

# ANNUAL PROVIDER NETWORK REPORT FORM INSTRUCTIONS - OTHER CONTRACTED PROVIDER

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 network of Other Contracted Providers as of December 31, 2016. Provide the required and requested information for any contracted providers, such as pharmacies, imaging centers, laboratories, home health, etc., that were not included in any other Annual Provider Network Report Forms. 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 other contracted providers in the Plan's contracted network. See the provider types listed by the DMHC in the "Other Contracted Provider Type" table 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 Reporting 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.

Other Contracted Provider 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.	
<b>Last Name</b>	Last name of individual provider.	Text (1 to 50 characters)
<b>First Name</b>	First name of individual provider.	Text (1 to 50 characters)
<b>Other Contracted Provider Facility Name</b>	Name of provider. If provider is an entity or facility, place the name in this field and enter "NA" in the First Name and Last Name fields. If provider is an individual, enter the first and last name of the individual in this field, in addition to populating the First Name and Last Name field as directed.	Text (1 to 100 characters)
<b>DBA</b>	"Doing Business As" (may leave blank if not applicable)	Text (0 to 100 characters)
<b>NPI</b>	The unique National Provider Identification (NPI) number assigned to the provider. The Plan must report <u>both</u> the provider's NPI and license number. Do not include deactivated NPIs.	Number (10 digits)
<b>CA License</b>	California License number. CA Licenses should not have any spaces or leading zeros. The Plan must report both the provider's NPI and license number. Do not include deactivated CA Licenses.	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>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 provider's practice location, 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)
<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 practice address is located. "NA" is not an acceptable value.	Text (1 to 50 characters)
<b>County</b>	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)
<b>State</b>	State in which the practice address is located. "NA" is not an acceptable value.	Text (2 to 30 characters)
<b>Zip Code</b>	Zip code in which the practice address 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>Telehealth (Y/N)</b>	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)
<b>Accepting New Referrals (Y/N)</b>	If Plan assigns patients or tracks referrals to this provider, enter "Y" to indicate the provider is accepting new referrals/patients at this location, enter "N" to indicate provider is not accepting new referrals/patients at this location. Provide this information for each address associated with provider. See the Frequently Asked Questions document for information regarding how to report this field when patients are not assigned to a provider.	Text (1-2 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>Contracted Provider Category</b>	Identify the type of provider based on the categories provided in the "Other Contracted Provider Type" table found under the "Type of License and Service Crosswalk" link available under the Profile tab in the Timely Access Reporting Webportal. If provider falls under more than one category, enter an additional row identifying each additional specialty. Data for all other fields must be repeated in each row. <i>(Please make sure the Contracted Provider Category is referenced on the "Other Contracted Provider 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 "Other Contracted Provider Type" table, please follow the instructions within the Profile tab for entering an "Other" provider type for this provider within the "Other Contracted Provider Type" table .)</i>	Text (1 to 100 characters)

<b>REQUESTED FIELD</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>Provider Language 1</b>	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)
<b>Provider Language 2</b>	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)
<b>Provider Language 3</b>	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)

Row #	Last Name	First Name	Other Contracted Provider Facility Name	DBA	NPI	CA License	Non CA License	Non CA License State	Health Plan ID for Plan-to-Plan Contract	Provider Language 1	Provider Language 2	Provider Language 3	Address	Address 2	City	County	State	Zip Code	Phone Number	Telehealth (Y/N)	Accepting New Referrals (Y/N)	Name of Network	Network Tier ID	Contracted Provider Category
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