

Date:

Plan Name:

Gavin Newsom State of California Health and Human Services Agency DEPARTMENT OF MANAGED HEALTH CARE 980 9th Street, Suite 500 Sacramento, CA 95814

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EXHIBIT E-1 SECTION 1367.27 ANNUAL COMPLIANCE FILING

Health Plan ID No.: 933-			
1.	directory polic more lines of l were not requi	Did the Plan previously submit an Exhibit E-1, in lieu of submitting provider directory policies and procedures, affirming it continues to only operate one or more lines of business and therefore provider directory policies and procedures were not required to be submitted (i.e., Medicare, Cal MediConnect, or Employee Assistance Programs that have previously received an exemption)?	
	Yes	No	

If yes above, check the box below to affirm the Plan continues to only operate one or more of these lines of business and therefore provider directory policies and procedures are not required to be submitted. You do not need to proceed to question Nos. 2 through 8 below.

Affirmed

If no above, proceed to question Nos. 2 through 8 below.

2. Has the Plan amended its Exhibit J-14 (Provider Directory Policies & Procedures) since its last Section 1367.27 Provider Directory Compliance Filing?

Yes No

If no, provide the eFiling No. for the last approved Exhibit J-14:

If yes, attach clean and redlined versions of the amended Exhibit J-14.

3. The website URL for the Plan's online provider directory or directories:

4. 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. If the Plan does not link or direct enrollees and consumers to other provider directories, please indicate so.

5. Plan vendor

- a. The name of the Plan's vendor(s), if any, the Plan utilizes for Section 1367.27 compliance (e.g. provider outreach or verification). If the Plan does not currently utilize a vendor, please indicate so.
- b. Provide the eFiling number(s) where the vendor agreement(s) were filed with the Department.¹
- 6. Has the Plan delayed payment to any providers as described in Section 1367.27(p) during the prior year?
 - a. Yes No
 - b. If yes, submit Exhibit II-6, Annual Delayed Payment Report, as outlined below.
- 7. For any items relating to the Plan's compliance with Section 1367.27 that remain ongoing, provide an explanation of the steps the Plan has taken to address these outstanding issues and the current status of the Plan's compliance.
- 8. List all attached Exhibits and documents:

¹ 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 Rules 1300.52.