

# Annual Network Review

## Measurement Year 2017 Reporting

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# DMHC Mission Statement

The California Department of Managed Health Care protects consumers' health care rights and ensures a stable health care delivery system.

# Purpose

**This purpose of this webinar is to review MY 2017 reporting requirements, including how to:**

- Set up the Plan profile
- Report plan-to-plan arrangements
- Populate the provider network Report Forms
- Upload and validate provider network Report Forms
- Review the Enrollment Summary and Network Summary reports for accuracy

# Plan Profile Setup

## Changes to Profile Tab within the Web Portal:

- When adding or changing a “Name of Network” – give reasoning
- For certain lines of business – Alcohol and Other Drug Services inquiry
- Complete a “county checklist” to confirm network service areas
- New crosswalk terms added
- For plan-to-plan arrangements – review supporting plan’s Network Summary for accuracy
- Changes to the provider groups available for crosswalking

# Plan Profile Setup

## Profile Tab:

- Health Plan Lines-of-Business
- Name of Network
- County Crosswalk
- Specialty Crosswalk
- Language Crosswalk
- Hospitals Crosswalk
- Provider Groups/IPA Crosswalk
- Type of License and Service Crosswalk

# Plan Profile Setup

## Name of Network

- Adding a new Name of Network
  - Reason for adding a new network

1 →

2 → 

The Department has identified that the Plan is reporting a new Name of Network when compared to the previous Measurement Year. Please explain why the Plan is reporting a new Name of Network. If referencing a DMHC filing, please provide the applicable filing number. Explanation must be at least 20 characters or greater.

← 3

# Plan Profile Setup

## Name of Network

- Changing the Name of Network
  - Reason for network name change.

The screenshot shows a web interface for editing a plan profile. At the top, a dark blue header contains the text "Medi-Cal" and a search icon. Below this is a form with two main sections. The first section, titled "Name of Network", has a text input field containing "DMHC Medi-Cal". The second section, titled "Reason for a change in the Name of Network", contains a text area with the following text: "The Plan is changing the name 'Medi-Cal' to 'DMHC Medi-Cal' due to changes to the provider networks. The Plan submitted a filing to the Department on November 1, 2017, eFiling number 201711011234 regarding this change." Four green callout boxes with numbers 1, 2, 3, and 4 are overlaid on the screenshot. Callout 1 points to the search icon in the header. Callout 2 points to the "Name of Network" section header. Callout 3 points to the text input field. Callout 4 points to the text area in the "Reason for a change" section.

# Plan Profile Setup

## Name of Network

- Reporting Lines-of-Business for a Name of Network
  - Are Alcohol and Other Drug Services provided for Large Group, Employer Group, and/or IHSS lines-of-business?

The screenshot shows a web form titled "DMHC Network 1". Under the heading "Lines-of-Business (select all that apply)", there are five checkboxes: "Employer Group (EMP Group)" (checked), "EPO Large Group Market", "HMO Individual Market (HMO IM)", "HMO Individual Market (HMO I.M.)", and "HMO Large Group Market" (checked). To the right, under "Alcohol and Other Drugs", there is a dropdown menu with "Yes" selected, and three more dropdown menus below it.

# Plan Profile Setup

## Name of Network

- **Name of Network service area checkbox**
  - Select all counties which contain at least one ZIP Code that is inside the Plan's approved service area for the Name of Network

<b>Network Service Area</b> <i>(select all that apply)</i>	
<input type="checkbox"/> Alameda	<input type="checkbox"/> Orange
<input type="checkbox"/> Alpine	<input type="checkbox"/> Placer
<input type="checkbox"/> Amador	<input type="checkbox"/> Plumas
<input checked="" type="checkbox"/> Butte	<input checked="" type="checkbox"/> Riverside
<input type="checkbox"/> Calaveras	<input checked="" type="checkbox"/> Sacramento
<input type="checkbox"/> Colusa	<input type="checkbox"/> San Benito
<input type="checkbox"/> Contra Costa	<input type="checkbox"/> San Bernardino
<input type="checkbox"/> Del Norte	<input checked="" type="checkbox"/> San Diego
<input type="checkbox"/> El Dorado	<input type="checkbox"/> San Francisco

# Plan Profile Setup

## Crosswalk Tables

Added Crosswalk Terms
Specialist Specialty Type
Addiction Medicine
Addiction Psychiatry

Changed Crosswalk Terms	
<b>Clinic Service Type</b>	
Free Standing - Primary and/or Specialty Care →	Free Standing - Primary Care Free Standing - Specialty Care
<b>Mental Health Professional Licensure Type</b>	
Substance Abuse Professional - All Levels →	Alcohol and Other Drug Counselor
<b>Mental Health Professional Specialty Type</b>	
Substance Use Disorder →	Alcohol and Other Drugs
<b>Mental Health Facility Service Type</b>	
Substance Abuse (Inpatient) →	Alcohol and Other Drug (Inpatient)
Substance Abuse (Outpatient) →	Alcohol and Other Drug (Outpatient)

# Plan Profile Setup

## Crosswalk Tables

- How to crosswalk terms:
  - Add
  - Delete
    - Note:** the Plan will not be able to delete crosswalked terminology on the Plan's Profile tab until all Report Forms that contain the crosswalked terminology and have passed validation have been removed from the web portal.
  - Edit
  - Save
  - Undo

DMHC Specialist Specialty Type	Crosswalk Code/Name		
ADDICTION MEDICINE			
ADDICTION PSYCHIATRY			
ALLERGY/IMMUNOLOGY			
ANESTHESIOLOGY			
CARDIOVASCULAR DISEASE			
DERMATOLOGY	DERMATOLOGIST		
DERMATOLOGY Additional Lookup: 2	<input type="text"/>		
DIAGNOSTIC RADIOLOGY			

# Plan Profile Setup

## Crosswalk Tables

- Terms to crosswalk to:
  - “Other” – Only when the provider does not have one of the specialty types listed in the appropriate crosswalk table
  - ABMS certified specialty provider types
    - Pediatric specialty provider types








DMHC Specialist Specialty Type	Crosswalk Code/Name		
PEDIATRIC ANESTHESIOLOGY	PED ANESTHESIOLOGIST	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PEDIATRIC CARDIOLOGY	PED CARDIOLOGIST	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PEDIATRIC DERMATOLOGY	PED DERMATOLOGIST	<input checked="" type="checkbox"/>	<input type="checkbox"/>

OTHER	PEDIATRIC PAIN MEDICINE SPECIALIST	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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# Plan Profile Setup

## Crosswalk Out-of-State Counties

- Reporting a county outside of CA: crosswalk the out-of-state county to “Other” if the county is not already listed in the crosswalk.
- Reporting a county outside of CA with the same name as a county inside of CA: crosswalk the county name **and** the state abbreviation to “Other.” Otherwise the Report Form will recognize it as a CA county and it may not pass validation.

DMHC County	Crosswalk Code/Name		
KLAMATH (OR)			
LAKE (OR)			
OTHER	<input type="text" value="BUTTE (SD)"/>	 	
12345678			

# Plan Profile Setup

## Provider Group Crosswalk Changes:

- **Added**
  - New provider groups were added to the crosswalk
- **Reactivated**
  - Provider groups were added to the crosswalk that were previously removed
- **Name Change(s)**
  - Provider groups that had name changes were changed on the crosswalk
  - If the health plan crosswalked to the old provider group name during a previous measurement year, the previous crosswalking will carry over to MY 2017

# Plan Profile Setup

## Plan-to-Plan Arrangements:

- **Plan-to-Plan for Mental Health Services**
  - Reporting Plan is the primary plan; the subcontracting plan is a licensed mental health plan that provides mental health services to the primary plan's enrollees.
- **Plan-to-Plan with another Full Service Health Plan**
  - Reporting Plan is the primary plan; the subcontracting plan is a licensed full service health plan that provides health services to the primary plan's enrollees.
- **Plan-to-Plan for Use in Another Plan's Network**
  - Reporting Plan is a licensed full service health plan that subcontracts health care services to another licensed full service health plan (the primary plan). The reporting plan provides health care services to the primary plan's enrollees.

# Plan-to-Plan Data Submissions

## Report Form Submissions and Information Sharing:

- **Reporting plan is the subcontracting plan**
  - Submit Report Forms on behalf of the primary plan in the “Other Plan Network” tab.
  - Subcontracting plan’s “Network Report Form Summary” will be released to the primary plan to review.
  - Contact DMHC [prior to submission](#) if you have concerns with this data release.
- **Reporting plan is both a primary plan and a subcontracting plan**
  - For primary plan data submissions, submit Report Forms in the “Provider Network” tab.
  - For subcontracting plan data submissions, submit Report Forms on behalf of a primary plan in the “Other Plan Network” tab.

# Plan-to-Plan Data Submissions



## Report Form Submissions: Reporting Plan is the Subcontracting Plan



Reporting plan clicks on the “Other Plan Network” Tab

Details Profile Provider Network Other Plan Network Compliance Report Submit Messages Resources

Select the health plan which utilizes your health plan’s provider network, as assigned in the Network Arrangements section of the Profile tab. For each such plan, upload the provider forms for your plan’s network which serves the other plan’s enrollees.

**Note:** Any reported information for this Name of Network, including the “Network Report Form Summary” may be released to health plans chosen below that utilize the health plan’s provider network. Please contact the Department prior to any data submission if the health plan does not wish to release data to the contracting plan for this Name of Network

Select  When the reporting plan (subcontracting plan) clicks on this drop-down list, all of the plan-to-plan arrangements from the Profile tab will appear here. To report on behalf of a plan partner, the reporting plan will select the plan partner name. 

 = Number of Reports Uploaded  = Passed Data Validation / Provided Explanation

# Plan-to-Plan Data Submissions

## Report Form Submissions: Reporting Plan is the Subcontracting Plan

Reporting plan  
selects the plan  
partner name

Details	Profile	Provider Network	Other Plan Network	Compliance Report	Submit	Messages	Resources
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Select the health plan which utilizes your health plan's provider network, as assigned in the Network Arrangements section of the Profile tab. For each such plan, upload the provider forms for your plan's network which serves the other plan's enrollees.

**Note:** Any reported information for this Name of Network, including the "Network Report Form Summary" may be released to health plans chosen below that utilize the health plan's provider network. Please contact the Department prior to any data submission if the health plan does not wish to release data to the contracting plan for this Name of Network.

Select
900 0000 - TEST HEALTH PLAN
900 0002 - TEST HEALTH PLAN 2

Drop-down list of all of the plan-to-plan arrangements from the reporting plan's Profile tab. The Plan will select the plan partner (primary plan) for which it will be uploading data. Once selected, the reporting plan may begin uploading Report Forms.

# Plan-to-Plan Data Submissions

## Report Form Submissions: Reporting Plan is the Subcontracting Plan


Reporting plan uploads data on behalf of selected plan partner (primary plan)

Details	Profile	Provider Network	Other Plan Network	Compliance Report	Submit	Messages	Resources
---------	---------	------------------	--------------------	-------------------	--------	----------	-----------

900 0000 - TEST HEALTH PLAN

= Number of Reports Uploaded    = Passed Data Validation / Provided Explanation

▶ PCP  0
▶ SPECIALIST  0
▶ MENTAL HEALTH  0
▶ HOSPITAL AND CLINIC  0
▶ ENROLLMENT  0
▶ OTHER CONTRACTED PROVIDER  0
▶ GRIEVANCE REPORT  0
▶ OUT-OF-NETWORK PAYMENT REPORT  0



The reporting plan (subcontracting plan) then uploads provider network Report Forms on behalf of the plan partner (primary plan). In this example, reporting plan has chosen to upload data on behalf of Test Health Plan.

# Completing Report Forms

## Review Instructions Tab

Detailed instructions for each reporting field

## Review MY 2017 Manual

Background, examples and answers to FAQs

## Complete All Fields

All fields must be completed in each row, unless otherwise stated.

## Additional Rows

Complete an additional row when there is variation in any of the fields.

# Completing Report Forms

## Common Reporting Questions:

- **NPI and CA License:** Report NPI and CA License. Only exception is when CA License is not applicable to the provider type.
- **Out of State License:** Report only if provider does not have CA license.
- **Accepting New Patients:** Enter “Y” only if new patients are accepted with no waitlist.
- **Telehealth Providers:** Report only the physical address of the provider’s practice location.

# Completing Report Forms

## Reporting on Behalf of Another Plan:

- Example: Reporting plan is reporting providers contracted through a Knox-Keene Act licensed health plan that **is not** subject to timely access reporting
  - **DO** complete the “Health Plan ID for Plan-to-Plan Contract” field on Report Forms
  - List the **PLAN ID** of the subcontracted health plan in the “Health Plan ID for Plan-to-Plan Contract” field.

Row #	Last Name	First Name	Other Contracted Provider Entity Name	Health Plan ID for Plan-to-Plan Contract	Name of Network	Is the Provider Listed in the Directory?
1	Doe	Jane	Amazing Smile Dentistry	933 0318	DMHC Medi-Cal	Y
2	Doe	Jane	Amazing Smile Dentistry	933 0318	DMHC Network 1	Y
3	Doe	Jane	Amazing Smile Dentistry	933 0318	DMHC Network 2	Y
4	Doe	Jane	Amazing Smile Dentistry	933 0318	DMHC Network 3	Y
5	Doe	Jane	Amazing Smile Dentistry	933 0318	DMHC Network 4	Y

# Completing Report Forms

## Reporting on Behalf of Another Plan:

- Example: Reporting plan is a subcontracting health plan **that is** subject to timely access reporting
  - **DO NOT** complete the “Heath Plan ID for Plan-to-Plan Contract” field
  - Report contracted providers on behalf of a primary plan by submitting a separate Report Form for each primary plan through the “Other Plan Network” tab in the Timely Access web portal

Row #	Hospital Name	...	Health Plan ID for Plan-to-Plan Contract	...	Type of Service	...	Name of Network	...	Is the Provider Listed in the Directory?
1	Hospital 123				General Acute Care Hospital		DMHC Medi-Cal		Y
2	XYZ Hospital				General Acute Care Hospital		DMHC Medi-Cal		Y

# Completing Report Forms

## Enrollment and Service Area Report Form

- Example: Reporting plan is a primary plan and subcontracting plan is subject to timely access reporting
  - In the Enrollment and Service Area Report Form, the Reporting plan must list the **PLAN ID** of the subcontracting health plan in the “Health Plan ID of Subcontracting Health Plan” field.

Row #	Health Plan ID of Subcontracting Health Plan	County	Plan's Approved Service Area Zip Code	Outside Service Area Zip Code		Number of Plan Enrollees
1	933 1111	Sacramento	95814		...	5962
2	934 1111	Sacramento	95815			6214
3	935 1111	Sacramento	95816			8963

# Enrollment and Service Area Report Form

## Reporting on Behalf of Another Plan:

- **Example: Reporting plan is the subcontracting plan**
  - Reporting plan **does** submit a separate Enrollment and Service Area Report Form through the “Other Plan Network” tab in the Timely Access web portal on behalf of each primary plan. The plan will only report the service area within which it provides services to the primary plan’s enrollees.
  - Reporting plan **does not** submit enrollment on behalf of the primary plan. Enrollment count should be listed as “0.”

Row #	Health Plan ID of Subcontracting Health Plan	County	Plan's Approved Service Area Zip Code	Outside Service Area Zip Code		Number of Plan Enrollees
1		Sacramento	95814		...	0
2		Sacramento	95815			0
3		Sacramento	95816			0

# Enrollment and Service Area Report Form

## Reporting Enrollment

Report accurate ZIP Code/county for enrollees in each Network

Primary plan reports enrollment for **all** reporting networks

## Reporting Service Area

Report each ZIP Code/county as “Inside the Service Area” **or** “Outside the Service Area”

Most ZIP codes should be reported as “Inside the Service Area”

Reporting must be consistent with Profile page

Subcontracting plan reports the service area serving primary plan’s network

# Enrollment and Service Area Report Form

## County and ZIP Code Validation:

- USPS County and ZIP Code list – available in the “Resources” tab of the web portal.
- All California ZIP Code and county combinations reported **must be on this list** to pass validation.
- If the Plan intends to report out-of-state ZIP Codes, the Plan must first properly crosswalk the out-of-state county.

# PCP Report Form

## Report PCPs and PCP Extenders:

- **PCP Provider Types:** Review PCP Specialty Crosswalk for common PCP provider types
- **OBGYN Reporting:** Report only OBGYNs and other providers that were performing PCP services during the measurement year

# Specialists Report Form

## Report All Specialists in Contracted Network

- Refer to the Specialty Crosswalk Table
  - Crosswalk according to ABMS Specialty Type
- Report only specialty types for which the provider offered the specialty service during the measurement year
- Do report psychiatrists on the Specialists Report Form

# Mental Health Report Form

Report all non-physician Mental Health Professionals and Facilities in the Contracted Network

- **Two Crosswalk Tables:**
  - **Specialty Crosswalk:**
    - Mental Health Professional Specialty Type
  - **Type of License and Service Crosswalk:**
    - Mental Health Professional Licensure Type
    - Mental Health Facility Service Type

# Mental Health Report Form

## Report Mental Health Providers and Facilities:

- **Do not** report Psychiatrists on the Mental Health Report Form
- **Report CA License and NPI:** Plan may list “NA” in the “NPI” or “CA License/Certificate” column only if the mental health paraprofessional does not have an NPI or a CA License Number
- **Report Certificate Number:** Plan must list a certificate number in the “CA License/Certificate” column if one exists

# Other Contracted Providers Report Form

Report other contracted providers that deliver services on an **outpatient basis**:

- Such as outpatient physical, occupational and speech therapy providers, pharmacies, home health providers, imaging centers, dialysis services/centers, laboratories, etc.
- Refer to the Other Contracted Providers Crosswalk table for common provider types reported on this Report Form

# Hospitals and Clinics Report Form

## Report all Hospitals and Clinics in the Contracted Network:

- Refer to crosswalk tables under Type of License and Service
  - Hospital Service Type crosswalk table; and
  - Clinic Service Type crosswalk table.
- Clinic NPI
  - If the clinic does not have an NPI, please list the NPI of the clinic's Medical Director.

# Hospitals and Clinics Report Form

## Changes to Tertiary Care Reporting Field:

- **Enter Y**
  - If hospital is only contracted for tertiary care and **not** contracted for basic hospital services
- **Enter N**
  - If hospital is only contracted for basic hospital services and **not** tertiary care
- **Enter B**
  - If hospital is contracted for both tertiary care **and** basic hospital services

# Upload and Validation

## How to Upload Report Forms and Display Validation Report

### Timely Access Reporting

Health Plan ID: [ID]    Reporting Period: 12/31/2017    Type: Full Service    Status: In Progress with Health Plan

[Details](#) [Profile](#) **[Provider Network](#)** [Other Plan Network](#) [Compliance Report](#) [Submit](#) [Messages](#) [Resources](#)


Please select checkbox if applicable:

The Plan affirms that the Annual Timely Access Provider Network Report will be submitted to the Department by its Primary or QIF counterpart and incorporated by reference.

[Network Report Form Summary - Specialty](#)    [Network Enrollment Summary](#)

**■** = Number of Reports Uploaded    **✓** = Passed Data Validation / Provided Explanation

PCP **0**

 [Add a Report](#)     [No Submission](#)

*There is no report to display.*

# Upload and Validation

## How to Upload Report Forms and Display Validation Report

The screenshot shows a web form for uploading a report. At the top right, there is a button labeled "close or Esc Key". Below this, the form is titled "PCP". There are three main steps indicated by numbered callouts:

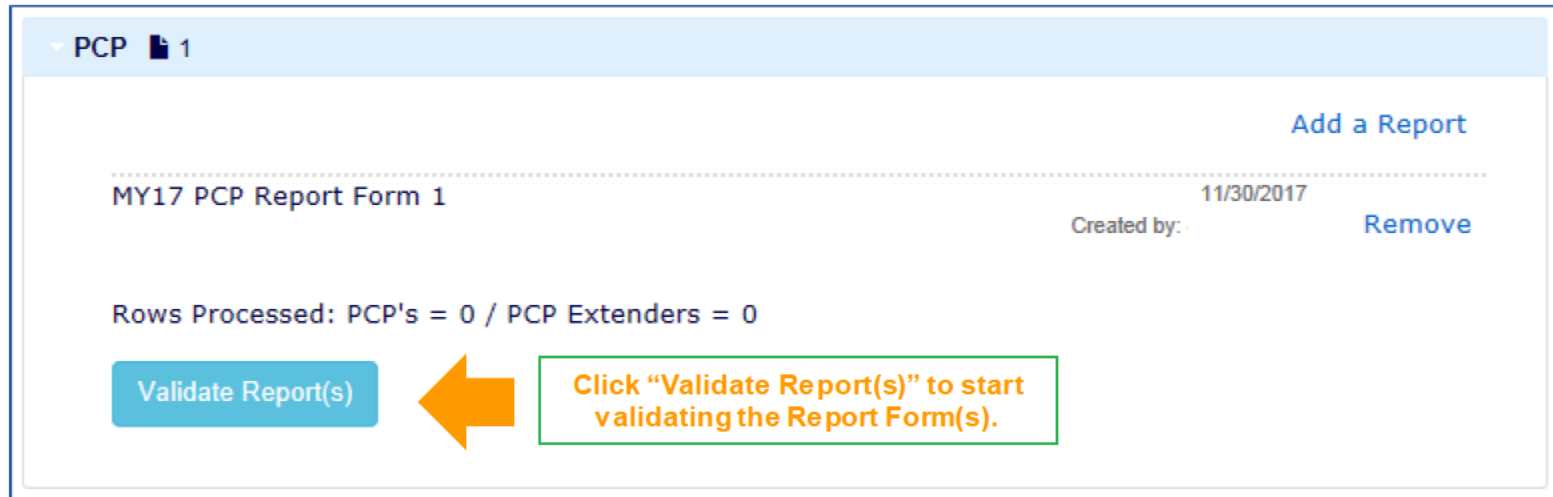
- 1**: A callout box with the text "Give your Report Form a file name." has an orange arrow pointing to the "Title" input field.
- 2**: A callout box with the text "Locate the Report Form in your computer system." has an orange arrow pointing to the "Browse..." button.
- 3**: A callout box with the text "Click 'Upload Report' to upload the Report Form file." has an orange arrow pointing to the "Upload Report" button.

The form includes the following elements:

- Title**: An input field for the report title.
- Add a Report - Upload file size limit is 25MB**: A section header above the file selection area.
- Browse...**: A button to select a file from the computer.
- Accepted Files: .xls, .xlsx or .zip file containing one and only one .xls, .xlsx file**: Text indicating the supported file formats.
- Upload Report**: A button to submit the report.
- Note**: A note at the bottom stating, "Depends on the file size and the Internet connection speed, the upload process may take upwards of up to one minute or more."

# Upload and Validation

## How to Upload Report Forms and Display Validation Report



PCP 1

Add a Report

MY17 PCP Report Form 1	11/30/2017	Remove
------------------------	------------	--------

Created by:

Rows Processed: PCP's = 0 / PCP Extenders = 0

Validate Report(s)

Click "Validate Report(s)" to start validating the Report Form(s).

# Upload and Validation

## How to Read the Validation Report(s)

- All Report Forms will have to pass validation before the Plan can complete the submission process.

PCP 1

Add a Report

MY17 PCP Report Form 1 11/30/2017  
Created by: Remove

Rows Processed: PCP's = 0 / PCP Extenders = 0

View Error Report - 1 57

Validate Report(s)

Click "View Error Report" to review validation error(s).

# Upload and Validation

## How to Read the Validation Report(s)

Category	Title	File Name	Worksheet	Row #	Network Name	Error Description	Hints
PCP	MY17 PCP Report Form 1		PCPs	1	Medi-Cal	The Network does not support the Report Form;	In the Web Portal Profile, under the Name of Network section, make sure to associate the Network Report Form with the Network.
			PCPs	2	Medi-Cal	[NPI] NPI data format is invalid;	The National Provider Identifier number does not meet the Luhn formula format standard, please check to verify the NPI number.
			PCPs	2	Medi-Cal	[Facility NPI] NPI data format is invalid;	The National Provider Identifier number does not meet the Luhn formula format standard, please check to verify the NPI number.
			PCPs	2	Medi-Cal	The Network does not support the Report Form;	In the Web Portal Profile, under the Name of Network section, make sure to associate the Network Report Form with the Network.

# Enrollment and Network Summary Reports

Details Profile **Provider Network** Other Plan Network Compliance Report Submit Messages Resources

Please select checkbox if applicable:

The Plan affirms that the Annual Timely Access Provider Network Report will be submitted to the Department by its Primary or QIF counterpart and incorporated by reference.

[Network Report Form Summary - Specialty](#) [Network Enrollment Summary](#)

= Number of Reports Uploaded = Passed Data Validation / Provided Explanation

▶ PCP  1
▶ SPECIALIST  0
▶ MENTAL HEALTH  0
▶ HOSPITAL AND CLINIC  1
▶ ENROLLMENT  1
▶ OTHER CONTRACTED PROVIDER  0
▶ GRIEVANCE REPORT  0
▶ OUT-OF-NETWORK PAYMENT REPORT  0

# Enrollment and Network Summary Reports

## Check for Data Accuracy: Network Report Form Summary - Specialty

- Providers that the Plan does not have in the network will show up as a “0”
- Primary plans should also review the Network Report Form Summary – Specialty for the subcontracting plan

# Enrollment and Network Summary Reports

## Check for Data Accuracy: Network Report Form Summary - Specialty

Reporting Period: 12/31/2017

Plan Network Name	Lines-of-Business	PCP - Total	Family Practice	General Practice	Internal Medicine	Obstetrics/Gynecology	Pediatrics	Other	Specialist - Total	Addiction Medicine	Addiction Psychiatry	Allergy/Immunology	Anesthesiology	Cardiovascular Disease	...
<b>TEST HEALTH PLAN (900 0000)</b>															
Reporting for 900 0000															
DMHC Network 1	Employer Group HMO Large Group Market	709	236	98	214	125	36	0	2568	2	0	36	5	62	
Medi-Cal	Medi-Cal	624	251	102	85	163	23	0	1268	0	0	23	1	62	
Reporting for 933 0000															
DMHC Network 1	Employer Group HMO Large Group Market	709	236	98	214	125	36	0	698	0	0	32	2	36	
<b>Other health plan(s) reporting for this Plan</b>															
<b>Test Health Plan 2 (900 2222)</b>															
DMHC Network 1	Employer Group HMO Large Group Market	118	36	10	37	3	32	0	965	0	0	12	1	25	

# Enrollment and Network Summary Reports

## Check for Data Accuracy: Network Enrollment Summary

- Review ZIP Codes reported as “inside the service area” and “outside the service area”
- Review to ensure that primary plans submitted all enrollment for reported networks, even when subcontracting with other licensed health plans

# Enrollment and Network Summary Reports

## Network Enrollment Summary: Changes for MY 2017

- New Columns
  - # of ZIPs Reported by Plan as Inside Service Area in County
  - Total # of ZIPs in County
  - ZIPs in County Plan Did Not Report
- New Tab – Enrollment Summary
  - Number of Plan Enrollees Reported Inside Service Area
  - Number of Plan Enrollees Reported Outside Service Area
  - % of Enrollment Reported as Outside Service Area

# Enrollment and Network Summary Reports

## Network Enrollment Summary: Zip Summary Tab

Health Plan Id	Health Plan Name	Name of Network	Reporting For	Sub-Contracted Health Plan ID	County	Plan-Reported Approved Service Area Zip Code	Plan-Reported Outside Service Area Zip Code	# of ZIPs Reported by Plan as Inside Service Area in County	Total # of ZIPs in County Plan Did Not Report	
900 0000	TEST HEALTH PLAN	DMHC Network 1								
900 0000	TEST HEALTH PLAN	DMHC Network 1	933 0000							
900 0000	TEST HEALTH PLAN	Medi-Cal			Los Angeles	90001, 90002, 90006, 90007, 90008, 90009, 90010, 90011, 90012, 90017, 90018, 90019, 90020, 90021, 90022, 90023, 90024, 90025, 90026, 90027, 90029, 90030, 90031, 90032, 90033, 90034, 90035, 90036, 90037, 90038, 90039, 90040, 90041, 90042, 90043, 90044, 90045, 90046, 90047, 90048, 90049, 90050, 90051, 90052, 90053, 90054, 90055, 90057, 90058, 90059, 90060, 90061, 90062, 90063,	90003, 90004, 90005, 90013, 90014, 90015, 90016, 90068, 90069, 90220, 90221, 90402, 90747, 90748, 91031, 91040, 91202, 91203, 91385, 91386, 91387, 91609, 91610	446	535	90003, 90004, 90005, 90013, 90014, 90015, 90016, 90028, 90056, 90068, 90069, 90077, 90099, 90101, 90102, 90103, 90189, 90220, 90221, 90233, 90247, 90274, 90310, 90311, 90313, 90397, 90398,

# Enrollment and Network Summary Reports

## Network Enrollment Summary: Enrollment Summary Tab

Health Plan		Sub-Contracted		Number of Plan Enrollees Reported		Number of Plan Enrollees Reported		%
Id	Health Plan Name	Name of Network	Health Plan ID	County	Inside Service Area	Outside Service Area	Outside Service Area	of Enrollment Reported as Outside Service Area
900 0000	TEST HEALTH PLAN	DMHC Network 1						
900 0000	TEST HEALTH PLAN	DMHC Network 1						
900 0000	TEST HEALTH PLAN	Medi-Cal		Los Angeles	1015873	38755		4%
900 0000	TEST HEALTH PLAN	Medi-Cal	933 0000	Los Angeles	1009813	16301		2%

# Questions?

# Contact Information

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