## 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 on a county-by-county basis, 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 maximize readability and understanding, the Department has written these technical instructions in the first person, in order to increase plain communication and user comprehension.

In order to capture the many data-sets and various complexities in health plan networks, the Department has had many 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 each possible health plan scenario 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.

The provided forms are in Excel format and will be the *only allowable* format for the 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 your 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.

Please note that for Measurement Year 2015, the Department has added the Profile Tab to the timely access submission 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 Timely Access Network Report Forms.

The Profile Tab is organized by **Name of Network,** which refers to each unique arrangement of providers into one complete provider network. Plans may use one Name of Network to serve multiple product lines. 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.

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 spreadsheets (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 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*).

**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 health plan and a KKA restricted licensed plan.

***Instruction:*** If Scenario 2 describes your health plan, your health plan must report all providers contracted with your plan via the restricted licensee for this Name of Network on the appropriate Department spreadsheets (PCPs, Specialist, Mental Health, Hospitals, etc.). However, the 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, the 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?"

> ***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 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*).

**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 spreadsheet 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 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:** psychiatrists must be listed on the Specialist Physician spreadsheet and not on the Mental Health Professionals spreadsheet.

**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 to provide mental health

services to my health plan's enrollees. My health plan does not have specific provider information in its database, as it relies on the mental health plan to maintain this information for my health plan under our contract. 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 does **NOT** describe your health plan, then do not complete the tab in the mental health spreadsheet titled, "Mental Health Plan-to-Plan."

***Instruction:*** If Scenario 4 **DOES** describe your health plan, and your health plan is a **full service health plan**, please select the tab in the mental health spreadsheet titled, "Mental Health Plan-to-Plan." When you click on the tab, two columns entitled "Health Plan ID for Plan-to-Plan Contract" and "County" will appear.

- Place the KKA license number for the mental health plan with which your health plan contracts in the "Health Plan ID for Plan-to-Plan Contract" column (i.e. 933 xxxx).
- In the "County" column, please list the county in which the health plan contracts with the mental health plan for services.

To look up the KKA license number for another 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 more than one health plan in a county?"

***Instruction:*** List the county twice (or more times depending on how many plans with which your mental health plan contracts in that county) by listing the same county in the county column for each different KKA license number corresponding to the KKA-licensed mental health plan with which your full service health plan contracts for mental health services.

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

1. Fill out the mental health spreadsheet with your mental health plan's entire contracted network, leaving the "Health Plan ID for Plan-to-Plan Contract" columns blank, indicating it is your own plan's network being reported.
2. Fill out and submit a separate spreadsheet for **each** full service plan with which your mental health plan contracts to provide mental health services.
3. Do not complete the tab entitled "Mental Health Plan-to-Plan."
4. Submit the completed spreadsheets through the portal, but on the tab provided for "Other Plan Network," select the plan you are reporting for and upload the spreadsheets for each plan in its own section. If you have completed the Profile Tab properly, the full service plans with which you contract should be listed in the pull-down menu located 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:*** Please submit all requested data, even if it appears to be "duplicate" data. It will not truly be a duplicate as the forms are uploaded in the "Other Plan's Network" section and can be consolidated on the Department's end. This data must be reported so 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*).

**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 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 **health plan that holds the contract with the enrollee** (or DHCS if in the Medi-Cal arena), your health plan will provide the network information. Please complete the Department's Network Report Form spreadsheets and fill in the column labeled "Health Plan ID for Plan-to-Plan Contract" for each provider that is obtained via the plan-to-plan arrangement. For any provider in your health plan's network that is accessed through this arrangement, please fill in the "Health Plan ID for Plan-to-Plan Contract" column on the Timely Access Network Report Form spreadsheet with the KKA license number for the other full service health plan (i.e. 933 xxxx). To look up the KKA license number for another 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 subcontracted health plan? Where or how does my health plan report this provider?"

***Instruction:*** For reporting purposes, please list the provider twice (or three or four times). The first instance will indicate the provider is part of the 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 other plan's KKA license number in the "Health Plan ID for Plan-to-Plan Contract" column.

***Additional Instruction:*** If Scenario 6 describes your health plan, and you are the **subcontracted 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. Fill out the Timely Access Network Report Form spreadsheets with the network information reporting only those providers who are available for this plan-to-plan arrangement.
2. Click on the "Other Plan Network" tab in the Timely Access webportal and use the drop-down menu to select the KKA-licensed plan with which your plan is contracted. Upload the completed Timely Access Network Report Form spreadsheets as instructed under this tab.
3. Please submit a separate Enrollment spreadsheet under the "Other Plan Network" tab in which you report the enrollment for the Plan with which your plan is in a plan-to-plan arrangement separately. Please ensure that this enrollment is not also listed (or double counted) within the plan's direct network reporting in the "Enrollment" spreadsheet. For example, the number reported under the county (e.g. Los Angeles) for the product "Medi-Cal" should be the number of lives served by the network the health plan has reported on behalf of the Medi-Cal primary plan.

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 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.

**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 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*).

**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 2011 Timely Access compliance filing from all health plans.

**Direction: Submitting Timely Access Provider Network Report Forms**:

Once the health plan has completed populating the Department's Timely Access Network Report Forms in accordance with the directions described above and on the "Instructions" tab of each spreadsheet, the health plan must submit the spreadsheet to the Department via the health plan webportal. In order to submit health plan Timely Access 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 Timely Access Report Forms.

**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.