Exhibit K-3 to the extent compensation-related contractual provisions are affected by or revised pursuant to Section 1367.27.
 - ✓ The Plan must document any delayed payment or reimbursement consistent with the requirements of Section 1367.27(p)(4), in a format that will be submitted to the Department annually and allows for confidential treatment.
- ❑ Note that all material changes to provider contracts must be made in compliance with Section 1375.7, known as the Health Care Providers’ Bill of Rights.

Exhibit P-5: Plan-to-Plan Contracts: File an Exhibit P-5 in accordance with Rule 1300.52 if any of the Plan’s plan-to-plan contracts are revised pursuant to Section 1367.27(n), indicating the extent of all revisions in the Exhibit E-1.

Exhibit N-1: Administrative Services Contracts: File an Exhibit N-1 in accordance with Rule 1300.52 if any of the Plan’s administrative services contracts are entered into or revised pursuant to Section 1367.27, indicating the extent of all revisions in the Exhibit E-1.

Please direct questions regarding this checklist to Mahavir Jogani, Attorney, Office of Plan Licensing, at Mahavir.Jogani@dmhc.ca.gov or (916) 445-4565.

Exhibit J-15: Provider Directory Worksheet

PROVIDE RESPONSES TO THE FOLLOWING TO AFFIRM INITIAL COMPLIANCE WITH HEALTH AND SAFETY CODE SECTION 1367.27, AS ENACTED BY SENATE BILL 137 (2015):

	Knox-Keene Act Requirement	Plan Response (Yes, No, Ongoing, or N/A)	Plan's Explanation of Response (including references to Exhibits demonstrating compliance)
General Requirements			
1	The Plan publishes and maintains a provider directory or directories for the <u>specific network offered for each product</u> using a consistent method of network and product naming, numbering, or other classification method that ensures the network(s) and plan product(s) in which a provider participates can be easily identified. See Section 1367.27(a) and (b).		
2	The Plan only lists currently contracted providers in its directory or directories and includes information on whether the provider is accepting new patients. See Section 1367.27(a).		
Content Requirements			
3	Full service and specialized mental health care service plans must fill out the "§ 1367.27(h)" tab located within this Exhibit.		
4	All other specialized plans must fill out the "§ 1367.27(i)" tab located within this Exhibit.		
Online Provider Directory			
5	An online provider directory or directories is available on the Plan's internet website. See Section 1367.27(c)(1).		
6	The Plan's online directory or directories is available to the public, potential enrollees, enrollees, and providers <u>without any restrictions or limitations</u> . See Section 1367.27(c)(1).		
7	The Plan's online directory or directories is accessible through an identifiable link or tab and in a manner that is accessible and searchable by enrollees, potential enrollees, the public, and providers. See Section 1367.27(c)(2).		
Printed Provider Directory			
8	A printed copy of the Plan's directory or directories can be requested by enrollees, potential enrollees, providers, and members of the public. See Section 1367.27(d)(1).		
9	A printed copy of the provider directory or directories can be requested via the Plan's toll-free telephone number, electronically, or in writing. See Section 1367.27(d)(1).		
10	The Plan will mail a printed copy of the provider directory or directories to the requestor, postmarked no later than five (5) business days following the date of the request. See Section 1367.27(d)(1).		
11	The Plan's printed directory or directories contains the provider information required by Section 1367.27(h) and (i).		
Provider Directory Updating			
12	The Plan updates the printed provider directory or directories at least quarterly. See Section 1367.27(d)(2).		
13	The Plan's online directory or directories is updated at least weekly, when informed of and upon confirmation that a contracting provider is no longer accepting new patients for a product, or an individual provider within a provider group is no longer accepting new patients. See Section 1367.27(e)(1)(A).		
14	The Plan's online directory or directories is updated at least weekly, when informed of and upon confirmation that a provider is no longer under contract for a particular plan product. See Section 1367.27(e)(1)(B).		
15	The Plan's online directory or directories is updated at least weekly, when informed of and upon confirmation that a provider's practice location or other information required under subdivision (h) or (i) has changed. See Section 1367.27(e)(1)(C).		
16	The Plan's online directory or directories is updated at least weekly, when informed of and upon confirmation that a change is necessary after completion of the Plan's investigation based on a complaint that a provider was not accepting new patients, was otherwise not available, or whose contact information was listed incorrectly. See Section 1367.27(e)(1)(D).		
17	The Plan's online directory or directories is updated at least weekly, when informed of and upon confirmation of a change in any other information that affects the content or accuracy of the provider directory or directories. See Section 1367.27(e)(1)(E).		
18	The Plan deletes provider(s) from the directory or directories upon confirmation that the provider has retired or otherwise ceased to practice. See Section 1367.27(e)(2)(A).		
19	The Plan deletes provider(s) from the directory or directories upon confirmation that the provider or provider group is no longer under contract with the Plan for any reason. See Section 1367.27(e)(2)(B).		

Exhibit J-15: Provider Directory Worksheet

PROVIDE RESPONSES TO THE FOLLOWING TO AFFIRM INITIAL COMPLIANCE WITH HEALTH AND SAFETY CODE SECTION 1367.27, AS ENACTED BY SENATE BILL 137 (2015):

	Knox-Keene Act Requirement	Plan Response (Yes, No, Ongoing, or N/A)	Plan's Explanation of Response (including references to Exhibits demonstrating compliance)
20	The Plan deletes provider(s) from the directory or directories upon confirmation that a contracting provider group has informed the Plan that a provider is no longer associated with the provider group and is no longer under contract with the Plan. See Section 1367.27(e)(1)(C).		
Reports of Inaccuracy & Plan Investigation			
21	The Plan has a telephone number and dedicated email address to receive reports of a potential directory inaccuracy. See Section 1367.27(m)(3).		
22	The Plan has an electronic form to receive reports of a potential directory inaccuracy. See Section 1367.27(m)(3).		
23	The Plan promptly investigates each time it receives a report of a potential directory inaccuracy, taking no more than thirty (30) business days to verify the accuracy of the information or update the provider directory or directories. See Section 1367.27(o)(1) and (j)(3).		
24	The Plan's investigation includes contacting the affected provider within five business days. See Section 1367.27(o)(2).		
25	The Plan documents the receipt, investigation, and outcome of each reported potential directory inaccuracy in accordance with Section 1367.27(o)(2)(B).		
26	The Plan incorporates reports of potential directory inaccuracies received from enrollees into the Plan's grievance system. See Section 1368 and Rule 1300.68.		
27	The Plan makes changes to provider directory information required as a result of any investigation at the next required update, or the next scheduled update thereafter as applicable to the online directory. See Section 1367.27(o)(2)(C).		
Provider Verification			
28	The Plan has processes to allow providers to promptly verify or submit changes to their directory information, including an online interface. See Section 1367.27 (m)(2).		
29	The Plan's online interface allows providers to submit verification or changes electronically and generates an acknowledgment of receipt. See Section 1367.27 (m)(2).		
30	The Plan annually reviews and updates the entire provider directory or directories for each product offered, including notification to each contracted provider. See Section 1367.27(l)(1).		
31	Individual providers not affiliated with a provider group described in Section 1367.27(h)(8)(A), (h)(8)(B), and (i) receive notification every six months. See Section 1367.27(l)(1)(A).		
32	The Plan's notification to providers satisfies the content requirements of Section 1367.27(l)(2).		
33	The Plan requires an affirmative response acknowledging the notification was received, except for general acute care hospitals. See Section 1367.27(l)(3).		
34	The Plan requires all notified providers to confirm their directory information is current and accurate or otherwise update their directory information. See Section 1367.27(l)(3).		
35	The Plan takes no more than fifteen (15) business days to verify the information of a notified provider who does not respond within thirty (30) business days. See Section 1367.27(l)(4).		
36	If the Plan cannot verify a provider's information, the Plan notifies the provider of pending directory removal ten (10) business days prior to removal. See Section 1367.27(l)(4).		
37	Non-responsive providers are removed from the Plan's directory or directories at the next required update, except for general acute care hospitals. See Section 1367.27(l)(4).		
Disclosures			
38	The Plan's provider directory and website prominently displays the Plan's dedicated email address and telephone number to report a potential directory inaccuracy. See Section 1367.27(f).		
39	The Plan's online provider directory and website prominently displays the hyperlink to report a potential directory inaccuracy. See Section 1367.27(m)(3).		
40	The Plan's provider directory or directories includes a statement informing enrollees that they are entitled to language interpreter services at no cost, including information on how to obtain interpretation services. See Section 1367.27(g)(1).		

Exhibit J-15: Provider Directory Worksheet

PROVIDE RESPONSES TO THE FOLLOWING TO AFFIRM INITIAL COMPLIANCE WITH HEALTH AND SAFETY CODE SECTION 1367.27, AS ENACTED BY SENATE BILL 137 (2015):

	Knox-Keene Act Requirement	Plan Response (Yes, No, Ongoing, or N/A)	Plan's Explanation of Response (including references to Exhibits demonstrating compliance)
41	The Plan's provider directory or directories includes a statement informing enrollees that they are entitled to full and equal access to covered services, including enrollees with disabilities as required under the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973. See Section 1367.27(g)(2).		
42	The Plan has removed any existing disclosures that are inconsistent with an enrollee's right to reasonably rely on the Plan's provider directory or directories. See Section 1367.27(q).		
43	The Plan has removed any existing disclosures that are inconsistent with the Plan's responsibility to ensure compliance with Section 1367.27, regardless of any delegated responsibilities. See Section 1367.27(n)(2).		
44	The Plan has removed any other existing disclosures that are inconsistent with the requirements of Section 1367.27.		
Provider Obligations and Plan Oversight			
45	The Plan's provider contracts include a five business day notification requirement by providers when not accepting new patients. See Section 1367.27(j)(1).		
46	The Plan's provider contracts include a five (5) business day notification requirement by providers who were previously not accepting new patients, but are currently accepting new patients. See Section 1367.27(j)(1).		
47	The Plan requires all contracted providers who are not accepting new patients to direct an enrollee or potential enrollee seeking to become a new patient to both the Plan for additional assistance in finding a provider and to the Department to report any potential directory inaccuracy. See Section 1367.27(j)(2).		
48	The Plan specifically documented in a written contract any requirements of provider groups or other health care service plans to provide the Plan information necessary for compliance. See Section 1367.27(n).		

Exhibit J-15 Provider Directory Worksheet

PROVIDE RESPONSES TO THE FOLLOWING TO AFFIRM INITIAL COMPLIANCE WITH HEALTH AND SAFETY CODE SECTION 1367.27, AS ENACTED BY SENATE BILL 137 (2015):

	Provider Directory Requirements for Full Service and Specialized Mental Health Care Service Plans	Plan Response (Yes, No, Ongoing, or N/A)	Plan's Explanation of Response (including references to Exhibits demonstrating compliance)
The Plan's provider directory or directories includes:			
1	The provider's name, practice location or locations, and contact information. <i>See</i> Section 1367.27(h)(1).		
2	Type of practitioner. <i>See</i> Section 1367.27(h)(2).		
3	National Provider Identifier number. <i>See</i> Section 1367.27(h)(3).		
4	California license number and type of license. <i>See</i> Section 1367.27(h)(4).		
5	The area of specialty, including board certification, if any. <i>See</i> Section 1367.27(h)(5).		
6	The provider's office email address, if available. <i>See</i> Section 1367.27(h)(6).		
7	The name of each affiliated provider group currently under contract with the plan through which the provider sees enrollees. <i>See</i> Section 1367.27(h)(7).		
8	As applicable, the Plan's provider directory or directories notes that authorization or referral may be required to access some providers. <i>See</i> Section 1367.27(h)(9).		
9	Non-English language, if any, spoken by a health care provider or other medical professional as well as non-English language spoken by a qualified medical interpreter on the provider's staff, if any. <i>See</i> Sections 1367.27(h)(10) and 1367.04.		
10	Identification of providers who no longer accept new patients for some or all of the plan's products. <i>See</i> Section 1367.27(h)(11).		
11	The network tier to which the provider is assigned, if the provider is not in the lowest tier, as applicable. Nothing in Section 1367.27 shall be construed to require the use of network tiers other than contract and noncontracting tiers. <i>See</i> Section 1367.27(h)(12).		
12	All other information necessary to conduct a search of the Plan's provider directory or directories pursuant to Section 1367.27(c)(2).		
Is there a listing for each of the following providers that are under contract with the plan:			
15	For physicians and surgeons, the provider group, and admitting privileges, if any, at hospitals contracted with the plan. <i>See</i> Section 1367.27(h)(8)(A).		
16	Nurse practitioners, physicians assistants, psychologists, acupuncturists, optometrists, podiatrists, chiropractors, licensed clinical social workers, marriage and family therapists, professional clinical counselors, qualified autism service providers, as defined in Section 1374.73, nurse midwives, and dentists. <i>See</i> Section 1367.27(h)(8)(B).		
17	Other provider types listed in the provider directory not referenced above, if any.		
18	For federally qualified health centers or primary care clinics, the name of the federally qualified health center or clinic. <i>See</i> Section 1367.27(h)(8)(C).		
19	For any provider described in Section 1367.27(h)(8)(A) and (B) who is employed by a federally qualified health center or primary care clinic, and to the extent their services may be accessed and are covered through the contract with the plan, the name of the provider, and name of the federally qualified health center or clinic. <i>See</i> Section 1367.27(h)(8)(D).		
20	Facilities, including, but not limited to, general acute care hospitals, skilled nursing facilities, urgent care clinics, ambulatory surgery centers, inpatient hospice, residential care facilities, and inpatient rehabilitation facilities. <i>See</i> Section 1367.27(h)(8)(E).		
21	Pharmacies, clinical laboratories, imaging centers, and other facilities providing contracted health care services. <i>See</i> Section 1367.27(h)(8)(F).		

Exhibit J-15 Provider Directory Worksheet

PROVIDE RESPONSES TO THE FOLLOWING TO AFFIRM INITIAL COMPLIANCE WITH HEALTH AND SAFETY CODE SECTION 1367.27, AS ENACTED BY SENATE BILL 137 (2015):

	Provider Directory Requirements for All Other Specialized Health Care Service Plans	Plan Response (Yes, No, Ongoing, or N/A)	Plan's Explanation of Response (including references to Exhibits demonstrating compliance)
	The Plan's provider directory or directories includes:		
1	The provider's name, practice location or locations, and contact information. <i>See Section 1367.27(i)(1).</i>		
2	Type of practitioner. <i>See Section 1367.27(i)(2).</i>		
3	National Provider Identifier number. <i>See Section 1367.27(i)(3).</i>		
4	California license number and type of license, if applicable. <i>See Section 1367.27(i)(4).</i>		
5	The area of specialty, including board of certification, or other accreditation, if any. <i>See Section 1367.27(i)(5).</i>		
6	The provider's office email address, if available. <i>See Section 1367 27(i)(6).</i>		
7	The name of each affiliated provider group or specialty plan practice group currently under contract with the plan through which the provider sees enrollees. <i>See Section 1367.27(i)(7).</i>		
8	The names of each allied health care professional to the extent there is a direct contract for those services covered through a contract with the plan. <i>See Section 1367 27(i)(8).</i>		
9	Non-English language, if any, spoken by a health care provider or other medical professional as well as non-English language spoken by a qualified medical interpreter on the provider's staff, if any. <i>See Sections 1367.27(h)(10) and 1367 04.</i>		
10	Identification of providers who no longer accept new patients for some or all of the plan's products. <i>See Section 1367 27(i)(10).</i>		
11	All other information necessary to conduct a search of the Plan's provider directory or directories pursuant to Section 1367.27(c)(2).		