

From: [DMHC Licensing eFiling](#)

Subject: APL 23-028 (OPM) – RY 2025/MY 2024 Provider Appointment Availability Survey Manual and Report Form Amendments

Date: Friday, December 22, 2023 10:23 AM

Attachments: [APL 23-028 – RY 2025 MY 2024 Provider Appointment Availability Survey Manual and Report Form Amendments \(12.22.2023\).pdf](#)
[Amendments to Rule 1300.67.2.2 – Track Changes.docx](#)
[PAAS Manual for Reporting Year \(RY\) 2025/Measurement Year \(MY\) 2024 – Track Changes.docx](#)
[PAAS Manual for Reporting Year \(RY\) 2025/Measurement Year \(MY\) 2024 – Clean.docx](#)
[Timely Access Submission Instruction Manual for Reporting Year \(RY\) 2025/Measurement Year \(MY\) 2024 – Track Changes.docx](#)
[Timely Access Submission Instruction Manual for Reporting Year \(RY\) 2025/Measurement Year \(MY\) 2024 – Clean.docx](#)
[Primary Care Providers Contact List Report Form \(Form No. 40-254\) – Summary of Changes.docx](#)
[Non-Physician Mental Health Care Providers Contact List Report Form \(Form No. 40-255\) – Summary of Changes.docx](#)
[Specialist Physicians Contact List Report Form \(Form No. 40-256\) – Summary of Changes.docx](#)
[Psychiatrists Contact List Report Form \(Form No. 40-257\) – Summary of Changes.docx](#)
[Ancillary Service Providers Raw Data Report Form \(Form No. 40-258\) – Summary of Changes.docx](#)
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[Psychiatrist Raw Data Report Form \(Form No. 40-262\) – Summary of Changes.docx](#)
[Ancillary Service Providers Raw Data Report Form \(Form No. 40-263\) – Summary of Changes.docx](#)
[Results Report Form \(Form No. 40-264\) – Summary of Changes.docx](#)

Dear Health Representative,

The Department of Managed Health Care (DMHC) hereby issues APL 23-028 (OPM) – RY 2025/MY 2024 Provider Appointment Availability Survey Manual and Report Form Amendments. If this APL does not apply to your health plan, no further action is required related to this APL.

Thank you.

ALL PLAN LETTER

DATE: December 22, 2023

TO: All Full Service and Mental Health Care Service Plans

FROM: Nathan Nau
Deputy Director, Office of Plan Monitoring

SUBJECT: APL 23-028 (OPM) – RY 2025/MY 2024 Provider Appointment Availability Survey Manual and Report Form Amendments

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 reporting year (RY) 2025/measurement year (MY) 2024 Timely Access Compliance Report documents: Provider Appointment Availability Survey (PAAS) Manual, PAAS Report Forms and the Timely Access Submission Instruction Manual (TA Instruction Manual).^{1, 2, 3} Please note: this APL is applicable to reporting due in 2025 and does not make any changes to the Timely Access Compliance Report that is due on May 1, 2024.

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 to DMHC on an annual basis in the Timely Access Compliance Report. 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

¹ 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.

² 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.

³ The annual Timely Access Compliance Report requirements are set forth in Rule 1300.67.2.2(h)(6) and (8).

are required to include MY 2024 PAAS data in their RY 2025 Timely Access Compliance Report, due **May 1, 2025**.⁴

Senate Bill (SB) 221 (Wiener, Chapter 724, Statutes of 2021) and SB 225 (Wiener, Chapter 601, Statutes of 2022) provided the DMHC with two exemptions from the Administrative Procedure Act (APA). SB 221 provided the DMHC with the authority to develop and adopt timely access reporting methodologies until December 31, 2025. SB 225 provided the DMHC the authority to adopt standards to ensure enrollees have timely access to care until December 31, 2028. Pursuant to these exemptions, the DMHC amended timely access monitoring and reporting requirements in Rule 1300.67.2.2 and hereby directs health plans to use the following amended documents to demonstrate and report compliance for the submission due in 2025: RY 2025/MY 2024 PAAS Manual, RY 2025/MY 2024 PAAS Report Forms, and RY 2025/MY 2024 TA Instruction Manual.⁵

II. Notice of Amendments to Rule 1300.67.2.2

The amendments to subsection (h)(6)(C) of Rule 1300.67.2.2 are effective for RY 2025/MY 2024. The rule has been amended to include reporting and corrective action requirements related to ineligible providers, sampling error, and the new Provider Appointment Availability Survey performance target for non-physician mental health care provider follow-up appointments. The amendments are identified in the attachment to this APL by underline and strikethrough in track changes.

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.dmhc.ca.gov, on or before May 1 of each measurement year.⁶ The DMHC hereby provides notice of the amendments to documents for RY 2025/MY 2024. These documents shall replace the prior versions of these documents and forms for use in the RY 2024/MY2023 Timely Access Compliance Report.

The Timely Access Compliance Report documents amended for RY 2025/MY 2024 include the following:

1. RY 2025/MY 2024 PAAS Manual

⁴ See California Health and Safety Code section 1367.03, sub. (f)(3) and California Code of Regulations, title 28, section 1300.67.2.2, subs. (b)(17), (f) and (h)(6)(B).

⁵ See Rule 1300.67.2.2, subs., (d)(2)(A)(iii), (f), (h)(4)(B) and (h)(6)(B). These documents have been incorporated by reference into incorporated in Rule 1300.67.2.2(f)(1).

⁶ See Rule 1300.67.2.2(f)(1).

2. RY 2025/MY 2024 TA Instruction Manual, including the PAAS Report Form field instructions
3. RY 2025/2024 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 are identified by underline and strikethrough in track changes. Key amendments are outlined below. This is not an exhaustive list, but rather an overview of the most significant changes from RY 2024 to RY 2025.

RY 2025/MY 2024 PAAS Manual:

- Revised paragraph 8 to include additional instruction for determining the required sample size and reporting results for subcontracted providers where a health plan has a plan-to-plan contract.
- Revised paragraph 77 to require the submission of corrective action where a health plan reports a network with a 5% or greater sampling error for any appointment type as reported in the Summary Rates of Compliance Tab of the Results Report Form.
- Revised paragraph 78 to require corrective action when a health plan reports 20% or more of its providers for a network as ineligible.

- Added a question to the Survey Tool 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. The results of this question may allow the DMHC to make enhancements to the PAAS Manual and/or to better understand the urgent rates of compliance reported by health plans annually.

RY 2025/MY 2024 TA Instruction Manual, including the PAAS Report Form Field Instructions:

- Revised the definition of “network tier.”
- Included a definition for “Profile-only plan” and “standalone network.”⁷
- Included the procedure and prerequisites for a health plan to request a waiver from the Timely Access Compliance Report submission process for the upcoming reporting year, when the network will have no enrollment on the network capture date.⁸
- Added the “Network Tier ID” field and associated field instructions to all Contact List and Raw Data Report Forms in Section IV.
- Added fields to enhance reporting of how the required sample size was determined where the health plan has a plan-to-plan contract. Added the “Name of Health Plan that Surveyed Subcontracted Provider” and “Was a Subcontracted Network(s) Used to Determine Sample Size?” fields and associated field instructions to all Contact List and Raw Data Report Forms in Section IV.
- Added fields for the new survey questions related to urgent care in the PAAS Manual Survey Tool. The new “Question 3” field and associated field instructions were added to the Raw Data Tabs of the Primary Care Providers Raw Data Report Form, Specialist Physicians Raw Data Report Form and Psychiatrists Raw Data Report Form. The “Question 4” field and associated field instructions were added to the Raw Data Tab of the Non-Physician Mental Health Care Providers Raw Data Report Form.

⁷ Changes to health plan reporting obligations require primary plans to report all Timely Access Compliance and Annual Network Report data, including subcontracted plan data. To ensure networks are accurately reported, the DMHC has added a definition for “standalone network” to distinguish between subcontracted networks that are licensed to contract directly with a group, individual subscriber, or a public agency and subcontracted networks that are only licensed for use by a primary health plan.

⁸ This information was originally circulated to health plans via APL 22-026 on November 4, 2022, and is now included in Section I of the TA Instruction Manual.

- Revised the field instructions for “Practice Address” field in applicable Report Forms to provide further clarification for reporting telehealth providers.

Fillable versions of RY 2025/MY 2024 PAAS Report Forms with field instructions will be available to health plans on the Resources section of the Timely Access and Annual Network Reporting Web Portal in early 2024.

If you have questions about this APL, please contact the DMHC’s Office of Plan Monitoring at TimelyAccess@dmhc.ca.gov.

Attachments:

Rule 1300.67.2.2 – Notice of Changes:

- Amendments to Rule 1300.67.2.2 – Track Changes

PAAS Manual – Notice of Changes for RY 2025/MY 2024:

- PAAS Manual for Reporting Year (RY) 2025/Measurement Year (MY) 2024 – Track Changes
- PAAS Manual for Reporting Year (RY) 2025/Measurement Year (MY) 2024 – Clean

Timely Access Submission Instruction Manual – Notice of Changes for RY 2025/MY 2024:

- Timely Access Submission Instruction Manual for Reporting Year (RY) 2025/Measurement Year (MY) 2024 – Track Changes
- Timely Access Submission Instruction Manual for Reporting Year (RY) 2025/Measurement Year (MY) 2024 – Clean

PAAS Report Forms – Notice of Summary of Changes for RY 2025/MY 2024:

- 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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