



KERN HEALTH SYSTEMS

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POLICY AND PROCEDURES					
SUBJECT: Provider Directory			POLICY #: 12.13-P		
DEPARTMENT: Provider Relations					
Effective Date: 07/2008	Review/Revised Date: 06/13/2022	DMHC	X	PAC	
		DHCS		QI/UM COMMITTEE	
		BOD		FINANCE COMMITTEE	

 Emily Duran
 Chief Executive Officer
 Date _____

 Director of Compliance and Regulatory Affairs
 Date _____

 Director of Member Services
 Date _____

 Director of Marketing
 Date _____

 Director of Provider Relations
 Date _____

POLICY¹:

Kern Health Systems (KHS) will develop and provide each member, or family unit, a *Provider Directory* (directory). KHS will update the Medi-Cal *Provider Directory* on a quarterly basis.²

KHS will cooperate with the DHCS Enrollment program and shall provide to DHCS' enrollment contractor a list of network providers (provider directory), linguistic capabilities of the providers and other information deemed necessary by DHCS to assist Medi-Cal beneficiaries, and Potential Enrollees, in making an informed choice in health plans.³

The KHS directory will be developed, approved, produced, and distributed in accordance with the provisions outlined in the following statutory, regulatory and contractual sources:

- California Welfare and Institutions Code Section 14406(a)(3)
- California Code of Regulations Title 22 §53895

- DHCS Contract Exhibit A, Attachment 13, Provision 4 (D)(4) and Attachment 16, Provision 1
- MMCD Policy Letter 00-02: Health Plan Provider Directory Policy, Guidelines, and Delivery Standards (April 13, 2000)
- Health and Safety Code, Section 1367.27

RELATED POLICIES:

- *12.01-I: Member Materials*
- *12.02-I: Translation of Written Member Materials*
- *12.14-I: Practitioner/Provider Listing*
- *2.22-P Facility Site Review*

PROCEDURES:

1.0 DEVELOPMENT

The directory is developed in accordance with the standards outlined in *KHS Policy and Procedure #12.01-I: Member Materials* including standards for reading level and translation.⁴ Development of the *Provider Directory* is the responsibility of the Provider Relations and Marketing Departments.

The directory shall contain all applicable requirements outlined in 42 CFR 438.10(h), Health and Safety Code 1367.27, and most recent version of the Department of Managed Health Care’s Uniform Provider Directory Standards.

2.0 APPROVAL

The directory is approved in accordance with the standards outlined in *KHS Policy and Procedure #12.01-I: Member Materials*.

A draft of the Medi-Cal directory is forwarded to the California Department of Health Care Services (DHCS) for review and approval.⁵

KHS will submit *KHS Policy and Procedure #12.13-I Provider Directory* to the California Department of Managed Health Care on an annual basis for departmental approval.

3.0 PRODUCTION

The directory is produced in accordance with the standards outlined in *KHS Policy and Procedure #12.01-I: Member Materials*.

4.0 DISTRIBUTION

The directory is distributed in accordance with the standards outlined in *KHS Policy and Procedure #12.01-I: Member Materials*. The *Provider Directory* is included in both the New Member Packet and Annual Member Packet.⁶

The Member Services Department provides a copy of the *Provider Directory* to any person within five (5) days of request.⁷

4.1 Distribution to Health Care Options

Upon contact from the Health Care Options (HCO) Contractor, the Marketing Department arranges for shipment of the requested number of directories.⁸

KHS follows the Shipping and Packaging Specifications provided by MAXIMUS (see Attachment A).

5.0 TRACKING OF PROVIDER DATA

It is the responsibility of the Provider Relations Department to verify and update all practitioner specific information referenced above.

KHS uses a software product that allows for data entry and tracking of all provider information that is used for the development of the provider directory. At the time of initial entry of the data, all information is verified either by telephone or in writing.

KHS may, as it deems necessary, contract with an external vendor to conduct provider directory data validation.

On an annual basis KHS, via an external vendor, shall submit notification to all provider groups to confirm accuracy of all provider directory information (outlined in section 1.0 Development); individual providers, not affiliated with a provider group shall receive notification at least once every six months. KHS requires an affirmative response from providers (excluding general acute care hospitals) acknowledging receipt of the notification and requires all notified providers to confirm their directory information is current and accurate, or otherwise update their directory information. The notification shall include:

- A. The information KHS has in its directory or directories regarding the provider or provider group.
- B. A statement that the failure to respond to the notification may result in a delay of payment or reimbursement of a claim.
- C. Instructions on how the provider or provider group can update the information in the provider directory or directories using the online interface.

KHS, in conjunction with their contracted external vendor, will take no more than fifteen (15) business days to verify the information of a notified provider who does not respond in thirty (30) business days. If KHS cannot verify a provider's information, KHS will notify the provider of pending removal ten (10) business days prior to removal. the provider shall be removed from the provider directory at the next required update after the ten (10) business day notice period (excluding general acute care hospitals). A provider shall not be removed from the provider directory if response is received prior to the end of the 10 (ten) business day notice period.

KHS shall maintain a dedicated e-mail address and an electronic form to receive reports of potential directory inaccuracies and will generate an automated acknowledgment of receipt when submissions are received; additionally, reports of inaccuracies can be submitted via telephone, through KHS' member services department. The KHS website shall prominently display the dedicated e-mail address and member services phone number to report potential inaccuracies. Upon receipt of such report, KHS shall take no longer than five (5) business days to contact the affected provider and thirty (30) business days to verify the accuracy of the information. KHS will document the receipt, investigation, and outcome of each reported potential directory inaccuracy. The documentation shall include the provider's name, location,

and a description of the plan’s investigation, the outcome of the investigation, and any changes or updates made to its provider directory. If changes to the provider directory are required as a result of KHS’ investigation, the changes to the directory shall be made no later than the next scheduled update, or sooner if required by federal law or regulations.

KHS may delay reimbursement owed to a provider if the provider fails to respond to the KHS’ attempts to verify the provider’s information. KHS shall not delay payment unless it has attempted to verify the provider’s information. KHS may seek to delay payment or reimbursement owed to a provider only after the ten (10) business day notice period outlined above in this section. For all delays in reimbursement initiated due to provider non-compliance with KHS provider data verification efforts as outlined above, KHS shall handle in line with Health and Safety Code 1367.27 (p).

Upon delay of payment or reimbursement under this policy, KHS shall document each instance a payment or reimbursement was delayed and report this information to the California Department of Managed Healthcare. This information shall be submitted along with the policies and procedures required to be submitted annually to the department pursuant to *section 2.0 Approval*.

6.0 ONLINE DIRECTORY

In addition to the printed directory, KHS will maintain a searchable online directory, accessible to the public without any restrictions or limitations, through the plan’s internet website. The online directory will be updated on a weekly basis, capturing all applicable changes in provider information made during the prior week. The online directory will capture all practitioner specific information included in the printed directory, as outlined in section 1.0 Development

7.0 DELEGATION

KHS shall ensure delegated entities comply with all provider directory requirements outlined in 42 CFR 438.10(h) and Health and Safety Code 1367.27. All applicable provider directory requirements shall be outlined in the Service Agreement entered into between the delegated entity and KHS.

ATTACHMENTS:

- Attachment A - Shipping and Packaging Specifications

REFERENCE:

¹ **Revision 2021-07:** Policy revised to comply with Health and Safety Code 1367.27. Policy was changed to a public facing policy “P” and is no longer an internal version “I”. Policy was approved by DMHC on 8/27/2021 filing no. 20211899. **Revision 2019-06:** Revised to identify functions performed by the vendor and functions retained by the KHS. Policy approved by DMHC 7/17/2019 eFiling #20191171. **Revision 2018-11:** Policy revised to comply with Health and Safety Code 1367.27(m)(2). Policy reviewed and approved by the Department of Managed Health Care (DMHC) eFiling Number 20181285 completed 10/18/2018. **Revision 2016-07:** Revised to comply with Senate Bill 137 and H&S 1367.27. Reference to Healthy Families removed. **Revision 2008-12:** Revised per DHCS Work Plan Deliverable 16.A, 06/24/08. **Revision 2006-01:** Created during DHS Workplan process. Language regarding provider directories was removed from #40.01 – Practitioner/Provider Listings and Directories and placed into this new policy.

² MMCD Policy Letter 00-02

³ DHS Contract A-16 (1)

⁴ DHS Contract A-13 4(C)

⁵ MMCD Policy Letter 00-02 (Provider Directory Changes)

⁶ Required to be in NMP per W&I 14406(a)(3); Title 22 Section 53895 (a) and (b); and DHS Contract A-13 4(B); and MRMIB Contract A-II (F)(1) and (2).

⁷ MRMIB Contract Exhibit A, II (F)(6)

⁸ MMCD Policy Letter page 7

I. SHIPPING AND PACKAGING SPECIFICATIONS

1. Shipping and Packaging Specifications other than HCO requests.

The Subcontractor will use the following specifications when packaging materials for shipment to a MAXIMUS designated site:

- a. Cartons are required for all material.
- b. All cartons within the shipment except the last carton must contain the same count.
- c. All cartons are to be labeled or marked with the content description, form number, county designated for use, quantity contained, and plan or client name.
 - i. **If the request is for loose materials (other than provider directories), the individual units will be bundled in groups of no less than 100 ct.**
- d. All pallets within a shipment, except the last pallet, must contain the same number of cartons.
- e. All pallets are to be marked with their content(s), form number, and quantity contained on the pallet.
- f. A complete and succinct Bill of Lading must be provided that fully identifies the material contained within the shipment.
- g. Palletizing should consist of placing cartons four high on a standard size 48"x40" pallet (with four-way entry and conventional 2x4 lumber for the runners) and then wrapping the entire palletized load with plastic film.
- h. In the event shipments arrive at the MAXIMUS designated site with any of the following deficiencies, the shipment may be rejected and returned at Subcontractor's expense:
 1. Inadequate packaging, causing the product to be destroyed or severely damaged during the shipment process.
 2. Incorrect product delivered.
 3. Mixed product in the same carton.
 4. Mixed pallets of different product received.
 5. Deliveries made prior to MAXIMUS approval

2. Packaging and Palletizing

- a. All materials are always boxed.
- b. All products must be boxed before skidding.
- c. Individual box weight not to exceed 45 lbs.
- d. All pallets within a shipment must be identified by a "Pallet Flag".
- e. A complete Bill of Lading will accompany each load.
- f. Only one item per pallet, no mixed loads.
- g. All pallets must include corner guards and stretch wrapped securely with a

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- pallet top on each load.
- h. The loaded pallet height will not exceed 56” inclusive of the 4 ½ “ of pallet platform height and top.
 - i. Total weight of loaded pallets not to exceed 1500 lbs.
 - j. The pallet size must be 48” x 40” with four (4) way stringer design and forklift opening side. Pallet must be durable enough to withstand multiple handling sessions.
 - k. All pallets must be in good condition for shipping.
 - l. This will apply to any new materials printed in the future.
3. Quantities delivered may vary by plus or minus five percent (5%) of amount specified on the Purchase Order.

II. SHIPPING

- 1. Deliveries
ALL JOBS WILL BE DELIVERED TO:
MAXIMUS Warehouse
879 F. Street, Ste. 140
West Sacramento, CA 95605
Receiving Hours: 8:30 am to 4:45 pm
No deliveries will be taken during lunch from 12-1pm
Don Niven, Warehouse Manager 916-669-4820

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