

From: DMHC Licensing eFiling
Subject: Uniform Provider Directory Standards
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Attachments: DMHC Uniform Provider Directory Standards.pdf

Dear Health Plan Representative,

Today the DMHC released the uniform provider directory standards required by Senate Bill 137 (2015). The standards are attached for your reference and are also available on the DMHC's website at <http://dmhc.ca.gov/LicensingReporting.aspx>. Please note compliance with these standards is required by January 1, 2018. The standards apply to all commercial and specialized health care service plans, including Medi-Cal plans or plans who maintain a Medi-Cal line of business. The standards do not apply to Medicare-only plans or CCI-only plans. Should you have any questions please contact Mahavir Jogani, Attorney, Office of PlanLicensing at 916-445-4565 or Mahavir.Jogani@dmhc.ca.gov.

Thank you

**Uniform Provider Directory Standards
Health & Safety Code section 1367.27(k)**

Release Date: December 30, 2016

Compliance Date: January 1, 2018

The following standards are minimum standards, and unless otherwise noted, apply to all provider directories required under Senate Bill 137 (Hernandez, 2015). A health care service plan may implement additional directory features that exceed these standards.

Provider directories may include information that exceeds the data elements discussed in these standards, such as photos, biographical information, maps, etc.

Definitions. For the purposes of Health & Safety Code section 1367.27 and these standards, the following definitions apply:

- (1) "Contact information" means, at a minimum, a provider's office or a facility's telephone number(s).
- (2) "Name" means the name listed on the provider's professional license issued by the State of California. For providers not subject to state licensure, such as certain qualified autism service providers, "Name" means the name appearing on the certification by a national entity. For providers not licensed or certified, "Name" means the name identified by the provider.
- (3) "National Provider Identifier number" ("NPI") means the Type 1 individual 10-digit number(s) associated with a provider as registered through the National Plan and Provider Enumeration System, or, for facilities, the Type 2 number.
- (4) "Network" means a specific set of health care providers contracted to provide health care services to a health care service plan's enrollees.
- (5) "Network Tier" means the providers and facilities associated with a particular cost-sharing level in a network in which different providers and facilities are associated with different cost-sharing levels within a single network.
- (6) "Practice address" and "practice location or locations" means the physical location(s) where health care services are rendered to an enrollee by a contracted provider.

- (7) "Product" means a discrete package of health coverage benefits that a health care service plan offers using a particular network within a service area.
- (8) "Provider language or languages" includes American Sign Language.
- (9) "Specialty plan practice group" means "provider group" as defined under Health & Safety Code section 1367.27(w).

(b) Product and Network standards. The following product naming and network naming standards do not apply to specialized health care service plans, specialized health care service products, and Medi-Cal products. A health care service plan shall use the following standards in accordance with Health & Safety Code section 1367.27.

- (1) For each product offered, the product name shall include, at a minimum,
 - (A) The product type (e.g. HMO, POS, PPO), including whether the product is a high deductible health plan (e.g. HDHP). Generally accepted abbreviations for product types, such as those shown, may be used; and
 - (B) Metal level, as applicable.
- (2) For each product offered, the product name may include additional information or any additional unique identifiers for the product.
- (3) Whenever a product name is used, the same product name must be used consistently for all purposes including marketing, all member communications including identification cards, all provider communications, and network reporting.
- (4) For each network offered, a provider directory must clearly identify the networks associated with or available for each specific product, using a unique name specified by the health care service plan. Whenever a network name is used, the same network name must be used consistently for all purposes including marketing, all member communications including identification cards, all provider communications, and network reporting. If the network includes network tiers, the network name must include the term "tiered."

- (c) Display. A provider directory shall display provider information in a manner consistent with the following requirements.
- (1) A provider directory shall indicate that an individual provider's panel status is either:
 - (A) Accepting new patients;
 - (B) Accepting existing patients;
 - (C) Available by referral only;
 - (D) Available only through a hospital or facility; or
 - (E) Not accepting new patients.
 - (2) If the same panel status for a given provider applies to all products, a single description of the provider's panel status may be used. However if the provider's panel status differs for certain products, a provider directory must clearly indicate the panel status for each product.
 - (3) A provider's office email address shall be displayed only with the written permission of the provider, and only if the provider has affirmatively verified that the email address is intended for patient communication, regularly monitored, and maintained in a manner consistent with state and federal health privacy laws.
 - (4) In addition to the provider's Name, a provider directory may also list an alternative name preferred by and as specified by the provider.
 - (5) For each provider, only one NPI number is required to be displayed.
 - (6) If a network includes network tiers, the provider directory must identify the tier level associated with each provider and provide an explanation of the differences between each network tier.
 - (7) Practice addresses and practice locations must be listed consistent with United States Postal Service conventions. If health care services are provided only in a patient's home, or through telehealth services, this should be clearly noted and a practice address does not need to be listed.

- (8) A health care service plan's online provider directory may link to another provider directory to display providers available to the plan's enrollees only if the health care service plan's website specifies which products or networks utilize the linked directory. A health care service plan may not link to a provider directory which does not meet the requirements of Health & Safety Code section 1367.27 or these standards.
- (9) Health care service plans are encouraged, but not required, to include the following in provider directories:
 - (A) A link to the provider's office website, or the facility's website, if available; and
 - (B) A statement describing whether the provider's office/facility has accommodations for persons with physical disabilities, including accessible offices, exam rooms, and equipment.
- (10) For facility or institutional providers, a provider directory shall, at a minimum, display the following information:
 - (A) Name (licensed name, plus option of other preferred name);
 - (B) Type of facility or provider;
 - (C) Address;
 - (D) Contact information;
 - (E) National Provider Identifier number;
 - (F) California license number; and
 - (G) Network tier, if applicable.
- (11) A health care service plan may omit a provider, provider group, or category of providers similarly situated, from its directory if one of the following conditions are met:
 - (A) Upon submission of a signed statement from an individual provider to a health care service plan that the provider is currently enrolled in the Safe at Home program;

(B) Upon submission of a signed statement from an individual provider to a health care service plan that the provider fears for his or her safety or the safety of his or her family due to his or her affiliation with a health care service facility or due to his or her provision of health care services;

(C) Upon submission of a signed statement from a person authorized by a provider group to a health care service plan stating that a facility or any of its providers, employees, volunteers, or patients is or was the target of threats or acts of violence within one year of the date of the statement; or

(D) Upon the Department's prior approval pursuant to a finding of good cause or extraordinary circumstances.

(12) A provider directory shall display the date the directory was most recently updated. The directory shall also display a telephone number, dedicated email address, and reporting form hyperlink for the reporting of possible inaccurate, incomplete, or misleading directory information. The directory shall also state that an enrollee may submit a complaint if the enrollee believes they reasonably relied upon materially inaccurate, incomplete, or misleading directory information.

(d) Search Functionality. A provider directory shall allow for searches using a reasonable combination of search elements and search filters customized in a user friendly format for members of the public and enrollees to easily identify and locate the providers and facilities currently available to the health care service plan's enrollees.

(1) A provider directory must allow for an individual to search by product, provider name, type of provider, zip code, or any combination thereof.

(2) If a provider directory displays a provider's preferred name in addition to the provider's licensed name, a search under either name must return a result for that provider.