

# ANNUAL PROVIDER NETWORK REPORT FORM INSTRUCTIONS - HOSPITALS & CLINICS

Version 2017 for Reporting Period 12/31/2016

**PLEASE first review the GENERAL Annual Provider Network Report Form Instructions before completing this form.** The data reported in this Report Form must reflect the Plan's contracted network of hospital and clinic facilities as of December 31, 2016. To begin populating data, enter all of the required/requested information on the spreadsheet included in this workbook. Enter an additional row for any variation in one of the fields, such as additional addresses, specialties, etc. All fields must be completed for each row, information in fields that do not change must be repeated in the row representing the variation. In some cases, the DMHC requires plans to use specific terminology or crosswalk the Plan's own terminology to the Department's preferred terms. These fields are identified within the Instructions below. The Plan may crosswalk its terminology utilizing the "Crosswalk" links within the Timely Access Reporting Webportal under the Profile tab.

Be sure to report all hospitals and clinics in the Plan's contracted network. See the provider types listed by the DMHC in the "Type of License and Service" crosswalk tables in the Profile tab for guidance as to what provider types should be reported on this form. The provider type must be crosswalked to the Department's preferred terms.

Please see the Department's GENERAL Annual Provider Network Report Form Instructions and Frequently Asked Questions available at [www.dmhc.ca.gov](http://www.dmhc.ca.gov) for further information regarding how to complete and submit these Reports.

<b>Hospitals Tab</b>		
<b>REQUIRED FIELD</b>	<b>INSTRUCTIONS</b>	<b>Data Type (Length)</b>
	<i>Enter data in each field as described below. If a certain field is not applicable, please enter "NA" unless such an entry is identified as not acceptable in the instructions. Please do not leave any required fields blank unless the instruction states a blank field is acceptable.</i>	
<b>Hospital Name</b>	Legal name of hospital facility utilized by the Plan. List the hospital name exactly as listed on the "Hospitals Crosswalk" table in the plan's Profile tab in the Timely Access Reporting Webportal. If the Plan does not use the terminology provided in the "Hospitals Crosswalk," or utilize the table to cross-reference plan terminology, the Plan will be asked to correct the data and re-submit. "NA" is not an acceptable value.	Text (1 to 100 characters)
<b>DBA</b>	"Doing-Business-As" name of facility. (May leave blank if no DBA.)	Text (0 to 100 characters)
<b>Health Plan ID for Plan-to-Plan Contract</b>	DMHC issued Plan ID # (933 xxxx) of Health Plan with which provider is contracted. (May leave blank if the provider is not accessed through a Plan-to-Plan contract.) All Knox-Keene licensed health plans' ID numbers can be found on the Department's public website: <a href="http://wpso.dmhc.ca.gov/hpsearch/viewLicensedHealthPlan.aspx">http://wpso.dmhc.ca.gov/hpsearch/viewLicensedHealthPlan.aspx</a> . The Health Plan ID for the Plan-to-Plan Contract field is only to be populated to reflect the Plan ID of another Plan with which the Reporting Plan contracts. Do not put the Reporting Plan's own Health Plan ID in this field. See the GENERAL Provider Network Report Form Instructions for more information about populating this field.	Text (0 or 8 characters)
<b>Address</b>	Physical address of facility, including street number and street name. Data for all other fields must be repeated in each row. If reporting more than one address, enter an additional row identifying each additional address. Data for all non-address fields must be repeated in each row. "NA" is not an acceptable value.	Text (1 to 100 characters)
<b>Address 2</b>	Insert the number of the office, suite, building, or other location identifier. If this information is not applicable to the address, leave blank.	Text (0 to 50 characters)
<b>City</b>	City in which the facility is located. "NA" is not an acceptable value.	Text (1 to 50 characters)

<b>County</b>	County in which the facility is located. <i>(Please make sure the County is referenced on the "County Crosswalk" table in the Profile tab in the Timely Access Reporting Webportal.)</i> "NA" is not an acceptable value.	Text (1 to 50 characters)
<b>State</b>	State in which the facility is located. "NA" is not an acceptable value.	Text (2 to 30 characters)
<b>Zip Code</b>	Zip code in which the facility is located. "NA" is not an acceptable value.	Text (5 or 10 characters)
<b>Phone Number</b>	Phone number for this location, separating area code and first 3 digits with a "-" (e.g. 123-456-7890). "NA" is not an acceptable value.	Text (12 characters)
<b>NPI</b>	The unique National Provider Identification (NPI) number assigned to the facility. The Plan must report <u>both</u> the provider's NPI and license number. Do not include deactivated NPIs. "NA" is not an acceptable value.	Number (10 digits)
<b>CA License</b>	California License number. CA Licenses should not have any spaces or leading zeros. Do not include deactivated CA Licenses. "NA" is not an acceptable value unless a license number is entered in the "Non CA License" field. The Plan must report <u>both</u> the provider's NPI and license number.	Text (1 to 30 characters)
<b>Non CA License</b>	License number where license was issued outside of the state of California. Do not include deactivated Licenses. May leave blank if not applicable.	Text (0 to 30 characters)
<b>Non CA License State</b>	State in which non-California license was issued. May leave blank if not applicable.	Text (0 to 30 characters)
<b>Type of Service</b>	Enter the type of service provided at the facility. <i>(Please make sure the Type of Service is referenced on the "Hospital Service Type" found under the "Type of License and Service Crosswalk" link in the Profile tab in the Timely Access Reporting Webportal. If the provider's service type does not appear on the "Hospital Service Type" table, please follow the instructions within the Profile tab for entering an "Other" service type for this provider within the "Hospital Service Type" table.)</i>	Text (1 to 100 characters)
<b>Name of Network</b>	The name used by the Plan to describe the network in which the provider participates. <i>(Please make sure the Name of Network is referenced on the "Name of Network" table in the Profile tab in the Timely Access Reporting Webportal.)</i> 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 lines-of-business. If the network is utilized for a Covered California line-of-business, please use the Network ID number assigned by Covered California. "NA" is not an acceptable value.	Text (1 to 100 characters)
<b>Network Tier ID</b>	If the network is a tiered network, enter "1" for the providers participating in the tier with the lowest cost share for enrollees; enter "2" for the providers participating in the tier with the next-lowest cost share for enrollees. Continue to number tiers accordingly, with the higher tier number correlating to higher cost-share for the enrollee. May leave blank if not applicable.	Number (0 to 2 digits)
<b>Tertiary Care (Y/N)</b>	Enter "Y" if the facility provides tertiary care, enter "N" if the facility does not provide tertiary care (e.g. burn unit, organ transplantation, etc.) Typically, a tertiary care hospital is one which provides highly specialized, complex medical care performed by highly trained specialists and subspecialists often using advanced technology in state of the art facilities, including sophisticated intensive care facilities. The Department does not have a standard list of services that we consider to be "tertiary care." If the Plan considers a hospital to provide tertiary care, it may place a "Y" in the "Tertiary Care" column. If the Plan does not know if the hospital provides tertiary care, please enter "NA." See the Frequently Asked Questions document for more information regarding how to complete this field.	Text (1-2 characters)

<b>REQUESTED</b>	<b>INSTRUCTIONS</b> <i>Enter data in each field as described below. If a certain field is not applicable, please enter "NA" unless such an entry is identified as not acceptable in the instructions. Requested fields may be left blank.</i>	<b>Data Type (Length)</b>
<b>Hospital System</b>	Name of hospital system to which this facility belongs.	Text (0 to 100 characters)

<b>Clinics Tab</b>		
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<b>REQUIRED</b>	<b>INSTRUCTIONS</b> <i>Enter data in each field as described below. If a certain field is not applicable, please enter "NA" unless such an entry is identified as not acceptable in the instructions. Please do not leave any required fields blank unless the instruction states a blank field is acceptable.</i>	<b>Data Type (Length)</b>
<b>Clinic Name</b>	Legal name of clinic facility utilized by the Plan.	Text (1 to 100 characters)
<b>DBA</b>	"Doing-Business-As" name of facility. (May leave blank if no DBA.)	Text (0 to 100 characters)
<b>Health Plan ID for Plan-to-Plan Contract</b>	DMHC issued Plan ID # (933 xxxx) of Health Plan with which provider is contracted. (May leave blank if the provider is not accessed through a Plan-to-Plan contract.) All Knox-Keene licensed health plans' ID numbers can be found on the Department's public website: <a href="http://wpso.dmhc.ca.gov/hpsearch/viewLicensedHealthPlan.aspx">http://wpso.dmhc.ca.gov/hpsearch/viewLicensedHealthPlan.aspx</a> . The Health Plan ID for the Plan-to-Plan Contract field is only to be populated to reflect the Plan ID of another Plan with which the Reporting Plan contracts. Do not put the Reporting Plan's own Health Plan ID in this field. See the GENERAL Annual Provider Network Report Form Instructions for more information about populating this field.	Text (0 or 8 characters)
<b>Address</b>	Physical address of facility, including street number and street name. Data for all other fields must be repeated in each row. If reporting more than one address, enter an additional row identifying each additional address. Data for all non-address fields must be repeated in each row. "NA" is not an acceptable value.	Text (1 to 100 characters)
<b>Address 2</b>	Insert the number of the office, suite, building, or other location identifier. If this information is not applicable to the address, leave blank.	Text (0 to 50 characters)
<b>City</b>	City in which the facility is located. "NA" is not an acceptable value.	Text (1 to 50 characters)
<b>County</b>	County in which the facility is located. <i>(Please make sure the County is referenced on the "County Crosswalk" table in the Profile tab in the Timely Access Reporting Webportal.)</i> "NA" is not an acceptable value.	Text (1 to 50 characters)
<b>State</b>	State in which the facility is located. "NA" is not an acceptable value.	Text (2 to 30 characters)
<b>Zip Code</b>	Zip code in which the facility is located. "NA" is not an acceptable value.	Text (5 or 10 characters)
<b>Phone Number</b>	Phone number for this location, separating area code and first 3 digits with a "-" (e.g. 123-456-7890). "NA" is not an acceptable value.	Text (12 characters)
<b>NPI</b>	The unique National Provider Identification (NPI) number assigned to the clinic. The Plan must report <u>both</u> the provider's NPI and license number. Do not include deactivated NPIs. "NA" is not an acceptable value.	Number (10 digits)

<b>CA License</b>	California License number of facility. All CA Licenses should not have any spaces or leading zeros. Do not include deactivated CA Licenses. The Plan must report <u>both</u> the provider's NPI and license number. "NA" is not an acceptable value unless a license number is entered in the "Non CA License" field.	Text (1 to 30 characters)
<b>Non CA License</b>	License number where license was issued outside of the state of California. Do not include deactivated Licenses. May leave blank if not applicable.	Text (0 to 30 characters)
<b>Non CA License State</b>	State in which non-California license was issued. May leave blank if not applicable.	Text (0 to 30 characters)
<b>Type of Service</b>	Enter the type of service provided at the facility. <i>(Please make sure the Type of Service is referenced on the "Clinic Service Type" found under the "Type of License and Service Crosswalk" link in the Profile tab in the Timely Access Reporting Webportal. If the provider's service type does not appear on the "Clinic Service Type" table, please follow the instructions within the Profile tab for entering an "Other" service type for this provider within the "Clinic Service Type" table.)</i>	Text (1 to 100 characters)
<b>Name of Network</b>	The name used by the Plan to describe the network in which the provider participates. <i>(Please make sure the Name of Network is referenced on the "Name of Network" table in the Profile tab in the Timely Access Reporting Webportal.)</i> 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 lines-of-business. If the network is utilized for a Covered California line-of-business, please use the Network ID number assigned by Covered California. "NA" is not an acceptable value.	Text (1 to 100 characters)
<b>Network Tier ID</b>	If the network is a tiered network, enter "1" for the providers participating in the tier with the lowest cost share for enrollees; enter "2" for the providers participating in the tier with the next-lowest cost share for enrollees. Continue to number tiers accordingly, with the higher tier number correlating to higher cost-share for the enrollee. May leave blank if not applicable.	Number (0 to 2 digits)
<b>Accepting New Patients (Y/N)</b>	If clinic serves as a primary care provider, enter "Y" to indicate the clinic is accepting new patients at this location, enter "N" to indicate clinic is not accepting new patients at this location. If the clinic is only accepting existing patients or past patients, please enter "N" in this category. See the Frequently Asked Questions document for information regarding how to report this field when patients are not assigned to a clinic.	Text (1-2 characters)
<b>Current Number of Enrollees Assigned to Provider</b>	If clinic serves as a primary care provider, enter the total number of patients assigned to the clinic in this Name of Network as of December 31, 2016. If this provider is listed more than once, please repeat this number for every row associated with this provider for the identified Name of Network. See the Department's Frequently Asked Questions for further direction as to how to populate this field for specific network types. May leave blank if not applicable.	Number (0 to 6 digits)

<b>REQUESTED</b>	<b>INSTRUCTIONS</b>	<b>Data Type (Length)</b>
	<i>Enter data in each field as described below. If a certain field is not applicable, please enter "NA" unless such an entry is identified as not acceptable in the instructions. Requested fields may be left blank.</i>	
<b>Hospital System</b>	Name of hospital system to which this facility belongs.	Text (0 to 100 characters)

Row #	Hospital Name	DBA	Health Plan ID for Plan-to-Plan Contract	Address	Address 2	City	County	State	Zip Code	Phone Number	NPI	CA License	Non CA License	Non CA License State	Type of Service	Hospital System	Name of Network	Network Tier ID	Tertiary Care (Y/N)
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Row #	Clinic Name	DBA	Health Plan ID for Plan-to-Plan Contract	Address	Address 2	City	County	State	Zip Code	Phone Number	NPI	CA License	Non CA License	Non CA License State	Type of Service	Hospital System	Name of Network	Network Tier ID	Accepting New Patients (Y/N)	Current Number of Enrollees Assigned to Provider
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