ANNUAL TIMELY ACCESS COMPLIANCE REPORT INSTRUCTIONS
MEASUREMENT YEAR 2016

ALL PLAN LETTER
AMENDMENT TO EXHIBIT J-13
VENDOR INFORMATION

On or before **April 28, 2017**, each plan must eFile an Amendment to its Exhibit J-13 that includes the following information:

a. Identify the external vendor retained by the plan to validate data and conduct the quality assurance review for MY 2016 in connection with its Timely Access Compliance Report, and provide a copy of the executed agreement with the external vendor.

b. Identify the external vendor selected by the plan to conduct the provider appointment availability survey and data validation for MY 2017 and provide a copy of the executed agreement with the external vendor.

c. Demonstrate that the identified vendor meets:

   i. Qualifications standards, including information reflecting that the vendor has the requisite expertise, knowledge, and experience to provide Timely Access compliance-related services to the plan.

   ii. Administrative capacity standards to provide services to the plan in a timely manner to avoid any delay.

d. Details regarding the functions that are delegated to each external vendor, the process by which the plan oversees each external vendor, and the identity of the specific plan representative(s) who are responsible for overseeing the vendor.

ANNUAL TIMELY ACCESS COMPLIANCE REPORT
WEB PORTAL INSTRUCTIONS

On **June 9, 2017**, each plan must file the Timely Access Compliance Report, set forth below. Submission of a document in the Timely Access Compliance Report does not imply approval by the Department. The Timely Access web portal may not be used to request approval for an amendment or material modification to the plan's license.

A. POLICY AND PROCEDURES*	
1. Timely Access Time-Elapsed Standards	Plans are required to file up-to-date Policies and Procedures pursuant to Rule 1300.67.2.2, subd. (g)(2)(A) in eFiling. These Policies and Procedures must include how the Plan calculates its annual rate of compliance with the time-elapsed standards set forth in Rule 1300.67.2.2, subd. (c)(5). This includes both the measures used to determine

	the Plan's rate of compliance as well as the survey tools or other appointment wait time tool used to measure wait times for the next available appointment. Timely Access Policies and Procedures must be filed as an Exhibit J-13 in eFiling. Under Section A of the Timely Access Compliance Report, the Plan must select the appropriate eFiling number(s) from the available drop-down menu for the Policies and Procedures utilized by the Plan for the measurement year associated with the Timely Access Compliance Report. The selection should include the Plan's most recently submitted Timely Access Policies and Procedures and any other eFilings that contain relevant Policies and Procedures. For example, if the Plan initially filed its Policies and Procedures in 2011and then subsequently updated parts of those policies (but not all) in 2013 and 2012, then the Plan would need to select the 2011 policy and all other appropriate eFiling numbers. The Plan will not be able to complete its Timely Access Compliance Report submission until an eFiling number is selected for this section. This eFiling does not need to be closed in order to select it for purposes of the Plan's Timely Access Compliance Report. If the Plan has made changes to its Timely Access Policies and Procedures that are not captured in its latest eFiling submission, the Plan should file an Amendment in eFiling to update its Timely Access Policies and Procedures. If the revised Policies and Procedures are what the Plan used for the current Timely Access Compliance Report, the Plan may select this filing number from the available drop-down menu. All policies and procedure must be reviewed by the DMHC in eFiling.
B. RATE OF COMPLIANCE*	
1. Methodology	Include a narrative description of the Plan's methodology for determining the rate of compliance. Please note that this narrative description should match what is already in the Plan's Policies and Procedures. If the Plan's description does not match the Plan's Policies and Procedures in eFiling, the Plan will be required to update its policy and procedure through eFiling.
2. Raw Data and Provider Contact List	Using the current DMHC templates, file the complete Provider Contact List (prior to de-duplication) for each provider type and the supporting Raw Data under this

	section. For each survey or data collection tool or method used, please provide the supporting or raw data under this section. Enrollee Satisfaction and Provider Perspectives and Concerns Surveys are filed under Section F. (See Rule 1300.67.2.2, subd. (d)(2)(B)-(C).)
3. Rates of Compliance with the Time-Elapsed Standards	Using the current DMHC Result Templates, file the rate of compliance with the time-elapsed standards set forth in Rule 1300.67.2.2, subd. (c)(5) in four separately uploaded documents for each provider type (PCP, all Specialty Physicians, Non-Physician, and Ancillary). Within each document, please report the rate of compliance separately for each contracted provider group in each county, broken down by the categories of time-elapsed standards in Rule 1300.67.2.2, subd. (c)(5)(A)-(F).
4. Other Indicator of Compliance: Provider Reporting	If the Plan is utilizing other provider-based data to develop rates of compliance, please provide the data resulting from this measurement. If the Plan did not use additional provider reporting please select the "no submission" link, select the appropriate section and provide the Plan's explanation for selecting no submission.
5. Other Indicator of Compliance: Grievance and Appeals	If the Plan is utilizing grievance and appeal information to develop data regarding rates of compliance, please provide the data resulting from this measurement. (See Rule 1300.67.2.2, subd. (d)(2)(D).) If the Plan did not use additional data, please select the "no submission" link, select the appropriate section and provide the Plan's explanation for selecting no submission.
6. Other Indicator of Compliance	If the Plan is utilizing other information to develop data regarding rates of compliance that is not addressed as part of the above sections, provide the data resulting from these measurements. Please file separate documents for each additional method utilized. If the Plan did not use additional data, please select the "no submission" link, select the appropriate section and provide the Plan's explanation for selecting no submission.

C. NON-COMPLIANCE DATA*	
1. Methodology	Please provide a description of the methodology for identifying and gathering and compiling non-compliance information. Include the following information: definitions, data sources and methodology for data gathering, processes and procedures for compiling the information, how the Plan used the data to identify patterns of non-compliance and incidents of non-compliance, etc. Please note that the Plan's description under Section C.1 should match what it is already in the Plan's Timely Access Policies and Procedures in eFiling. If it does not, the Plan will be required to update its policy and procedure through eFiling.
2. Incidents of Non-Compliance with Rule 1300.67.2.2	Please provide a report with the following information: Whether the plan identified, during the reporting period, any incidents of non-compliance resulting in substantial harm to an enrollee. If so, provide a description of the identified non-compliance, the Plan's responsive investigation, determination, and corrective action. If this report contains protected health information, the Plan may identify this report as confidential, if a redacted document is simultaneously filed. Please only include information regarding *incidents of non-compliance with timely access requirements resulting in substantial harm*, consistent with Rule 1300.67.2.2, subd. (g)(2)(c)(1), in this section. Please do not include in Section C.2 patterns of non-compliance, as this data must be reported separately under Section C.3.
3. Patterns of Non-Compliance with Rule 1300.67.2.2	Please provide a report with the following information: Whether the Plan identified, during the reporting period, any patterns of non-compliance. If so, provide a description of the identified non-compliance, the Plan's responsive investigation, determination, and corrective action. Please only include information regarding patterns of non-compliance with Rule 1300.67.2.2 in this section. Please do not include in Section C.3 incident of non-compliance resulting in substantial harm, as this data must be reported separately under Section C.2.

D. POLICY AND PROCEDURES FOR ADVANCED ACCESS*	
1. Methodology for Verification of Advanced Access Program	Please include the Plan's Policies and Procedures utilized to verify the Advanced Access programs reported by contracted providers, medical groups, and independent practice associations to confirm that appointments are scheduled consistent with the definition of Advanced Access. (See Rule 1300.67.2.2, subd. (d)(2)(E).) If the Plan does not utilize advanced access, please select the "no submission" link, select the appropriate section and provide the Plan's explanation for selecting no submission.
2. List of Advanced Access Providers	Provide a list of all provider groups and individual providers utilizing advanced access appointment scheduling. If the Plan does not utilize advanced access, please select the "no submission" link, select the appropriate section and provide the Plan's explanation for selecting no submission.
E. PLAN AND CONTRACTOR USE OF TRIAGE, TELEMEDICINE, HEALTH I.T.*	
1. Triage	Provide a description of the implementation and use by the Plan and its contracting providers of triage services to provide timely access to care.
2. Telemedicine	Provide a description of the implementation and use by the Plan and its contracting providers of telemedicine se1vices to provide timely access to care.
3. Health I.T.	Provide a description of the implementation and use by the Plan and its contracting providers of health information technology to provide timely access to care.
F. PROVIDER AND ENROLLEE SURVEYS*	
1. Provider Satisfaction Survey Methodology	Please provide: (1) the Plan's Policies and Procedures utilized to conduct an annual provider satisfaction survey, (2) a copy of the survey tool used to survey providers, (3) a detailed explanation of the methodology used to conduct the survey and analyze the results. (Rule 1300.67.2.2, subd. (d)(2)(C).) Please note, that the Plan's description under Section F.1. should match what it is already in the Plan's Timely Access Policies and Procedures in eFiling. If it does not, the Plan will be required to update eFiling.

2. Provider Satisfaction Survey Results	Please provide: (1) the results of the Provider Satisfaction Survey(s) for the current year, and (2) a narrative description that includes a discussion of how the survey results for the current year compare with results of the prior year's survey(s), including a discussion of the relative change in survey results. (Rule 1300.67.2.2, subd. (g)(2)(F).)
3. Enrollee Satisfaction Survey Methodology	Please provide: (1) the Plan's Policies and Procedures utilized to conduct an annual enrollee satisfaction survey, (2) a copy of the survey tool used to survey enrollees, (3) a detailed explanation of the methodology used to conduct the survey. (Rule 1300.67.2.2, subd. (d)(2)(B).) Please note, that the Plan's description under Section F.3. should match what it is already in the Plan's Timely Access Policies and Procedures in eFiling. If it does not, the Plan will be required to update eFiling.
4. Enrollee Satisfaction Survey Results	Please provide: (1) the results of the Enrollee Satisfaction Survey(s), and (2) a narrative description that includes a discussion of how the survey results for the current year compare with results of the prior year's survey(s), including a discussion of the relative change in survey results. (Rule 1300.67.2.2, subd. (g)(2)(F).)
COMMENT / NARRATIVE	
1. Plan-to-Plan Arrangements for Delivery of Mental Health Services	If the plan is omitting mental health providers from the Results Template because the plan contracts with another Knox-Keene Act licensed plan to provide mental health services, the plan must provide a narrative indicating: (1) the name of the plan that provides mental health services, and (2) the counties in which that plan provides mental health services.
2. External Vendor Validation Report	Please provide the plan's *External Vendor Validation Report* and any explanations or clarifications to the issues identified in this report.

* Please upload multiple documents and label accordingly. The Timely Access web portal will accept Word, Excel, and PDF formats.