

Introduced by Senator HernandezJanuary 26, 2015

An act to add Section 1367.27 to the Health and Safety Code, and to add Section 10133.15 to the Insurance Code, relating to health care coverage.

LEGISLATIVE COUNSEL'S DIGEST

SB 137, as introduced, Hernandez. Health care coverage: provider directories.

Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. A willful violation of the act is a crime. Existing law requires a health care service plan to provide a list of contracting providers within a requesting enrollee's or prospective enrollee's general geographic area.

Existing law also provides for the regulation of health insurers by the Insurance Commissioner. Existing law requires insurers subject to regulation by the commissioner to provide group policyholders with a current roster of institutional and professional providers under contract to provide services at alternative rates.

This bill would require health care service plans and insurers subject to regulation by the commissioner for services at alternative rates to make a provider directory available on its Internet Web site and to update the directory weekly. The bill would require the Department of Managed Health Care and the Department of Insurance to develop a standard provider directory template. By placing additional requirements on health care service plans, the violation of which is a crime, the bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: yes.

The people of the State of California do enact as follows:

1 SECTION 1. Section 1367.27 is added to the Health and Safety
2 Code, to read:

3 1367.27. (a) (1) A health care service plan shall make
4 available a provider directory or directories which shall provide
5 information on contracting providers, including those that accept
6 new patients. A provider directory shall not include information
7 on a provider that does not have a current contract with the plan
8 and that has not submitted a claim within the past three months.

9 (2) If a plan uses different provider networks for different
10 products, then the requirements of this section shall apply for each
11 of the provider directories for each product. The plan shall provide
12 information on different provider networks for different products
13 in a manner that allows the public, enrollees, potential enrollees,
14 the department, and other state or federal agencies to identify which
15 providers participate in which networks for which products.

16 (3) The information regarding a provider directory or directories
17 shall be available to the public and potential enrollees without any
18 requirement that a member of the public or potential enrollee
19 indicate intent to obtain coverage from the plan. The directory or
20 directories shall be available to the public without requiring that
21 an individual intends to purchase coverage or has coverage by
22 providing a policy number or any other identifying information
23 and without requiring an individual to create or access an account.

24 (b) (1) The provider directory or directories shall be posted on
25 the plan’s public Internet Web site through a clearly identifiable
26 link or tab and in a manner that is accessible and searchable by
27 the public, potential enrollees, enrollees and providers. If another
28 technology emerges that takes the place of Internet Web sites, the
29 department shall direct the plan to make the information required
30 under this section available on the subsequent technology. The

1 plan shall also make a hard copy of the directory or directories
2 available upon request.

3 (2) The plan shall update weekly the provider directory or
4 directories posted pursuant to paragraph (1) with any change to
5 contracting providers, including whether a contracting provider is
6 accepting new patients.

7 (3) The provider directory or directories shall include both an
8 email address and a telephone number for members of the public
9 to notify the plan if the provider directory information appears to
10 be inaccurate.

11 (4) By September 15, 2016, or no later than six months after
12 the date that a standard provider directory template is developed
13 under subdivision (d), a plan shall use the template developed
14 pursuant to subdivision (d) to display the provider directory or
15 directories for each product offered by the plan.

16 (c) The plan shall provide all of the following information for
17 each of the provider directories used for a network:

18 (1) The provider's location and contact information.

19 (2) The area of specialty, including board certification, if any.

20 (3) (A) For physicians, the medical group, if any.

21 (B) Psychologists, acupuncturists, optometrists, podiatrists,
22 chiropractors, licensed clinical social workers, marriage and family
23 therapists, professional clinical counselors, and nurse midwives
24 to the extent their services may be accessed and are covered
25 through the contract with the plan.

26 (4) Hospital admitting privileges, if any, for physicians and
27 other health professionals contracted with the plan.

28 (5) Non-English language, if any, spoken by a health
29 professional as well as non-English language, if any, spoken by
30 staff to the provider.

31 (6) Access for persons with disabilities.

32 (7) Whether a provider is accepting new patients with the
33 product selected by the enrollee or potential enrollee.

34 (d) (1) By March 15, 2016, the department and the Department
35 of Insurance shall develop a standard provider directory template
36 for purposes of paragraph (3) of subdivision (b). The template
37 shall include a glossary of terms used in the template. The template
38 shall include information on how to contact the plan and the
39 department.

1 (2) The template shall be sufficiently standardized to permit a
2 single uniform directory that would allow a member of the public
3 to determine whether a physician or other provider is available to
4 an enrollee of the California Health Benefit Exchange as well as
5 a beneficiary of the Medi-Cal program enrolled in a Medi-Cal
6 managed care plan. The template shall also be sufficiently
7 standardized to permit a single uniform directory that would allow
8 a member of the public to determine whether a physician or other
9 provider is available to an enrollee with group coverage as well
10 as to a beneficiary of the Medi-Cal program enrolled in a Medi-Cal
11 managed care plan or to an enrollee of the California Health Benefit
12 Exchange.

13 (3) The department and the Department of Insurance shall seek
14 input from interested parties, including holding at least one public
15 meeting. In developing the directory template, the department shall
16 take into consideration any requirements for provider directories
17 established by the federal Centers for Medicare and Medicaid
18 Services.

19 (e) (1) The plan shall provide the directory or directories to the
20 department in a format and manner to be specified by the
21 department.

22 (2) The plan shall demonstrate no less than quarterly to the
23 department that the information provided in the provider directory
24 or directories is consistent with the information required under
25 Sections 1367.03 and 1367.035, and other provisions of this
26 chapter. The plan shall assure that other information reported to
27 the department is consistent with the information provided to
28 enrollees, potential enrollees, and the department pursuant to this
29 section.

30 (3) The plan shall demonstrate to the department that enrollees
31 or potential enrollees seeking a provider that is contracted with
32 the network for a particular product can identify these providers
33 and that the provider is accepting new patients. The plan shall
34 ensure that the accuracy of the provider directory meets or exceeds
35 97 percent.

36 (4) The plan shall contact any provider which is listed in the
37 provider directory and which has not submitted a claim within the
38 prior quarter to determine whether the provider is accepting patients
39 or referrals from the plan. If the provider does not respond within

1 30 days, the plan shall remove the provider from the provider
2 directory.

3 (f) The plan shall provide an electronic copy of, or upon request,
4 one physical copy of the provider directory or directories to the
5 following:

6 (1) To the State Department of Health Care Services for
7 Medi-Cal managed care networks.

8 (2) To the California Health Benefit Exchange for the networks
9 of the products offered through the California Health Benefit
10 Exchange.

11 (3) On request by CalPERS, to CalPERS.

12 (4) On request by a group purchaser, provider directory or
13 directories for the products available in the market segment of the
14 group.

15 (g) If a contracting provider, or the representative of a
16 contracting provider, informs an enrollee or potential enrollee that
17 the provider is not accepting new patients, the contract between
18 the plan and the provider shall require the provider to direct the
19 enrollee or potential enrollee to the plan for additional assistance
20 in finding a provider and also to the department to inform it of the
21 possible inaccuracy in the provider directory. If an enrollee or
22 potential enrollee informs a plan of a possible inaccuracy in the
23 provider directory or directories, the plan shall undertake corrective
24 action to assure the accuracy of the directory or directories.

25 (h) This section does not prohibit a plan from requiring its
26 contracting providers, contracting provider groups, or contracting
27 specialized health care plans to satisfy the requirements of this
28 section. If a plan delegates the responsibility of complying with
29 this section to its contracting providers, contracting provider
30 groups, or contracting specialized health care plans, the plan shall
31 ensure that the requirements of this section are met.

32 (i) Every health care service plan shall allow enrollees to request
33 the information required by this section through their toll-free
34 telephone number or in writing. On request of an enrollee or
35 potential enrollee, the plan shall provide the information required
36 under (a), (b), (c) and (g) in written form. The information provided
37 in written form may be limited to the geographic region in which
38 the enrollee or potential enrollee resides or intends to reside.

39 SEC. 2. Section 10133.15 is added to the Insurance Code, to
40 read:

1 10133.15. (a) (1) A health insurer that contracts with providers
2 for alternative rates of payment pursuant to Section 10133 shall
3 make available a provider directory or directories which shall
4 provide information on contracting providers, including those that
5 accept new patients. A provider directory shall not include
6 information on a provider that does not have a current contract
7 with the insurer and that has not submitted a claim within the past
8 three months.

9 (2) If an insurer uses different provider networks for different
10 products, then the requirements of this section shall apply for each
11 of the provider directories for each product. The insurer shall
12 provide information on different provider networks for different
13 products in a manner that allows the public, enrollees, potential
14 enrollees, the department, and other state or federal agencies to
15 identify which providers participate in which networks for which
16 products.

17 (3) The information regarding provider directory or directories
18 shall be available to the public and potential enrollees without any
19 requirement that a member of the public or potential enrollee
20 indicate intent to obtain coverage from the insurer. The directory
21 or directories shall be available to the public without requiring that
22 an individual intends to purchase coverage or has coverage by
23 providing a policy number or any other identifying information
24 and without requiring an individual to create or access an account.

25 (b) (1) The provider directory or directories shall be posted on
26 the insurer's public Internet Web site through a clearly identifiable
27 link or tab and in a manner that is accessible and searchable by
28 the public, potential enrollees, enrollees, and providers. If another
29 technology emerges that takes the place of Internet Web sites, the
30 department shall direct the insurer to make the information required
31 under this section available on the subsequent technology. The
32 insurer shall also make a hard copy of the directory or directories
33 available upon request.

34 (2) The insurer shall update weekly the provider directory or
35 directories posted pursuant to paragraph (1) with any change to
36 contracting providers, including whether a contracting provider is
37 accepting new patients.

38 (3) The provider directory or directories shall include both an
39 email address and a telephone number for members of the public

1 to notify the insurer if the provider directory information appears
2 to be inaccurate.

3 (4) By September 15, 2016, or no later than six months after
4 the date that a standard provider directory template is developed
5 under subdivision (d), an insurer shall use the template developed
6 pursuant to subdivision (d) to display the provider directory or
7 directories for each product offered by the insurer.

8 (c) The insurer shall provide all of the following information
9 for each of the provider directories used for a network:

10 (1) The provider's location and contact information.

11 (2) The area of specialty, including board certification, if any.

12 (3) (A) For physicians, the medical group, if any.

13 (B) Psychologists, acupuncturists, optometrists, podiatrists,
14 chiropractors, licensed clinical social workers, marriage and family
15 therapists, professional clinical counselors, and nurse midwives
16 to the extent their services may be accessed and are covered
17 through the contract with the insurer.

18 (4) Hospital admitting privileges, if any, for physicians and
19 other health professionals contracted with the insurer.

20 (5) Non-English language, if any, spoken by a health
21 professional as well as non-English language, if any, spoken by
22 staff to the provider.

23 (6) Access for persons with disabilities.

24 (7) Whether a provider is accepting new patients with the
25 product selected by the enrollee or potential enrollee.

26 (d) (1) By March 15, 2016, the Department of Managed Health
27 Care and the department shall develop a standard provider directory
28 template for purposes of paragraph (3) of subdivision (b). The
29 template shall include a glossary of terms used in the template.
30 The template shall include information on how to contact the plan
31 and the department.

32 (2) The template shall be sufficiently standardized to permit a
33 single uniform directory that would allow a member of the public
34 to determine whether a physician or other provider is available to
35 an enrollee of the California Health Benefit Exchange as well as
36 a beneficiary of the Medi-Cal program enrolled in a Medi-Cal
37 managed care plan. The template shall also be sufficiently
38 standardized to permit a single uniform directory that would allow
39 a member of the public to determine whether a physician or other
40 provider is available to an enrollee with group coverage as well

1 as to a beneficiary of the Medi-Cal program enrolled in a Medi-Cal
2 managed care plan or to an enrollee of the California Health Benefit
3 Exchange.

4 (3) The department and the Department of Managed Health
5 Care shall seek input from interested parties, including holding at
6 least one public meeting. In developing the directory template, the
7 Department of Managed Health Care shall take into consideration
8 any requirements for provider directories established by the federal
9 Centers for Medicare and Medicaid Services.

10 (e) (1) The insurer shall provide the directory or directories to
11 the department in a format and manner to be specified by the
12 department.

13 (2) The insurer shall demonstrate no less than quarterly to the
14 department that the information provided in the provider directory
15 or directories is consistent with the information required under
16 Section 10133.5 and other provisions of this part. The insurer shall
17 assure that other information reported to the department is
18 consistent with the information provided to enrollees, potential
19 enrollees, and the department pursuant to this section.

20 (3) The insurer shall demonstrate to the department that enrollees
21 or potential enrollees seeking a provider that is contracted with
22 the network for a particular product can identify these providers
23 and that the provider is accepting new patients. The insurer shall
24 ensure that the accuracy of the provider directory meets or exceeds
25 97 percent.

26 (4) The insurer shall contact any provider which is listed in the
27 provider directory and which has not submitted a claim within the
28 prior quarter to determine whether the provider is accepting patients
29 or referrals from the plan. If the provider does not respond within
30 30 days, the insurer shall remove the provider from the provider
31 directory.

32 (f) The insurer shall provide an electronic copy of, or upon
33 request, one physical copy of the provider directory or directories
34 to the following:

35 (1) To the State Department of Health Care Services for
36 Medi-Cal managed care networks.

37 (2) To the California Health Benefit Exchange for the networks
38 of the products offered through the California Health Benefit
39 Exchange.

40 (3) On request by CalPERS, to CalPERS.

1 (4) On request by a group purchaser, provider directory or
2 directories for the products available in the market segment of the
3 group.

4 (g) If a contracting provider, or the representative of a
5 contracting provider, informs an enrollee or potential enrollee that
6 the provider is not accepting new patients, the contract between
7 the insurer and the provider shall require the provider to direct the
8 enrollee or potential enrollee to the insurer for additional assistance
9 in finding a provider and also to the department to inform it of the
10 possible inaccuracy in the provider directory. If an enrollee or
11 potential enrollee informs an insurer of a possible inaccuracy in
12 the provider directory or directories, the insurer shall undertake
13 corrective action to assure the accuracy of the directory or
14 directories.

15 (h) This section does not prohibit an insurer from requiring its
16 contracting providers, contracting provider groups, or contracting
17 specialized health care plans to satisfy the requirements of this
18 section. If an insurer delegates the responsibility of complying
19 with this section to its contracting providers, contracting provider
20 groups, or contracting specialized health care plans, the insurer
21 shall ensure that the requirements of this section are met.

22 (i) Every health insurer shall allow enrollees to request the
23 information required by this section through their toll-free
24 telephone number or in writing. On request of an enrollee or
25 potential enrollee, the insurer shall provide the information required
26 under (a), (b), (c), and (g) in written form. The information
27 provided in written form may be limited to the geographic region
28 in which the enrollee or potential enrollee resides or intends to
29 reside.

30 SEC. 3. No reimbursement is required by this act pursuant to
31 Section 6 of Article XIII B of the California Constitution because
32 the only costs that may be incurred by a local agency or school
33 district will be incurred because this act creates a new crime or
34 infraction, eliminates a crime or infraction, or changes the penalty
35 for a crime or infraction, within the meaning of Section 17556 of
36 the Government Code, or changes the definition of a crime within
37 the meaning of Section 6 of Article XIII B of the California
38 Constitution.

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