Introduction

The following instructions set forth directions for how to submit health plan information confirming the status of the plan's provider network and enrollment on a county-by-county basis, in order to comply with the format approved by the Department of Managed Health Care (the "Department"), pursuant to Rule 1300.67.2.2, subd. (g)(2)(G). In order to maximize readability and understanding, the Department has written these technical instructions in the first person, in order to increase plain communication and user comprehension.

In the instructions that follow, the Department separately describes each possible health plan scenario and has provided specific instructions for each. Please find and follow the one or more scenarios that are relevant to your health plan's network reporting in order to successfully report this data to the Department.

Our Timely Access provider templates for the reporting years of 2011, 2012 and 2013 were based on Excel 2003 format. The new provider templates for reporting data from the 2014 measurement year will be based on the Excel 2007 format. If you are using Excel 2007 or an older version with limited rows and you exceed the number of allocated rows within each template, please submit as many spreadsheets as necessary to report all of the plan's network information. To ensure clarity, please "name" your various spreadsheets and add numbers, for example: PCPs, PCPs2, PCPs3. The Department will accept any naming convention, and the plan is invited to explain the naming convention it has taken in the narrative portion of the filing, if such explanation is warranted.

New Data Collection Elements for 2014 Measurement Year

For the 2014 measurement year, the Department has added new data elements in each of the spreadsheets to address new benefit and coverage requirements under the Affordable Care Act (codified at Health and Safety Code §§ 1357.508, 1367.005) and to respond to new regulatory network review functions pursuant to Senate Bill 964 (codified at Health and Safety Code § 1367.035). Data for the 2014 measurement year is due to the Department on March 31, 2015.

In response to the addition of essential health benefits to the basic health care services already delineated in the Knox Keene Act, the Department has revised the timely access templates to allow for the collection of pediatric dental and pediatric vision providers in the "Other Contracted Providers" spreadsheet. Due to the fact that specialized dental, vision, and acupuncture plans are not required to submit annual network data under California Code of Regulation, title 28, § 1300.67.2.2, full-service plans will be required to submit acupuncture, dental, and vision providers directly to the Department, even if it provides these services via a subcontract with a specialized plan.

The Department has coordinated with Covered California so that health plans may use the same network templates for their timely access filing and their Covered California

quarterly network report. Due to this collaboration, some fields are required for Covered California products but not for all other licensed products. Please ensure the Plan populates these fields when reporting on its Covered California networks.

The following lists describe the new fields added to each timely access network template for the 2014 measurement year. Please see the "Instructions" tab within each spreadsheet for specific direction as to how to populate these new fields.

PCPs and Physician Extenders Spreadsheet:

- Network Tier ID
- Clinic Name
- Address 2
- Phone Number
- Accepting New Patients
- Current Number of Enrollees Assigned to Provider
- Hospital
- Hospital NPI
- Hospitalist (Y/N)
- Provider Language (required for Covered California products, recommended for all other plans)
- Facility Language (required for Covered California products, recommended for all other plans)
- Gender (required for Covered California products, recommended for all other plans)

Specialists Spreadsheet:

- Network Tier ID
- Address 2
- Phone Number
- Accepting New Referrals
- Hospital
- Hospital NPI
- Hospitalist (Y/N)
- Provider Language (required for Covered California products, recommended for all other plans)
- Facility Language (required for Covered California products, recommended for all other plans)
- Gender (required for Covered California products, recommended for all other plans)

Mental Health Spreadsheet

- Network Tier ID
- Address 2
- Phone Number
- Accepting New Referrals
- Provider Language (required for Covered California products, recommended for all other plans)
- Facility Language (required for Covered California products, recommended for all other plans)

- Gender (required for Covered California products, recommended for all other plans)

Other Contracted Providers Spreadsheet

- Network Tier ID
- Address 2
- Phone Number
- Health Plan ID for Plan-to-Plan Contract
- Provider Language (required for Covered California products, recommended for all other plans)
- Facility Language (required for Covered California products, recommended for all other plans)
- Gender (required for Covered California products, recommended for all other plans)

Hospitals and Clinics Spreadsheet

- Network Tier ID
- Address 2
- Phone Number
- Accepting New Patients
- Current Number of Enrollees Assigned to Provider

Completing the Timely Access Network Template

Identify for your own plan which scenarios apply to your plan's contracted provider network. Read the instructions for those sections for information on how to appropriately fill out the spreadsheets for your plan

- Scenario 1—Direct contract network
- Scenario 2—Contract with other KKA license plan
- Scenario 3—Direct contract network (mental health)
- Scenario 4—Contract with other KKA license plan (mental health)
- Scenario 5—Shared network with other KKA license plan (Medi-Cal)
- Scenario 6—Shared network in "plan partnership" for SSB (Medi-Cal)
- Scenario 7—Contract with other KKA license plan (acupuncture, dental, or vision)

Scenario 1: Health Plan reporting its own direct network:

Health Plan Network Scenario 1: My full service health plan has a directly contracted network for delivering care. These direct contracts include, contracts with medical groups or independent physician associations (IPAs), hospitals (capitated or fee-for-service [FFS] contracts), and/or direct contracts with providers. My provider network is the plan's directly contracted network for delivering care to our enrollees, regardless of product type.

Instruction: If Scenario 1 describes your health plan, your health plan must fill out all DMHC provided spreadsheet relevant to this contracted situation (PCPs, Specialist, Mental Health, Hospitals, etc.) and submit them to the Department by:

1. Logging into the portal,
2. Select e-file,
3. Click on On-Line Forms,
4. Select Timely Access in the pull down menu,
5. Upload the plan completed forms to the portal.

If you have any questions regarding the specific fields in the spreadsheets and what information the Department is looking for, be aware each form has specific instructions for each column (or "field"), including which information is required (information that *must* be provided) and which information is requested (information that is not required, but *preferred*). Please be certain to enter the data as described in the instructions, otherwise the report may not pass the automatic validation process and the Plan will not be able to submit it to the Department.

Scenario 2: Health Plan reporting its network, which includes Plan to Plan contracts with Knox-Keene Act (KKA) limited licensees (e.g. Heritage Provider Network, Primecare Medical Network, or Scripps Health Plan Services):

Health Plan Network Scenario 2: My full service health plan has a contracted network that includes Plan to Plan contracts to provide services through the contracted plan's limited license network.

Instruction: If Scenario 2 describes your health plan, your health plan must fill out all DMHC provided spreadsheets relevant to this contracted situation (PCPs, Specialist, Mental Health, Hospitals, etc.). However, the plan must also complete the column within the spreadsheet labeled, "Health Plan ID for Plan-to-Plan Contract." For any provider in the plan network that is contracted through this arrangement, the plan will place the KKA license number for the limited licensee (i.e. 933 xxxx) in this column. To look up the KKA license number for another plan, please go to the following link on the Department's public webpage:
http://www.dmhc.ca.gov/healthplans/gen/gen_licensed.aspx

Additional Scenario: "**BUT** what if I contract with the same provider on a direct

contract basis (or through a medical group) and the same doctor is contracted by the limited licensee? Where or how do I report this provider?"

Instruction: For reporting purposes, simply **list the provider twice** (or three or four times). The first instance will indicate the provider is part of the plan's direct network and the plan will leave the "Health Plan ID for Plan-to-Plan Contract" column blank to indicate it is a direct provider. In the second instance, please enter the limited licensee's KKA license number in the "Health Plan ID for Plan-to-Plan Contract" column.

If you have any questions regarding the specific fields in the spreadsheets and what information the Department is looking for, be aware each form has specific instructions for each column (or "field"), including which information is required (information that *must* be provided) and which information is requested (information that is not required, but *preferred*). Please be certain to enter the data as described in the instructions, otherwise the report may not pass the automatic validation process and the Plan will not be able to submit it to the Department.

Scenario 3: Health Plan reporting its own direct network for mental health professionals:

Health Plan Network Scenario 3: My full service health plan provides mental health services via our own directly contracted network with mental health professionals and facilities.

Instruction: If Scenario 3 describes your health plan, the plan will follow the instructions listed in scenario 1 (or 2 as the case may be), by completing the provided spreadsheet for mental health networks and submitting it to the Department.

If you have any questions regarding the specific fields in the spreadsheets and what information the Department is looking for, be aware each form has specific instructions for each column (or "field"), including which information is required (information that *must* be provided) and which information is requested (information that is not required, but *preferred*). Please be certain to enter the data as described in the instructions, otherwise the report may not pass the automatic validation process and the Plan will not be able to submit it to the Department.

Scenario 4: Health Plan contracts with another KKA mental health specialized plan to administer mental health services:

Health Plan Network Scenario 4: My full service health plan contracts with a KKA specialized plan to provide mental health services to my enrollees. I do not have specific provider information in my database, as I rely on the mental health plan to maintain this information for my plan under our contract. I have information regarding the counties in

which I contract with this/these plans in order to make up my mandated mental health network.

Instruction: If Scenario 4 does **NOT** describe your health plan, then do not complete the tab in the mental health spreadsheet titled, "Mental Health Plan-to-Plan."

Instruction: If Scenario 4 **DOES** describe your health plan, and your plan is a **full service health plan**, please select the tab in the mental health spreadsheet titled, "Mental Health Plan-to-Plan." When you click on the tab, two columns entitled "Health Plan ID for Plan-to-Plan Contract" and "County" will appear.

- Place the KKA license number for the mental health plan you contract with in the "Health Plan ID for Plan-to-Plan Contract" column (i.e. 933 xxxx).
- In the "County" column, please list the county in which the plan contracts out for services.

To look up the KKA license number for another plan, please go to the following link on the Department's public webpage:
http://www.dmhc.ca.gov/healthplans/gen/gen_licensed.aspx

> ***Additional Scenario:*** "**BUT** what if I contract with more than one plan in a county?"
>
> ***Instruction:*** List the county twice (or more times depending on how many plans you contract with in that county) by listing the same county in the county column for each different KKA license number corresponding to the KKA Behavioral Health Plan you contract with for mental health services.

Instruction: If Scenario 4 **DOES** describe your health plan, and your plan is a **specialized mental health plan**, please do the following:

1. Fill out the mental health spreadsheet with your entire contracted network, leaving the "Health Plan ID for Plan-to-Plan Contract" columns blank, indicating it is your plan's network being reported.
2. Fill out and submit a separate spreadsheet for **each** full service plan you contract with to provide mental health services.
3. Do not complete the tab entitled "Mental Health Plan-to-Plan."
4. Submit the completed spreadsheets through the portal, but on the tab provided for "Other Plan's Network". Select the plan you are reporting for and upload the spreadsheets for each plan in its own section.

Additional Scenario: "**BUT** what if there is "duplicate" data because the same provider is included in the network for our direct contracted network *and* every health plan with whom we contract?"

Instruction: Please submit all requested data, even if it appears to be "duplicate" data. It will not truly be a duplicate as the forms are uploaded in the "Other Plan's Network" section and can be consolidated on our end. This data must be reported so the Department can capture the differences in the individual plan networks.

If you have any questions regarding the specific fields in the spreadsheets and what information the Department is looking for, be aware each form has specific instructions for each column (or "field"), including which information is required (information that *must* be provided) and which information is requested (information that is not required, but *preferred*). Please be certain to enter the data as described in the instructions, otherwise the report may not pass the automatic validation process and the Plan will not be able to submit it to the Department.

Scenario 5: Health Plan contracts with another full service health plan:

Health Plan Network Scenario 5: My full service health plan contracts with another full service health plan in order to provide benefits to enrollees. My plan is in the Medi-Cal arena, but we partner with another plan to provide Medi-Cal benefits through DHCS. We utilize the other plan's network to provide services in certain counties.

Instruction: If Scenario 5 describes your health plan, and you are **the plan who holds the contract with DHCS**, or you are the owner of the network arrangement (if a similar scenario, but not Medi-Cal) in that county, your plan will provide the network information. Please complete the DMHC provided spreadsheets, and fill in the column labeled, "Health Plan ID for Plan-to-Plan Contract." For any provider in your plan network that is accessed through this arrangement, please fill in this column with the KKA license number for the other full service health plan (i.e. 933 xxxx). To look up the KKA license number for another plan, please go to the following link on the Departments's public webpage:
http://www.dmhc.ca.gov/healthplans/gen/gen_licensed.aspx

If you have any questions regarding the specific fields in the spreadsheets and what information the Department is looking for, be aware each form has specific instructions for each column (or "field"), including which information is required (information that *must* be provided) and which information is requested (information that is not required, but *preferred*). Please be certain to enter the data as described in the instructions, otherwise the report may not pass the automatic validation process and the Plan will not be able to submit it to the Department.

> ***Additional Scenario:*** "**BUT** what if I contract with the same provider on a direct contract basis (or through a medical group) and the same doctor is contracted by the full service health plan? Where or how do I report this provider?"
>
> ***Instruction:*** For reporting purposes, please list the provider twice (or three or four times). The first instance will indicate the provider is part of the plan's direct network and the plan will leave the "Health Plan ID for Plan-to-Plan Contract" column blank to indicate it is a direct provider. In the second instance, please enter the other plan's KKA license number in the "Health Plan ID for Plan-to-Plan Contract" column.

Scenario 6: Health Plan has a contracted "Plan Partner" arrangement for delivering health care services (i.e. L.A. Care):

Health Plan Network Scenario 6: My full service health plan contracts ("partners") with another (or multiple) full service health plan(s) to deliver services to enrollees.

Instruction: If Scenario 6 describes your health plan, and you are **the plan who holds the contract with DHCS**, then your plan is the owner of the network arrangement. Your plan's "plan partners" will be responsible to file their own network information directly to the DMHC. Your plan must:

1. Fill out the provided forms with your plan's direct network information. This includes all contracted arrangements held directly with your plan that do not have the "plan partner" in the middle.
2. On the spreadsheet titled "Enrollment" you will report only the number of enrollees assigned to providers in the direct contracted network reported in #1.[1]

Instruction: If Scenario 6 describes your health plan, and you are **the "plan partner**," your plan will be responsible for reporting this network information **separate** from your other submitted network information. Your plan must:

1. Fill out the provided spreadsheets with the network information for this "plan partner" arrangement.
2. Submit the completed spreadsheets through the portal, but on the tab that includes your partner plan in the title (e.g. "Other Plan's Network").
3. On the spreadsheet titled "Enrollment," you must report the enrollment for the plan partner separately under the "Other Plan's Network." Please ensure that this enrollment is not also listed (or double counted) within the plan's direct network reporting in the "Enrollment" spreadsheet. For example, the number reported under the county (e.g. Los Angeles) for the product "Medi-Cal" should be the number of lives served by the network the plan reported for the plan partner.

Scenario 7: Health Plan contracts with another KKA acupuncture, dental or vision specialized plan to administer essential health benefits:

Health Plan Network Scenario 7: My full service health plan contracts with a KKA specialized plan to provide pediatric dental, pediatric vision, or acunpuncture services to my enrollees. I do not have specific provider information in my database, as I rely on the dental plan to maintain this information for my plan under our contract. I have information regarding the counties in which I contract with this/these plans in order to make up my essential health benefits network.

[1] Please note: This enrollment report will be combined with the information reported by the "plan partners." This information is not the mechanism utilized for assessments or contract enrollment reports. It is important for the Department to get this information on the network reporting accurately to avoid duplication.

Instruction: If Scenario 7 describes your health plan, your health plan must fill out the DMHC "Other Contracted Provider" spreadsheet. The full service plan must obtain all provider data from the contracted specialized plan and insert that data into the "Other Contracted Provider" template before submitting the populated template to the Department via the timely access portal. The specialized dental, vision, or acupuncture plan cannot submit its provider network directly to the Department. For all providers accessed through a contract with a specialized health plan, please place the KKA license number for the specialized health plan with which you contract in the "Health Plan ID for Plan-to-Plan Contract" column (i.e. 933 xxxx).

If you have any questions regarding the specific fields in the spreadsheets and what information the Department is looking for, be aware each form has specific instructions for each column (or "field"), including which information is required (information that *must* be provided) and which information is requested (information that is not required, but *preferred*). Please be certain to enter the data as described in the instructions, otherwise the report may not pass the automatic validation process and the Plan will not be able to submit it to the Department.

Direction: "Other Contracted Providers"

Section 1345(i) of the KKA states, "'Provider' means any professional person, organization, health facility, or other person or institution licensed by the state to deliver or furnish health care services." The timely access regulation in section 1300.67.2.2(g)(2)(G)(ii) requires, "A complete list of the plan's contracted physicians, hospitals, and other contracted providers…" to be reported to the Department. Any contracted arrangements the Plan has, such as medical groups, pharmacy, radiology labs, labs, facilities, etc. that were not included in any other spreadsheet can be reported here. This is also the template that Plans will use to report acupuncture, pediatric dental, and pediatric vision providers. The Department is providing a "pick-list" for this spreadsheet designed to help consolidate this information into a more uniform format. This list can be found under the "Look-Up Code" tab in the Other Contracted Providers spreadsheet. The pick-list was developed from the information the Department received in past filings from all health plans and from new benefit requirements created by the Affordable Care Act.

Direction: "Enrollment" Spreadsheet

The "Enrollment" spreadsheet captures information regarding the total number of enrollees in the plan's service area. In order to get accurate information regarding the service area, please be sure to include all zip codes within the service area in the Enrollment template. If no enrollees currently reside in that zip code, simply enter a zero in the column entitled "Number of Plan Enrollees." If the Plan has enrollees who reside outside of the service area, please record those zip codes and their associated enrollee counts in a separate "Enrollment" spreadsheet and title that spreadsheet in a manner indicating it contains enrollment outside of the plan's service area.

Final Instructions

Please provide the Department with any information your plan believes meets the definitions listed above If your plan prefers, it may also submit narrative explanations to explain the data, and indicate any information about your network which may impact the Department's review, such as community clinics or ancillary facilities.