

From: DMHC Licensing eFiling

Subject: APL 23-015 – Supplemental Provider Directory Annual Filing Requirements (2023)

Date: Tuesday, May 16, 2023, 04:27 PM

Attachments: APL 23-015 – Supplemental Provider Directory Policy Filing (5.16.23)

Dear Health Plan Representative:

The Department of Managed Health Care (Department) issues this All Plan Letter (APL) 23-015, as a supplement to APL 23-007 (OPL) – Provider Directory Annual Filing Requirements (2023), to provide additional guidance and a filing extension to health care service plans (plans) regarding the Section 1367.27 Annual Compliance (2023) filing.

Thank you.



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ALL PLAN LETTER

DATE: May 16, 2023

TO: All Health Care Service Plans

FROM: Jenny Phillips
Deputy Director
Office of Plan Licensing

SUBJECT: APL 23-015 (OPL) – Supplemental Provider Directory Annual Filing Requirements (2023)

The Department of Managed Health Care (the Department) issues this All Plan Letter (APL), as a supplement to APL 23-007 (OPL) – Provider Directory Annual Filing Requirements (2023),¹ to provide additional guidance and a filing extension to health care service plans (plans) regarding the Section 1367.27 Annual Compliance (2023) filing.

I. BACKGROUND

On November 4, 2022, the Department issued APL 22-026 – Implementation Filing Requirements Related to the Amendments to the Timely Access and Network Reporting Statutes and Regulation.² APL 22-026 references the Department’s *Checklist for Implementation of Amendments to Timely Access and Network Reporting Statutes and Regulation* (“Timely Access and Network Reporting Checklist”),³ which is available for download in the eFiling web portal. The Timely Access and Network Reporting Checklist includes a description, by plan type, of information plans must include in their provider directory policies and procedures submitted to the Department annually pursuant to Section 1367.27 in order to demonstrate compliance with Rule 1300.67.2.2 and

¹ [APL 23-007 \(OPL\) - Provider Directory Annual Filing Requirements \(2023\)](#).

² [APL 22-026 - Implementation of Amendments to Timely Access and Network Reporting Statutes and Regulation](#).

³ The Timely Access and Network Reporting Checklist does not apply to plans only licensed to offer Medicare Advantage product lines or Employee Assistance Program (EAP) products.

Sections 1367.03 and 1367.031 (referred to collectively as “Timely Access and Network Reporting Statutes and Regulation”).⁴

On March 23, 2023, the Department issued APL 23-007 (OPL) – Provider Directory Annual Filing Requirements (2023),⁵ which reminded plans of the requirement to annually submit provider directory policies and procedures to the Department pursuant to California Health and Safety Code section 1367.27, subdivision (m).

II. FILING REQUIREMENTS

The Department extends the filing deadline for plans’ submission of the Section 1367.27 Annual Compliance 2023 filing. Plans are now required to submit the Section 1367.27 Annual Compliance 2023 filing **on or before June 2, 2023**.⁶ In addition to the items outlined in APL 23-007, please also ensure the filing includes the following information described in the Timely Access and Network Reporting Checklist:

- In the Exhibit E-1, explain whether the Plan is a *Reporting Plan* or a *Profile-Only Plan* (including the type of Profile-Only Plan) as defined in the Timely Access and Network Reporting Checklist. If the Plan utilizes the Model Section 1367.27 Exhibit E-1,⁷ the Plan may include this information under No. 8 (“List all attached Exhibits and documents”).
- An amended Exhibit J-14 (Provider Directory Policies and Procedures) including the information specified in the “Provider Directory Policies and Procedures (Exhibit J-14)” sub-headings, under the appropriate plan type, of the Timely Access and Network Reporting Checklist.
 - If the Plan’s previously approved Exhibit J-14 (Provider Directory Policies and Procedures) includes the related information required in the Timely Access and Network Reporting Checklist, please reference the Filing Number in the Exhibit E-1.
 - If the Plan already submitted the amended Exhibit J-14 in a different filing currently under review, please reference the relevant filing number in the Exhibit E-1 submitted in the Plan’s Section 1367.27 Annual Compliance 2023 filing.

⁴ References herein to “Section” are to sections of the Knox-Keene Health Care Service Plan Act of 1975, as amended, California Health and Safety Code sections 1340 *et seq.* References here to “Rule” refer to the regulations the Department promulgated at Title 28 of the California Code of Regulations.

⁵ [APL 23-007 \(OPL\) - Provider Directory Annual Filing Requirements \(2023\)](#).

⁶ The filing deadline set out in [APL 23-007 \(OPL\) - Provider Directory Annual Filing Requirements \(2023\)](#) is extended to June 2, 2023.

⁷ [Model Section 1367.27 Exhibit E-1 \(2023\)](#).

If the Plan already submitted its Section 1367.27 Annual Compliance 2023 filing, please amend the filing to include the information outlined above **on or before June 2, 2023**.

If you have any questions regarding this APL, please contact the Office of Plan Licensing through your assigned reviewer.