

**California Department of Insurance
Instructions for 2026-2027 Provider Directory Policies and Procedures**

I. Deadline

Filing Requirement	Deadline
Provider Directory Policies and Procedures	July 1, 2026

If you have any questions or need to request additional time, please contact Kelly Payne at (916) 313-4172 or Kelly.Payne@insurance.ca.gov or Christopher Citko at (916) 492-3187 or Christopher.Citko@insurance.ca.gov.

II. General Information

Insurance Code section 10133.15 requires health insurers that contract with providers for alternative rates of payment to publish and maintain provider directories that comply with specified requirements. Provider directory policies and procedures required by subdivision (m) of Insurance Code section 10133.15 must be submitted annually to the Department of Insurance (Department) via SERFF for approval.

Important Notes

- **Please do not submit your actual provider directory itself.**
- **A Component List* for each set of policies and procedures with your filing must be completed and submitted.**
- You may submit separate policies and procedures for different directories within the same filing, but each separate policies and procedures **must be clearly identified and included on separate lines on the DSF. It may be more efficient to submit a separate policies and procedures filing for each set of policies and procedures to avoid confusion.**
- Provider Directory Policies and Procedures are made public upon approval.
- Please make sure that any supporting documents that are not part of the Policies and Procedures are submitted as separate scheduled items from the Provider Directory Policies and Procedures document.
- **In addition, please see the note below under Section IV regarding reporting on delayed payments or reimbursements to providers.**
- A Document Submission Form (DSF) is required to be submitted in the “Supporting Documentation” tab, since the Policies and Procedures are subject to approval.

*A Component List is separately provided with these filing instructions to aid insurers for compliance and identify in the Policies and Procedures the location of the necessary items to facilitate review and approval. Insurers should submit separate Component Lists for each policy and procedure submitted as separate scheduled items in the SERFF “Supporting Documentation” tab. The Component List template will be posted in SERFF in the CaliforniaLAH General Instructions in PDF format due to document limitations of SERFF. If a Word version of the Component List is needed, please contact one of the contacts noted above.

If the Department approved your 2025-26 provider directory policies and procedures filing and
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you intend to continue using the same version for 2026-27, please re-submit the previously approved policies and procedures as the new version to approve for 2026-27. Please note this in the SERFF Filing Description under the “General Information” tab and include the State tracking number of the file containing the 2025-26 filing.

The Department will accept amendments to previously approved 2025-26 policies and procedures so long as the amended policies and procedures are submitted with both a “clean” version and a redline version. Please submit the redline version as a separate scheduled item under SERFF “Supporting Documentation” tab.

Regarding Contracted Networks with Third-Parties: If an insurer utilizes the network of a third-party, a Policies and Procedures filing is still required from the insurer. Please submit all necessary information pursuant to subdivisions (m) and (p)(4) and note if the third-party is another insurer and has already submitted their policies and procedures to the Department. If a third-party insurer has submitted policies and procedures in another filing that you are utilizing, please note the SERFF and/or State tracking number for the third-party’s filing in your policies and procedures filing; state the procedures by which your insureds, providers, and others interface with the network directory, report changes, and receive updates, since such procedures would be specific to you, the insurer; and include a copy of the third-party’s policies and procedures in your submission.

If you are utilizing the network of a third-party and will create your own policies and procedures for the network directory, and not adopting the policies and procedures of the third-party network, please submit your own policies and procedures for review.

III. Guidance for Submission of Provider Directory Policies and Procedures

The policies and procedures must include all requirements set forth in subdivision (m) of Insurance Code section 10133.15. Below are submission instructions:

- Under “Project Name” in the SERFF filing, please include a description, such as “2026-27 Provider Directory Policies and Procedures”, to facilitate review and track submissions. Include a description of the product for which the policies and procedures apply, such as group dental, small group major medical, etc. You may submit separate policies and procedures for different directories within the same filing, but each separate policies and procedures must be clearly identified and included on separate lines on the DSF. It may be more efficient to submit a separate policies and procedures filing for each policy and procedures to avoid confusion.
- Submit Policies and Procedures under the “Supporting Documentation” tab rather than the “Form Schedule” tab.
- Do not simply re-state the provisions of subdivision (m) in your submission but describe the specific procedures whereby you adhere to the subdivision. For example, delineate how your company updates the on-line directory on a weekly basis.

- Include the statutory timeframes for both paper and electronic updating and the corresponding procedures.
- Describe the policies and procedures for a provider to update information, including an online interface by which providers submit changes and revisions to the directory or directories.
- Describe the processes by which insureds, other providers, and members of the public report errors and/or updates to directories and include, at a minimum, a dedicated telephone number, email address, and a hyperlink to make such reports.
- As a formatting guide, it is helpful to include at least general headings that correspond to each requirement of Cal. Ins. Code section 10133.15(m) and reflect the processes of your company, such as the following:
 - **Updates** (include procedures for processing and statutory timeframes for printed and online directories)
 - **Verification of information** (include processes for providers and insurer to verify information)
 - **Submitting Changes** (include processes for providers to submit changes, including the requisite online interface).
 - **Reporting Inaccuracies and Errors** (processes for insureds, other providers, and the public to report inaccuracies through telephone, email, and hyperlink.)
- In all re-submissions, please disclose any unsolicited changes (changes that are not in response to any objections) in redlines and note such changes in the response letter.
- **Provide substantive responses to objections, specify page numbers in which the requested changes appear, and provide redlines. If you disagree with any objection, please provide a legal justification for your position.**
- **Please utilize the separately attached Component List in order to facilitate efficient review and aid insurers in compiling the necessary items required for submissions.** Insurers should submit separate component lists for each policy and procedure submitted as separate scheduled items in the “Supporting Documentation” tab. The Component List template will be posted in SERFF in the CaliforniaLAH General Instructions in PDF format due to document limitations of SERFF. If a Word version of the component list is needed, please contact one of the contacts noted above.

IV. Reporting Delayed Payments or Reimbursements to Providers

Pursuant to subdivision (p)(4) of Insurance Code section 10133.15, submit, in a separate clearly labeled document in the Policies and Procedures filing, information regarding each instance of delayed payments or reimbursements to providers as a result of providers’ failure to respond to the insurer’s attempts to verify providers’ information. If you did not delay any payments or reimbursements within the previous year, please confirm this in SERFF on the “Supporting Documents” tab.

If you are reporting delayed payment or reimbursement to providers, include a list by provider or provider group which tracks all of the statutory requirements of Cal. Ins. Code section 10133.15(p)(4), including:

- Initial verification contact
- Ten-day notice period
- Statutory schedule of reimbursement
- Length of delayed payment or reimbursement

If the information submitted as a result of reporting delayed payment or reimbursement contains personally identifiable information on providers and /or provider groups, this information will constitute a confidential communication to the Commissioner pursuant to Section 12919 of the Insurance Code and such information may not be publicly disclosable. Please make sure that the information is submitted as a separately scheduled item under the “Supporting Documentation” tab, as the remainder of the Provider Directory Policies and Procedures filing will be made public upon approval.

NOTE

The Department is providing these instructions to assist insurers in submitting a complete file. No insurer or individual may rely on this information as a defense against disapproval of a policy and procedure, or against an enforcement action by the Department.