



Provider Bulletin



10/13/2020

Applicable lines-of-business and provider type:

- PHP (Medicare) AHF Grants Primary Care Physicians Specialists
 PLAN (Medicaid) Hospitals Ancillary

SB-1367.27 Annual notice: Provider Directory requirements

REGULATORY SUMMARY:

Senate Bill SB137:

This bill would require the Department of Managed Health Care and the Department of Insurance to develop uniform provider directory standards. The bill would require a health care service plan or health insurer to take appropriate steps to ensure the accuracy of the information contained in the plan or health insurer's directory or directories, and would require the plan or health insurer, at least annually, to review and update the entire provider directory or directories for each product offered, as specified. The bill would require a plan or insurer, at least weekly, to update its online provider directory or directories, and would require a plan or insurer, at least quarterly, to update its printed provider directory or directories. The bill would require a health care service plan or health insurer to reimburse an enrollee or insured for any amount beyond what the enrollee or insured would have paid for in-network services, if the enrollee or insured reasonably relied on the provider directory, as specified. The bill would authorize a plan or health insurer to delay payment or reimbursement owed to a provider or provider group, as specified, if the provider or provider group fails to respond to the plan's or health insurer's attempts to verify the provider's or provider group's information. 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.

For more information on this requirement, please note the link below:

https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201520160SB137

WHAT YOU NEED TO KNOW:

AHF's Managed Care Health Plans, PHC and PHP (herein referred to as "Plans") maintains a directory of its participating providers consistent with California Health and Safety code section 1367.27.

Provider Directory Requirements for in network participation with the Plan's network:

1. All network providers must notify the Plan's Provider Relations Department within five business days if any of the following occur:
 - a. Change in appointment availability: The provider is not accepting new patients;;
 - b. Change in appointment availability: If the Provider had previously not accepted new patients, the provider is currently accepting new patients.
 - c. Change in appointment availability: If Provider is not accepting new patients and is contacted by an enrollee or potential enrollee seeking to become a new patient. Provider re-directs such enrollee or potential enrollee to the Plan's Member Services Department (800) 263-0067 for further assistance identifying an available/alternative provider. Provider subsequently informs the Plan's Provider Relations Department of the directory inaccuracy by contacting the Provider Relations Department at (888) 726-5411 or via email capr@ahf.org.
 - d. All Plan network providers must attest to the accuracy of their respective practice information outlined in Plan's online and printed directories on a quarterly basis. Please utilize the attached *Practice Information Attestation Form* for quarterly compliance. Plan's network providers may use the attached *Practice Information Attestation Form* to notify Plan of changes in the providers practice information.

This Provider Bulletin is not intended to replace or conflict with any requirements outlined in your signed Agreement with PLAN. If you have any questions, contact the Provider Relations Department. California providers please email the California Provider Relations Department at CAPR@aidshhealth.org.



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RAMIFICATIONS FOR NONCOMPLIANCE:

As deemed appropriate, Plan may delay payment or reimbursement owed to a Provider if the provider or provider group fails to respond to the Plan's attempts to verify the provider or provider groups practice information as required under SB1367 (Section1) (2) (p).

1. Plan will notify the Provider or Provider Group at least 10 business days before the Plan seeks to delay payment or reimbursement.
2. Plan may delay compensation for Providers or Provider Groups that receives capitated or prepaid payments. Reduction in payment will be no more than 50 percent of the next scheduled capitation or prepaid payment for up to one calendar month.

Plan will reimburse the full amount of all payments or reimbursement owed to the provider or provider group following the providers subsequent compliance to Plan's directory requirements. Payment will be issued no later than three business days following the date in which the Plan receives the requested directory/practice information from the provider or provider group.

3. At the end of the one-calendar month delay if Provider fails to provide the required information, the Plan may suspend the providers or provider group's contract/agreement.
4. Provider or Provider groups with continued instances of non-compliance will be identified for termination considerations. Termination considerations are based upon three (3) consecutive instances of non-compliance with Plan's Provider Directory requirements..

How to communicate these changes to AHF:

1. Provider to send AHF in writing, electronically, or by telephone.
 - In Writing: Address 1001 N Martel Ave Los Angeles, CA 90046 ATTN PROVIDER RELATIONS
 - Electronically: Email CAPR@aidshhealth.org
 - Telephone: Call (888)726-5411

For any questions regarding this notice, please email CAPR@aidshhealth.org
Your attention is appreciated for this very important notice.
Thank you.

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PRACTICE INFORMATION ATTESTATION FORM

AIDS Healthcare Foundations Managed Care Plans, PHC and PHP (herein referred to as “Plans”) have implemented provider directory processes for in network providers in California. In accordance with Department of Managed Healthcare (DMHC) SB 1367.27 Provider Directory requirements, Managed Care Plans (MCPs) must implement provider directory processes to ensure monitoring and management of provider data.

The intention of this legislation and the Plan’s corresponding processes is to ensure accurate provider data to ease existing and potential enrollee’s access and availability needs.

For more information regarding the SB1367.27 requirements, please note the link below:

https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201520160SB137

All providers currently contracted with the Plans must review and attest to the accuracy of your practice information on file with the Plan’s at least quarterly. Contracted providers must notify the Plans of any changes in your practice information as well.

Please complete the following and e-mail completed forms to the California Provider Relations department CAPR@aidshealth.org.

[Form appears starting on the next page. The rest of this page intentionally left blank.]

Provider to send completed forms to the CA Provider Relations Department capr@aidshealth.org.

If you have any questions please contact the CA Provider Relations Department: 888-726-5411 or capr@aidshealth.org.

Provider and Group Information Form (* identifies required fields)

*Provider Name (Last Name, First Name): _____

*Gender: M F Degree: _____ *NPI: _____

Tax ID: _____

*License Number and Type of License: _____

*Specialty/Provider Type: _____

*Board Certified Y N

*Name of Group/Clinic (if applicable): _____

*Practice Site Street Address: _____

*Practice Site City, State, and Zip: _____

*Practice Site Phone Number: _____

*After-Hours Phone Number (When Practice Is Closed): _____

*Provider Office Email Address: _____

*Practice Site Days & Hours of Operation: _____

*Days & Hours when Provider Sees Patients: _____

*Provider Is Accepting New Patients at this Site: Y N

*Languages Spoken by Provider or Medical Interpreter at Clinic: _____

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Provider to send completed forms to the CA Provider Relations Department capr@aidshealth.org.

If you have any questions please contact the CA Provider Relations Department: 888-726-5411 or capr@aidshealth.org.

***Disabled Accessibility (check all that apply to practice site):**

Parking - Parking spaces, including van accessible spaces(s), are accessible. Pathways have curb ramps between the parking lot, office, and at drop off locations.

Exterior Building - Curb ramps and other ramps to the building are wide enough for a wheelchair or scooter user. Handrails are provided on both sides of the ramp. There is an "accessible" entrance to the building. Doors open wide enough to let a wheelchair or scooter user enter, and have handles that are easy to use.

Interior Building - Doors open wide enough to let a wheelchair or scooter user enter, and have handles that are easy to use. Interior ramps are wide enough and have handrails. Stairs, if present, have handrails. If there is an elevator, it is available for public/patient use at all times the building is open. The elevator has easy to hear sounds and Braille buttons within reach. The elevator has enough room for a wheelchair or scooter user to turn around. If there is a platform lift, it can be used without help.

Restroom - The restroom is accessible and the doors are wide enough to accommodate a wheelchair or scooter and are easy to open. The restroom has enough room for a wheelchair or scooter to turn around and close the door. There are grab bars, which allow easy transfer from wheelchair to toilet. The sink is easy to get to and the faucets, soap, and toilet paper are easy to reach and use.

Exam Room - The entrance to the exam room is accessible, with a clear path. The doors open wide enough to accommodate a wheelchair or scooter and are easy to open. The exam room has enough room for a wheelchair or scooter to turn around.

Exam Table/Scale - The exam table moves up and down and the scale is accessible with handrails to assist people with wheelchairs and scooters. The weight scale is able to accommodate a wheelchair.

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Provider to send completed forms to the CA Provider Relations Department capr@aidshhealth.org.

If you have any questions please contact the CA Provider Relations Department: 888-726-5411 or capr@aidshhealth.org.

I attest, by my signature that the information provided above is accurate. I attest to my understanding of the Plan's Provider Directory requirements with respect to notification to the Plans of any changes in my practice and quarterly attestation confirming the accuracy of the practice information on file with the Plans.

If any aspect of this attestation is falsified, I understand that my contract with PHC may be terminated.

Provider Signature	Date
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Provider Printed Name	E-Mail Address
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Provider to send completed forms to the CA Provider Relations Department capr@aidshealth.org.

If you have any questions please contact the CA Provider Relations Department: 888-726-5411 or capr@aidshealth.org.