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SB 137 (Hernandez) Factsheet Provider Directories

Purpose

SB 137 would establish requirements on health plans and health insurers (carriers) to make available updated provider directories providing information about contracting providers, including those who are accepting new patients. The bill requires directories to be updated weekly and available on carrier websites without requiring searchers to create or access an account or commit to signing up for the plan. Provider directories would be required to include whether the provider or staff speaks any non-English language and if there is access for persons with disabilities. The bill also requires the Department of Managed Health Care (DMHC) and the Department of Insurance to develop a standard provider directory by September 15, 2016 or within in six months of that date.

Background

Currently, people shopping for health insurance have a difficult time determining which plans their providers are in and those providers who are accepting new patients. While this problem is not a new issue, it has been the subject of recent media coverage with the implementation of the Affordable Care Act (ACA). Covered California (California's health benefit exchange) had to take their provider search tool off-line because the provider information obtained through the plans was problematic. Many people complained that they were misled about which plans had contracted with their providers. Due to consumer complaints, DMHC surveyed two large California health plans and issued four deficiencies for each plan because providers were listed in error or not available at the listed addresses. The carriers are disputing some of DMHC's findings.

Existing California law only requires health plans to provide a list of providers, upon request, that includes which providers have notified the plan that they have closed practices or are otherwise not accepting new patients. The law requires plans to indicate that the list is subject to change without notice. California's provider directory law needs to be updated to reflect the technological advancements away from paper-based directories.

Federal regulations have also been proposed that require health benefit exchange plans (referred to as Qualified Health Plans or QHPs) to issue an up-to-date, accurate, and complete provider

directory, including information on which providers are accepting new patients, in a manner that is easily accessible to plan enrollees, prospective enrollees, the state, the exchange, and federal government. The regulations propose requiring plans to make the information accessible on their public website without requiring an account or policy number. The regulations also seek comments on the best way to make the information available in standard, machine-readable formats. California law needs to be consistent with federal regulations. Also, in implementation of the ACA, California policymakers have made it a priority to ensure a level playing field by extending the same requirements imposed on QHPs to plans not participating in Covered California. Therefore, any requirements on QHPs need to also be extended to all carriers.

Support

California Pan-Ethnic Health Network (cosponsor)
Consumers Union (cosponsor)
Health Access California (cosponsor)

Opposition

None

Contacts

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