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 for each unique health plan provider network, in order to comply with the format approved by the Department of Managed Health Care (the "Department"), pursuant to Health and Safety Code § 1367.035 and California Code of Regulations, title 28, section 1300.67.2.2(g)(2)(G).

In order to capture the many data-sets and various complexities in health plan networks, the Department held workgroups and discussions with stakeholders to understand what data is available and where the data is most efficiently retrieved for a variety of nuances in how networks are structured. In the instructions that follow, the Department separately describes possible health plan network scenarios 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. If your health plan has a network arrangement that is not reflected in the scenarios described below, please contact the Department for further guidance.

The DMHC has published its Annual Provider Network Report Forms ("Report Forms") on its public website. The Report Forms are in Excel format and will be the *only allowable* format for annual network reporting. Some plans may have Excel 2003 or other versions with limited rows, in which case, please submit as many worksheets as necessary to report all health plan 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 explanation portion of the filing, if such explanation is warranted. Instructions for how to enter provider data into the Annual Provider Network Report Forms are included as a tab within each Report Form workbook.

As part of the annual provider network submission process, all plans must complete the Profile Tab available on the timely access webportal. This tab provides the DMHC with a high-level overview of each plan's network arrangements, and allows each plan to crosswalk their naming conventions to the Department's terminology in one centralized place for use with all submitted Annual Provider Network Report Forms.

The Profile Tab is organized by **Name of Network**. Plans may use one Name of Network to serve multiple product lines. Each named network should refer to a unique combination of providers that has been reviewed and approved by the DMHC for use with one or more product lines. If there is any variation in the providers who participate in a network, that variation should be reported as a separate Name of Network.

If the Plan utilizes multiple contracting methods for different provider types in the same network, please follow the instructions below for each scenario that applies to the Name of Network being reported (e.g. directly-contracted providers, "leased" providers, and plan-to-plan arrangements). The Plan will also be required to identify the different contracting methodologies used for each Name of Network when completing the Profile

Tab in the webportal.

Reporting Plan-to-Plan Arrangements

The Department has found that plans are not consistently reporting plan-to-plan arrangements in a way that clearly defines which lines-of-business have access to subcontracting health plan networks. In order to make it clear exactly which providers are available to each line-of-business, the Department is requesting that plans take the steps outlined below when reporting plan-to-plan arrangements. For the purposes of clarity, the Department utilizes the term "subcontracting plan" to refer to a Knox-Keene licensed specialized or full-service plan that has entered into a contract with a Knox-Keene licensed full-service plan (referred to as "primary plan") such that the subcontracting plan's network is available to enrollees in the full-service plan and the full-service plan has delegated the subcontracting plan to arrange services for some or all of its enrollees.

- When the subcontracting plan is reporting the network of providers that are being made available to a primary plan through a plan-to-plan arrangement, the reporting plan should create a distinct Name of Network in the Profile Tab to describe the network providers that are specific to that plan-to-plan arrangement. If the same network of providers is available to multiple plans, the subcontracting plan may create one Name of Network and indicate in the Profile Tab which primary plans have access to that network.
- When the subcontracting plan is reporting enrollment that it received via its plan-to-plan arrangement, the subcontracting plan must separately identify the enrollees who belong to the primary plan but have been delegated to the subcontracting plan. Subcontracting plans must separately report this enrollment by submitting a distinct Enrollment Network Report Form that is specific to each plan-to-plan arrangement and submitted utilizing the "Other Plan Network" tab in the timely access webportal.
- When the primary plan is setting up a Name of Network in the Profile tab, and the network contains a plan-to-plan arrangement, it must ensure that the all lines-of-business associated with that particular network name are utilizing the plan-to-plan arrangement. If not all lines-of-business have access to the providers made available through the plan-to-plan arrangement, the primary plan should create a separate Name of Network for those lines-of-business that do not reflect a plan-to-plan arrangement.

Further instructions for reporting plan-to-plan relationships are described under Scenarios 4 and 5 below.

Health Plan Reporting Scenarios

Identify which scenarios apply to your plan's contracted provider network for each Name of Network that your plan is reporting. 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 Knox-Keene Act (KKA) licensed plan
- Scenario 3—Direct contract network (mental health)
- Scenario 4—Contract with other KKA licensed plan (mental health)
- Scenario 5—Contract with other full-service KKA licensed plan
- Scenario 6 – Contract with non-KKA licensed plan

Scenario 1: Health Plan's Network is Directly Contracted:

The Name of Network I am reporting has a directly contracted provider network for delivering care. This means that my health plan contracts directly with some or all providers who participate in the Name of Network being reported, either on a capitated or fee-for-service basis. These direct contracts include contracts with medical groups or IPA's (groups of doctors), hospitals, and/or direct contracts with individual providers.

Instruction: If Scenario 1 describes your health plan, your health plan must report all directly-contracted providers for this Name of Network on the appropriate Department Report Forms (PCPs, Specialist, Mental Health, Hospitals, etc.). If the health plan's Name of Network is comprised of some directly contracted providers (e.g. hospitals and physicians) and some providers obtained via a Plan-to-Plan arrangement (e.g. mental health providers, dentists), then the health plan should only report the directly contracted providers in this fashion and see the other Scenarios described below to determine how to submit the other providers in this Name of Network. Please ensure that this network arrangement is reflected in the "Network Arrangements" section of the Name of Network set-up under the Profile Tab in the webportal.

If you have any questions regarding the specific columns in the Report Forms and what information the Department is looking for, be aware each Report Form has specific instructions for each column, including which information is required (information that *must* be provided) and which information is requested (information that is not required, but *preferred*).

Scenario 2: Health Plan's network includes Plan-to-Plan contracts with KKA restricted licensees:

The Name of Network I am reporting includes providers obtained through one or more Plan-to-Plan contracts between my full-service health plan and a subcontracted KKA restricted licensed plan.

Instruction: If Scenario 2 describes your health plan, your health plan must report all providers available in your health plan's network via the restricted licensee for this Name of Network on the appropriate Department Report Forms (PCPs, Specialist, Mental Health, Hospitals, etc.). The restricted licensee is not required to submit its own provider network for the purposes of annual network review, therefore, it is the responsibility of the full-service primary plan to report the providers made available to the network via the subcontracted restricted licensed plan. When reporting providers made available to your health plan's network via a contract with a subcontracted restricted licensed plan, your health 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, your health plan will place the KKA license number for the restricted licensee (i.e. 933 xxxx) in this column. To look up the KKA license number for another health 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 my health plan contracts with the same provider on a direct contract basis (or through a medical group) and the same doctor is contracted by the restricted licensee? Where or how does my health plan report this provider?"
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> ***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 health 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 restricted licensee's KKA license number in the "Health Plan ID for Plan-to-Plan Contract" column.

Please also ensure that the network arrangements described above are reflected in the "Network Arrangements" section of the Name of Network set-up under the Profile Tab in the webportal.

If you have any questions regarding the specific columns in the Report Forms and what information the Department is looking for, be aware each Report Form has specific instructions for each column, including which information is required (information that *must* be provided) and which information is requested (information that is not required, but *preferred*).

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

The Name of Network I am reporting has a directly contracted mental health provider network with mental health professionals and facilities. This means that my health plan contracts directly with some or all mental health providers who participate in the Name of Network being reported, either on a capitated or fee-for-service basis. These direct contracts include contracts with medical groups or IPA's (groups of doctors), mental health facilities, and/or direct contracts with individual providers.

Instruction: If Scenario 3 describes your health plan, your health plan will follow the instructions listed in scenario 1, by completing the provided Report Forms for mental health networks and submitting it to the Department. Please ensure that this network arrangement is reflected in the "Network Arrangements" section of the Name of Network set-up under the Profile Tab in the webportal.

If you have any questions regarding the specific columns in the Report Forms and what information the Department is looking for, be aware each Report Form has specific instructions for each column, including which information is required (information that *must* be provided) and which information is requested (information that is not required, but *preferred*). **Please note:** psychiatrists must be listed on the Specialist Physician Report Form and not on the Mental Health Professionals Report Form.

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

The Name of Network I am reporting includes providers obtained through one or more health plan contracts with a KKA-licensed specialized plan ("subcontracting mental health plan") to provide mental health services to my health plan's enrollees. My health plan has information regarding the counties in which my health plan contracts with this/these plans in order to ensure all portions of my health plan's service area have appropriate access to mental health providers.

Instruction: If Scenario 4 describes your health plan, and your health plan is a **full service health plan**, please do the following:

1. Indicate the subcontracting mental health plan with which your health plan contracts for each unique Name of Network by checking the box for "Plan-to-Plan for Mental Health Services" in the "Network Arrangements" section of the Name of Network set-up under the Profile Tab in the webportal. When setting up your health plan's Network Arrangement for that Name of Network, be sure to click on the magnifying glass beside the "Plan-to-Plan for Mental Health Services" to indicate the subcontracting mental health plan with which your health plan has contracted. See the instructions included within the Profile tab in the webportal for further information regarding how to describe your health plan's networks.
2. Confirm that all lines-of-business associated with the Name of Network have access to the subcontracting mental health plan. If not, create a separate Name of Network for those lines-of-business that do not utilize this plan-to-plan arrangement.
3. Communicate with the subcontracting mental health plan to ensure it reports the mental health network utilized by your health plan in the "Other Plan Network" tab of the webportal.

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

1. Complete the mental health provider Network Report Forms representing your plan's contracted providers that are available to the full-service health plan ("primary plan") with which your plan is contracted. When completing the Report Forms, leave the "Health Plan ID for Plan-to-Plan Contract" columns blank, indicating the providers are contracted with your plan.
2. Complete an enrollment Network Report Form identifying the enrollees the subcontracting mental health plan has received from the primary plan. This Report Form should be separate from the enrollment Report Form used to identify your plan's own enrollees. Create a separate enrollment Report Form for every primary plan from which your plan receives enrollment and label the Report Forms appropriately so that the primary plan is identified. Please ensure that these enrollees are not also listed (or double counted) within your plan's direct network reported in the enrollment Report Form.
3. Create a Name of Network in the Profile tab that is specific to the plan-to-

plan arrangement. Indicate the primary plan that utilizes this Name of Network by checking the box for "Plan-to-Plan for Use in Another Plan's Network" in the "Network Arrangements" section of the Name of Network set-up under the Profile Tab in the webportal. When setting up your health plan's Network Arrangement for that Name of Network, be sure to click on the magnifying glass beside the "Plan-to-Plan for Use in Another Plan's Network" to indicate the primary plan with which your health plan has contracted. This will populate the choices of health plans that appear in the "Other Plan Network" tab. See the instructions included within the Profile tab in the webportal for further information regarding how to describe your health plan's networks.

4. Click on the "Other Plan Network" tab in the Timely Access webportal and use the drop-down menu to select the primary plan with which your plan is contracted. Upload the mental health provider and enrollment Report Forms for the selected primary plan. Ensure that each Report Form includes all providers that are available to the primary plan for which your subcontracting mental health plan is reporting.
5. If your subcontracting mental health plan makes a separate arrangement of unique providers available to different primary plans, please be sure to report each unique arrangement of providers as a separate Name of Network and associate that Name of Network with the appropriate primary plan in the "Other Plan Network" tab.

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: Your health plan will submit all requested data for your own direct contracted network and the network utilized by a primary plan. These networks should be identified by their own unique Name of Network and reported on separate Report Forms so that the Department can easily identify which providers are associated with the primary plan and which are associated with your own plan's lines-of-business. Additionally, the Report Forms for the primary plan are uploaded in the "Other Plan Network" section and are therefore submitted separately from the Report Forms for your own networks. Reporting the data for the primary plan networks separately from your own networks ensures that the Department can capture the differences in the individual plan networks.

Please also ensure that the network arrangements described above are reflected in the "Network Arrangements" section of the Name of Network set-up under the Profile Tab in the webportal.

If you have any questions regarding the specific columns in the spreadsheets and what information the Department is looking for, be aware each form has specific instructions for each column, including which information is required (information that *must* be provided) and which information is requested (information that is not required, but *preferred*).

Please note: the primary plans and subcontracting mental health plans should each only report the providers with whom they are directly contracted on either a fee-for-service or capitated basis. Primary plans **should not** include mental health providers in the plan's Report Forms that are available to the plan only as a result of a plan-to-plan arrangement with a KKA-licensed subcontracting mental health plan. All mental health providers made available to the primary plan's network as a result of a plan-to-plan contract must be reported by the subcontracting mental health plan and identified as being a part of the full-service plan's network via the "Profile" and "Other Plan Network" tabs in the webportal.

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

The Name of Network I am reporting includes providers obtained through one or more subcontracts with another KKA-licensed full service health plan ("subcontracting plan") in order to provide services to enrollees. For example, my health plan is in the Medi-Cal arena, but we partner with another plan to provide Medi-Cal benefits through the Department of Health Care Services (the "DHCS") in certain counties.

Instruction: If Scenario 5 describes your health plan, and your health plan is the full-service health plan ("primary plan"), meaning it is the **health plan that holds the contract with the enrollee** (or DHCS if in the Medi-Cal arena), please do the following:

1. Indicate the subcontracting plan with which your health plan contracts for each unique Name of Network by checking the box for "Plan-to-Plan with Another Full Service Health Plan" in the "Network Arrangements" section of the Name of Network set-up under the Profile Tab in the webportal. When setting up your health plan's Network Arrangement for that Name of Network, be sure to click on the magnifying glass beside the "Plan-to-Plan with Another Full Service Health Plan" to indicate the subcontracting mental health plan with which your health plan has contracted. See the instructions included within the Profile tab in the webportal for further information regarding how to describe your health plan's networks.
2. Confirm that all lines-of-business associated with that Name of Network have access to the subcontracting plan. If not, create a separate Name of Network for those lines-of-business that do not include a plan-to-plan arrangement.
3. Communicate with the subcontracting plan to ensure it reports the provider network utilized by your health plan in the "Other Plan Network" tab of the webportal.

Additional Scenario: "**BUT** what if my health plan contracts with the same provider on a direct contract basis (or through a medical group) and the same doctor is contracted by the subcontracted health plan? Where or how does my health plan report this provider?"

Instruction: For reporting purposes, please only report the provider as part of the plan's direct network. The subcontracting plan will be responsible for reporting

all providers made available to your plan as a result of the plan-to-plan arrangement.

Additional Instruction: If Scenario 5 describes your health plan, and you are the **subcontracting plan** (i.e. you receive enrollees from the other KKA-licensed plan but do not hold the contract with the enrollee), your plan will be responsible for reporting this network information **separate** from your other submitted network information. Your health plan must:

1. Complete all relevant provider Network Report Forms representing your plan's contracted providers that are available to the full-service health plan ("primary plan") with which your plan is contracted. When completing the Report Forms, leave the "Health Plan ID for Plan-to-Plan Contract" columns blank, indicating the providers are contracted with your plan.
2. Complete an enrollment Network Report Form identifying the enrollees the subcontracting plan has received from the primary plan. This Report Form should be separate from the enrollment Report Form used to identify the subcontracting plan's own enrollees. Create a separate enrollment Report Form for every primary plan from which your plan receives enrollment and label the Report Forms appropriately so that the primary plan is identified. Please ensure that these enrollees are not also listed (or double counted) within your plan's direct network reported in the enrollment Report Form.
3. Create a Name of Network in the Profile tab that is specific to the plan-to-plan arrangement. Indicate the primary plan that utilizes this Name of Network by checking the box for "Plan-to-Plan for Use in Another Plan's Network" in the "Network Arrangements" section of the Name of Network set-up under the Profile Tab in the webportal. When setting up your health plan's Network Arrangement for that Name of Network, be sure to click on the magnifying glass beside the "Plan-to-Plan for Use in Another Plan's Network" to indicate the primary plan with which your health plan has contracted. This will populate the choices of health plans that appear in the "Other Plan Network" tab. See the instructions included within the Profile tab in the webportal for further information regarding how to describe your health plan's networks.
4. Click on the "Other Plan Network" tab in the Timely Access webportal and use the drop-down menu to select the primary plan with which your plan is contracted. Upload the provider and enrollment Report Forms for the selected primary plan. Ensure that each Report Form includes all providers that are available to the primary plan for which your plan is reporting.
5. If your subcontracting plan makes a separate arrangement of unique providers available to different primary plans, please be sure to report each unique arrangement of providers as a separate Name of Network and associate that Name of Network with the appropriate primary plan in the "Other Plan Network" tab.

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: Your health plan will submit all requested data for your own direct contracted network and the network utilized by a primary plan. These networks should be identified by their own unique Name of Network and reported on separate Report Forms so that the Department can easily identify which providers are associated with the primary plan and which are associated with your own plan's lines-of-business. Additionally, the Report Forms for the primary plan are uploaded in the "Other Plan Network" section and are therefore submitted separately from the Report Forms for your own networks. Reporting the data for the primary plan networks separately from your own networks ensures that the Department can capture the differences in the individual plan networks.

Please also ensure that the network arrangements described above are reflected in the "Network Arrangements" section of the Name of Network set-up under the Profile Tab in the webportal.

If you have any questions regarding the specific columns in the Report Forms and what information the Department is looking for, be aware each Report Form has specific instructions for each column, including which information is required (information that *must* be provided) and which information is requested (information that is not required, but *preferred*).

Please note: the primary and subcontracting full-service health plans should each only report the providers with whom they are directly contracted on either a fee-for-service or capitated basis. Primary plans **should not** include providers in the plan's Report Forms that are available to the plan only as a result of a plan-to-plan contract with a KKA-licensed subcontracting plan. All providers made available to the primary plan's network as a result of a plan-to-plan contract must be reported by the subcontracting plan and identified as being a part of the primary plan's network via the "Profile" and "Other Plan Network" tabs in the webportal.

Scenario 6: Health Plan's network includes Plan-to-Plan contracts with non-KKA-licensed health insurance plans:

The Name of Network I am reporting includes providers obtained through one or more Plan-to-Plan contracts between my health plan and a full-service or specialized health insurance plan that is not licensed by the Department of Managed Health Care.

Instruction: If Scenario 7 describes your health plan, your health plan must report all providers contracted with your plan via the non-KKA-licensed health insurance plan for this Name of Network on the appropriate Department spreadsheets (PCPs, Specialist, Mental Health, Hospitals, etc.).

> ***Additional Scenario:*** "**BUT** what if my health plan contracts with the same provider on a direct contract basis (or through a medical group) and the same doctor is contracted by the non-KKA-licensed health insurance plan? Where or how does my health plan report this provider?"
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> ***Instruction:*** For reporting purposes and assuming all other provider information is the same (e.g. medical group, address, hospital admitting privileges) simply **list the provider once**.

Please also ensure that the network arrangements described above are reflected as "Direct Network" in the "Network Arrangements" section of the Name of Network set-up under the Profile Tab in the webportal.

If you have any questions regarding the specific columns in the Report Forms and what information the Department is looking for, be aware each Report Form has specific instructions for each column, including which information is required (information that *must* be provided) and which information is requested (information that is not required, but *preferred*).

Direction: "Other Contracted Providers"

Health and Safety Code section 1345(i) 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 California Code of Regulations, title 28, 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. The Department is providing a "pick-list" for this spreadsheet this year, designed to help consolidate this information into a more uniform format. The pick-list was developed from the information the Department received in the previous annual network report submissions from all health plans.

Direction: Submitting Timely Access Provider Network Report Forms:

Once the health plan has completed populating the Department's Annual Provider Network Report Forms in accordance with the directions described above and on the "Instructions" tab of each Report Form, the health plan must submit the Report Forms to the Department via the health plan webportal. In order to submit health plan Annual Provider Network Report Forms, please follow these steps:

1. Log into the portal,
2. Select "E-filing,"
3. Click on "Online Forms,"
4. Select "Timely Access" in the Form Type pull down menu, and select the appropriate Reporting Period from the next pull down menu, then click "Create,"
5. Click on the blue tab labelled "Profile" and follow the instructions for each category identified in the gray bars under the Profile tab to enter information about your Name of Network, Lines of Business, and health plan terminology.
6. Click on the blue tab labelled "Provider Network" and upload each of the Plan's Annual Provider Network Report Forms.
7. If you are a subcontracting plan reporting a network utilized by a primary plan, click on the blue tab labelled "Other Plan Network" and upload the Annual Provider Network Report Forms relevant to the network utilized by the primary plan.

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.