

From: DMHC Licensing eFiling

Subject: APL 22-009 - Provider Directory Annual Filing Requirements

Date: Wednesday March 16, 2022 10:27 AM

Attachments: APL 22-009 (OPL) - Provider Directory Annual Filing Requirements (3.16.22).pdf
Provider Directory Checklist - Annual Filing (APL 22-009) (3.16.22).pdf
MODEL Section 1367.27 Exhibit E-1.pdf

Dear Health Plan Representative,

Please find attached All Plan Letter (APL) 22-009 Provider Directory Annual Filing Requirements, Provider Directory Checklist - Annual Filing (APL 22-009), and Model Section 1367.7 Exhibit E-1. Please refer to these materials for submitting the information required by California Health & Safety Code Section 1367.27 for calendar year 2022.

Thank you.



Gavin Newsom, Governor
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ALL PLAN LETTER

DATE: March 16, 2022

TO: All Health Care Service Plans

FROM: Jenny Phillips
Deputy Director
Office of Plan Licensing

SUBJECT: APL 22-009 (OPL) - Provider Directory Annual Filing Requirements

California Health and Safety Code section 1367.27, subdivision (m), requires health care service plans to annually submit provider directory policies and procedures to the Department of Managed Health Care (Department). Attached are the Department's (1) Provider Directory Checklist – Annual Filing, and (2) Model Section 1376.27 Annual Compliance Filing Exhibit E-1. The Department provides this checklist as a reference tool for health care service plans when completing the required annual filings. The checklist is also available for download from the Department's eFiling web portal.

The deadline to submit the required filing for 2022 is **on or before April 15, 2022**.

Please note all lines of business are subject to the requirements of Health and Safety Code section 1367.27 except for Medicare, Cal MediConnect, and those Employee Assistance Programs that have previously received an exemption from the Department. A health care service plan only operating one or more of these lines of business must, in lieu of submitting an annual compliance filing, submit an Exhibit E-1 affirming it continues to only operate one or more of these lines of business and therefore an annual compliance filing is not required.

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

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Contact the DMHC Help Center at 1-888-466-2219 or www.HealthHelp.ca.gov

**CHECKLIST FOR HEALTH CARE SERVICE PLAN
SECTION 1367.27 ANNUAL FILING (PROVIDER DIRECTORIES)**

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 checklist is intended to assist a health care service plan in satisfying the annual filing requirements under Section 1367.27. All health care service plans should submit the following compliance information to the Department as a **Report/Other** filing through the Department's eFiling web portal **no later than April 15, 2022**. Please use the subject field "Section 1367.27 Annual Compliance 2022."

The filing should, at a minimum, include the following:

Exhibit E-1, Summary of eFiling Information:

Provide a brief description of the filing and Exhibits included in the filing, including a narrative explaining the measures the Plan has established to ensure compliance with Section 1367.27. Within Exhibit E-1, please include the following information:

- ❑ The website URL for the Plan's online provider directory or directories.
- ❑ The website URL for each provider directory or directories the Plan links or directs enrollees and consumers to in order to view contracting providers that deliver health care services to the Plan's enrollees, if any.
- ❑ The name of the Plan's vendor(s), if any, the Plan utilizes for Section 1367.27 compliance (e.g., provider outreach or verification), providing the eFiling number where the agreement was previously approved by the Department.² If the Plan does not currently utilize a vendor, please indicate so.
- ❑ For any items in the Plan's previous Section 1367.27 filings that were listed as "ongoing" or otherwise indicated the Plan was not in full compliance with Section 1367.27, provide an explanation of the steps the Plan has taken to address these outstanding issues and the current status. For example, if the Plan indicated in last year's Section 1367.27 compliance filing that it was in the process of making upgrades to its online provider directory, indicate the completion date for such upgrades.

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 Please be advised that, in addition to providing the information required by this checklist, plans must continue to comply with all filing obligations and timeframes, including those described in Section 1352 and Rule 1300.52.

**CHECKLIST FOR HEALTH CARE SERVICE PLAN
SECTION 1367.27 ANNUAL FILING (PROVIDER DIRECTORIES)**

- ❑ Indicate whether the Plan has delayed payment to any providers as described in Section 1367.27(p) during the prior year. If yes, submit an Exhibit II-6, Annual Delayed Payment Report, as outlined below.

Exhibit J-14, Provider Directory Policies & Procedures:

Has the Plan's Exhibit J-14, Provider Directory Policies and Procedures regarding the regular updating of the Plan's provider directory or directories as required by Section 1367.27(m) been updated since it was last filed with the Department? YES/NO

- ❑ If the answer is "NO," provide the eFiling number for the last approved Exhibit J-14.
- ❑ If the answer is "YES," include both a redlined and clean version, with all changes denoted in accordance with Rule 1300.52.
- ❑ 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 at a minimum, address the following:
 - a) How all required provider information under Section 1367.27(h) and (i), as applicable, is accurately displayed in the Plan's provider directory or directories.
 - b) The schedule for the regular updating of the Plan's provider directory or directories, including weekly, quarterly, and annual updates.
 - c) How the Plan receives and verifies the accuracy of the information for each provider listed in the Plan's provider directory or directories, including how a provider can promptly verify or submit changes to their information using the Plan's online interface.
 - d) The Plan's provider verification process, including the notification timing, content, and affirmative response requirements of Section 1367.27(l).
 - e) The Plan's process for receiving and investigating reports of inaccurate directory information, including the methods for reporting required by Section 1367.27(m)(3).
 - f) The Plan may, but is not required to, include diagrams or flowcharts which demonstrate compliance with Section 1367.27.
- ❑ The Plan's provider directory policies and procedures should be consistent with, and account for, the Department's [Uniform Provider Directory Standards](#) effective 1/1/2018.

**CHECKLIST FOR HEALTH CARE SERVICE PLAN
SECTION 1367.27 ANNUAL FILING (PROVIDER DIRECTORIES)**

- If the Plan delegates any functions to its medical groups, independent practice associations, or other contracting entities, the Plan's policies and procedures should detail those functions and should explain how the Plan ensures delegates comply with Section 1367.27.

Exhibit II-6, Annual Delayed Payment Report:

- Populate and submit Exhibit II-6, available on the Department's eFiling web portal, for any provider capitation or claims payments delayed during the prior year pursuant to Section 1367.27(p). Please note this Exhibit will be automatically confidential, without any requirement that the Plan submit a Request for Confidential Treatment for this Exhibit.
- If the Plan has not delayed payment to any providers as described in Section 1367.27(p) during the prior year, this Exhibit is not required.

Plans may use the attached Model Exhibit E-1.