



Provider Alert

To: Delegated Providers and Office Staff for Behavioral Health, Dental, Vision, Acupuncture/Chiropractic, and Pharmacy

From: Sharp Health Plan

Date: April 13, 2026

Subject: New Regulatory Requirements – Title 28 CCR Section 1300.67.27 (Provider Directory Standards)

Attention Provider Partners,

The California Department of Managed Health Care (DMHC) has adopted Title 28 of the California Code of Regulations (CCR), Section 1300.67.27 – Standards for Provider Directories, effective April 1, 2026.

This regulation clarifies and codifies provider directory requirements established under Health and Safety Code section 1367.27 and the Uniform Provider Directory Standards. While the regulation applies to health care service plans, it also impacts ancillary and delegated providers that maintain provider directories or provider listings made available to enrollees or the public.

Providers that maintain a provider directory are expected to ensure directory information is accurate, current, verifiable, and accessible, consistent with the regulatory standards outlined below.

Required Provider Action

Accurate provider directory information supports access to care and must align with DMHC regulatory requirement under Title 28 CCR §1300.67.27. Providers that maintain provider directories should:

- Review current provider directory content for alignment with these standards.
- Implement processes to verify and update directory information on a regular and ongoing basis.
- Promptly correct and document any identified inaccuracies.
- Ensure directory information accurately reflects provider availability, services offered,

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accessibility accommodations, and contact information.

Directory Maintenance and Verification

Providers that maintain provider directories shall:

- Maintain written policies and procedures that support the accuracy and completeness of provider directory information.
- Clearly display the date the information was last verified or updated.
- Include, for each provider listing, the following statement using the same font size and format as the listing: "This information was last verified or updated on [mm/dd/yy]."
- Maintain archived copies of provider directories for five (5) years, in a format that is retrievable upon request.
- Ensure provider directory links are clearly identified and easily accessible, such as "Provider Directory" or "Find a Provider."
- Treat inaccurate, incomplete, or misleading information as a reported inaccuracy, investigate the issue, and document any corrections made.

Provider Listings and Required Information

Provider directories shall:

- Display provider information in a consistent and orderly format.
- Include a link to the provider's public website, if available, for online directories.
- Describe how individuals may obtain archived provider directories from the preceding five years, including a phone number or email address.
- Identify whether providers offer accommodations for individuals with disabilities, including:
 - Auxiliary aids and services for communication
 - Physical accessibility features
 - Language assistance services at no cost
- Exclude providers who are retired, deceased, or no longer providing services, unless inclusion is required for limited regulatory or safety purposes.
- Prominently display a method for reporting inaccurate or misleading information, accessible to providers, enrollees, and the public.

Online Directory Search Requirements

If an online provider directory is maintained, the directory shall allow searches or filtering, as applicable, by:

- Provider specialty or service type
- City and ZIP code

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- Languages spoken
- Accessibility features
- Provider group or affiliation (if applicable)
- New patient availability
- Telehealth availability
- Facility or service location

To view the new regulatory requirements in full details, visit <https://bit.ly/calregs-doc-i320>.

Questions? Please contact our Provider Account Management team. Thank you for your partnership.

Best regards,

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