

Annual Network Review

Measurement Year 2018 Reporting

December 10 & 12, 2018

DMHC Mission Statement

The California Department of Managed Health Care protects consumers' health care rights and ensures a stable health care delivery system.

Purpose

To review MY 2018 reporting requirements including:

- Set up the Plan profile
- Report plan-to-plan arrangements
- Populate the provider network Report Forms
- Upload and validate provider network Report Forms

Changes for MY 18

Changes to the Web Portal and Provider Network Report Forms:

- Plan-to-Plan Summary
- New Web Portal Log-in Interface
- Name of Network Deletion Verification
- New Report Form- Telehealth (optional)
- Provider Form Tab Changes

Web Portal Login

Steps to Create MY 18 Filing

1. Log into the portal
2. Click “Timely Access Reporting”
3. Select “12/31/2018” in the Reporting Steps to Create the MY 2018 Filings

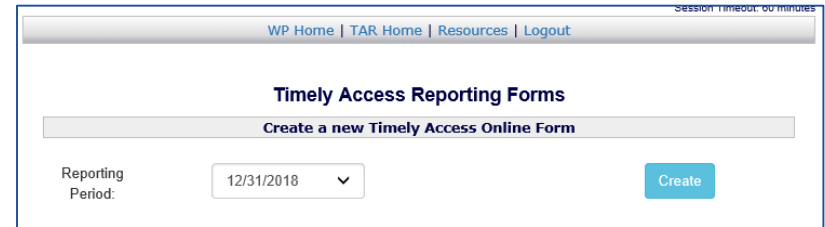
The screenshot shows the DMHC Web Portal Login page. At the top left is the logo for the Department of Managed Health Care, and at the top right is the State of California logo. Below the logos, there is a navigation bar with buttons for Home, My Account, Help, and Logout. The session timeout is indicated as 14 minutes. The main heading is "Web Portal Login". Below this, a welcome message states: "Welcome to the DMHC Web Portal. If you remain inactive for 20 minutes your session will expire and you will need to log back in. Please contact wpso@dmhc.ca.gov with any questions or problems regarding this site." The page is divided into three main sections: Applications, My Information, and Additional Links. The Applications section includes links for e-Filing and Timely Access Reporting. The My Information section includes fields for Name, Email, and Phone. The Additional Links section is currently empty.

Web Portal Login

Steps to Create MY 18 Filing cont.

4. Click the blue button labeled “Create”

5. Click the “Details” link under the “Existing Timely Access Reporting Forms” section for reporting period “12/31/2018”



The screenshot shows a web portal interface for creating a new Timely Access Online Form. At the top right, it indicates a session timeout of 60 minutes. The navigation bar includes links for WP Home, TAR Home, Resources, and Logout. The main heading is "Timely Access Reporting Forms", followed by a sub-heading "Create a new Timely Access Online Form". Below this, there is a "Reporting Period:" label, a dropdown menu currently set to "12/31/2018", and a blue "Create" button.

Plan Profile Setup

Profile Tab

- Health Plan Lines-of-Business
- Name of Network
- County Crosswalk
- Specialty Crosswalk
- Language Crosswalk
- Hospitals Crosswalk
- Provider Groups/IPA Crosswalk
- Type of License and Service Crosswalk

Plan Profile Setup

Name of Network

- Adding a new Name of Network
 - Reason for adding a new network

1 →

New name of network...

+

← 3

2 →

The Department has identified that the Plan is reporting a new Name of Network when compared to the previous Measurement Year. Please explain why the Plan is reporting a new Name of Network. If referencing a DMHC filing, please provide the applicable filing number. Explanation must be at least 20 characters or greater.

Plan Profile Setup

Name of Network

- Changing the Name of Network
 - Reason for network name change.

The screenshot shows a web interface for setting up a Medi-Cal plan profile. The browser's address bar displays "Medi-Cal". The main content area has a header "Name of Network" with a text input field containing "DMHC Medi-Cal". Below this is a section titled "Reason for a change in the Name of Network" with a text area containing the text: "The Plan is changing the name 'Medi-Cal' to 'DMHC Medi-Cal' due to changes to the provider networks. The Plan submitted a filing to the Department on November 1, 2017, eFiling number 201711011234 regarding this change." Four numbered callouts are present: 1 points to the browser title bar, 2 points to the "Name of Network" header, 3 points to the "Reason for a change in the Name of Network" header, and 4 points to the text area.

Plan Profile Setup

Name of Network

- Deleting a Name of Network
 - Reason for deleting the network



Network Delete Reason and Confirmation

Please explain why the Plan is reporting a deleting the Name of Network.
If referencing a DMHC filing, please provide the applicable filing number.
Explanation must be at least 20 characters or greater.

Cancel Confirm



Plan Profile Setup

Name of Network

- Name of Network service area checkbox
 - Select all counties which contain at least one ZIP Code inside the Plan's approved service area


















Network Service Area *(select all that apply)*

<input type="checkbox"/> Alameda	<input type="checkbox"/> Orange
<input type="checkbox"/> Alpine	<input type="checkbox"/> Placer
<input type="checkbox"/> Amador	<input type="checkbox"/> Plumas
<input checked="" type="checkbox"/> Butte	<input checked="" type="checkbox"/> Riverside
<input type="checkbox"/> Calaveras	<input checked="" type="checkbox"/> Sacramento
<input type="checkbox"/> Colusa	<input type="checkbox"/> San Benito
<input type="checkbox"/> Contra Costa	<input type="checkbox"/> San Bernardino
<input type="checkbox"/> Del Norte	<input checked="" type="checkbox"/> San Diego
<input type="checkbox"/> El Dorado	<input type="checkbox"/> San Francisco

Plan Profile Setup

Crosswalk Tables

- How to crosswalk terms:
 - Add 
 - Delete 
 - Edit 
 - Save 
 - Undo 

DMHC Specialist Specialty Type	Crosswalk Code/Name		
ADDICTION MEDICINE			
ADDICTION PSYCHIATRY			
ALLERGY/IMMUNOLOGY			
ANESTHESIOLOGY			
CARDIOVASCULAR DISEASE			
DERMATOLOGY	DERMATOLOGIST		
DERMATOLOGY Additional Lookup: 2	<input type="text"/>	 	
DIAGNOSTIC RADIOLOGY			

Plan Profile Setup








Crosswalk Tables Added

- NPMP Specialty Type
- NPMP Licensure Type
- Individual Other Contracted Provider Category Type
- Entity Other Contracted Provider Category Type

Plan Profile Setup

Crosswalk Out-of-State Counties

- Reporting a county outside of CA with the same name as a county inside of CA: crosswalk the county name and the state abbreviation to “Other.”

DMHC County	Crosswalk Code/Name		
KLAMATH (OR)			
LAKE (OR)			
OTHER	<input type="text" value="BUTTE (SD)"/>	 	
12345678			

Plan Profile Setup

A new Plan-to-Plan Summary Report has been added to the 'Profile' tab

Timely Access Reporting

Health Plan	TEST HEALTH PLAN 2	Type	Full Service
Health Plan ID	9WC 000Z	Status	In Progress with Health Plan
Reporting Period	12/31/2018		

[Details](#) **[Profile](#)** [Provider Network](#) [Other Plan Network](#) [Compliance Report](#) [Submit](#) [Messages](#) [Resources](#)

All health plans required to submit annual timely access reports pursuant to Sections 1367.03 and 1367.035 are required to complete the following tables contained in the Profile Tab of the web portal. These tables help the Department understand the overall structure of the Plan's reported Lines-of-Business and Networks, and eliminates duplication of certain data across multiple Timely Access Report Forms and Annual Provider Network Report Forms.

Also included in the Profile Tab are crosswalk tables to allow the Plan to connect its own Report Form terminology to the terminology used by the Department. This provides the Department with a clear framework for understanding the Plan's network data submissions. Completing the crosswalk tables will decrease the likelihood of the Plan receiving data error reports and requests for re-submission from the Department.

The information provided in the Profile Tab will be used to validate information provided by the Plan in each of its Timely Access Report Forms and Annual Provider Network Report Forms. **Failure to fill out the Profile completely and accurately will cause the Plan's submission to fail validation, requiring the Plan to correct and resubmit its report(s).**

[Profile Crosswalks](#) [Plan-to-Plan Summary Report](#)

Plan Profile Setup

Plan-to-Plan Arrangements

- Plan-to-Plan for Mental Health Services
- Plan-to-Plan with another Full Service Health Plan
- Plan-to-Plan for Use in Another Plan's Network

Plan-to-Plan Data Submissions

Report Form Submissions and Information Sharing

- Reporting plan is the subcontracting plan
- Reporting plan is both a primary plan and a subcontracting plan

Plan-to-Plan Data Submissions

Report Form Submissions: Reporting Plan is the Subcontracting Plan



Reporting plan
clicks on the
“Other Plan
Network” Tab

Details Profile Provider Network **Other Plan Network** Compliance Report Submit Messages Resources

Select the health plan which utilizes your health plan’s provider network, as assigned in the Network Arrangements section of the Profile tab. For each such plan, upload the provider forms for your plan’s network which serves the other plan’s enrollees.

Note: Any reported information for this Name of Network, including the “Network Report Form Summary” may be released to health plans chosen below that utilize the health plan’s provider network. Please contact the Department prior to any data submission if the health plan does not wish to release data to the contracting plan for this Name of Network.

Select ▼

 = Number of Reports Uploaded  = Passed Data Validation / Provided Explanation

Plan-to-Plan Data Submissions

Report Form Submissions: Reporting Plan is the Subcontracting Plan

Reporting plan
selects the plan
partner name

Details Profile Provider Network **Other Plan Network** Compliance Report Submit Messages Resources

Select the health plan which utilizes your health plan's provider network, as assigned in the Network Arrangements section of the Profile tab. For each such plan, upload the provider forms for your plan's network which serves the other plan's enrollees.

Note: Any reported information for this Name of Network, including the "Network Report Form Summary" may be released to health plans chosen below that utilize the health plan's provider network. Please contact the Department prior to any data submission if the health plan does not wish to release data to the contracting plan for this Name of Network.

Select
900 0000 - TEST HEALTH PLAN
900 0002 - TEST HEALTH PLAN 2

Plan-to-Plan Data Submissions

Report Form Submissions: Reporting Plan is the Subcontracting Plan

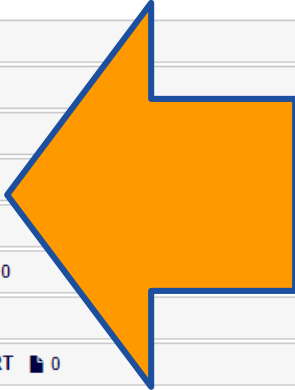
Reporting plan uploads data on behalf of selected plan partner (primary plan)

Details	Profile	Provider Network	Other Plan Network	Compliance Report	Submit	Messages	Resources
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900 0000 - TEST HEALTH PLAN

📄 = Number of Reports Uploaded ✓ = Passed Data Validation / Provided Explanation

▶ PCP	📄 0
▶ SPECIALIST	📄 0
▶ MENTAL HEALTH	📄 0
▶ HOSPITAL AND CLINIC	📄 0
▶ ENROLLMENT	📄 0
▶ OTHER CONTRACTED PROVIDER	📄 0
▶ GRIEVANCE REPORT	📄 0
▶ OUT-OF-NETWORK PAYMENT REPORT	📄 0



Completing Report Forms

This section will highlight important instructions when completing the following report forms:

- Service Area and Enrollment
- PCP
- Specialist
- Mental Health
- Other Contracted Provider (OCP)
- Hospitals and Clinics
- Out-of-Network
- Grievance Report Form
- Telehealth (Optional)

Service Area and Enrollment Report Form

For MY 18, service area and enrollment are reported separately

Service Area tab

- Both the Primary Plan and Subcontracting Plan completes this tab.

Enrollment tab

- Only the Primary Plan completes this tab.

Service Area and Enrollment Report Form

Service Area Tab

- This tab is only intended for reporting the Plan's licensed service area for each name of network.
- Please **report all licensed service area zip codes**, regardless of whether or not there are enrollees in the zip codes.
- Do not include outside service area zip codes in this tab.

Service Area and Enrollment Report Form

Enrollment Tab

- The Primary Plan must report all enrollment data including enrollees delegated to the Subcontracting Plan.
 - The Primary Plan must list the **Plan ID** of the Subcontracting Plan in the 'Health Plan ID of Subcontracting Health Plan' field.

Health Plan ID of Subcontracting Health Plan	County	ZIP Code	Inside Approved Service Area	Name of Network	Line-of-Business	..	Number of Plan Enrollees
933 1111	Sacramento	95814	Y	DMHC Network	Medi-Cal	..	40
933 2222	Sacramento	95814	Y	DMHC Network	Medi-Cal		60
	Sacramento	95814	Y	DMHC Network	Medi-Cal		80

Service Area and Enrollment Report Form

Enrollment Tab cont.

- The Primary Plan must indicate whether the enrollees reside or work in the Plan's approved ZIP Code by marking 'Y' for Yes or 'N' for No in the Inside Approved Service Area field.
 - If 'Y', the ZIP Code and County combination must also be reported in the Service Area tab.

Service Area and Enrollment Report Form

Enrollment Tab cont.

- Please **DO NOT** report 'Y' and 'N' for the same ZIP Code and County combination for the same network.

Health Plan ID of Subcontracting Health Plan	County	ZIP Code	Inside Approved Service Area	Name of Network	Line-of-Business	..	Number of Plan Enrollees
933 1111	Sacramento	95814	Y	DMHC Network	Medi-Cal		40
933 2222	Sacramento	95814	N	DMHC Network	Medi-Cal		60

Service Area and Enrollment Report Form

County and ZIP Code Validation

- USPS County and ZIP Code list – available in the “Resources” tab of the web portal.
- All California ZIP Code and county combinations reported **must be on this list** to pass validation.
- If the Plan intends to report out-of-state ZIP Codes, the Plan must first properly crosswalk the out-of-state county.

Provider Network Report Forms

New Field Name	Description	Report for:
Full Time/Part Time	“FT” if the provider dedicates 32 hours or more, “PT” if the provider dedicates 31 hours or less	<ul style="list-style-type: none">• PCP s• PCP NPMPs• Specialists• Specialist NPMPs• Mental Health Professionals

Provider Network Report Forms

New Field Name	Description	Report for:
Outpatient Appointment Availability	Enter “Y” if provider is available to schedule in-person/walk-in appointments on outpatient basis at the practice location, otherwise, enter “N”	<ul style="list-style-type: none">• Specialists• Specialist NPMPs• Mental Health

Provider Network Report Forms

New Field Name	Description	Report for:
Available for In Person Urgent Care Appointments After Hours?	Enter “Y” if the provider is available for in-person urgent care appointments after or prior to the provider’s normal office hours of operation, otherwise enter “N.”	<ul style="list-style-type: none">• PCPs• Clinics

PCP Report Form

PCP 'Non-Physician Med Practitioner' Tab

NPMPs who are supervised by a PCP

- Ensure that the NPI of supervising PCPs are reported in the PCP tab.
- Utilize the NPMP Licensure Type Crosswalk for the Type of Licensure field.

PCP Report Form

PCP 'Non-Physician Med Practitioner' Tab cont.

- **If NPMP is supervised by a specialist**, please report this provider in the Specialists report form
- **If NPMP is not supervised by either a PCP or specialist**, report this NPMP on the Other Contracted Providers Report Form

Specialists Report Form

Specialist Tab

- **New specialties added to the Specialist Specialty field**
 - MY 2017 crosswalked terms from the Specialist Specialty table will not be pulled over.
 - Plans must re-crosswalk terms in this crosswalk table if not using a DMHC-preferred terminology.

Specialists Report Form

Specialist 'Non-Physician Med Practitioner' Tab

NPMPs who are supervised by a specialist

- Ensure that the NPI of the supervising specialist is reported on the Specialists tab.
- Ensure that the specialty of the supervising specialist matches what is reported on the Specialists tab.

Specialists Report Form

Specialist NPMP Field Name	Corresponding Crosswalk
Type of Licensure	NPMP Licensure Type
Specialization/Certification of Additional Qualifications	NPMP Specialty Type
Supervising Specialist Specialty Type	Specialist Specialty Type

Mental Health Report Form

Mental Health Professionals Tab

- Plans are to report all contracted Qualified Autism Services (QAS) Providers, Professionals, and Paraprofessionals.
- A physical address location is required for a QAS Provider, but not a QAS Paraprofessional or QAS Professional.

Mental Health Report Form

Reporting Qualified Autism Services Providers, Paraprofessionals, and Professionals cont.

- The Plan must identify these three QAS types only in the Specialty/Area of Expertise field in this report form.
 - Utilize the Mental Health Professional Specialty Type Crosswalk for this field.

Other Contracted Providers Report Form

For MY 18, individual and entity other contracted providers are reported separately

- Complete separate crosswalk tables for the Contracted Provider Category Field.

Other Contracted Providers Report Form

Report on the **Individual OCP** tab if:

1. Enrollee makes appointment with individual practitioner
2. The individual practitioner delivers ongoing or non-routine service

Report on the **Entity OCP** tab if:

1. Enrollee makes appointment with a provider group or facility
2. The provider group or facility delivers isolated or routine service

Hospitals and Clinics Report Form

Report all hospitals and clinics in the contracted network

- **Hospital Name:** Refer to the Hospitals Crosswalk (updated annually)
- **Clinic NPI:** If the clinic does not have an NPI, please list the NPI of the clinic's Medical Director.
- **Type of Service:** Refer to crosswalk tables under Type of License and Service for Hospital and Clinics

Grievance Report Form

- Plan must **report all access and availability grievances** including exempt and expedited grievances
- Plans with plan-to-plan relationships with another Plan subject to **Timely Access Requirements**
 - Primary Plans are required to submit their own grievances.
 - Subcontracting Plans are required to submit their own grievances and grievances related to the Primary Plan's enrollees.

Telehealth Report Form

This is an *Optional* Report Form

- Developed to provide plans an opportunity to report information on telehealth providers.
- Report **telehealth PCPs and specialists.**

Annual Out-Of-Network Payment Report Form

Changes

- Top instructions
- Specifications to field instructions
- Addition of Terminology tab

Annual Out-Of-Network Payment Report Form

Top Instruction Changes:

- Out-Of-Network Report Tab: 1/1/18-12/31/18
 - Actual Payments Throughout the Year
- Proportion Report Tab: 12/31/18
 - All Contracting Facilities in the Plan's Network on December 31, 2018

Annual Out-Of-Network Payment Report Form

Out-Of-Network Report Tab Field Instruction Changes:

- Non-Contracted Provider Last Name
- Non-Contracted Provider First Name

EX:

Non-Contracted Provider Last Name	Non-Contracted Provider First Name
ABC Health	NA

- Contracting Facility Name

Annual Out-Of-Network Payment Report Form

Proportion Tab Field Instruction Changes:

- Contracting Facility Name
- Number of Contracted Providers at Facility
- Proportion of Non-Contracted to Contracted Providers

EX:

Number of Contracted Providers at Facility	Number of Non-Contracted Providers at Facility	Proportion of Non-Contracted to Contracted Providers
42	0	0:42

Annual Out-Of-Network Payment Report Form

Terminology Tab:

Out-Of-Network Report Tab and Proportion Report Tab	
Contracting Facility Types	Annual Provider Network Report Form
General Acute Care Hospital	Hospital and Clinics (Hospital Tab)
Ambulatory Surgery Center	Hospital and Clinics (Clinics Tab)
Urgent Care Center	Hospital and Clinics (Clinics Tab)
Free Standing Primary Care Clinic	Hospital and Clinics (Clinics Tab)
Community Mental Health Center	Mental Health (MH Facility Tab)
Psychiatric Hospital	Mental Health (MH Facility Tab)
Imaging/Radiology	Other Contracted Provider (Entity Tab)
Laboratory	Other Contracted Provider (Entity Tab)

Upload and Validation

How to Upload Report Forms and Display Validation Report



Timely Access Reporting


Health Plan	TEST HEALTH PLAN 2	Type	Full Service
Health Plan ID	9WC 000Z	Status	In Progress with Health Plan
Reporting Period	12/31/2018		


Details Profile **Provider Network** Other Plan Network Compliance Report Submit Messages Resources


Please select checkbox if applicable:

The Plan affirms that the Annual Timely Access Provider Network Report will be submitted to the Department by Test Health Plan (9wc 0023) and incorporated by reference.

 Network Report Form Summary - Specialty  Network Enrollment Summary

 = Number of Reports Uploaded = Passed Data Validation / Provided Explanation

PCP  0

 [Add a Report](#) [No Submission](#) |

There is no report to display.

Upload and Validation

How to Upload Report Forms and Display Validation Report

The screenshot shows a web interface for uploading a report. At the top right is a 'close' button. Below it is the heading 'PCP'. A 'Title' field is followed by an orange arrow pointing left with a circled '1'. Below that is a section 'Add a Report - Upload file size limit is 25MB' with a 'Browse...' button and an orange arrow pointing left with a circled '2'. Below the 'Browse...' button is the text '(Accepted Files: .xls, .xlsx or .zip file containing one and only one .xls, .xlsx file)'. At the bottom is an 'Upload Report' button with an orange arrow pointing left and a circled '3'. A note at the bottom states: 'Note: Depends on the file size and the Internet connection speed, the upload process may take upwards of up to one minute or more.'

Upload and Validation

How to Upload Report Forms and Display Validation Report

PCP 1

[Add a Report](#)

MY18 PCP Report Form 1	Created by: 11/26/2018	Remove
------------------------	------------------------	------------------------

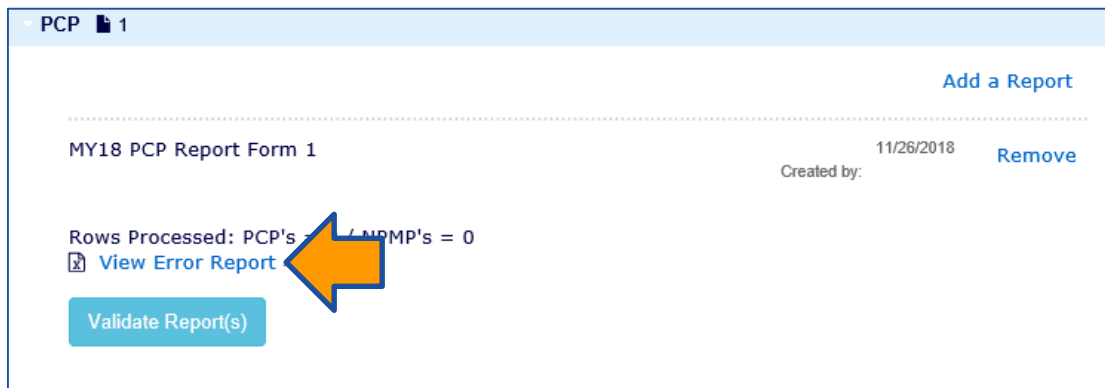
Rows Processed: PCP's = 0 / NPMP's = 0

[Validate Report\(s\)](#)

Upload and Validation

How to Read the Validation Report(s)

- All Report Forms will have to pass validation before the Plan can complete the submission process.



The screenshot shows a web interface for managing report forms. At the top, there is a header "PCP" with a small icon and the number "1". Below this, there is a button "Add a Report". A horizontal dotted line separates the header from the main content. The main content displays "MY18 PCP Report Form 1" on the left, "Created by:" in the middle, and "11/26/2018" and "Remove" on the right. Below this, there is a status line: "Rows Processed: PCP's = 1 / NPMP's = 0". Underneath the status line, there is a link "View Error Report" with a small icon to its left. A large orange arrow points from the "View Error Report" link towards the "Validate Report(s)" button. At the bottom left of the form area, there is a button labeled "Validate Report(s)".

Upload and Validation

How to Read the Validation Report(s)

Category	Title	File Name	Worksheet	Row #	Network Name	Error Description	Hints
PCP	MY17 PCP Report Form 1		PCPs	1	Medi-Cal	The Network does not support the Report Form;	In the Web Portal Profile, under the Name of Network section, make sure to associate the Network Report Form with the Network.
			PCPs	2	Medi-Cal	[NPI] NPI data format is invalid;	The National Provider Identifier number does not meet the Luhn formula format standard, please check to verify the NPI number.
			PCPs	2	Medi-Cal	[Facility NPI] NPI data format is invalid;	The National Provider Identifier number does not meet the Luhn formula format standard, please check to verify the NPI number.
			PCPs	2	Medi-Cal	The Network does not support the Report Form;	In the Web Portal Profile, under the Name of Network section, make sure to associate the Network Report Form with the Network.

Enrollment and Network Summary Reports

Details Profile **Provider Network** Other Plan Network Compliance Report Submit Messages Resources

Please select checkbox if applicable:

The Plan affirms that the Annual Timely Access Provider Network Report will be submitted to the Department by Test Health Plan (9wc 0023) and incorporated by reference.

📄 Network Report Form Summary - Specialty 📄 Network Enrollment Summary

📄 = Number of Reports Uploaded ✓ = Passed Data Validation / Provided Explanation

▶ PCP	📄 1
▶ SPECIALIST	📄 0
▶ MENTAL HEALTH	📄 0
▶ HOSPITAL AND CLINIC	📄 1
▶ OTHER CONTRACTED PROVIDER	📄 0
▶ ENROLLMENT AND SERVICE AREA	📄 1
▶ TELEHEALTH	📄 0
▶ OUT-OF-NETWORK PAYMENT REPORT	📄 0
▶ GRIEVANCE REPORT	📄 0

Enrollment and Network Summary Reports

Check for Data Accuracy: Network Report Form Summary - Specialties

- Providers that the Plan does not have in the network will show up as a “0”
- Primary plans should also review the Network Report Form Summary – Specialty for the subcontracting plan

Enrollment and Network Summary Reports

Check for Data Accuracy: Network Report Form Summary - Specialties

Plan Network Name	Lines-of-Business	PCP - Total	Family Practice	General Practice	Internal Medicine	Obstetrics/Gynecology	Pediatrics	Other	Specialist - Total	Addiction Medicine	Addiction Psychiatry	Allergy/Immunology	Anesthesiology	Cardiovascular Disease
TEST HEALTH PLAN (900 0000)														
Reporting for 900 0000														
DMHC Network 1	Employer Group													
	HMO Large Group Market	709	236	98	214	125	36	0	2568	2	0	36	5	62
Medi-Cal	Medi-Cal	624	251	102	85	163	23	0	1268	0	0	23	1	62
Reporting for 933 0000														
DMHC Network 1	Employer Group													
	HMO Large Group Market	709	236	98	214	125	36	0	698	0	0	32	2	36
Other health plan(s) reporting for this Plan														
Test Health Plan 2 (900 2222)														
DMHC Network 1	Employer Group													
	HMO Large Group Market	118	36	10	37	3	32	0	965	0	0	12	1	25

Enrollment and Network Summary Reports

Check for Data Accuracy: Network Enrollment Summary

- Review ZIP Codes reported as “inside the service area” and “outside the service area”
- Review to ensure that primary plans submitted all enrollment for reported networks, even when subcontracting with other licensed health plans

Enrollment and Network Summary Reports

Network Enrollment Summary: Cont. for MY 2018

- Columns
 - # of ZIPs Reported by Plan as Inside Service Area in County
 - Total # of ZIPs in County
 - ZIPs in County Plan Did Not Report

Enrollment and Network Summary Reports

Network Enrollment Summary: Cont. for MY 2018

- Tab – Enrollment Summary
 - Number of Plan Enrollees Reported Inside Service Area
 - Number of Plan Enrollees Reported Outside Service Area
 - % of Enrollment Reported as Outside Service Area

Enrollment and Network Summary Reports

Network Enrollment Summary: Zip Summary Tab

Reporting Period: 12/31/2018								
Health Plan Id	Health Plan Name	Name of Network	Reporting For	County	Service Area Zip Code	# of ZIPs Reported by Plan as Inside Service		ZIPs in County Plan Did Not Report
						Area in County	Total # of ZIPs in County	
9WC 0023	Test Health Plan	CaliforniaCare		Alameda	94501, 94502, 94536, 94537, 94538, 94539, 94540, 94541, 94542, 94543, 94544, 94545, 94546, 94550, 94551, 94552, 94555, 94557, 94560, 94566, 94568, 94577, 94578, 94579, 94580, 94586, 94587, 94588, 94601, 94602, 94603, 94604, 94605, 94606, 94607, 94608, 94609, 94610, 94612, 94618, 94619, 94620,	55	70	94505, 94514, 94611, 94613, 94614, 94615, 94617, 94624, 94661, 94666, 94701, 94707, 94708, 95377, 95391
9WC 0023	Test Health Plan	CaliforniaCare		Amador	95640, 95642	2	13	95601, 95629, 95644, 95654, 95665, 95666, 95669,
9WC 0023	Test Health Plan	CaliforniaCare	933 0200					
9WC 0023	Test Health Plan	Cedars Sinai Network						
9WC 0023	Test Health Plan	Pathway HMO						
9WC 0023	Test Health Plan	Pathway PPO		Alameda	94501, 94502, 94536, 94537, 94538, 94539, 94540, 94541, 94542, 94544, 94545, 94546, 94550, 94551, 94552, 94555, 94560, 94566, 94568, 94577, 94578, 94579, 94580, 94586, 94587, 94588, 94601, 94602, 94603, 94604, 94605, 94606, 94607, 94608, 94609, 94610,	51	70	94505, 94514, 94543, 94557, 94611, 94614, 94615, 94617, 94623, 94624, 94649, 94661, 94662, 94666, 94707, 94708, 94712, 95377, 95391
9WC 0023	Test Health Plan	Pathway PPO		Alpine	96120	1	2	95646
9WC 0023	Test Health Plan	Pathway PPO		Amador	95601, 95629, 95640, 95642	4	13	95644, 95654, 95665, 95666, 95669, 95675, 95685,

Enrollment and Network Summary Reports

Network Enrollment Summary: Enrollment Summary Tab

Reporting Period: 12/31/2018							
Health Plan Id	Health Plan Name	Name of Network	Sub-Contracted Health Plan ID	County	Number of Plan Enrollees Reported Inside Service Area	Number of Plan Enrollees Reported Outside Service Area	% of Enrollment Reported as Outside Service Area
9WC 0023	Test Health Plan	CaliforniaCare		Alameda	704	9035	93%
9WC 0023	Test Health Plan	CaliforniaCare	933 0330	Alameda	174	0	0%
9WC 0023	Test Health Plan	CaliforniaCare		Amador	0	29	100%
9WC 0023	Test Health Plan	Priority Select HMO		Alameda	0	4	100%
9WC 0023	Test Health Plan	Prudent Buyer		Alameda	3736	30792	89%
9WC 0023	Test Health Plan	Prudent Buyer	933 0330	Alameda	482	0	0%
9WC 0023	Test Health Plan	Prudent Buyer		Alpine	0	34	100%
9WC 0023	Test Health Plan	Prudent Buyer		Amador	0	323	100%
9WC 0023	Test Health Plan	Select HMO		Alameda	126	1722	93%
9WC 0023	Test Health Plan	Select HMO	933 0330	Alameda	82	0	0%
9WC 0023	Test Health Plan	Select Plus HMO		Alameda	3	206	99%
9WC 0023	Test Health Plan	Select Plus HMO	933 0330	Alameda	10	0	0%
9WC 0023	Test Health Plan	Select PPO		Alameda	173	1563	90%
9WC 0023	Test Health Plan	Select PPO		Amador	0	18	100%
9WC 0023	Test Health Plan	The Network					
9WC 0023	Test Health Plan	WHA Network	933 0330	Alameda	32	0	0%
Totals					7117	58790	89%


Plan-to-Plan Summary Reports

Timely Access Reporting

Health Plan	TEST HEALTH PLAN 2	Type	Full Service
Health Plan ID	9WC 000Z	Status	In Progress with Health Plan
Reporting Period	12/31/2018		

[Details](#) [Profile](#) [Provider Network](#) [Other Plan Network](#) [Compliance Report](#) [Submit](#) [Messages](#) [Resources](#)

▸ STEP 1 - Verification

▸ STEP 2 - Affirmation to Complete 

Plan-to-Plan Summary Reports

STEP 2 - Affirmation to Complete

Complete Timely Access Reporting

Please read the message below and check the box.

I, _____, attest (or declare) that:

1. I have reviewed and submitted the Timely Access reports requested by the Department and based upon my personal knowledge, I know the contents of that information to be true, complete, and correct;
2. The submission contains no health or personal information protected under the California Information Practices Act, the California Confidentiality of Medical Information Act, HIPAA, or HITECH or their implementing regulations, with the exception of such information that the health plan has specifically notified the Department is included in the submission;
3. I understand that submitting health or personal information not identified as confidential to the Department may result in enforcement action by the Department.


I declare, under penalty of perjury under the laws of the state of California, that the foregoing is true, complete, and correct.¹

I have reviewed Network Report Form Summary - Specialty

I have reviewed Network Enrollment Summary

I have reviewed Compliance Provider Summary

I have reviewed Plan-to-Plan Reporting Summary



Plan-to-Plan Summary Reports

Check for Data Accuracy: Plan-to-Plan Reporting Summary

Reporting Period: 12/31/2018				
Plan-to-Plan Arrangements defined in my Networks				
Arrangement with Plan	Network Name	Arrangement Type	Lines-of-Business	Survey Product(s)
Test Health Plan (9wc 0023)	Commercial Plan	Plan-to-Plan for Use in Another Plan's Network	IHSS, Medi-Cal	Commercial, Medi-Cal
Test Health Plan (9wc 0023)	Medicaid Network	Plan-to-Plan for Use in Another Plan's Network	IHSS, Medi-Cal	Commercial, Medi-Cal
Other health plan(s) having Arrangement defined for this Plan				
Other Health Plan	Network Name	Arrangement Type	Lines-of-Business	Survey Product(s)
TEST HEALTH PLAN 2 (9WC 000Z)	Commercial Plan	Plan-to-Plan for Use in Another Plan's Network	Covered CA EPO Individual Market, Covered CA HMO Individual Market, Covered CA HMO Small Group Market, Employer Group, HMO Large Group Market, IHSS, Medi-Cal, Other	Commercial, Individual/Family Plan, Medi-Cal, Other (DMHC will review and assign a product on a case-by-case basis)

Plan-to-Plan Summary Reports

- I have reviewed  Plan-to-Plan Reporting Summary

Is the Plan Reporting Data on Behalf of Another Plan?

- I confirm that the Plan does not have a plan-to-plan arrangement requiring the Plan to report data on behalf of another licensed health care service plan.
- I confirm the Plan is obligated to report measurement year 2018 data on behalf of one or more licensed health care service plans, and this information is set forth in the Plan-to-Plan Reporting Summary.

Is Another Plan Reporting Data on Behalf of the Plan?

- I confirm that no other licensed health care service plan has a plan-to-plan arrangement requiring it to report data on behalf of the Plan.
- I confirm that one or more licensed health care service plans are obligated to report measurement year 2018 data on behalf of the Plan and this information is set forth in the Plan-to-Plan Reporting Summary. If this information is not included in the Plan-to-Plan Summary, I will communicate with my plan partner to ensure the plan partner intends to submit data on behalf of the Plan on or before the measurement year 2018 reporting deadline.

Questions?

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