



Gavin Newsom, Governor  
State of California  
Health and Human Services Agency  
**DEPARTMENT OF MANAGED HEALTH CARE**  
980 9<sup>th</sup> Street, Suite 500  
Sacramento, CA 95814  
Phone: 916-324-8176 | Fax: 916-255-5241  
[www.DMHC.ca.gov](http://www.DMHC.ca.gov)

## ALL PLAN LETTER

**DATE:** September 4, 2025

**TO:** All Full Service and Behavioral Health Care Service Plans

**FROM:** Nathan Nau  
Deputy Director, Office of Plan Monitoring

**SUBJECT:** APL 25-014 (OPM) – Provider Appointment Availability Survey Manual and Report Form Amendments Beginning RY 2027/MY 2026 and Continuing Thereafter

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The Department of Managed Health Care (DMHC) issues this All Plan Letter (APL) to provide notice to health care service plans (health plans) of amendments to Rule 1300.67.2.2 and the following Timely Access Compliance Report documents: Provider Appointment Availability Survey (PAAS) Manual, PAAS Report Forms and the Timely Access Submission Instruction Manual (TA Instruction Manual).<sup>1</sup> Please note: this APL is effective beginning in measurement year (MY) 2026 for reporting due in 2027 and will remain in effect thereafter. This APL does **not** make any changes to the MY 2025 Timely Access Compliance Report that is due on May 1, 2026.

### I. Background

A health plan is required to monitor networks for compliance with the timely access standards set forth in Section 1367.03(a) and Rule 1300.67.2.2(c) and report the results

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<sup>1</sup> This All Plan Letter applies to reporting health plans, as defined in Rule 1300.67.2.2(b)(17), and does not apply to plans licensed only to offer Medicare Advantage product lines or only Employee Assistance Program (EAP) products. Additionally, health plan networks that are only licensed for Exclusively Aligned Enrollment Dual Eligible Special Needs Plans (i.e., Medi-Medi Plans) are not subject to the reporting requirements of this APL.

to the DMHC on an annual basis in the Timely Access Compliance Report.<sup>2</sup> The Timely Access Compliance Report requirements are set forth in Rule 1300.67.2.2(h)(6) and (8) and in the documents incorporated into this rule, which are set forth above. Health plans are required to include PAAS data in their Timely Access Compliance Report, due annually on May 1st.<sup>3</sup>

Amendments to the timely access monitoring and reporting requirements in Rule 1300.67.2.2 are made in accordance with Senate Bill (SB) 221 (Wiener, Chapter 724, Statutes of 2021) and SB 225 (Wiener, Chapter 601, Statutes of 2022) which provided the DMHC with two exemptions from the Administrative Procedure Act (APA) to develop required methodologies and standards for the annual Timely Access Compliance Report and network adequacy review.<sup>4</sup> As set forth in the regulations established pursuant to these exemptions, health plans are required to use the amended PAAS Manual, PAAS Report Forms and TA Instruction Manual attached to this APL to demonstrate and report compliance for the submission due on May 1, 2027, and annually thereafter, unless notified otherwise.<sup>5</sup>

Health plans should review relevant policies and procedures to ensure all updates have been incorporated.

## **II. Notice of Amendments to Rule 1300.67.2.2 and Rule 1300.67.2.3**

Various subsections of Rule 1300.67.2.2 related to timely access standards, monitoring, and reporting have been amended, including the changes necessary to implement the amendments to the incorporated documents attached to this APL. These and other amendments to Rule 1300.67.2.2 are identified by underline and strikethrough and attached to APL 25-013, published on September 4, 2025.<sup>6</sup>

In addition, Rule 1300.67.2.3 has been stricken in its entirety, as this regulation was only applicable to MY 2022.

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<sup>2</sup> The Knox-Keene Act is set forth in California Health and Safety Code sections 1340 et seq. References herein to “Section” are to sections of the Act. References to “Rule” refer to the California Code of Regulations, title 28.

<sup>3</sup> See Section 1367.03(f)(3) and Rule 1300.67.2.2(b)(17), (f) and (h)(6)(B).

<sup>4</sup> Sections 1367.03(f)(3) and (5).

<sup>5</sup> See Rule 1300.67.2.2(d)(2)(A)(iii), (f), (h)(4) and (h)(6)(B). These documents have been incorporated by reference into incorporated in Rule 1300.67.2.2(f)(1). Pursuant to Section 1367.03(f)(3) & (5), the DMHC circulated these documents for stakeholder feedback on April 25, 2025 and June 20, 2025.

<sup>6</sup> Pursuant to Section 1367.03(f)(3) & (5), the DMHC circulated these amendments and other documents for stakeholder feedback on April 25, 2025.

### **III. Notice of Amendments to PAAS Manual, PAAS Report Forms and TA Instruction Manual**

Health plans are required to use the version of the PAAS Manual, PAAS Report Forms, and TA Instruction Manual noticed on the DMHC's website at [www.dmh.ca.gov](http://www.dmh.ca.gov), on or before May 1 of each measurement year.<sup>7</sup> The DMHC hereby provides notice of the amendments to documents for RY 2027/MY 2026 and onward. These documents shall replace the prior versions of these documents and forms after the RY 2026/MY2025 Timely Access Compliance Report has been submitted on May 1, 2026.

The Timely Access Compliance Report documents amended for RY 2027/MY 2026 and onward include the following:

1. PAAS Manual
2. TA Instruction Manual
3. PAAS Report Forms
  - a. Primary Care Providers Contact List Report Form (Form No. 40-254)
  - b. Non-Physician Mental Health Care Providers Contact List Report Form (Form No. 40-255)
  - c. Specialist Physicians Contact List Report Form (Form No. 40-256)
  - d. Psychiatrists Contact List Report Form (Form No. 40-257)
  - e. Ancillary Service Providers Contact List Report Form (Form No. 40-258)
  - f. Primary Care Providers Raw Data Report Form (Form No. 40-259)
  - g. Non-Physician Mental Health Care Providers Raw Data Report Form (Form No. 40-260)
  - h. Specialist Physicians Raw Data Report Form (Form No. 40-261)
  - i. Psychiatrists Raw Data Report Form (Form No. 40-262)
  - j. Ancillary Service Providers Raw Data Report Form (Form No. 40-263)
  - k. Results Report Form (Form No. 40-264)

The DMHC has attached the amended documents to this APL. Amendments to existing law are identified using underline for new text and deletions are identified by strikethrough. Fillable versions of the PAAS Report Forms with field instructions will be available to health plans in the Resources section of the Timely Access and Annual Network Reporting Web Portal in early 2026.

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<sup>7</sup> See Rule 1300.67.2.2(f)(1).

## Overview of Significant Changes

Provided below is an overview of key amendments being implemented via this APL. This is not an exhaustive list, but includes the most significant changes in the amended documents as compared to RY 2026/MY 2025.

### PAAS Manual:

- Revised the Non-Physician Mental Health Care Providers survey tool to clarify that the follow-up appointment question requests the next appointment for therapy.
- Revised Appendix 1 to correct the required sample size for a provider range of 6266-7580.

### TA Instruction Manual, including the PAAS Report Form Field Instructions:

- Revised section I.B to reflect the reporting structure of the Network Information section of the ANR and TA Web Portal. This includes direction for health plans to report each marketed name associated with each network product line.
- Revised “Question 3” (Question 4 for NPMH) field instructions in the Primary Care Physician, Non-Physician Mental Health Care Providers, Specialist and Psychiatrist Raw Data Report Forms in Section IV.
- Revised “Question 1, 2 and 3,” “Calculation 1, 2 and 3” and “Non-Urgent Follow-Up Appointment Type” field instructions in the Non-Physician Mental Health Care Providers Raw Data Report Form in Section IV.
- Added “Population Age Served” field and corresponding instructions to all Contact List and Raw Data Report Forms in Section IV.<sup>8</sup>
- Revised “Applicable Urgent Care Standard” field instructions in the Specialist Physicians Contact List and Raw Data Report Forms in Section IV.

## IV. Timely Access Implementation Fillings

To ensure compliance, a health plan should evaluate its policies, procedures and other documents to ensure compliance with all updates to Section 1367.03, Rule 1300.67.2.2, and the incorporated PAAS Manual and TA Instruction Manual. Pursuant to APL 22-026, health plans were required to update documents on file with the DMHC to reflect changes to the law enacted in 2022. Since that time, there have been a number of significant amendments to Rule 1300.67.2.2 and the PAAS Manual that may impact a

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<sup>8</sup> The Department will provide technical guidance regarding the acceptable values for the “Population Age Served” field when the fillable versions of the PAAS Report Forms are posted in the Resources section of the Web Portal in early 2026.

health plan's Exhibit J-13-A: Timely Access Policies and Procedures. In addition to the amendments in the attached documents, prior amendments include, but are not limited to, the following:

- Rule 1300.67.2.2(b)(12)(A) revised to include 80% rate of compliance for NPMH provider follow-up appointments;
- Rule 1300.67.2.2(f)(1)(I) revised to include 5% and 10% sampling error standards;
- Paragraph 78 of the PAAS Manual revised to require corrective action when a health plan reports 20% or more of its providers for a network as ineligible;
- Survey Tool revised to restructure and clarify the NPMH provider follow-up appointment question;
- Survey Tool amended to add a question to assess the alternative methods providers use to ensure enrollees receive timely access to urgent care services that may not be captured by the PAAS Methodology; and
- Paragraph 68 of the PAAS Manual and the Survey Tool revised to direct health plans to calculate compliance for urgent appointments using the 48 hour standard if no prior authorization is required or 96 hour standard if prior authorization is required for an enrollee assigned to that network to see the provider.

If revisions are made to documents that are required to be filed as a part of the health plan's license, the health plan shall submit the changes to the DMHC for review in accordance with the requirements set forth in section 1352 of the Knox-Keene Act and Rules 1300.52 and 1300.52.4. (See Rule 1300.67.2.2(h)(5).) Moreover, a health plan should also review and update all relevant internal policies, procedures, or other documents to ensure compliance.

If you have questions about this APL, please contact the DMHC's Office of Plan Monitoring at [TimelyAccess@dmhc.ca.gov](mailto:TimelyAccess@dmhc.ca.gov).

**Attachments:**

PAAS Manual – Notice of Changes:

- PAAS Manual – Track Changes
- PAAS Manual – Clean

Timely Access Submission Instruction Manual – Notice of Changes:

- Timely Access Submission Instruction Manual – Track Changes
- Timely Access Submission Instruction Manual – Clean

PAAS Report Forms – Notice of Changes:

- Primary Care Providers Contact List Report Form (Form No. 40-254)
- Non-Physician Mental Health Care Providers Contact List Report Form (Form No. 40-255)
- Specialist Physicians Contact List Report Form (Form No. 40-256)
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- Ancillary Service Providers Raw Data Report Form (Form No. 40-263)
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Rule 1300.67.2.3 – Notice of Changes:

- Amendments to Rule 1300.67.2.3 – Strikethrough