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From: DMHC Licensing eFiling
Sent: Thursday, January 18, 2018 12:40 PM
Subject: APL17-015 (OPL) - Updated SB 137 Guidance Regarding Provider Directory Annual Filings
Attachments: Updated APL 17-015 (OPL) - Guidance Regarding Provider Directory Annual Filings.pdf; Updated Provider Directory Checklist-Annual Filing.pdf
Importance: High

Dear Plan Representatives,

Please find attached Updated All Plan Letter 17-015, Guidance Regarding Provider Directory Annual Filings and Updated Provider Directory Checklist-Annual Filing both issued today, extending the 2018 submission date for the annual filing required by Section 1367.27 to **April 30, 2018**. The new submission date applies to all plans subject to the filing requirements of Section 1367.27.

Note the updated All Plan Letter will also be available on the Department's public website, and the updated checklist will also be available within the Department's eFiling web portal.

Please contact your assigned reviewer in the Office of Plan Licensing with any questions.

Thank you.

ALL PLAN LETTER

DATE: November 1, 2017 (Updated January 18, 2018)

TO: All Health Care Service Plans

FROM: Sarah Ream, Deputy Director
Office of Plan Licensing

SUBJECT: APL 17-015 (OPL) Guidance Regarding Provider Directory Annual Filings

Attached is the Department's updated Provider Directory Checklist – Annual Filing. The Department provides this checklist as a reference tool for health plans when completing the annual filings required by California Health & Safety Code section 1367.27. The checklist is also available for download in the Department's eFiling web portal.

Please note the Department has adjusted the filing date to ~~March 31st~~ April 30th. As a reminder, all lines of business are subject to the requirements of Section 1367.27 with the exceptions of Medicare, Cal MediConnect, and Employee Assistance Programs, which previously received an exemption from the Department. If the plan only operates one or more of these lines of business, no filing is required.

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

**CHECKLIST FOR HEALTH CARE SERVICE PLANS
 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 ~~March 31st~~ **April 30th** of each year. Please use the subject field “Section 1367.27 Annual Compliance [YEAR].” 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.
- Indicate whether the Plan has delayed payment to any providers as described in Section 1367.27(p) during the prior year. If yes, submit Exhibit II-6, Annual Delayed Payment Report, as outlined below.

Exhibit J-14, Provider Directory Policies & Procedures: File, as Exhibit(s) J-14, the Plan’s current policies and procedures regarding the regular updating of the Plan’s provider directory or directories as required by Section 1367.27(m).²

- 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:

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 Rules 1300.52.

- ✓ 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;
 - ✓ The schedule for the regular updating of the Plan's provider directory or directories, including weekly, quarterly, and annual updates.
 - ✓ 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.
 - ✓ The Plan's provider verification process, including the notification timing, content, and affirmative response requirements of Section 1367.27(l).
 - ✓ 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).
 - ✓ 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.
 - ❑ 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.
 - ❑ If an Exhibit J-14 has been amended since last filed with the Department, please include both a redlined and clean version, with all changes denoted in accordance with Rule 1300.52.
 - ❑ If an Exhibit J-14 has not been amended since last filed with the Department, please file a clean version of the Plan's policies and procedures.

Exhibit J-15, Provider Directory Worksheet:

- ❑ Populate and submit Exhibit J-15, available on the Department's eFiling web portal, to demonstrate compliance with Section 1367.27. If the Plan has previously indicated "Yes" for all applicable entries within Exhibit J-15, the Plan may instead reference in Exhibit E-1 the filing number where this information was previously provided to the Department.

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.