

ANNUAL PROVIDER NETWORK REPORT FORM INSTRUCTIONS - MENTAL HEALTH

Version 2017 for Reporting Period 12/31/2016

PLEASE first review the GENERAL Annual Provider Network Report Form Instructions before completing this template. The data reported in this Report Form must reflect the Plan's contracted network of mental health professionals and 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 mental health professionals and facilities in the Plan's contracted network. See the provider types listed by the DMHC in the "Type of Licensure/Certificate" and "Specialty/Area of Expertise" tables in the Profile tab for guidance as to what provider types should be reported on this form. The provider's type of licensure and specialty/area of expertise 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 for further information regarding how to complete and submit these Reports.

Mental Health Professionals Tab		
REQUIRED FIELD	INSTRUCTIONS	Data Type (Length)
	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.	
Last Name	Last name of provider. "NA" is not an acceptable value.	Text (1 to 50 characters)
First Name	First name of provider. "NA" is not an acceptable value.	Text (1 to 50 characters)
NPI	The unique National Provider Identification (NPI) number assigned to the individual. 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)
CA License/Certificate	California License number. CA Licenses should not have any spaces or leading zeros. Do not include deactivated CA Licenses.	Text (4 to 15 characters)
Non CA License/Certificate	License number where license was issued outside of the state of California. May leave blank if not applicable.	Text (0 to 30 characters)
Non CA License/Certificate State	State in which non-California license was issued. May leave blank if not applicable.	Text (0 to 30 characters)
Type of Licensure/Certificate	<p>The title of the license or certificate the provider holds. <i>(Please make sure the Type of Licensure is referenced on the "Mental Health Professional Licensure 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 license/certificate type does not appear on the "Mental Health Professional Licensure Type" table, please follow the instructions within the Profile tab for entering an "Other" specialty type for this provider within the "Mental Health Professional Licensure Type" table.)</i> Please do not list physicians, such as psychiatrists, on this spreadsheet. Instead, please list them on the PCP or Specialist spreadsheet, as appropriate.</p> <p>If the provider has more than one license or certificate, add an additional row for each license or certificate. In some cases the provider may have a certificate that coincides with a "Specialty/Area of Expertise." In that case, please list the Type of Certificate in this field and the coordinating area of expertise in the "Specialty/Area of Expertise" field in the same row. For example, a provider who is accredited as a Certified Addiction Treatment Counselor will list <i>Substance Abuse Professional - All Levels</i> in the "Type of Licensure/Certificate" field and will list <i>Substance Use Disorder</i> in the "Specialty/Area of Expertise" field in the same row.</p>	Text (1 to 100 characters)

Health Plan ID for Plan-to-Plan Contract	DMHC issued Plan ID # (933 xxxx) of Health Plan with which provider is contracted. <i>(May leave blank if the provider is not accessed through a Plan-to-Plan contract .)</i> All Knox-Keene licensed health plans' ID numbers can be found on the Department's public website: http://wps0.dmhc.ca.gov/hpsearch/viewLicensedHealthPlan.aspx . 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 Timely Access Network Reporting Instructions for more information about populating this field.	Text (0 or 8 characters)
Name of Network	The name used by the Plan to describe the network in which the provider participates. (Please make sure the Name of Network is referenced on the "Name of Network" table in the Profile tab in the Timely Access portal.) 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)
Network Tier ID	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)
Address	Physical address of provider's practice location, including street number and street name. If reporting more than one address, enter an additional row identifying each additional office, clinic, or medical group address. Data for all non-address fields must be repeated in each row. "NA" is not an acceptable value.	Text (1 to 100 characters)
Address 2	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)
City	City in which the practice address is located. "NA" is not an acceptable value.	Text (1 to 50 characters)
County	County in which the practice address 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)
State	State in which the practice address is located. "NA" is not an acceptable value.	Text (2 to 30 characters)
Zip Code	Zip code in which the practice address is located. "NA" is not an acceptable value.	Text (5 or 10 characters)
Phone Number	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)
Telehealth (Y/N)	Enter "Y" if provider delivers telehealth services, otherwise enter "N". Telehealth is defined as: "the mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient's health care while the patient is at the originating site and the health care provider is at a distant site. Telehealth facilitates patient self-management and caregiver support for patients and includes synchronous interactions and asynchronous store and forward transfers." (Bus. and Prof Code section 2290.5). Please enter a "Y" in this column if the physician provides significant amounts of synchronous or asynchronous health care services from a "distant" site to enrollees while the enrollee is at a health care provider's "originating" site.	Text (1-2 characters)
Accepting New Referrals (Y/N)	Enter "Y" to indicate the provider is accepting new patients at this location, enter "N" to indicate provider is not accepting new patients at this location. If the provider 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 in a PPO product or other product type in which patients are not assigned to a mental health provider.	Text (1-2 characters)

Specialty/Area of Expertise	Indicate provider, professional or paraprofessional's specialty/area of expertise (adult, child/adolescent, etc.). <i>(Please make sure the Specialty is referenced on the "Mental Health Professional Specialty Type" table found under the "Specialty Crosswalk" link in the Profile tab in the Timely Access Reporting Webportal. If the provider's specialty does not appear on the "Mental Health Professional Specialty Type" table, please follow the instructions within the Profile tab for entering an "Other" specialty type for this provider within the "Mental Health Professional Specialty Type" table.)</i> In some cases the provider may have an area of expertise that coincides with a particular "Type of License/Certificate." In that case, please list the Area of Expertise in this field and the coordinating certificate in the "Type of Licensure/Certificate" field in the same row. For example, a provider who is accredited as a Certified Addiction Treatment Counselor will list <i>Substance Abuse Professional - All Levels</i> in the "Type of Licensure/Certificate" field and will list <i>Substance Use Disorder</i> in the "Specialty/Area of Expertise" field in the same row. If the provider has multiple areas of expertise (e.g. child and Qualified Autism Services Professional), please repeat the provider's information one area of expertise on each row.	Text (1 to 100 characters)
Provider Group/IPA	Name of provider group and/or IPA affiliated with contracted provider (if applicable). If provider is associated with more than one provider group or IPA, enter an additional row identifying each additional provider group or IPA. Data for all other fields must be repeated in each row. If provider is not affiliated with a provider group, please enter the value "Individually Contracted Provider" as set forth in the Profile tab in the Timely Access portal. <i>(Please make sure the Provider Group is referenced on the "Provider Groups/IPA Crosswalk" table in the Profile tab in the Timely Access portal.)</i>	Text (1 to 100 characters)

REQUESTED FIELD	INSTRUCTIONS <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>	Data Type (Length)
Provider Language 1	Language spoken by the provider. (Please make sure the Provider Language 1 is referenced on the "Language Crosswalk" table in the Profile tab in the Timely Access Reporting Webportal.)	Text (0 to 50 characters)
Provider Language 2	Language spoken by the provider. (Please make sure the Provider Language 2 is referenced on the "Language Crosswalk" table in the Profile tab in the Timely Access Reporting Webportal.)	Text (0 to 50 characters)
Provider Language 3	Language spoken by the provider. (Please make sure the Provider Language 3 is referenced on the "Language Crosswalk" table in the Profile tab in the Timely Access Reporting Webportal.)	Text (0 to 50 characters)
E-mail Address	Business-facing email address used to communicate to the provider. If reporting more than one e-mail address, enter an additional row identifying each additional e-mail address. Data for all non-e-mail address fields must be repeated in each row.	Text (1 to 100 characters)

Mental Health Facilities Tab		
REQUIRED FIELD	INSTRUCTIONS <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>	Data Type (Length)
Mental Health Facility Name	Legal Name of mental health facility. "NA" is not an acceptable value.	Text (1 to 100 characters)
DBA	"Doing-Business-As" name of facility. (May leave blank if no DBA.)	Text (0 to 100 characters)
Health Plan ID for Plan-to-Plan Contract	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: http://wps0.dmhc.ca.gov/hpsearch/viewLicensedHealthPlan.aspx . 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)

Address	Physical address of facility, including street number and street name. 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)
Address 2	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)
City	City in which the facility is located. "NA" is not an acceptable value.	Text (1 to 50 characters)
County	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)
State	State in which the facility is located. "NA" is not an acceptable value.	Text (2 to 30 characters)
Zip Code	Zip code in which the facility is located. "NA" is not an acceptable value.	Text (5 or 10 characters)
Phone Number	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)
NPI	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)
CA License	CA License number of facility. 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)
Non CA License	License number where license was issued outside of the state of California. May leave blank if not applicable.	Text (0 to 30 characters)
Non CA License / Certificate State	State in which non-California license was issued. May leave blank if not applicable.	Text (0 to 30 characters)
Type of Service	Enter the type of service provided at the facility. <i>(Please make sure the Type of Service is referenced on the "Mental Health Facility Service Type" found under the "Type of License and Service Crosswalk" link in the Profile tab in the Timely Access portal. If the provider's service type does not appear on the "Mental Health Facility Service Type" table, please follow the instructions within the Profile tab for entering an "Other" service type for this provider within the "Mental Health Facility Service Type" table.)</i>	Text (1 to 100 characters)
Name of Network	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)
Network Tier ID	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)

REQUESTED FIELD	INSTRUCTIONS	Data Type (Length)
	<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>	
Hospital System	Hospital System in which this facility is included.	Text (0 to 100 characters)
E-mail Address	Business-facing email address used to communicate to the provider. If reporting more than one e-mail address, enter an additional row identifying each additional e-mail address. Data for all non-e-mail address fields must be repeated in each row.	Text (1 to 100 characters)

Row #	Last Name	First Name	NPI	CA License / Certificate	Non CA License / Certificate	Non CA License / Certificate State	Type of Licensure / Certificate	Health Plan ID for Plan-to-Plan Contract	Provider Language 1	Provider Language 2	Provider Language 3	Name of Network	Network Tier ID	Address	Address 2	City	County	State	Zip Code	Phone Number	E-mail Address	Telehealth (Y/N)	Accepting New Referrals (Y/N)	Specialty / Area of Expertise	Provider Group / IPA
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Row #	Mental Health Facility Name	DBA	Health Plan ID for Plan-to-Plan Contract	Address	Address 2	City	County	State	Zip Code	Phone Number	E-mail Address	NPI	CA License	Non CA License	Non CA License State	Type of Service	Hospital System	Name of Network	Network Tier ID
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