

ANNUAL PROVIDER NETWORK REPORT FORM INSTRUCTIONS - SPECIALISTS

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 specialist physicians 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 specialists in the Plan's contracted network. See the provider types listed by the DMHC in the "Specialty" crosswalk 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, as described in the instructions below.

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.

Specialists Tab		
REQUIRED 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. Please do not leave any required fields blank unless the instruction states a blank field is acceptable.</i>	
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	California License number. Please format MD licenses with the following format: "A","G" or "C" followed by sequence of digits with no spaces or leading zeros. Please format DO licenses with the following format: "20" followed by "A","G" or "C" followed by sequence of digits with no spaces or leading zeros. All other CA Licenses should not have any spaces or leading zeros. 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 (4 to 15 characters)
Non CA License	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)
Non CA License State	State in which non-California license was issued. May leave blank if not applicable.	Text (0 to 30 characters)
Type of Licensure	The type of license held by the physician. <i>(Please make sure the Type of Licensure is referenced on the "Type of License and Service Crosswalk" table found in the Profile tab in the Timely Access portal.)</i>	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 Provider Network Report Form 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. <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 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)
Clinic Name	The name of the clinic at which the provider offers services either part- or full-time, if applicable. If provider works at a clinic, enter a separate record for this provider that identifies the clinic name and address. Clinic name should match the clinic name included on the "Clinics" worksheet on the "Hospital and Clinic" Timely Access Report Form template. May leave blank if not applicable.	Text (0 to 100 characters)
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)	If Plan assigns patients or tracks referrals to this provider, enter "Y" to indicate the provider is accepting new patients or referrals at this location, enter "N" to indicate provider is not accepting new patients or referrals at this location. See the Frequently Asked Questions document for information regarding how to report this field when patients are not assigned to a specialist provider.	Text (1-2 characters)
Specialty / Subspecialty	Enter the provider's specialty. If provider has more than one specialty, enter an additional row identifying each additional specialty. Data for all other fields must be repeated in each row. <i>(Please make sure the Specialty is referenced on the "Specialty Crosswalk" table in the Profile tab in the Timely Access Reporting Webportal. If the provider's specialty does not appear on the "Specialty Crosswalk" table, please follow the instructions within the Profile tab for entering an "Other" specialty type for this provider within the "Specialty Crosswalk" table.)</i>	Text (1 to 100 characters)
Board Eligible or Certified (Y/N)	Enter "Y" if provider is board-certified or board-eligible, otherwise enter "N".	Text (1-2 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 Reporting Webportal.)</i>	Text (1 to 100 characters)
Hospital	Enter the name of each hospital with which the provider holds admitting privileges. If the provider uses a hospitalist, or some other arrangement, to admit to one or more hospitals, please list those hospitals in this field and enter a "Y" in the "Hospitalist" field. If the provider is hospital-based and works primarily at a hospital location, list that hospital in this column. If the provider has admitting privileges to more than one hospital, enter an additional row identifying each additional hospital. Data for all other fields must be repeated in each row. <i>(Please make sure the Hospital is referenced on the "Hospitals Crosswalk" table in the Profile tab in the Timely Access Reporting Webportal.)</i>	Text (1 to 100 characters)
Hospital NPI	Enter the NPI for the hospital with which the provider holds admitting privileges or admits via a hospitalist or some other physician arrangement. If the provider is hospital-based and works primarily at a hospital location, list the NPI for that hospital in this field.	Number (10 digits)
Hospitalist (Y/N)	If the provider is able to admit to the hospital using a hospitalist or some other physician arrangement, enter "Y," if the provider holds the admitting privileges directly with the hospital, enter "N."	Text (1-2 characters)

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>	
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)

Row #	Last Name	First Name	NPI	CA License	Non CA License	Non CA License State	Type of Licensure	Health Plan ID for Plan-to-Plan Contract	Provider Language 1	Provider Language 2	Provider Language 3	Name of Network	Network Tier ID	Clinic Name	Address	Address 2	City	County	State	Zip Code	Phone Number	Telehealth (Y/N)	Accepting New Referrals (Y/N)	Specialty / Subspecialty	Board Eligible or Certified (Y/N)	Provider Group / IPA	Hospital	Hospital NPI	Hospitalist (Y/N)
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