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**California Department of Insurance
Uniform Provider Directory Standards (SB 137)
Insurance Code section 10133.15(k)**

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[Insurance Code section 10133.15(k)(3)]

The following standards are minimum standards, and unless otherwise noted, apply to all provider directories required under Senate Bill 137 (Hernandez, 2015). An insurer 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.

(a) Definitions. For the purposes of Insurance Code section 10133.15 and these standards, the following definitions apply:

- (1) “Contact information” means, at a minimum, the telephone number(s) for a provider’s office or for a facility.
- (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 persons covered by an insurance policy.

- (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 insured by a contracted provider.
- (7) “Product” means a discrete package of health coverage benefits (including variable benefit choices offered within that package in the large group market) that a health insurer offers using a particular product network type (e.g. PPO, EPO, etc. See 45 CFR sections 146.152(f)(3)(ii) and 147.106(e)(3)(ii)) within a service area. A “Product” can encompass a number of plans, each with a particular cost-sharing structure, provider network, and service area. (See 45 CFR section 144.103). The product naming standards in subdivision (b), below, include product-level elements (e.g.: product network type) and plan-level elements (e.g.: Metal level).
- (8) “Provider language or languages” includes American Sign Language.
- (9) “Specialty plan practice group” means “provider group” as defined under Insurance Code section 10133.15(v).

(b) Product and Network standards. The following product naming and network naming standards do not apply to specialized health insurance policies and Medi-Cal products. An insurer shall use the following standards in accordance with Insurance Code section 10133.15.

- (1) For each product offered, the product name shall include, at a minimum;
 - (A) The product network type (e.g. PPO, EPO), 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 communications with insured persons 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 insurer. Whenever a network name is used, the same network name must be used consistently for all purposes including marketing, all communications with insured persons 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 at least one of the following:
 - (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 only provided 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) An insurer's online provider directory may link to another provider directory to display providers available to the insurer's covered persons, only if the insurer's website specifies which products or networks the link is being utilized for. An insurer may not link to a provider directory which does not meet the requirements of Insurance Code section 10133.15 and these standards.
- (9) Insurers 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 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) An insurer shall omit a provider, provider group, or category of providers similarly situated, from its directory:

- (A) Upon submission of a signed statement from an individual provider to an insurer that the provider is currently enrolled in the Safe at Home program (<http://www.sos.ca.gov/registries/safe-home>);
- (B) Upon submission of a signed statement from an individual provider to an insurer 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 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 insured person may submit a complaint if the insured person 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 insured persons to easily identify and locate the providers and facilities currently available to the insurer's covered persons.

(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.