**Timely Access**

**Submission Instruction Manual**

Reporting Year 2025/

Measurement Year 2024[[1]](#footnote-2)

**Notes on Revised Content for RY 2025/MY 2024**

The Timely Access Submission Instruction Manual (Instruction Manual) is incorporated in 28 CCR § 1300.67.2.2, sub. (f) (amended April 25, 2023).[[2]](#footnote-3)

Instructions related to submission of the Annual Network Report have been removed or stricken from this version of the Timely Access Submission Instruction Manual (Instruction Manual) for Reporting Year (RY) 2025/Measurement Year (MY) 2024. Stricken content is marked with an ellipsis […]. Health plans were provided a separate RY 2024 Annual Network Submission Instruction Manual, as incorporated in 28 CCR 1300.67.2.2(h)(7) (amended April 25, 2023). The RY 2024 Annual Network Submission Instruction Manual is available within the Timely Access and Annual Network Reporting Web Portal, which includes instructions for reporting Annual Network data, including within Annual Network Report Forms and the Network Access Profile. Health plans will be provided any updates to Annual Network Report instructions and report forms for RY 2025 in advance of the reporting year, as required by Health and Safety Code section 1367.035 and 28 CCR 1300.67.2.2(h)(7) (amended April 25, 2023).[[3]](#footnote-4)

The Provider Appointment Availability Survey (PAAS) Manual, Instruction Manual, and PAAS Report Forms (Form Nos. 40-254 through 40-264 ) were amended for RY 2025/MY 2024.[[4]](#footnote-6) A health plan shall use the amended RY 2025/MY 2024 PAAS Manual, Instruction Manual, PAAS Report Forms 40-254 to 40-264 to gather and submit the PAAS data. The amendments include updates to definitions, general instructions, and the field instructions specific to each of the PAAS Report Forms.

The fillable RY 2025/MY 2024 PAAS Report Forms will include the amended instructions and validations, which will be available on the Resources section of the web portal by May 1, of the measurement year in accordance with CCR 1300.67.2.2(f) and (h)(6) (amended April 25, 2023).

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# Introduction

The California Code of Regulations, title 28, section 1300.67.2.2 and Health and Safety Code sections 1367.03 require health care service plans (health plans) to submit to the Department of Managed Health Care (Department), on an annual basis, a Timely Access Compliance Report.[[5]](#footnote-7) This Timely Access Submission Instruction Manual (Instruction Manual) sets forth health plan reporting requirements in accordance with these provisions. The Instruction Manual shall be read in conjunction with the Provider Appointment Availability Survey (PAAS) Manual for purposes of submitting the Timely Access Compliance Report.[[6]](#footnote-8)

## Definitions

The definitions below, and the definitions set forth in Rule 1300.67.2.2 apply to the information in this Instruction Manual:

1. “Clinic” shall have the definition set forth in section 1200(a).

2. “Crosswalk” or “crosswalk table” is a tool that allows health plans to identify internal terminology that is equivalent to the Department’s required standardized terminology for the data category provided in the crosswalk table. Completion of a crosswalk table allows health plans to report data within the report forms using the health plan’s internal terminology that does not conform to the Department’s standardized terminology. Once a crosswalk table has been completed by a health plan, the health plan’s uploaded report forms will associate the health plan’s internal terminology with the standardized terminology required pursuant to Rule 1300.67.2.2(h)(8)(D).

3. "Entity provider" means an organization comprised of more than one individual provider that delivers a particular health care service to patients.

4. “Facility” means a licensed hospital, ambulatory surgery center, laboratory, radiology or imaging center, or other outpatient setting as described in section 1248.1, and any other facility described under section 1371.9(f)(1).

5. "Individual provider" means a single individual who delivers health care services to patients.

6. “Name” when referring to a network provider, means the name appearing on the network provider’s state license or certificate issued to provide health care services. For network providers for which licensure or certification is not required, “name” means the professional name used by the network provider to deliver health care services.

7. “National Provider Identifier” (NPI) means the number(s) associated with a network provider, as registered through the National Plan and Provider Enumeration System.

8. “Network” shall have the definition set forth in Rule 1300.67.2.2(b)(5).

9. “Network capture date” shall have the definition set forth in Rule 1300.67.2.2(b)(7).

10. “Network identifier” shall have the definition set forth in Rule 1300.67.2.2(b)(8).

11. “Network name” shall have the definition set forth in Rule 1300.67.2.2(b)(9).

12. “Network provider” shall have the definition set forth in Rule 1300.67.2.2(b)(10).

13. “Network service area” shall have the definition set forth in Rule 1300.67.2.2(b)(11).

14. “Network tier,” “tiered network,” and “lowest cost sharing tier” shall have the definitions set forth in Rule 1300.67.2.2(b)(22).

15. “Plan-to-plan contract” shall have the definition set forth in Rule 1300.67.2.2(b)(13).

16. “Practice address” and “practice location or locations” means the physical location(s) where the network provider delivers health care services.

17. “Primary care physician” shall have the definition set forth in Rule 1300.45(m).

18. “Primary plan” shall have the definition set forth in Rule 1300.67.2.2(b)(13)(A).

19. “Product line” shall have the definition set forth in Rule 1300.67.2.2(b)(14).

20. “Profile-only plan” means a health plan required to submit only the network access profile on an annual basis, pursuant to Rule 1300.67.2.2(h)(1)(B).

21. “Provider group” shall have the definition set forth in Rule 1300.67.2.2(b)(15).

22. “Standalone network” means a network licensed to contract directly with a group, individual subscriber, or a public agency, to arrange for the provision of health care services.

23. “Subcontracted network” means a subcontracted plan’s network used by a primary health plan.

24. “Subcontracted plan” shall have the definition set forth in Rule 1300.67.2.2(b)(13)(B).

25. “Reporting plan” shall have the definition set forth in Rule 1300.67.2.2(b)(17).

26. “Specialty” or “subspecialty” means the primary specialty or subspecialty type(s) that the network provider currently practices, and for which the network provider has been credentialed by or on behalf of the health plan, consistent with board certification or eligibility by the appropriate specialty board, and subject to the Plan’s quality assurance program.

27. “Telehealth” shall have the definition set forth in Business and Professions Code section 2290.5(a)(6).

28. “Telehealth modality” means the method by which an enrollee receives telehealth services. Telehealth modality may include direct patient care or provider-to-provider services, in a synchronous or asynchronous interaction.

a. Telehealth modalities may include live two-way video or audio interactions, e-consults, remote patient monitoring, store and forward interactions, remote clinician advice or triage services, or other methods of delivering treatment that meet the definition of “telehealth.”

29. Telehealth “patient location” means the location where a patient may receive telehealth services. The patient location may include a medical facility, the patient’s personal residence, or a personal mobile device.

# Instructions for Required Annual Reporting

All health plans subject to reporting requirements under Rule 1300.67.2.2(h)(1)(A) shall submit annually a Timely Access Compliance Report, as set forth in Rules 1300.67.2.2(h)(2), (h)(6) and (h)(8). To complete the submission of [this report], a health plan shall designate an individual as a compliance officer, complete or update required information within the network access profile, and submit required annual report forms within the Department’s web portal. (Rule 1300.67.2.2(h)(2).)[[7]](#footnote-9) Health plans subject to reporting requirements under Rule 1300.67.2.2(h)(1)(B) shall complete and submit information within the network access profile within the web portal, set forth in Rule 1300.67.2.2(h)(8). The health plan shall designate an individual as a compliance officer, and the designee shall verify the accuracy of the information provided to the Department within the annual submission. (Rule 1300.67.2.2(h)(2).) Health plans may contact the Department through the messages section of the web portal.

**Networks with no Enrollment**

If a reporting plan maintains a network in which there is no enrollment on the network capture date and the health plan does not anticipate enrollment during the reporting year, the reporting plan may request a waiver of the requirement to submit to the Department all information set forth in Rule 1300.67.2.2, sub. (h)(6) for that network by submitting a Notice of Material Modification filing prior to the network capture date of the measurement year.[[8]](#footnote-10) When evaluating whether to grant the waiver, the Department may consider the following factors:

* The date the network last had enrollment;
* Whether the health plan anticipates enrollment during the measurement year or following year;
* The date the health plan last submitted its network for review by the Department through an Amendment or Material Modification, pursuant to Sections 1351 and 1352 and Rules 1300.51 and 1300.52; and
* The date the health plan last submitted its network for review by the Department pursuant to Rule 1300.67.2.2.

Any Order issued by the Department approving a waiver will include a condition requiring the health plan to submit an annual Amendment filing renewing the waiver request for subsequent reporting years. In each annual Amendment filing, the health plan will be required to affirm that the network continues to not have associated enrollment and the health plan does not anticipate enrollment over the course of the measurement year.

## The health plan shall continue to submit the network access profile information set forth in Rule 1300.67.2.2, sub. (h)(8) regardless of whether a waiver is granted with respect to the information set forth in the Timely Access Compliance Report, as described in Rule 1300.67.2.2, sub. (h)(6).Report Form Submission Requirements (Rules 1300.67.2.2(h)(6) )

Report forms provided by the Department in the web portal are the only allowable format for a health plan to submit required data for the Timely Access Compliance Report. A health plan shall not submit information or data outside of the requirements set forth in Rule 1300.67.2.2(h)(6) and (h)(8), unless expressly permitted to do so by the Department. Required report forms include the following:

Provider Appointment Availability Survey Report Forms (Form Nos.: 40-254 through 40-264), required for Provider Appointment Availability Survey (PAAS) data.

### Validation (Rule 1300.67.2.2 (h)(9))

To submit the report forms and satisfy annual reporting requirements, the health plan shall complete the network access profile and upload all required report forms into the web portal. Prior to submission, the uploaded report forms shall pass the Department’s automated validation for completeness and accuracy, as described in Rule 1300.67.2.2(h)(9).

**Note:** The Department’s validation does not ensure that a health plan’s Timely Access Compliance Report submissions are free from errors, omissions, conflicting data or data submitted contrary to instructions. Even where the Timely Access Compliance Report passes the Department’s automated validation, the Department may further identify inaccuracies, inconsistencies or omissions in the submission, and require the health plan to correct the submitted data, or make a finding of non-compliance under Rule 1300.67.2.2(i).

The report form may not pass validation and the submission may fail under the following circumstances:

1. The report form fields contain information or data that conflicts with the requirements set forth in Rule 1300.67.2.2 or the Field Instructions set forth in the [Provider Appointment Availability Survey (PAAS) Report Form Instructions](#_Provider_Appointment_Availability) sections of this Instruction Manual;
2. The report form is missing information or data that is required under Rule 1300.67.2.2 or this Instruction Manual;
3. The report form contains information that conflicts with standardized terminology requirements, described in Rule 1300.67.2.2(h)(8)(D);
4. The report form contains information or data that conflicts with other information or data reported by the health plan through the Department’s web portal, including the following:
5. Network identifiers, network names, product lines, and plan-to-plan contracts specified in the network access profile conflict or are not included in the appropriate fields of the PAAS Report Forms;
6. The health plan used a crosswalk table to associate the health plan’s internal terminology to the Department’s required standardized terminology, but did not report data using the same terms it entered within the crosswalk tables.
7. The report form contains information that conflicts with established sources such as the NPI Registry, the California Department of Consumer Affairs, or the United States Postal System, and other sources as set forth in Rule 1300.67.2.2(h)(8)(D). For example, the report form contains deactivated NPI or California license numbers, or erroneous ZIP Code and county combinations, preventing the report form from passing validation.

Additionally, the health plan’s submission will not pass validation if the submission does not contain all report forms identified by the health plan as comprising the entirety of the health plan’s Timely Access Report in the network access profile.

Once the health plan uploads and attempts to validate a report form in the web portal, the health plan shall receive an error report identifying the error and each entry that failed to pass validation, if applicable.

## Network Access Profile Requirements (Rule 1300.67.2.2(h)(8))

Health plans subject to reporting requirements under subsection (h)(1)(A), shall complete the network access profile prior to submitting the required annual report forms, as described in Rules 1300.67.2.2(h)(1) and (h)(8). Failure to provide complete and accurate information within the network access profile may cause the health plan’s annual submission to fail, requiring the health plan to correct or complete the network access profile data and resubmit corresponding report forms, if applicable. Prior to completion of the network access profile, the health plan shall specify whether it is a reporting plan or a profile-only reporting plan pursuant to Rule 1300.67.2.2(h)(1). A health plan that serves as both a reporting plan pursuant to Rule 1300.67.2.2(h)(1)(A), and a subcontracted plan or specialized plan pursuant to Rule 1300.67.2.2(h)(1)(B), shall complete a single network access profile once each reporting year as a reporting plan. All information relevant to that health plan’s status as both a reporting plan and a subcontracted or specialized plan must be represented within the network access profile, as required under Rules 1300.67.2.2(a)(2), (h)(1), & (h)(8).

The network access profile is pre-populated with the network information submitted by the health plan in the previous year. On an annual basis, health plans subject to reporting requirements under Rule 1300.67.2.2(h)(1)(A) shall complete or update the information within the health plan’s network access profile for each reported network, as set forth in items 1 through 8 below. Within the web portal, a health plan shall complete the following sections of the network access profile:

* + The TA Profile tab for the applicable Timely Access Compliance Report measurement year and network capture date.
  + The crosswalk tab for the Timely Access Compliance Report and network capture date, as applicable.

Rules 1300.67.2.2(b)(4) and (b)(7) define the applicable measurement years and network capture date.

A health plan that serves as both a reporting plan pursuant to Rule 1300.67.2.2(h)(1)(A), and a subcontracted or specialized plan pursuant to Rule 1300.67.2.2(h)(1)(B), shall complete the network access profile only once for each year, as a reporting plan. On an annual basis, a health plan subject to reporting requirements under both Rule 1300.67.2.2(h)(1)(A) and Rule 1300.67.2.2(h)(1)(B) shall complete or update the information within the health plan’s network access profile for each reported network. The health plan shall complete items 1 through 9, below, pursuant to its obligations as a reporting plan under Rule 1300.67.2.2(h)(1)(A), and shall complete items 2 through 6, and 9 below pursuant to its obligations as a subcontracted plan under Rule 1300.67.2.2(h)(1)(B). Within the web portal, the health plan shall complete the reporting requirements for reporting and profile-only plans, as applicable to the network reported.

1. **PAAS Administrator and Vendor Information**

The health plan shall report in the TA Profile the name(s) of the PAAS Survey Administrator and Quality Assurance Report Vendor(s) used to gather and review the PAAS data submitted to the Department.

1. **Network Name and Network Identifier** (Rule 1300.67.2.2(h)(8)(B))

The health plan shall report each network by listing the Department’s assigned network identifier for the network, consistent with the definition of these terms in Rules 1300.67.2.2(b)(5) and (b)(8). The Department will provide an updated list of networks and network identifiers within the web portal on an annual basis. If, since the previous network capture date, a health plan has removed, added or otherwise changed the network in a manner that would require a filing under section 1352 and Rules 1300.51 or 1300.52.4, the health plan shall list the network identifier and provide the filing number verifying the change, and other available information describing the reason for the change.

The health plan shall report the network name for the network, consistent with the definition of these terms in Rule 1300.67.2.2(b)(5) and (b)(9). (See Rule 1300.67.2.2(h)(8)(B).)The health plan shall indicate the Department’s assigned network identifier associated with the reported network name.

1. **Network Information** (Rule 1300.67.2.2(h)(8)(A))

The health plan shall indicate whether the network is a standalone network or a subcontracted network, as defined. If the network is a standalone network that has been waived from reporting for the measurement year, or it is otherwise not required to be reported, the plan shall indicate the current eFiling order, or otherwise explain why data for the network is not required to be reported.

1. **Product Lines** (Rule 1300.67.2.2(h)(8)(C))

For each health plan network, the health plan shall report all product lines consistent with the standardized terminology in Appendix A. (Rules 1300.67.2.2(h)(8)(C) and (h)(8)(D).)

1. **Network Service Area** (Rule 1300.67.2.2(h)(8)(C))

The health plan shall specify the network service area for the reported network. Within the network access profile, the health plan shall identify all counties within the approved network service area of the identified network, including counties for which the network service area includes only a portion of the county.

1. **Source of Network Providers and Plan-to-Plan Contracts** (Rule 1300.67.2.2(h)(8)(C))

For each reported network, the health plan shall identify and provide information concerning the source of network providers, including plan-to-plan contracts that contribute network providers to the network.

* 1. Within the web portal, the health plan shall specify all the following that apply:
     1. **Network Providers are Directly Employed or Contracted with the Health Plan:** Some or all of the network providers within the identified network meet the criteria set forth in Rule 1300.67.2.2(b)(10)(B)(i)-(iii) (contracted directly with the health plan, employed by the health plan, or are available through an association, provider group or other entity that is contracted directly with the health plan).
     2. **Plan-to-Plan Contract – Primary Plan Network – Primary plan's enrollees in this network use the network providers of the following Subcontracted Plan:** This network has a plan-to-plan contract with at least one subcontracted plan. The identified network includes at least one network provider that is made available to the health plan’s enrollees through a plan-to-plan contract with a subcontracted plan, as defined in Rule 1300.67.2.2(b)(10)(B)(iv) and (b)(13).
     3. **Plan-to Plan Contract – Subcontracted Plan Network – Subcontracted plan's network is used by the enrollees of the following Primary Plan:** This network has a plan-to-plan contract with at least one primary plan. The identified network includes at least one network provider that is made available to another health plan’s network through a plan-to-plan contract with the primary plan, as defined in Rule 1300.67.2.2(b)(13).
  2. A health plan that selects “Plan-to-Plan Contract – Primary Plan Network” shall identify all full-service and specialized subcontracted plans that contribute network providers to the network. For each subcontracted plan that contributes network providers to the network, the health plan shall identify:
     1. The name and license number of the subcontracted plan. The Department will provide an updated list of health plan names and license numbers within the web portal.
     2. Network name and network identifier of the subcontracted plan’s network that is available, in whole or in part, to the primary plan’s network. The Department will provide an updated list of network names and identifiers within the web portal.
     3. Whether the plan-to-plan contract includes a delegation of duties, or no delegation of duties:

(i) Delegation: The primary plan has delegated some or all of its health plan functions to the subcontracted plan within the scope of the subcontracted plan’s license, as allowable under the Knox-Keene Act; or

(ii) No Delegation: The subcontracted plan makes network providers available to the primary plan but the primary plan has not delegated health plan functions to the subcontracted plan.

* 1. A health plan that selects “Plan-to-Plan Contract – Subcontracted Plan Network” shall identify all primary plans that use the health plan’s network through a plan-to-plan contract. For each primary plan that uses some or all network providers within the health plan’s network, the health plan shall identify:
     1. The name and license number of the primary plan. The Department will provide an updated list of health plan names and license numbers within the web portal.
     2. Whether all of the network providers, or only some of the network providers in the network are available to each primary plan network.
     3. Whether the plan-to-plan contract includes a delegation of duties, or no delegation of duties:

(i) Delegation: The primary plan has delegated health plan functions to the health plan within the scope of the health plan’s license, as allowable under the Knox-Keene Act; or

(ii) No Delegation: The health plan makes network providers available to the primary plan but the primary plan has not delegated health plan functions to the health plan.

1. **Report Form Identification** (Rule 1300.67.2.2(h)(2))

The health plan shall identify the title of each report form that it will submit for each reported network. Report forms that are applicable to the health plan’s reported network(s) shall be completed, uploaded, and submitted to the Department within the web portal. If the health plan’s submission does not include one or more of the PAAS Report Forms, the health plan shall provide an explanation for its omission of the PAAS Report Form(s).

1. **Standardized Terminology and Crosswalk Tables** (Rule 1300.67.2.2(h)(8)(D))

The health plan shall use the Department’s standardized terminology when reporting data in the categories listed in Rules 1300.67.2.2(h)(8)(D)(i)-(x). The Department’s standardized terminology for the data listed in Rules 1300.67.2.2(h)(8)(D)(ii)-(iv), (vi), (ix), and (x) are set forth in appendices A-D. The Department’s standardized terminology for the data listed in Rules 1300.67.2.2(h)(8)(D)(i), (v), (vii) and (viii) are available within the Department’s web portal. As available, health plans may use crosswalk tables provided within the network access profile of the web portal to report standardized terminology by connecting the health plan’s own terminology to the standardized terminology via the crosswalk tables. See the [Reporting with Standardized Terminology](#_Reporting_With_Standardized) section within this Manual for more information.

1. **Verification**

Prior to submission of the network access profile or report forms, the designee for the health plan responsible for reviewing and submitting the reports shall verify the accuracy and correctness of the annual submission, in accordance with Rule 1300.67.2.2(h)(2).

# General Instructions Applicable to All Required Report Forms (Rules 1300.67.2.2(h)(6))

**Attention: Review these instructions before populating any report forms for submission in the Timely Access Compliance Report.**

The general instructions below are applicable to the report forms health plans are required to submit annually as part of the Timely Access Compliance Report (Rules 1300.67.2.2(h)(1), (2), and (6).

## Reporting Data from Subcontracted Plans

The primary plan in a plan-to-plan contract for a reported network is responsible for submitting all data for the network, as described in Rule 1300.67.2.2(h)(1)(A), including required report forms for the Timely Access Compliance Report, as described in Rule 1300.67.2.2(h)(3). The data included in the primary plan’s submission shall represent all network providers, including those made available to the network through a plan-to-plan contract as defined in Rule 1300.67.2.2(b)(13).

## Reporting Multiple Entries for the Same Data Field

When reporting network providers within the Contact List Report Form, the health plan shall report all responsive data for the network provider. When applicable, the health plan shall report more than one entry for the same data field (e.g., a network provider practices at multiple addresses, has multiple specialty types or participates in multiple provider groups). To report more than one entry for the same data field for a network provider, the health plan shall create a new record (i.e., populate an additional row) for the network provider. The new record shall contain the data entered in all fields that do not vary, as well as the new entry in the data field that varies. For each network provider, the health plan shall report the number of records needed to describe all possible combinations of required data applicable to the network provider.

Examples of fields that may require multiple entries for a network provider are:

1. Specialty Type: The network provider may practice in both a specialty and a subspecialty or in multiple specialties.
2. Type of License or Certificate: The network provider may hold more than one license or certificate.
3. Practice Address: The network provider may practice at more than one address.
4. Facility Name: The network provider may hold privileges or admit patients at more than one facility.
5. Provider Group: The network provider may participate in more than one provider group.

## Reporting with Standardized Terminology (Rule 1300.67.2.2(h)(8)(D))

A health plan shall report data according to the Department’s standardized terminology, either directly within the report forms, or by associating the health plan’s own terminology to the standardized terminology by using the available crosswalk tables in the web portal. A health plan shall report the term “other” rather than using the Department’s standardized terminology, only when there is no standardized terminology that describes the data to be reported. To report “other” instead of a standardized term, the health plan shall first complete the “other” field within the applicable crosswalk table to identify the plan’s own terminology that does not meet any standardized term. Standardized terminology is described in Appendices A-D of this Instruction Manual, or in the web portal, as set forth in Rule 1300.67.2.2(h)(8)(D)(i)-(x). The health plan shall use the Department’s standardized terminology in the following fields within the report forms:

1. Product Line Categories – The standardized terminology for product lines is set forth in [**Appendix A**](#_Appendix_A:_Product) of this Manual.
2. Provider Types – The standardized terminology for provider types is set forth in [**Appendix B**](#_Appendix_B:_Provider) of this Manual. The provider type terminology includes standardized terminology to describe physician and other individual provider specialties and to describe the services delivered by facility and other entity providers. Plans are required to use this terminology and may vary from the standardized terminology only when there are no standardized terms that accurately reflect the provider’s specialty or other provider type. In such cases, the plan shall report the provider type as “other” in the data submission, in accordance with the instructions in this subsection. The Provider Types Appendix includes standardized terminology for the following fields:
   1. Primary Care Physician (PCP) Specialty Type
   2. Specialist Physician Specialty Type
   3. Non-Physician Medical Practitioner (NPMP) Specialty Type
   4. Non-Physician Mental Health Professional Specialty Type
   5. Other Outpatient Provider Type
   6. Clinic Type
3. Provider Group Names – A health plan shall report each provider group using the terminology made available on the web portal, as described in Rule 1300.67.2.2(h)(8)(D)(v). If the provider is an individually contracted provider, the health plan shall report or crosswalk to “individually contracted provider.”
4. Type of License and Certificate – The standardized terminology for a provider’s type of license or certificate is set forth in [**Appendix D**](#_Appendix_D:_Type) of this Manual. The Type of License and Certificate Appendix includes standardized terminology for the following fields:
   1. Primary Care Physician (PCP) License Type
   2. Non-Physician Medical Practitioner (NPMP) License and Certificate Type
   3. Specialist Physician License Type
   4. Mental Health Professional (MHP) License and Certificate Type
5. ZIP Code and County – A health plan shall report each county and ZIP Code as described in Rule 1300.67.2.2(h)(8)(D)(vii) and made available on the web portal.
6. California License Number and National Provider Identifier (NPI) – A health plan shall report each California License Number and NPI as described in Rule 1300.67.2.2(h)(8)(D)(viii). The Department shall make available annually in its web portal a current list of de-activated NPIs, based on the applicable network capture date, derived from the National Plan and Provider Enumeration System (NPPES), NPI registry.

# Timely Access Compliance Report (Rule 1300.67.2.2(h)(6))

Health plans that meet the description set forth in Rule 1300.67.2.2(h)(1)(A) shall submit to the Department, on an annual basis, a Timely Access Compliance Report, which consists of the items set forth in subsection (h)(6) of Rule 1300.67.2.2. Each health plan shall submit its Timely Access Compliance Report, as set forth below, for the applicable measurement year. The instructions below describe where, within the Department’s web portal, each required item shall be submitted. Health plans may submit multiple documents for any particular section; however, each document uploaded shall be labeled appropriately so that the Department can easily identify the document responsive to each requirement.

## Timely Access Policies and Procedures (Rule 1300.67.2.2(h)(6)(A))

Health plans are required to submit the filing number for the filings containing certain information in the annual Timely Access Compliance Report, pursuant to Rule 1300.67.2.2(h)(6)(A) and (C)-(F). The policies and procedures filing referenced shall be the relevant policies and procedures that were in effect with the health plan during the applicable measurement year. The health plan may only reference policies and procedures in the Timely Access Compliance Report that have already been filed with the Department as an Amendment or Material Modification to its original licensing application, pursuant to sections 1351 or 1352. The health plan shall identify the page numbers in the relevant filings setting forth the information required by Rule 1300.67.2.2(h)(6)(A)(i) to be submitted.

Under the Timely Access Policies and Procedures section within the Department’s web portal, the health plan shall submit the following information in each of the applicable sections of the Department’s web portal:

### Timely Access Policies and Procedures setting forth each Standard (Rule 1300.67.2.2(h)(6)(A)(i))

In the Timely Access Standards section of the Department’s web portal, submit the filing number for the filing containing the policies and procedures used by the health plan that set forth each of the timely access standards in Rule 1300.67.2.2(c).

### Timely Access Policies and Procedures setting forth Approved Alternative Access Standards (Rule 1300.67.2.2(h)(6)(A)(i))

If applicable, in the Approved Alternative Access Standards section of the Department’s web portal, submit the filing number for the filing containing the policies and procedures setting forth any alternative time-elapsed standards, alternatives to time-elapsed standards, or alternative to the threshold rate of compliance for which the health plan obtained the Department’s prior approval by Order of the Director pursuant to Health and Safety Code section 1352.

## Quality Assurance Monitoring Policies and Procedures (Rule 1300.67.2.2(h)(6)(A)(ii))

Health plans are required to submit the filing number containing the Quality Assurance Monitoring Policies and Procedures related to timely access, pursuant to Rule 1300.67.2.2(h)(6)(A)(ii), via the applicable sections of the Department’s web portal. The filing number containing the Quality Assurance Monitoring Policies and Procedures in the report shall be the relevant policies and procedures that were in effect during the applicable measurement year, that are on file with the Department as part of the health plan’s original licensing application, or amendments or modifications to the license pursuant to section 1351 or 1352. The health plan shall identify the page numbers in the relevant filings setting forth the information required by Rule 1300.67.2.2(h)(6)(A)(ii) to be submitted.

A health plan shall submit the following Quality Assurance Monitoring Policies and Procedures:

### Quality Assurance Monitoring Policies and Procedures related to Appointment Time-Elapsed Standards (Rule 1300.67.2.2(h)(6)(A)(ii))

Within the applicable section of the Department’s web portal, submit the filing number for the filing containing the health plan's policies and procedures setting forth its Quality Assurance Program process for monitoring compliance with each of the appointment time-elapsed standards set forth in Rule 1300.67.2.2(c)(5). The filing referenced shall contain the policies and procedures for all relevant quality assurance program requirements, including those set forth in Rule 1300.67.2.2(d), used to monitor the time-elapsed standards set forth in Rule 1300.67.2.2(c)(5)(A)-(F). In addition, consistent with Rule 1300.67.2.2(f), the filing referenced shall contain the policies and procedures indicating the health plan uses the PAAS Manual to administer the annual PAAS, and to develop and calculate its annual rate of compliance with the time-elapsed standards set forth in Rule 1300.67.2.2(c)(5)(A)-(F). The health plan shall also submit the filing number for the filing containing the survey used by the health plan to administer the PAAS. The health plan’s survey shall identify any changes made to the Survey Tool set forth in Appendix 2 of the PAAS Manual.

### Quality Assurance Monitoring Policies and Procedures Related to All Other Timely Access Standards (Rule 1300.67.2.2(h)(6)(A)(ii))

Within the applicable section of the Department’s web portal, submit the filing number for the filing containing the health plan's policies and procedures setting forth its Quality Assurance Program process for monitoring network compliance with the timely access standards set forth in Rule 1300.67.2.2(c)(1)-(4) and (c)(6)-(10). The policies and procedures referenced shall include all relevant quality assurance program requirements used to monitor the time-elapsed standards, as set forth in Rule 1300.67.2.2(d).

### Oversight of Plan-to-Plan Contracts - Policies and Procedures (Rule 1300.67.2.2(h)(6)(A)(ii))

Within the applicable section of the Department’s web portal, submit the filing number for the filing containing the health plan's policies and procedures setting forth the health plan’s oversight procedures for ensuring all subcontracted plans and other delegated entities comply with Rule 1300.67.2.2(c). The referenced policies and procedures shall include any periodic reporting requirements included in the plan-to-plan contracts. (See Rules 1300.67.2.2(a)(3) and (h)(6)(A)(iii).)

## Provider Appointment Availability Survey Report Forms (Rule 1300.67.2.2(f) and (h)(6)(B))

The health plan shall provide the name of the entity administering the Provider Appointment Availability Survey on its behalf (if applicable), and submit the following information in each of the applicable sections of the Department’s web portal, consistent with Rule 1300.67.2.2(h)(6)(B).

1. **Contact List Report Forms** - The completed Contact List Report Forms for each Provider Survey Type, as defined in Rule 1300.67.2.2(b)(16):
   1. Primary Care Providers Contact List Report Form
   2. Non-Physician Mental Health Care Providers Contact List Report Form
   3. Specialist Physicians Contact List Report Form
   4. Psychiatrists Contact List Report Form
   5. Ancillary Service Providers Contact List Report Form
2. **Raw Data Report Forms** - The completed Raw Data Report Forms for each applicable Provider Survey Type, as defined in Rule 1300.67.2.2(b)(16):
3. Primary Care Providers Raw Data Report Form
4. Non-Physician Mental Health Care Providers Raw Data Report Form
5. Specialist Physicians Raw Data Report Form
6. Psychiatrists Raw Data Report Form
7. Ancillary Service Providers Raw Data Report Form
8. **Results Report Form** - The completed Results Report Form, which includes:
9. Primary Care Providers Results Tab
10. Non-Physician Mental Health Care Providers Results Tab
11. Specialist Physicians Results Tab
12. Psychiatrists Results Tab
13. Ancillary Service Providers Results Tab
14. Summary Rates of Compliance Tab
15. Network by Provider Survey Type Tab

## Patterns of Non-Compliance or Incidents of Non-Compliance (Rule 1300.67.2.2(h)(6)(C))

The health plan shall submit the information set forth below, related to its process for identifying and addressing patterns or incidents of non-compliance with the standards set forth in Rule 1300.67.2.2(c) in the applicable sections of the Department’s web portal, consistent with Rule 1300.67.2.2(h)(6)(C).

If the information in sections 2-4 below includes any confidential information, the health plan shall submit:

1. An un-redacted document containing the information required to be submitted, and identify the document as confidential in the web portal;
2. A second copy of the document containing the information required to be submitted with all confidential information redacted or removed; and
3. A request for confidential treatment of the un-redacted document setting forth all information required in Rule 1007.

Confidential information includes protected health information, as defined in 45 C.F.R. section 160.103, personal information, as defined in Civil Code section 1798.3(a), medical information, as defined in Civil Code section 56.05(I), and any other information in which the Director has determined that public inspection of such information is not necessary for the purposes of law under which the information was filed pursuant to Rule 1007.

### Procedure (Rule 1300.67.2.2(h)(6)(C)(i))

Submit the filing number for the filing containing the health plan’s procedure for identifying any patterns of non-compliance with the timely access standards and incidents of non-compliance with the timely access standards resulting in substantial harm to an enrollee. The policy and procedure referenced shall include definitions, the monitoring mechanism used by the health plan, and the data sources relied upon by the health plan.

### Incidents of Non-Compliance Resulting in Substantial Harm to an Enrollee (Rule 1300.67.2.2(h)(6)(C)(ii)-(iv))

Submit a description indicating whether the health plan, during the measurement year, identified any incidents of non-compliance with the standards developed pursuant to section 1367.03 resulting in substantial harm to an enrollee. If so, provide a description of the identified non-compliance, the health plan’s responsive investigation, determination, and corrective action.

### Patterns of Non-Compliance and Other PAAS Related Non-Compliance (Rule 1300.67.2.2(h)(6)(C)(ii)-(iv))

Submit a description indicating whether the health plan’s Provider Appointment Availability Survey results for each network include non-compliance (or require corrective action) during the measurement year related to:

1. Patterns of non-compliance as defined in Rule 1300.67.2.2(b)(12). A pattern of non-compliance shall be identified using the information reported to the Department in the “Rate of Compliance Urgent Care Appointments (All Providers Survey Types)” field and the “Rate of Compliance Non-Urgent Appointments (All Provider Survey Types)” field in the Summary Rate of Compliance Tab of the Results Report Form.
2. The health plan failed to meet the DMHC-established performance target for follow-up appointments with non-physician mental health providers.[[9]](#footnote-12) A health plan shall use the information reported to the Department in the "Rate of Compliance Non-Urgent Follow-Up Appointments (NPMH Providers Only)" field in the Summary Rates of Compliance Tab of the Results Report Form to assess whether it met the DMHC-established performance target for follow-up appointments with non-physician mental health providers.
3. Whether the health plan’s PAAS Results Template indicated that its network obtained a 5% or greater sampling error for each appointment type.[[10]](#footnote-13) A health plan shall use the sampling error information reported to the Department in the Summary Rates of Compliance Tab of the Results Report Form to assess whether each network obtained a 5% or greater sampling error for each appointment type.

If any instance of non-compliance above is identified, provide a description of the identified non-compliance, the health plan's responsive investigation, determination, corrective action, and follow-up. In addition, the health plan shall submit the timeframes for completion of the investigation, determination, corrective action, and follow-up.

### 4. Other Health Plan Defined Patterns of Non-Compliance (Rule 1300.67.2.2(h)(6)(C)(ii)-(iv))

If the health plan’s definition of patterns of non-compliance includes other mechanisms to identify a pattern of non-compliance than that set forth in Rule 1300.67.2.2(b)(12)(a) (e.g., grievance monitoring), submit a description indicating whether the any other health plan-defined patterns of non-compliance occurred during the measurement year. If a health plan defined pattern of non-compliance is identified, provide a description of the identified non-compliance, the health plan's responsive investigation, determination, and corrective action.

### 5. Prior Incidents or Patterns of Non-Compliance Not Previously Submitted (Rule 1300.67.2.2(h)(6)(C)(v))

Submit a description indicating whether the health plan identified any (1) incidents of non-compliance with the standards developed pursuant to section 1367.03 resulting in substantial harm to an enrollee, or (2) patterns of non-compliance as defined in Rule 1300.67.2.2(b)(12) that occurred in a prior measurement year and the omitted information that was not previously submitted to the Department in a Timely Access Compliance Report. Provide a description of the identified non-compliance, the health plan's responsive investigation, determination, and corrective action.

## Policies and Procedures for Advanced Access Program Verification (Rule 1300.67.2.2(h)(6)(D))

Within the applicable sections of the Department’s web portal, submit the filing number of the filing containing the policies and procedures used by the health plan to verify that its network providers and provider groups schedule appointments in accordance with the definition of Advanced Access. (See Rule 1300.67.2.2(d)(2)(E).) The health plan shall identify the page numbers in the relevant filings setting forth the information required by Rule 1300.67.2.2(h)(6)(D) to be submitted.

The list of all network provider and provider groups utilizing advanced access appointment scheduling shall be submitted to the Department in the Primary Care Provider Contact List by completing the “Advanced Access Provider” field consistent with Rule 1300.67.2.2(h)(6)(D).

## Health Plan and Contractor Use of Triage, Telemedicine, and Health Information Technology (I.T.) (Rule 1300.67.2.2(h)(6)(E))

The health plan shall submit the following information in each of the applicable sections of the Department’s web portal, consistent with Rule 1300.67.2.2(h)(6)(E):

1. **Triage** – Submit any applicable filing numbers of the filing containing a policy and procedure regarding the implementation and use of triage services to provide timely access to care by the health plan and its network providers.
2. **Telemedicine** – Submit any applicable filing numbers of the filing containing a policy and procedure regarding the implementation and use of telemedicine services to provide timely access to care by the health plan and its network providers.
3. **Health I.T.** – Submit any applicable filing numbers of the filing containing a policy and procedure regarding the implementation and use of health information technology to provide timely access to care by the health plan and its network providers. Health plans may include in the description information regarding new and innovative technology used to ensure enrollees receive timely access to health care services.

## Provider Satisfaction Survey and Enrollee Experience Survey (Rule 1300.67.2.2(h)(6)(F))

The health plan shall submit the following information in each of the applicable sections of the Department’s web portal, consistent with Rule 1300.67.2.2(h)(6)(F).

### Provider Satisfaction Survey Methodology

The Provider Satisfaction Survey Methodology submission shall include all of the following items:

1. The filing number of the filing containing the health plan's policies and procedures used to administer and evaluate the results of the annual Provider Satisfaction Survey. The health plan shall identify the page numbers in the relevant filings setting forth the information required by Rule 1300.67.2.2(h)(6)(F) to be submitted.
2. The filing number of the filing containing a copy of the survey tool developed and used by the health plan to conduct the Provider Satisfaction Survey. The survey tool shall set forth the survey questions used to survey network providers.
3. The filing number of the filing containing the health plan’s methodology used to administer the survey and analyze the results.

### Provider Satisfaction Survey Results

The Provider Satisfaction Survey Results submission shall include all of the following items:

1. The results of the Provider Satisfaction Survey(s) for the measurement year.
2. A narrative description that includes information regarding how the survey results for the current year compare with results of the prior year's survey(s), including a discussion of the relative change in survey results.

### Enrollee Experience Survey Methodology

The Enrollee Experience Survey Methodology submission shall include all of the following items:

1. The filing number of the filing containing the health plan's policies and procedures used to administer and evaluate the results of the annual Enrollee Experience Survey. The health plan shall identify the page numbers in the relevant filings setting forth the information required by Rule 1300.67.2.2(h)(6)(F) to be submitted.
2. The filing number of the filing containing a copy of the survey tool developed and used by the health plan to conduct the Enrollee Experience Survey. The survey tool shall set forth the survey questions used to survey the health plan’s enrollees.
3. The filing number of the filing containing the health plan’s methodology used to administer the survey and analyze the results.

### Enrollee Experience Survey Results

The Enrollee Experience Survey Results submission shall include the following items:

1. The results of the Enrollee Experience Survey(s) for the measurement year.
2. A narrative description that includes information regarding how the survey results for the current year compare with results of the prior year's survey(s), including a discussion of the relative change in survey results.

## Quality Assurance Report (Rule 1300.67.2.2(h)(6)(G))

Within the applicable section of the Department’s web portal, the health plan shall provide the name of the external vendor(s) conducting the quality assurance review set forth in Rule 1300.67.2.2(f)(3)-(4) and the PAAS Manual. In addition, the health plan shall submit its Quality Assurance Report, setting forth all required information in Rule 1300.67.2.2(f)(3)-(4) and the PAAS Manual. (Rule 1300.67.2.2(h)(6)(G).)

# Provider Appointment Availability Survey Report Form Instructions (Rule 1300.67.2.2(f) and (h)(6)(B))

Review each of the Provider Appointment Availability Survey (PAAS) Report Form Instructions, the PAAS Manual, and section II of this Instruction Manual, regarding the [General Instructions Applicable to All Report Forms](#_General_Instructions_Applicable_1) before populating each report form. The following PAAS Report Forms are available by May 1, of the measurement year within the Department’s web portal:

1. Primary Care Providers Contact List Report Form (Form No. 40-254).

2. Non-Physician Mental Health Care Providers Contact List Report Form (Form No. 40-255).

3. Specialist Physicians Contact List Report Form (Form No. 40-256).

4. Psychiatrists Contact List Report Form (Form No. 40-257).

5. Ancillary Service Providers Contact List Report Form (Form No. 40-258).

6. Primary Care Providers Raw Data Report Form (Form No. 40-259).

7. Non-Physician Mental Health Care Providers Raw Data Report Form (Form No. 40-260).

8. Specialist Physicians Raw Data Report Form (Form No. 40-261).

9. Psychiatrists Raw Data Report Form (Form No. 40-262).

10. Ancillary Service Providers Raw Data Report Form (Form No. 40-263).

11. Results Report Form (Form No. 40-264), which includes the following information:

* 1. Primary Care Providers Results Tab;
  2. Non-Physician Mental Health Care Providers Results Tab;
  3. Specialist Physicians Results Tab;
  4. Psychiatrists Results Tab;
  5. Ancillary Service Providers Results Tab;
  6. Summary of Rates of Compliance Tab; and
  7. Network by Provider Survey Type Tab.

In accordance with the PAAS Manual and PAAS Report Form Instructions set forth below, the health plan shall:

1. Complete a Contact List Report Form for each applicable Provider Survey Type. The health plan shall use each Contact List Report Form to select the unique providers in each county from each network (County/Network) to survey.
2. Conduct the PAAS and enter the responses to the PAAS on the Raw Data Report Form for each applicableProvider Survey Type.
3. Summarize the results of the PAAS on the Results Tab for each Provider Survey Type in the Results Report Form. The Summary Rates of Compliance Tab and the Network by Provider Survey Type Tab are programmed to auto-calculate the information that is required to be reported to the Department based on the information the health plan enters on the Results Tabs for each of the Provider Survey Types.
4. Complete the Health Plan Information Tab of each PAAS Report Form.

The health plan shall complete all PAAS Report Forms with information related only to network providers who meet all the criteria listed in the PAAS Manual. Health plans that do not complete the PAAS Report Forms according to the instructions in this manual and the PAAS Manual may be found non-compliant pursuant to Rule 1300.67.2.2(f) and (i).

## Health Plan Information Tab

In each of the PAAS Report Forms, enter the following information on the Health Plan Information Tab:

1. Reporting Plan Name*:* Enter the reporting plan’s legal name (and DBA if applicable).
2. Subcontracted Plan Name*:* Enter the name of all subcontracted plans for which the reporting plan is submitting data, if applicable.
3. Measurement Year*:* Enter the measurement year for which the range of data is being reported.
4. Name of Survey Administrator(s)*:* Enter the name(s) of the entity conducting the Provider Appointment Availability Survey for the reporting plan.
5. Name of Quality Assurance Report Vendor(s)*:* Enter the name(s) of the entity conducting the quality assurance process and drafting the health plan’s quality assurance report.
6. Health Plan Selected Network Capture Date*:* Enter the date on which the reporting plan created its Contact List. (This field only applies to the Contact List Report Forms.)

## Contact List Report Forms – Instructions

The health plan shall use the PAAS Manual and the instructions set forth below to enter the required information in each field on the Contact List Report Form for the applicable Provider Survey Type. The health plan shall complete all required fields, but is not required to complete requested fields. Each Contact List Report Form shall include only the network providers who meet all the criteria listed in the PAAS Manual.

The following field instructions describe the data that the reporting plan shall report within each field of the report form, consistent with Rule 1300.67.2.2(f) and (h)(6)(B). Refer to the [Definitions](#_Definitions) section of this Instruction Manual for additional explanation of the terms used within the field instructions for this report form. Refer to the [Reporting Multiple Entries for the Same Provider](#_Reporting_Multiple_Entries) and [Reporting With Standardized Terminology](#_Reporting_With_Standardized) subsections in the [General Instructions Applicable to All Required Report Forms](#_General_Instructions_Applicable_1) section of this Instruction Manual for more information about how to complete these fields in the Contact List.

**Primary Care Providers Contact List Report Form (Form No. 40-254)**

| **Field Name** | **Field Instructions - Primary Care Providers Contact List Report Form** |
| --- | --- |
| **REQUIRED FIELD** | **INSTRUCTIONS** Enter data in each field according to the instructions below. |
| **Network Information** | |
| **Network Name** | Enter the network name within which the reported provider serves as a network provider, as defined in Rule 1300.67.2.2(b)(9). |
| **Network ID** | Enter the network identifier for the reported network name. Network identifiers are assigned by the Department and made available in the Department's web portal. |
| **Subcontracted Plan Information** | |
| **Subcontracted Plan License Number** | Enter the subcontracted plan license number. Complete this field if the reporting plan includes the network provider in this network due to a plan-to-plan contract with a subcontracted plan, as described in Rules 1300.67.2.2(b)(10)(B)(iv) and (b)(13). Each health plan's license number is available on the Department's web portal. |
| **Subcontracted Plan Network ID** | Enter the subcontracted plan network identifier. Complete this field if the reporting plan includes the network provider in this network due to a plan-to-plan contract with a subcontracted plan’s network, as the terms are defined in Rules 1300.67.2.2(b)(10)(B)(iv) and (b)(13). |
| **Network Provider Information** | |
| **Last Name** | Enter the last name of the network provider. |
| **First Name** | Enter the first name of the network provider. |
| **FQHC/RHC Name** | Enter the name of the FQHC/RHC network provider. |
| **NPI** | Enter the unique National Provider Identifier (NPI) assigned to the network provider, active on the network capture date. |
| **CA License** | Enter the California license number of the network provider, active on the network capture date. |
| **Non-CA License** | Enter the license number of the network provider, issued outside of the state of California, active on the network capture date. |
| **Non-CA License State** | Enter the state in which the non-California license was issued. |
| **License Type** | Enter the network provider's type of license, as set forth in Appendix D. |
| **Specialty** | Enter the network provider's specialty or subspecialty, as set forth in Appendix B, as of the network capture date. |
| **NPI of Supervising PCP** | Enter the unique National Provider Identifier (NPI) of the reported primary care physician (PCP) who supervises the non-physician medical practitioner. |
| **Board Certified / Eligible** | For each reported specialty or subspecialty, indicate whether the network provider is board-certified or board-eligible. |
| **Provider Group** | Enter the name of the provider group affiliated with the network provider, if applicable. |
| **Network Tier ID** | Enter the network tier in which the network provider is available to enrollees if the network is a tiered network. Refer to the definition of network tier in Rule 1300.67.2.2. |
| **Network Provider Practice Location and Associated Information** | |
| **Practice Address** | Enter the street number and street name of the practice address. If the network provider schedules in-person appointments (or schedules in person and telehealth appointments) when contacted for appointments at that practice address, report only the physical location at which the network provider delivers in-person health care services. If the network provider only schedules telehealth appointments at this practice address, enter "NA." |
| **Practice Address 2** | Enter the number of the office, suite, building or other location identifier for the practice address, if applicable. |
| **City** | Enter the city in which the practice address is located. Enter "NA" if the provider offers appointments only via telehealth. |
| **County** | Enter the county in which the practice address is located. Enter "Telehealth" if the provider offers appointments only via telehealth. |
| **State** | Enter the state in which the practice address is located. Enter "NA" if the provider offers appointments only via telehealth. |
| **ZIP Code** | Enter the ZIP Code in which the practice address is located. Enter "NA" if the provider offers appointments only via telehealth. |
| **Phone Number 1** | This field is included for the health plan’s use in conducting the PAAS only. This information shall not be submitted to the Department in this report form. |
| **Phone Number 2** | This field is included for the health plan’s use in conducting the PAAS only. This information shall not be submitted to the Department in this report form. |
| **Phone Number 3** | This field is included for the health plan’s use in conducting the PAAS only. This information shall not be submitted to the Department in this report form. |
| **Fax Number 1** | This field is included for the health plan’s use in conducting the PAAS only. This information shall not be submitted to the Department in this report form. |
| **Fax Number 2** | This field is included for the health plan’s use in conducting the PAAS only. This information shall not be submitted to the Department in this report form. |
| **Fax Number 3** | This field is included for the health plan’s use in conducting the PAAS only. This information shall not be submitted to the Department in this report form. |
| **Email Address 1** | This field is included for the health plan’s use in conducting the PAAS only. This information shall not be submitted to the Department in this report form. |
| **Email Address 2** | This field is included for the health plan’s use in conducting the PAAS only. This information shall not be submitted to the Department in this report form. |
| **Email Address 3** | This field is included for the health plan’s use in conducting the PAAS only. This information shall not be submitted to the Department in this report form. |
| **Displayed in Provider Directory** | Identify whether, on the network capture date, the network provider was displayed in the health plan’s online provider directory/directories maintained pursuant to section 1367.27. Only identify the network provider as listed in the provider directory if the network provider was displayed in the directory for the identified network, location, and service type identified in the corresponding fields of this report form. |
| **Telehealth** | Enter "Y" if the provider offers appointments to enrollees only via telehealth and "NA" is present in the “Practice Address,” “City,” “State” and “ZIP Code” fields, otherwise enter "N." |
| **Unique Provider** | Enter "Y" if this network provider was identified as a unique provider after conducting the unique provider and duplicate record identification process described in paragraphs 15-19 of the PAAS Manual. Enter "N" if this entry was identified as a duplicate provider. |
| **Advanced Access Provider** | Enter "Y" if this network provider participates in an Advanced Access Program. (See paragraph 57 of the PAAS Manual and Rules 1300.67.2.2(b)(1), (c)(5)(I), (d)(2)(E) and (h)(6)(D) for further information related to submission requirements.) |
| **Qualified Advanced Access Provider** | Enter "Y" if the health plan identified this network provider as a Qualified Advanced Access Provider. (See paragraphs 54-56 of the PAAS Manual and Rule 1300.67.2.2(c)(5)(I), and (d)(2)(E) for further details regarding verification of Advanced Access Providers.) |
| **PAAS Information** | |
| **Provider Survey Type** | For each network provider, enter "Primary Care Providers" in this field. |
| **REQUESTED FIELD** | **INSTRUCTIONS** Enter data in each field according to the instructions below. |
| **Comments 1** | In this optional field, the health plan may provide any explanations or notes to the Department regarding the information being reported. |
| **Comments 2** | In this optional field, the health plan may provide any explanations or notes to the Department regarding the information being reported. |

**Non-Physician Mental Health Care Providers Contact List Report Form**

**(Form No. 40-255)**

| **Field Name** | **Field Instructions - NPMH Care Providers Contact List Report Form** |
| --- | --- |
| **REQUIRED FIELD** | **INSTRUCTIONS** Enter data in each field according to the instructions below. |
| **Network Information** | |
| **Network Name** | Enter the network name within which the reported provider serves as a network provider, as defined in Rule 1300.67.2.2(b)(9). |
| **Network ID** | Enter the network identifier for the reported network name. Network identifiers are assigned by the Department and made available in the Department's web portal. |
| **Subcontracted Plan Information** | |
| **Subcontracted Plan License Number** | Enter the subcontracted plan license number. Complete this field if the reporting plan includes the network provider in this network due to a plan-to-plan contract with a subcontracted plan, as described in Rules 1300.67.2.2(b)(10)(B)(iv) and (b)(13). Each health plan's license number is available on the Department's web portal. |
| **Subcontracted Plan Network ID** | Enter the subcontracted plan network identifier. Complete this field if the reporting plan includes the network provider in this network due to a plan-to-plan contract with a subcontracted plan’s network, as the terms are defined in Rules 1300.67.2.2(b)(10)(B)(iv) and (b)(13). |
| **Network Provider Information** | |
| **Last Name** | Enter the last name of the network provider. |
| **First Name** | Enter the first name of the network provider. |
| **FQHC/RHC Name** | Enter the name of the FQHC/RHC network provider. |
| **NPI** | Enter the unique National Provider Identifier (NPI) assigned to the network provider, active on the network capture date. |
| **CA License / Certificate** | Enter the California license or certificate identifier of the network provider, active on the network capture date. |
| **Non-CA License / Certificate** | Enter the license number or certificate identifier of the network provider, issued outside of the state of California, active on the network capture date. |
| **Non-CA License / Certificate State** | Enter the state in which the non-California license or certificate was issued. |
| **Type of License / Certificate** | Enter the network provider's type of license or certificate, as set forth in Appendix D. |
| **Specialty** | Enter the network provider's specialty, as set forth in Appendix B, as of the network capture date. |
| **Provider Group** | Enter the name of the provider group affiliated with the network provider, if applicable. |
| **Network Tier ID** | Enter the network tier in which the network provider is available to enrollees if the network is a tiered network. Refer to the definition of network tier in Rule 1300.67.2.2. |
| **Network Provider Practice Location and Associated Information** | |
| **Practice Address** | Enter the street number and street name of the practice address. If the network provider schedules in-person appointments (or schedules in person and telehealth appointments) when contacted for appointments at that practice address, report only the physical location at which the network provider delivers in-person health care services. If the network provider only schedules telehealth appointments at this practice address, enter "NA." |
| **Practice Address 2** | Enter the number of the office, suite, building or other location identifier for the practice address, if applicable. |
| **City** | Enter the city in which the practice address is located. Enter "NA" if the provider offers appointments only via telehealth. |
| **County** | Enter the county in which the practice address is located. Enter "Telehealth" if the provider offers appointments only via telehealth. |
| **State** | Enter the state in which the practice address is located. Enter "NA" if the provider offers appointments only via telehealth. |
| **ZIP Code** | Enter the ZIP Code in which the practice address is located. Enter "NA" if the provider offers appointments only via telehealth. |
| **Phone Number 1** | This field is included for the health plan’s use in conducting the PAAS only. This information shall not be submitted to the Department in this report form. |
| **Phone Number 2** | This field is included for the health plan’s use in conducting the PAAS only. This information shall not be submitted to the Department in this report form. |
| **Phone Number 3** | This field is included for the health plan’s use in conducting the PAAS only. This information shall not be submitted to the Department in this report form. |
| **Fax Number 1** | This field is included for the health plan’s use in conducting the PAAS only. This information shall not be submitted to the Department in this report form. |
| **Fax Number 2** | This field is included for the health plan’s use in conducting the PAAS only. This information shall not be submitted to the Department in this report form. |
| **Fax Number 3** | This field is included for the health plan’s use in conducting the PAAS only. This information shall not be submitted to the Department in this report form. |
| **Email Address 1** | This field is included for the health plan’s use in conducting the PAAS only. This information shall not be submitted to the Department in this report form. |
| **Email Address 2** | This field is included for the health plan’s use in conducting the PAAS only. This information shall not be submitted to the Department in this report form. |
| **Email Address 3** | This field is included for the health plan’s use in conducting the PAAS only. This information shall not be submitted to the Department in this report form. |
| **Displayed in Provider Directory** | Identify whether, on the network capture date, the network provider was displayed in the health plan’s online provider directory/directories maintained pursuant to section 1367.27. Only identify the network provider as listed in the provider directory if the network provider was displayed in the directory for the identified network, location, and service type identified in the corresponding fields of this report form. |
| **Telehealth** | Enter "Y" if the provider offers appointments to enrollees only via telehealth and "NA" is present in the “Practice Address,” “City,” “State” and “ZIP Code” fields, otherwise enter "N." |
| **Unique Provider** | Enter "Y" if this network provider was identified as a unique provider after conducting the unique provider and duplicate record identification process described in paragraphs 15-19 of the PAAS Manual. Enter "N" if this entry was identified as a duplicate provider. |
| **PAAS Information** | |
| **Provider Survey Type** | For each network provider, enter "Non-Physician Mental Health Care Providers" in this field. |
| **REQUESTED FIELD** | **INSTRUCTIONS** Enter data in each field according to the instructions below. |
| **Comments 1** | In this optional field, the health plan may provide any explanations or notes to the Department regarding the information being reported. |
| **Comments 2** | In this optional field, the health plan may provide any explanations or notes to the Department regarding the information being reported. |

**Specialist Physicians Contact List Report Form (Form No. 40-256)**

| **Field Name** | **Field Instructions - Specialist Physicians Contact List Report Form** |
| --- | --- |
| **REQUIRED FIELD** | **INSTRUCTIONS** Enter data in each field according to the instructions below. |
| **Network Information** | |
| **Network Name** | Enter the network name within which the reported provider serves as a network provider, as defined in Rule 1300.67.2.2(b)(9). |
| **Network ID** | Enter the network identifier for the reported network name. Network identifiers are assigned by the Department and made available in the Department's web portal. |
| **Subcontracted Plan Information** | |
| **Subcontracted Plan License Number** | Enter the subcontracted plan license number. Complete this field if the reporting plan includes the network provider in this network due to a plan-to-plan contract with a subcontracted plan, as described in Rules 1300.67.2.2(b)(10)(B)(iv) and (b)(13). Each health plan's license number is available on the Department's web portal. |
| **Subcontracted Plan Network ID** | Enter the subcontracted plan network identifier. Complete this field if the reporting plan includes the network provider in this network due to a plan-to-plan contract with a subcontracted plan’s network, as the terms are defined in Rules 1300.67.2.2(b)(10)(B)(iv) and (b)(13). |
| **Network Provider Information** | |
| **Last Name** | Enter the last name of the network provider. |
| **First Name** | Enter the first name of the network provider. |
| **FQHC/RHC Name** | Enter the name of the FQHC/RHC network provider. |
| **NPI** | Enter the unique National Provider Identifier (NPI) assigned to the network provider, active on the network capture date. |
| **CA License** | Enter the California license number of the network provider, active on the network capture date. |
| **Non-CA License** | Enter the license number of the network provider, issued outside of the state of California, active on the network capture date. |
| **Non-CA License State** | Enter the state in which the non-California license was issued. |
| **License Type** | Enter the network provider's type of license, as set forth in Appendix D. |
| **Specialty** | Enter the network provider's specialty or subspecialty, as set forth in Appendix B, as of the network capture date. |
| **Board Certified / Eligible** | For each reported specialty or subspecialty, indicate whether the network provider is board-certified or board-eligible. |
| **Provider Group** | Enter the name of the provider group affiliated with the network provider, if applicable. |
| **Network Tier ID** | Enter the network tier in which the network provider is available to enrollees if the network is a tiered network. Refer to the definition of network tier in Rule 1300.67.2.2. |
| **Network Provider Practice Location and Associated Information** | |
| **Practice Address** | Enter the street number and street name of the practice address. If the network provider schedules in-person appointments (or schedules in person and telehealth appointments) when contacted for appointments at that practice address, report only the physical location at which the network provider delivers in-person health care services. If the network provider only schedules telehealth appointments at this practice address, enter "NA." |
| **Practice Address 2** | Enter the number of the office, suite, building or other location identifier for the practice address, if applicable. |
| **City** | Enter the city in which the practice address is located. Enter "NA" if the provider offers appointments only via telehealth. |
| **County** | Enter the county in which the practice address is located. Enter "Telehealth" if the provider offers appointments only via telehealth. |
| **State** | Enter the state in which the practice address is located. Enter "NA" if the provider offers appointments only via telehealth. |
| **ZIP Code** | Enter the ZIP Code in which the practice address is located. Enter "NA" if the provider offers appointments only via telehealth. |
| **Phone Number 1** | This field is included for the health plan’s use in conducting the PAAS only. This information shall not be submitted to the Department in this report form. |
| **Phone Number 2** | This field is included for the health plan’s use in conducting the PAAS only. This information shall not be submitted to the Department in this report form. |
| **Phone Number 3** | This field is included for the health plan’s use in conducting the PAAS only. This information shall not be submitted to the Department in this report form. |
| **Fax Number 1** | This field is included for the health plan’s use in conducting the PAAS only. This information shall not be submitted to the Department in this report form. |
| **Fax Number 2** | This field is included for the health plan’s use in conducting the PAAS only. This information shall not be submitted to the Department in this report form. |
| **Fax Number 3** | This field is included for the health plan’s use in conducting the PAAS only. This information shall not be submitted to the Department in this report form. |
| **Email Address 1** | This field is included for the health plan’s use in conducting the PAAS only. This information shall not be submitted to the Department in this report form. |
| **Email Address 2** | This field is included for the health plan’s use in conducting the PAAS only. This information shall not be submitted to the Department in this report form. |
| **Email Address 3** | This field is included for the health plan’s use in conducting the PAAS only. This information shall not be submitted to the Department in this report form. |
| **Displayed in Provider Directory** | Identify whether, on the network capture date, the network provider was displayed in the health plan’s online provider directory/directories maintained pursuant to section 1367.27. Only identify the network provider as listed in the provider directory if the network provider was displayed in the directory for the identified network, location, and service type identified in the corresponding fields of this report form. |
| **Telehealth** | Enter "Y" if the provider offers appointments to enrollees only via telehealth and "NA" is present in the “Practice Address,” “City,” “State” and “ZIP Code” fields, otherwise enter "N." |
| **Unique Provider** | Enter "Y" if this network provider was identified as a unique provider after conducting the unique provider and duplicate record identification process described in paragraphs 15-19 of the PAAS Manual. Enter "N" if this entry was identified as a duplicate provider. |
| **PAAS Information** | |
| **Provider Survey Type** | For each network provider, enter "Specialist Physicians" in this field. |
| **REQUESTED FIELD** | **INSTRUCTIONS** Enter data in each field according to the instructions below. |
| **Comments 1** | In this optional field, the health plan may provide any explanations or notes to the Department regarding the information being reported. |
| **Comments 2** | In this optional field, the health plan may provide any explanations or notes to the Department regarding the information being reported. |

**Psychiatrists Contact List Report Form (Form No. 40-257)**

| **Field Name** | **Field Instructions - Psychiatrists Contact List Report Form** |
| --- | --- |
| **REQUIRED FIELD** | **INSTRUCTIONS** Enter data in each field according to the instructions below. |
| **Network Information** | |
| **Network Name** | Enter the network name within which the reported provider serves as a network provider, as defined in Rule 1300.67.2.2(b)(9). |
| **Network ID** | Enter the network identifier for the reported network name. Network identifiers are assigned by the Department and made available in the Department's web portal. |
| **Subcontracted Plan Information** | |
| **Subcontracted Plan License Number** | Enter the subcontracted plan license number. Complete this field if the reporting plan includes the network provider in this network due to a plan-to-plan contract with a subcontracted plan, as described in Rules 1300.67.2.2(b)(10)(B)(iv) and (b)(13). Each health plan's license number is available on the Department's web portal. |
| **Subcontracted Plan Network ID** | Enter the subcontracted plan network identifier. Complete this field if the reporting plan includes the network provider in this network due to a plan-to-plan contract with a subcontracted plan’s network, as the terms are defined in Rules 1300.67.2.2(b)(10)(B)(iv) and (b)(13). |
| **Network Provider Information** | |
| **Last Name** | Enter the last name of the network provider. |
| **First Name** | Enter the first name of the network provider. |
| **FQHC/RHC Name** | Enter the name of the FQHC/RHC network provider. |
| **NPI** | Enter the unique National Provider Identifier (NPI) assigned to the network provider, active on the network capture date. |
| **CA License** | Enter the California license number of the network provider, active on the network capture date. |
| **Non-CA License** | Enter the license number of the network provider, issued outside of the state of California, active on the network capture date. |
| **Non-CA License State** | Enter the state in which the non-California license was issued. |
| **License Type** | Enter the network provider's type of license, as set forth in Appendix D. |
| **Specialty** | Enter the network provider's specialty or subspecialty, as set forth in Appendix B, as of the network capture date. |
| **Board Certified / Eligible** | For each reported specialty or subspecialty, indicate whether the network provider is board-certified or board-eligible. |
| **Provider Group** | Enter the name of the provider group affiliated with the network provider, if applicable. |
| **Network Tier ID** | Enter the network tier in which the network provider is available to enrollees if the network is a tiered network. Refer to the definition of network tier in Rule 1300.67.2.2. |
| **Network Provider Practice Location and Associated Information** | |
| **Practice Address** | Enter the street number and street name of the practice address. If the network provider schedules in-person appointments (or schedules in person and telehealth appointments) when contacted for appointments at that practice address, report only the physical location at which the network provider delivers in-person health care services. If the network provider only schedules telehealth appointments at this practice address, enter "NA." |
| **Practice Address 2** | Enter the number of the office, suite, building or other location identifier for the practice address, if applicable. |
| **City** | Enter the city in which the practice address is located. Enter "NA" if the provider offers appointments only via telehealth. |
| **County** | Enter the county in which the practice address is located. Enter "Telehealth" if the provider offers appointments only via telehealth. |
| **State** | Enter the state in which the practice address is located. Enter "NA" if the provider offers appointments only via telehealth. |
| **ZIP Code** | Enter the ZIP Code in which the practice address is located. Enter "NA" if the provider offers appointments only via telehealth. |
| **Phone Number 1** | This field is included for the health plan’s use in conducting the PAAS only. This information shall not be submitted to the Department in this report form. |
| **Phone Number 2** | This field is included for the health plan’s use in conducting the PAAS only. This information shall not be submitted to the Department in this report form. |
| **Phone Number 3** | This field is included for the health plan’s use in conducting the PAAS only. This information shall not be submitted to the Department in this report form. |
| **Fax Number 1** | This field is included for the health plan’s use in conducting the PAAS only. This information shall not be submitted to the Department in this report form. |
| **Fax Number 2** | This field is included for the health plan’s use in conducting the PAAS only. This information shall not be submitted to the Department in this report form. |
| **Fax Number 3** | This field is included for the health plan’s use in conducting the PAAS only. This information shall not be submitted to the Department in this report form. |
| **Email Address 1** | This field is included for the health plan’s use in conducting the PAAS only. This information shall not be submitted to the Department in this report form. |
| **Email Address 2** | This field is included for the health plan’s use in conducting the PAAS only. This information shall not be submitted to the Department in this report form. |
| **Email Address 3** | This field is included for the health plan’s use in conducting the PAAS only. This information shall not be submitted to the Department in this report form. |
| **Displayed in Provider Directory** | Identify whether, on the network capture date, the network provider was displayed in the health plan’s online provider directory/directories maintained pursuant to section 1367.27. Only identify the network provider as listed in the provider directory if the network provider was displayed in the directory for the identified network, location, and service type identified in the corresponding fields of this report form. |
| **Telehealth** | Enter "Y" if the provider offers appointments to enrollees only via telehealth and "NA" is present in the “Practice Address,” “City,” “State” and “ZIP Code” fields, otherwise enter "N." |
| **Unique Provider** | Enter "Y" if this network provider was identified as a unique provider after conducting the unique provider and duplicate record identification process described in paragraphs 15-19 of the PAAS Manual. Enter "N" if this entry was identified as a duplicate provider. |
| **PAAS Information** | |
| **Provider Survey Type** | For each network provider, enter "Psychiatrists" in this field. |
| **REQUESTED FIELD** | **INSTRUCTIONS** Enter data in each field according to the instructions below. |
| **Comments 1** | In this optional field, the health plan may provide any explanations or notes to the Department regarding the information being reported. |
| **Comments 2** | In this optional field, the health plan may provide any explanations or notes to the Department regarding the information being reported. |

**Ancillary Service Providers Contact List Report Form (Form No. 40-258)**

| **Field Name** | **Field Instructions - Ancillary Service Providers Contact List Report Form** |
| --- | --- |
| **REQUIRED FIELD** | **INSTRUCTIONS** Enter data in each field according to the instructions below. |
| **Network Information** | |
| **Network Name** | Enter the network name within which the reported provider serves as a network provider, as defined in Rule 1300.67.2.2(b)(9). |
| **Network ID** | Enter the network identifier for the reported network name. Network identifiers are assigned by the Department and made available in the Department's web portal. |
| **Subcontracted Plan Information** | |
| **Subcontracted Plan License Number** | Enter the subcontracted plan license number. Complete this field if the reporting plan includes the network provider in this network due to a plan-to-plan contract with a subcontracted plan, as described in Rules 1300.67.2.2(b)(10)(B)(iv) and (b)(13). Each health plan's license number is available on the Department's web portal. |
| **Subcontracted Plan Network ID** | Enter the subcontracted plan network identifier. Complete this field if the reporting plan includes the network provider in this network due to a plan-to-plan contract with a subcontracted plan’s network, as the terms are defined in Rules 1300.67.2.2(b)(10)(B)(iv) and (b)(13). |
| **Network Provider Information** | |
| **Entity or Facility Name** | Enter the name of the entity or facility providing the ancillary service. |
| **DBA** | Enter the "Doing-Business-As" name of the network provider, if applicable. |
| **FQHC/RHC Name** | Enter the name of the FQHC/RHC network provider. |
| **NPI** | Enter the unique National Provider Identifier (NPI) assigned to the entity or facility, active on the network capture date. |
| **Provider Type** | Enter the provider type, as set forth in Appendix B that describes the entity or facility network provider's area of practice. |
| **Provider Group** | Enter the name of the provider group affiliated with the network provider, if applicable. |
| **Network Tier ID** | Enter the network tier in which the network provider is available to enrollees if the network is a tiered network. Refer to the definition of network tier in Rule 1300.67.2.2. |
| **Network Provider Practice Location and Associated Information** | |
| **Practice Address** | Enter the street number and street name of the practice address. If the network provider schedules in-person appointments (or schedules in person and telehealth appointments) when contacted for appointments at that practice address, report only the physical location at which the network provider delivers in-person health care services. If the network provider only schedules telehealth appointments at this practice address, enter "NA." |
| **Practice Address 2** | Enter the number of the office, suite, building or other location identifier for the practice address, if applicable. |
| **City** | Enter the city in which the practice address is located. Enter "NA" if the provider offers appointments only via telehealth. |
| **County** | Enter the county in which the practice address is located. Enter "Telehealth" if the provider offers appointments only via telehealth. |
| **State** | Enter the state in which the practice address is located. Enter "NA" if the provider offers appointments only via telehealth. |
| **ZIP Code** | Enter the ZIP Code in which the practice address is located. Enter "NA" if the provider offers appointments only via telehealth. |
| **Phone Number 1** | This field is included for the health plan’s use in conducting the PAAS only. This information shall not be submitted to the Department in this report form. |
| **Phone Number 2** | This field is included for the health plan’s use in conducting the PAAS only. This information shall not be submitted to the Department in this report form. |
| **Phone Number 3** | This field is included for the health plan’s use in conducting the PAAS only. This information shall not be submitted to the Department in this report form. |
| **Fax Number 1** | This field is included for the health plan’s use in conducting the PAAS only. This information shall not be submitted to the Department in this report form. |
| **Fax Number 2** | This field is included for the health plan’s use in conducting the PAAS only. This information shall not be submitted to the Department in this report form. |
| **Fax Number 3** | This field is included for the health plan’s use in conducting the PAAS only. This information shall not be submitted to the Department in this report form. |
| **Email Address 1** | This field is included for the health plan’s use in conducting the PAAS only. This information shall not be submitted to the Department in this report form. |
| **Email Address 2** | This field is included for the health plan’s use in conducting the PAAS only. This information shall not be submitted to the Department in this report form. |
| **Email Address 3** | This field is included for the health plan’s use in conducting the PAAS only. This information shall not be submitted to the Department in this report form. |
| **Displayed in Provider Directory** | Identify whether, on the network capture date, the network provider was displayed in the health plan’s online provider directory/directories maintained pursuant to section 1367.27. Only identify the network provider as listed in the provider directory if the network provider was displayed in the directory for the identified network, location, and service type identified in the corresponding fields of this report form. |
| **Telehealth** | Enter "Y" if the provider offers appointments to enrollees only via telehealth and "NA" is present in the “Practice Address,” “City,” “State” and “ZIP Code” fields, otherwise enter "N." |
| **Unique Provider** | Enter "Y" if this network provider was identified as a unique provider after conducting the unique provider and duplicate record identification process described in paragraphs 15-19 of the PAAS Manual. Enter "N" if this entry was identified as a duplicate provider. |
| **PAAS Information** | |
| **Provider Survey Type** | For each network provider, enter "Ancillary Service Providers" in this field. |
| **REQUESTED FIELD** | **INSTRUCTIONS** Enter data in each field according to the instructions below. |
| **Comments 1** | In this optional field, the health plan may provide any explanations or notes to the Department regarding the information being reported. |
| **Comments 2** | In this optional field, the health plan may provide any explanations or notes to the Department regarding the information being reported. |

## Raw Data Report Forms – Instructions

The health plan shall use the PAAS Manual and the instructions set forth below to enter information related to the unique providers that the health plan selected to survey from the appropriate Contact List onto the Raw Data Report Form. (See paragraphs 15-34 in the PAAS Manual for identification of unique providers, the sample selection instructions and further details.) Conduct the PAAS and use the information from the PAAS to populate the fields designated with an asterisk. The health plan shall complete all required fields, but is not required to complete the requested fields.

The following field instructions describe the data that the reporting plan shall report within each field of the report form, consistent with Rule 1300.67.2.2(f) and (h)(6)(B). Refer to the [Definitions](#_Definitions) section of this Instruction Manual for additional explanation of the terms used within the field instructions for this report form.

The health plan shall use the responses on the Raw Data Report Form to report the information required on the Results Report Form to the Department. By incorporating data obtained through Extraction into the Raw Data Report Form, the health plan affirms that it has met all specifications related to Extraction set forth in the PAAS Manual in paragraphs 43-45.

**Primary Care Providers Raw Data Report Form (Form No. 40-259)**

| **Field Name** | **Field Instructions - Primary Care Providers Raw Data Report Form** |
| --- | --- |
| **REQUIRED FIELD** | **INSTRUCTIONS** Enter data in each field according to the instructions below. |
| **Network Information** | |
| **Network Name** | Enter the network name within which the reported provider serves as a network provider, as defined in Rule 1300.67.2.2(b)(9). |
| **Network ID** | Enter the network identifier for the reported network name. Network identifiers are assigned by the Department and made available in the Department's web portal. |
| **Subcontracted Plan Information** | |
| **Subcontracted Plan License Number** | Enter the subcontracted plan license number. Complete this field if the reporting plan includes the network provider in this network due to a plan-to-plan contract with a subcontracted plan, as described in Rules 1300.67.2.2(b)(10)(B)(iv) and (b)(13). Each health plan's license number is available on the Department's web portal. |
| **Subcontracted Plan Network ID** | Enter the subcontracted plan network identifier. Complete this field if the reporting plan includes the network provider in this network due to a plan-to-plan contract with a subcontracted plan’s network, as the terms are defined in Rules 1300.67.2.2(b)(10)(B)(iv) and (b)(13). |
| **Network Provider Information** | |
| **Last Name** | Enter the last name of the network provider. |
| **First Name** | Enter the first name of the network provider. |
| **FQHC/RHC Name** | Enter the name of the FQHC/RHC network provider. |
| **NPI** | Enter the unique National Provider Identifier (NPI) assigned to the network provider, active on the network capture date. |
| **CA License** | Enter the California license number of the network provider, active on the network capture date. |
| **Non-CA License** | Enter the license number of the network provider, issued outside of the state of California, active on the network capture date. |
| **Non-CA License State** | Enter the state in which the non-California license was issued. |
| **License Type** | Enter the network provider's type of license, as set forth in Appendix D. |
| **Specialty** | Enter the network provider's specialty or subspecialty, as set forth in Appendix B, as of the network capture date. |
| **NPI of Supervising PCP** | Enter the unique National Provider Identifier (NPI) of the reported primary care physician (PCP) who supervises the non-physician medical practitioner. |
| **Board Certified / Eligible** | For each reported specialty or subspecialty, indicate whether the network provider is board-certified or board-eligible. |
| **Provider Group** | Enter the name of the provider group affiliated with the network provider, if applicable. |
| **Network Tier ID** | Enter the network tier in which the network provider is available to enrollees if the network is a tiered network. Refer to the definition of network tier in Rule 1300.67.2.2. |
| **Network Provider Practice Location and Associated Information** | |
| **Practice Address** | Enter the street number and street name of the practice address. If the network provider schedules in-person appointments (or schedules in-person and telehealth appointments) when contacted for appointments at that practice address, report only the physical location at which the network provider delivers in-person health care services. If the network provider only schedules telehealth appointments at this practice address, enter "NA." |
| **Practice Address 2** | Enter the number of the office, suite, building or other location identifier for the practice address, if applicable. |
| **City** | Enter the city in which the practice address is located. Enter "NA" if the provider offers appointments only via telehealth. |
| **County** | Enter the county in which the practice address is located. Enter "Telehealth" if the provider offers appointments only via telehealth. |
| **State** | Enter the state in which the practice address is located. Enter "NA" if the provider offers appointments only via telehealth. |
| **ZIP Code** | Enter the ZIP Code in which the practice address is located. Enter "NA" if the provider offers appointments only via telehealth. |
| **Phone Number 1** | This field is included for the health plan’s use in conducting the PAAS only. This information shall not be submitted to the Department in this report form. |
| **Phone Number 2** | This field is included for the health plan’s use in conducting the PAAS only. This information shall not be submitted to the Department in this report form. |
| **Phone Number 3** | This field is included for the health plan’s use in conducting the PAAS only. This information shall not be submitted to the Department in this report form. |
| **Fax Number 1** | This field is included for the health plan’s use in conducting the PAAS only. This information shall not be submitted to the Department in this report form. |
| **Fax Number 2** | This field is included for the health plan’s use in conducting the PAAS only. This information shall not be submitted to the Department in this report form. |
| **Fax Number 3** | This field is included for the health plan’s use in conducting the PAAS only. This information shall not be submitted to the Department in this report form. |
| **Email Address 1** | This field is included for the health plan’s use in conducting the PAAS only. This information shall not be submitted to the Department in this report form. |
| **Email Address 2** | This field is included for the health plan’s use in conducting the PAAS only. This information shall not be submitted to the Department in this report form. |
| **Email Address 3** | This field is included for the health plan’s use in conducting the PAAS only. This information shall not be submitted to the Department in this report form. |
| **Telehealth** | Enter "Y" if the provider offers appointments to enrollees only via telehealth and "NA" is present in the “Practice Address,” “City,” “State” and “ZIP Code” fields, otherwise enter "N." |
| **Qualified Advanced Access Provider** | Enter "Y" if the health plan identified this network provider as a Qualified Advanced Access Provider. (See paragraphs 54-56 of the PAAS Manual and Rule 1300.67.2.2(c)(5)(I) and (d)(2)(E) for further details regarding verification of Advanced Access Providers.) |
| **PAAS Information** | |
| **Provider Survey Type** | For each network provider, enter "Primary Care Providers" in this field. |
| **Survey Modality** | Enter the survey administration modality used by the health plan to obtain the network provider’s response to the PAAS using the following values:   * + "Three Step Protocol"   + "Qualified Advanced Access Provider"   + "Extraction"   Review paragraphs 42-55 of the PAAS Manual for further information related to PAAS modalities. The Qualified Advanced Access Provider modality shall only be used for Primary Care Providers. |
| **Sample Type** | Enter "Random Sample" if the health plan administered the survey to a randomly selected sample of network providers in the County/Network. Enter "Census" if the health plan conducted a census (surveyed all the network providers) in the County/Network. |
| **Outcome\*** | Indicate the network provider’s PAAS outcome, based on the criteria set forth in the PAAS Manual, by entering one of the following values:   * "Eligible – Completed Survey" * "Refused – Refused/Declined to Respond" * "Refused – No Response" * “Ineligible – Provider Not in Health Plan Network” * “Ineligible – Provider Not in County” * “Ineligible – Provider Retired or Ceasing to Practice” * “Ineligible – Provider Listed Under Incorrect Specialty” * “Ineligible – Contact Information Issue (Incorrect Phone or Fax Number/Email)” * “Ineligible – Provider Does Not Offer Appointments”   (See paragraphs 58-60 and 63 of the PAAS Manual for further information related to PAAS Outcomes.) |
| **Survey Completed via\*** | Indicate whether the survey was completed via:   * + "Phone"   + "Fax"   + "Email/Online"   + "Extraction – Electronic"   + "Extraction – Manual"   + "Qualified Advanced Access Provider"   For non-responding and ineligible providers, enter the last method the health plan used in attempting to survey the network provider. Enter “NA” if the health plan deemed the provider ineligible prior to the health plan administering the survey. (See paragraph 59 in the PAAS Manual for further information regarding the deeming provision.) |
| **Wave/CSA\*** | Identify whether the provider was included in the survey as part of the first wave, second wave, or continuous survey administration using the following values: "Wave One", "Wave Two" or “CSA.”  Enter “NA” if:   * + The provider was deemed compliant as a verified advanced access provider,   + There are less five providers in the County/Network of the applicable Provider Survey Type, or   + The health plan deemed the provider ineligible prior to the health plan administering the survey. (See paragraph 59 in the PAAS Manual for further information regarding the deeming provision.) |
| **Name of Health Plan that Surveyed Subcontracted Provider** | Enter the name of the health plan that surveyed the subcontracted provider, if applicable. |
| **Was a Subcontracted Network(s) Used to Determine Sample Size?** | If the required sample size was determined based on one or more subcontracted networks, enter 1 or 2.  Enter 1 if the required sample size was determined based on one or more subcontracted networks and no directly contracted providers were included when the health plan determined the required sample size.  Enter 2 if the required sample size was determined based on a combination of directly contracted providers and one or more subcontracted networks. |
| **Subcontracted Plan License Number(s) Used to Determine Sample Size** | If the required sample size was determined based on one or more subcontracted networks, enter each Subcontracted Plan License Number.  (See paragraph 8 of the PAAS Manual for additional details.) |
| **Date Survey Initiated\*** | Enter the date the survey was initiated via Email, Electronic Communication, Fax or Extraction. If the survey was not initiated by Email, Electronic Communication, Fax or Extraction (e.g., this contact information was not available), and as a result the survey was initiated by telephone, enter the date of the first telephone call made to the network provider in attempting to initiate the survey. For a Qualified Advanced Access Provider enter “NA”. Enter “NA” if the health plan deemed the provider ineligible prior to the health plan administering the survey. (See paragraph 59 in the PAAS Manual for further information regarding the deeming provision.) |
| **Date Survey Completed\*** | Enter the date the response was completed or the date the appointment data was extracted (mm/dd/yy). If the provider is ineligible or a non-responder, enter the date the provider was deemed ineligible, refused to respond to the survey or the timeframe for a response to the survey expired. Enter "NA" if the network provider is a Qualified Advanced Access Provider. |
| **Time Survey Completed\*** | Enter the time the response was completed or the time the appointment data was extracted (hh:mm am/pm). If the provider is ineligible or declined to respond to the survey, enter the time the provider was deemed ineligible or refused to respond to the survey. Enter "NA" if the network provider failed to respond within the timeframe set for a response to the survey or is a Qualified Advanced Access Provider. |
| **Name of Individual Conducting the Survey\*** | If conducting the PAAS using a telephone call, enter the first name and first initial of the surveyor's last name (the person who made the call on behalf of the health plan). If the name of the surveyor is unavailable to the health plan, a unique ID may be used to identify the surveyor. Enter "NA" if the survey was not completed by telephone. |
| **Person Spoken to\*** | Enter the name of the person who responded to the PAAS on behalf of the network provider, if applicable. |
| **Question 1 and 2**  **When is the next available appointment date with [Provider Name] for [an urgent care or a non-urgent appointment]?\*** | Based on the network provider’s response to the PAAS questions regarding the next available urgent care appointment (Question 1) or non-urgent appointment (Question 2) (or the appointment data obtained in response to these questions through Extraction), enter the date of the network provider’s next available appointment (e.g. mm/dd/yy) in the field applicable to the appointment type. Enter "NA" if the network provider indicated that this appointment type is not applicable, the network provider is a non-responder, ineligible or a Qualified Advanced Access Provider. (See paragraphs 54-60 of the PAAS Manual.) Enter “Unknown” if the network provider is not scheduling appointments at the time of the survey because the network provider is out of the office (e.g., vacation, maternity leave, etc.). |
| **Question 1 and 2**  **When is the next available appointment time with [Provider Name] for [an urgent care or a non-urgent appointment]?\*** | Based on the network provider’s response to the PAAS questions regarding the next available urgent care appointment (Question 1) or non-urgent appointment (Question 2) (or the appointment data obtained in response to these questions through Extraction), enter the time of the network provider’s next available appointment (hh:mm am/pm) in the field applicable to the appointment type. Enter "NA" if the network provider indicated that this appointment type is not applicable or the network provider is a non-responder, ineligible or a Qualified Advanced Access Provider. (See paragraphs 54-60 of the PAAS Manual.) Enter “Unknown” if the network provider is not scheduling appointments at the time of the survey because the network provider is out of the office (e.g., vacation, maternity leave, etc.). |
| **Calculation 1 and 2**  **Yes, there is an available appointment within [applicable time-elapsed standard].**  **No, there is no available appointment within [applicable time-elapsed standard].\*** | Calculation 1 refers to the network provider's next available urgent care appointment. Calculation 2 refers to the network provider's next available non-urgent appointment.  Indicate whether the network provider’s next available appointment falls within the applicable standard for Calculation 1 and Calculation 2 by entering:   * + "Y" to indicate "Yes, there is an available appointment within [applicable time-elapsed standard]." (If the health plan has identified this provider as a Qualified Advanced Access Provider, enter "Y" for all applicable appointment types.)   + "N" to indicate "No, there is no available appointment within [applicable time-elapsed standard]." (If "Unknown" is entered into the next available appointment date and time response fields, no appointment is available with this network provider within the applicable time-elapsed standard.)   + "NA" if the appointment type is not applicable to this network provider, the network provider is a non-responder, or the network provider is ineligible.   Each Raw Data Report Form sets forth the applicable timeframe for the Provider Survey Type, based on the time-elapsed standards set forth in Rule 1300.67.2.2(c). Refer to paragraphs 68-70 of the PAAS Manual and the Survey Tool, set forth in Appendix 2 of the PAAS Manual for specific instructions regarding each calculation. |
| **Urgent Care Appointment Type\*** | If the provider responded to the survey by indicating that the next available urgent care appointment is an in-person appointment, record "In-Person" in this field. If the provider responded to the survey by indicating that the next available urgent care appointment is a telehealth appointment, record "Telehealth" in this field. If the provider responded to the survey by indicating that the next available urgent care appointment could be either in-person or telehealth, record “Either” in this field. |
| **Non-Urgent Appointment Type\*** | If the provider responded to the survey by indicating that the next available non-urgent appointment is an in-person appointment, record "In-Person" in this field. If the provider responded to the survey by indicating that the next available non-urgent appointment is a telehealth appointment, record "Telehealth" in this field. If the provider responded to the survey by indicating that the next available non-urgent appointment could be either in-person or telehealth, record “Either” in this field. |
| **Question 3**  **Does [Provider Name] use any of the following methods to provide urgent care?** | Enter one or more of the following codes:  • Triage to assess the appropriate wait time  • Schedule the patient with another provider in the office  • Schedule more than one patient for the same appointment time  • Refer the patient to a provider in another office  • Refer the patient to an after-hours or urgent care clinic  • Refer the patient to their health plan for assistance obtaining a timely appointment  • Other - [Describe the provider’s response(s)]  • No  • NA  Enter “No” if the provider indicated that they had no other ways to offer urgent care services.  Enter “NA” and a brief description of the provider’s response if applicable.  Leave this field blank if the network provider is a non-responder, ineligible or a Qualified Advanced Access Provider. |
| **REQUESTED FIELD** | **INSTRUCTIONS** Enter data in each field according to the instructions below. |
| **Comments 1** | In this optional field, the health plan may provide any explanations or notes to the Department regarding the information being reported. |
| **Comments 2** | In this optional field, the health plan may provide any explanations or notes to the Department regarding the information being reported. |
| **Comments 3** | In this optional field, the health plan may provide any explanations or notes to the Department regarding the information being reported. |

**Non-Physician Mental Health Care Providers Raw Data Report Form**

**(Form No. 40-260)**

| **Field Name** | **Field Instructions - NPMH Care Providers Raw Data Report Form** |
| --- | --- |
| **REQUIRED FIELD** | **INSTRUCTIONS** Enter data in each field according to the instructions below. |
| **Network Information** | |
| **Network Name** | Enter the network name within which the reported provider serves as a network provider, as defined in Rule 1300.67.2.2(b)(9). |
| **Network ID** | Enter the network identifier for the reported network name. Network identifiers are assigned by the Department and made available in the Department's web portal. |
| **Subcontracted Plan Information** | |
| **Subcontracted Plan License Number** | Enter the subcontracted plan license number. Complete this field if the reporting plan includes the network provider in this network due to a plan-to-plan contract with a subcontracted plan, as described in Rules 1300.67.2.2(b)(10)(B)(iv) and (b)(13). Each health plan's license number is available on the Department's web portal. |
| **Subcontracted Plan Network ID** | Enter the subcontracted plan network identifier. Complete this field if the reporting plan includes the network provider in this network due to a plan-to-plan contract with a subcontracted plan’s network, as the terms are defined in Rules 1300.67.2.2(b)(10)(B)(iv) and (b)(13). |
| **Network Provider Information** | |
| **Last Name** | Enter the last name of the network provider. |
| **First Name** | Enter the first name of the network provider. |
| **FQHC/RHC Name** | Enter the name of the FQHC/RHC network provider. |
| **NPI** | Enter the unique National Provider Identifier (NPI) assigned to the network provider, active on the network capture date. |
| **CA License / Certificate** | Enter the California license or certificate identifier of the network provider, active on the network capture date. |
| **Non-CA License / Certificate** | Enter the license number or certificate identifier of the network provider, issued outside of the state of California, active on the network capture date. |
| **Non-CA License / Certificate State** | Enter the state in which the non-California license or certificate was issued. |
| **Type of License / Certificate** | Enter the network provider's type of license or certificate, as set forth in Appendix D. |
| **Specialty** | Enter the network provider’s specialty, as set forth in Appendix B, as of the network capture date. |
| **Provider Group** | Enter the name of the provider group affiliated with the network provider, if applicable. |
| **Network Tier ID** | Enter the network tier in which the network provider is available to enrollees if the network is a tiered network. Refer to the definition of network tier in Rule 1300.67.2.2. |
| **Network Provider Practice Location and Associated Information** | |
| **Practice Address** | Enter the street number and street name of the practice address. If the network provider schedules in-person appointments (or schedules in-person and telehealth appointments) when contacted for appointments at that practice address, report only the physical location at which the network provider delivers in-person health care services. If the network provider only schedules telehealth appointments at this practice address, enter "NA." |
| **Practice Address 2** | Enter the number of the office, suite, building or other location identifier for the practice address, if applicable. |
| **City** | Enter the city in which the practice address is located. Enter "NA" if the provider offers appointments only via telehealth. |
| **County** | Enter the county in which the practice address is located. Enter "Telehealth" if the provider offers appointments only via telehealth. |
| **State** | Enter the state in which the practice address is located. Enter "NA" if the provider offers appointments only via telehealth. |
| **ZIP Code** | Enter the ZIP Code in which the practice address is located. Enter "NA" if the provider offers appointments only via telehealth. |
| **Phone Number 1** | This field is included for the health plan's use in conducting the PAAS only. This information shall not be submitted to the Department in this report form. |
| **Phone Number 2** | This field is included for the health plan’s use in conducting the PAAS only. This information shall not be submitted to the Department in this report form. |
| **Phone Number 3** | This field is included for the health plan’s use in conducting the PAAS only. This information shall not be submitted to the Department in this report form. |
| **Fax Number 1** | This field is included for the health plan’s use in conducting the PAAS only. This information shall not be submitted to the Department in this report form. |
| **Fax Number 2** | This field is included for the health plan’s use in conducting the PAAS only. This information shall not be submitted to the Department in this report form. |
| **Fax Number 3** | This field is included for the health plan’s use in conducting the PAAS only. This information shall not be submitted to the Department in this report form. |
| **Email Address 1** | This field is included for the health plan’s use in conducting the PAAS only. This information shall not be submitted to the Department in this report form. |
| **Email Address 2** | This field is included for the health plan’s use in conducting the PAAS only. This information shall not be submitted to the Department in this report form. |
| **Email Address 3** | This field is included for the health plan’s use in conducting the PAAS only. This information shall not be submitted to the Department in this report form. |
| **Telehealth** | Enter "Y" if the provider offers appointments to enrollees only via telehealth and "NA" is present in the “Practice Address,” “City,” “State” and “ZIP Code” fields, otherwise enter "N." |
| **PAAS Information** | |
| **Provider Survey Type** | For each network provider, enter "Non-Physician Mental Health Care Providers" in this field. |
| **Survey Modality** | Enter the survey administration modality used by the health plan to obtain the network provider’s response to the PAAS using the following values:   * "Three Step Protocol" * "Extraction"   Review paragraphs 42-53 of the PAAS Manual for further information related to PAAS modalities. The Qualified Advanced Access Provider modality shall only be used for Primary Care Providers. |
| **Sample Type** | Enter "Random Sample" if the health plan administered the survey to a randomly selected sample of network providers in the County/Network. Enter "Census" if the health plan conducted a census (surveyed all the network providers) in the County/Network. |
| **Outcome\*** | Indicate the network provider’s PAAS outcome, based on the criteria set forth in the PAAS Manual, by entering one of the following values:   * "Eligible – Completed Survey" * "Refused – Refused/Declined to Respond" * "Refused – No Response" * “Ineligible – Provider Not in Health Plan Network” * “Ineligible – Provider Not in County” * “Ineligible – Provider Retired or Ceasing to Practice” * “Ineligible – Provider Listed Under Incorrect Specialty” * “Ineligible – Contact Information Issue (Incorrect Phone or Fax Number/Email)” * “Ineligible – Provider Does Not Offer Appointments”   (See paragraphs 58-60 and 63 of the PAAS Manual for further information related to PAAS Outcomes.) |
| **Survey Completed via\*** | Indicate whether the survey was completed via:   * "Phone" * "Fax" * "Email/Online" * "Extraction – Electronic" * "Extraction – Manual"   For non-responding and ineligible providers, enter the last method the health plan used in attempting to survey the network provider. Enter “NA” if the health plan deemed the provider ineligible prior to the health plan administering the survey. (See paragraph 59 in the PAAS Manual for further information regarding the deeming provision.) |
| **Wave/CSA\*** | Identify whether the provider was included in the survey as part of the first wave, second wave, or continuous survey administration using the following values: "Wave One", "Wave Two", or “CSA.” Enter “NA” if there are less five providers in the County/Network of the applicable Provider Survey Type or the health plan deemed the provider ineligible prior to the health plan administering the survey. (See paragraph 59 in the PAAS Manual for further information regarding the deeming provision.) |
| **Name of Health Plan that Surveyed Subcontracted Provider** | Enter the name of the health plan that surveyed the subcontracted provider, if applicable. |
| **Was a Subcontracted Network(s) Used to Determine Sample Size?** | If the required sample size was determined based on one or more subcontracted networks, enter 1 or 2.  Enter 1 if the required sample size was determined based on one or more subcontracted networks and no directly contracted providers were included when the health plan determined the required sample size.  Enter 2 if the required sample size was determined based on a combination of directly contracted providers and one or more subcontracted networks. |
| **Subcontracted Plan License Number(s) Used to Determine Sample Size** | If the required sample size was determined based on one or more subcontracted networks, enter each Subcontracted Plan License Number.  (See paragraph 8 of the PAAS Manual for additional details.) |
| **Date Survey Initiated\*** | Enter the date the survey was initiated via Email, Electronic Communication, Fax or Extraction. If the survey was not initiated by Email, Electronic Communication, Fax or Extraction (e.g., this contact information was not available), and as a result the survey was initiated by telephone, enter the date of the first telephone call made to the network provider in attempting to initiate the survey. Enter “NA” if the health plan deemed the provider ineligible prior to the health plan administering the survey. (See paragraph 59 in the PAAS Manual for further information regarding the deeming provision.) |
| **Date Survey Completed\*** | Enter the date the response was completed or the date the appointment data was extracted (mm/dd/yy). If the provider is ineligible or a non-responder, enter the date the provider was deemed ineligible, refused to respond to the survey or the timeframe for a response to the survey expired. |
| **Time Survey Completed\*** | Enter the time the response was completed or the time the appointment data was extracted (hh:mm am/pm). If the provider is ineligible or declined to respond to the survey, enter the time the provider was deemed ineligible or refused to respond to the survey. Enter "NA" if the network provider failed to respond within the timeframe set for a response to the survey. |
| **Name of Individual Conducting the Survey\*** | If conducting the PAAS using a telephone call, enter the first name and first initial of the surveyor's last name (the person who made the call on behalf of the health plan). If the name of the surveyor is unavailable to the health plan, a unique ID may be used to identify the surveyor. Enter "NA" if the survey was not completed by telephone. |
| **Person Spoken to\*** | Enter the name of the person who responded to the PAAS on behalf of the network provider, if applicable. |
| **Question 1, 2 and 3**  **When is the next available appointment date with [Provider Name] for [an urgent care, non-urgent, or non-urgent follow-up appointment]?\*** | Based on the network provider’s response to the PAAS questions regarding the next available urgent care appointment (Question 1), non-urgent appointment (Question 2), or non-urgent follow-up appointment (Question 3) (or the appointment data obtained in response to these questions through Extraction), enter the date of the network provider’s next available appointment (e.g. mm/dd/yy) in the field applicable to the appointment type. Enter "NA" if the network provider indicated that this appointment type is not applicable or the network provider is a non-responder or ineligible. (See paragraphs 58-60 of the PAAS Manual.) Enter “Unknown” if the network provider is not scheduling appointments at the time of the survey because the network provider is out of the office (e.g., vacation, maternity leave, etc.). |
| **Question 1, 2 and 3**  **When is the next available appointment time with [Provider Name] for [an urgent care, non-urgent or non-urgent follow-up appointment]?\*** | Based on the network provider’s response to the PAAS questions regarding the next available urgent care appointment (Question 1),non-urgent appointment (Question 2), or non-urgent follow-up appointment (Question 3) (or the appointment data obtained in response to these questions through Extraction), enter the time of the network provider’s next available appointment (e.g. hh:mm am/pm) in the field applicable to the appointment type. Enter "NA" if the network provider indicated that this appointment type is not applicable, or the network provider is a non-responder or ineligible. (See paragraphs 58-60 of the PAAS Manual.) Enter “Unknown” if the network provider is not scheduling appointments at the time of the survey because the network provider is out of the office (e.g., vacation, maternity leave, etc.). |
| **Calculation 1, 2 and 3**  **Yes, there is an available appointment within [applicable time-elapsed standard].**  **No, there is no available appointment within [applicable time-elapsed standard].\*** | Calculation 1 refers to the network provider's next available urgent care appointment. Calculation 2 refers to the network provider's next available non-urgent appointment. Calculation 3 refers to the network provider’s next available non-urgent follow-up appointment.  Indicate whether the network provider’s next available appointment falls within the applicable standard for Calculation 1, Calculation 2 and Calculation 3 by entering:   * "Y" to indicate "Yes, there is an available appointment within [applicable time-elapsed standard]" * "N" to indicate "No, there is no available appointment within [applicable time-elapsed standard]." (If "Unknown" is entered into the next available appointment date and time response fields, no appointment is available with this network provider within the applicable time-elapsed standard.) * "NA" if the appointment type is not applicable to this network provider, the network provider is a non-responder, or the network provider is ineligible.   Each Raw Data Report Form sets forth the applicable timeframe for the Provider Survey Type, based on the time-elapsed standards set forth in Rule 1300.67.2.2(c). Refer to paragraphs 68-70 of the PAAS Manual and the Survey Tool, set forth in Appendix 2 of the PAAS Manual for specific instructions regarding each calculation. |
| **Urgent Care Appointment Type\*** | If the provider responded to the survey by indicating that the next available urgent care appointment is an in-person appointment, record "In-Person" in this field. If the provider responded to the survey by indicating that the next available urgent care appointment is a telehealth appointment, record "Telehealth" in this field. If the provider responded to the survey by indicating that the next available urgent care appointment could be either in-person or telehealth, record “Either” in this field. |
| **Non-Urgent Appointment Type\*** | If the provider responded to the survey by indicating that the next available non-urgent appointment is an in-person appointment, record "In-Person" in this field. If the provider responded to the survey by indicating that the next available non-urgent appointment is a telehealth appointment, record "Telehealth" in this field. If the provider responded to the survey by indicating that the next available non-urgent appointment could be either in-person or telehealth, record “Either” in this field. |
| **Non-Urgent Follow-Up Appointment Type\*** | If the provider responded to the survey by indicating that the next available non-urgent follow-up appointment is an in-person appointment, record "In-Person" in this field. If the provider responded to the survey by indicating that the next available non-urgent follow-up appointment is a telehealth appointment, record "Telehealth" in this field. If the provider responded to the survey by indicating that the next available non-urgent follow-up appointment could be either in-person or telehealth, record “Either” in this field. |
| **Question 4**  **Does [Provider Name] use any of the following methods to provide urgent care?** | Enter one or more of the following codes:  • Triage to assess the appropriate wait time  • Schedule the patient with another provider in the office  • Schedule more than one patient for the same appointment time  • Refer the patient to a provider in another office  • Refer the patient to an after-hours or urgent care clinic  • Refer the patient to their health plan for assistance obtaining a timely appointment  • Other - [Describe the provider’s response(s)]  • No  • NA  Enter “No” if provider indicated that they had no other ways to offer urgent care services.  Enter “NA” and a brief description of the provider’s response if applicable.  Leave this field blank if the network provider is a non-responder or ineligible. |
| **REQUESTED FIELD** | **INSTRUCTIONS** Enter data in each field according to the instructions below. |
| **Comments 1** | In this optional field, the health plan may provide any explanations or notes to the Department regarding the information being reported. |
| **Comments 2** | In this optional field, the health plan may provide any explanations or notes to the Department regarding the information being reported. |
| **Comments 3** | In this optional field, the health plan may provide any explanations or notes to the Department regarding the information being reported. |

**Specialist Physicians Raw Data Report Form (Form No. 40-261)**

| **Field Name** | **Field Instructions - Specialist Physicians Raw Data Report Form** |
| --- | --- |
| **REQUIRED FIELD** | **INSTRUCTIONS** Enter data in each field according to the instructions below. |
| **Network Information** | |
| **Network Name** | Enter the network name within which the reported provider serves as a network provider, as defined in Rule 1300.67.2.2(b)(9). |
| **Network ID** | Enter the network identifier for the reported network name. Network identifiers are assigned by the Department and made available in the Department's web portal. |
| **Subcontracted Plan Information** | |
| **Subcontracted Plan License Number** | Enter the subcontracted plan license number. Complete this field if the reporting plan includes the network provider in this network due to a plan-to-plan contract with a subcontracted plan, as described in Rules 1300.67.2.2(b)(10)(B)(iv) and (b)(13). Each health plan's license number is available on the Department's web portal. |
| **Subcontracted Plan Network ID** | Enter the subcontracted plan network identifier. Complete this field if the reporting plan includes the network provider in this network due to a plan-to-plan contract with a subcontracted plan’s network, as the terms are defined in Rules 1300.67.2.2(b)(10)(B)(iv) and (b)(13). |
| **Network Provider Information** | |
| **Last Name** | Enter the last name of the network provider. |
| **First Name** | Enter the first name of the network provider. |
| **FQHC/RHC Name** | Enter the name of the FQHC/RHC network provider. |
| **NPI** | Enter the unique National Provider Identifier (NPI) assigned to the network provider, active on the network capture date. |
| **CA License** | Enter the California license number of the network provider, active on the network capture date. |
| **Non-CA License** | Enter the license number of the network provider, issued outside of the state of California, active on the network capture date. |
| **Non-CA License State** | Enter the state in which the non-California license was issued. |
| **License Type** | Enter the network provider's type of license, as set forth in Appendix D. |
| **Specialty** | Enter the network provider's specialty or subspecialty, as set forth in Appendix B, as of the network capture date. |
| **Board Certified / Eligible** | For each reported specialty or subspecialty, indicate whether the network provider is board-certified or board-eligible. |
| **Provider Group** | Enter the name of the provider group affiliated with the network provider, if applicable. |
| **Network Tier ID** | Enter the network tier in which the network provider is available to enrollees if the network is a tiered network. Refer to the definition of network tier in Rule 1300.67.2.2. |
| **Network Provider Practice Location and Associated Information** | |
| **Practice Address** | Enter the street number and street name of the practice address. If the network provider schedules in-person appointments (or schedules in-person and telehealth appointments) when contacted for appointments at that practice address, report only the physical location at which the network provider delivers in-person health care services. If the network provider only schedules telehealth appointments at this practice address, enter "NA." |
| **Practice Address 2** | Enter the number of the office, suite, building or other location identifier for the practice address, if applicable. |
| **City** | Enter the city in which the practice address is located. Enter "NA" if the provider offers appointments only via telehealth. |
| **County** | Enter the county in which the practice address is located. Enter "Telehealth" if the provider offers appointments only via telehealth. |
| **State** | Enter the state in which the practice address is located. Enter "NA" if the provider offers appointments only via telehealth. |
| **ZIP Code** | Enter the ZIP Code in which the practice address is located. Enter "NA" if the provider offers appointments only via telehealth. |
| **Phone Number 1** | This field is included for the health plan’s use in conducting the PAAS only. This information shall not be submitted to the Department in this report form. |
| **Phone Number 2** | This field is included for the health plan’s use in conducting the PAAS only. This information shall not be submitted to the Department in this report form. |
| **Phone Number 3** | This field is included for the health plan’s use in conducting the PAAS only. This information shall not be submitted to the Department in this report form. |
| **Fax Number 1** | This field is included for the health plan’s use in conducting the PAAS only. This information shall not be submitted to the Department in this report form. |
| **Fax Number 2** | This field is included for the health plan’s use in conducting the PAAS only. This information shall not be submitted to the Department in this report form. |
| **Fax Number 3** | This field is included for the health plan’s use in conducting the PAAS only. This information shall not be submitted to the Department in this report form. |
| **Email Address 1** | This field is included for the health plan’s use in conducting the PAAS only. This information shall not be submitted to the Department in this report form. |
| **Email Address 2** | This field is included for the health plan’s use in conducting the PAAS only. This information shall not be submitted to the Department in this report form. |
| **Email Address 3** | This field is included for the health plan’s use in conducting the PAAS only. This information shall not be submitted to the Department in this report form. |
| **Telehealth** | Enter "Y" if the provider offers appointments to enrollees only via telehealth and "NA" is present in the “Practice Address,” “City,” “State” and “ZIP Code” fields, otherwise enter "N." |
| **PAAS Information** | |
| **Provider Survey Type** | For each network provider, enter "Specialist Physicians" in this field. |
| **Survey Modality** | Enter the survey administration modality used by the health plan to obtain the network provider’s response to the PAAS using the following values:   * "Three Step Protocol" * "Extraction"   Review paragraphs 42-53 of the PAAS Manual for further information related to PAAS modalities. The Qualified Advanced Access Provider modality shall only be used for Primary Care Providers. |
| **Sample Type** | Enter "Random Sample" if the health plan administered the survey to a randomly selected sample of network providers in the County/Network. Enter "Census" if the health plan conducted a census (surveyed all the network providers) in the County/Network. |
| **Outcome\*** | Indicate the network provider’s PAAS outcome, based on the criteria set forth in the PAAS Manual, by entering one of the following values:  • "Eligible – Completed Survey"  • "Refused – Refused/Declined to Respond"  • "Refused – No Response"  • “Ineligible – Provider Not in Health Plan Network”  • “Ineligible – Provider Not in County”  • “Ineligible – Provider Retired or Ceasing to Practice”  • “Ineligible – Provider Listed Under Incorrect Specialty”  • “Ineligible – Contact Information Issue (Incorrect Phone or Fax Number/Email)”  • “Ineligible – Provider Does Not Offer Appointments”  (See paragraphs 58-60 and 63 of the PAAS Manual for further information related to PAAS Outcomes.) |
| **Survey Completed via\*** | Indicate whether the survey was completed via:   * "Phone" * "Fax" * "Email/Online" * "Extraction – Electronic" * "Extraction – Manual"   For non-responding and ineligible providers, enter the last method the health plan used in attempting to survey the network provider. Enter “NA” if the health plan deemed the provider ineligible prior to the health plan administering the survey. (See paragraph 59 in the PAAS Manual for further information regarding the deeming provision.) |
| **Wave/CSA\*** | Identify whether the provider was included in the survey as part of the first wave, second wave, or continuous survey administration using the following values: "Wave One", "Wave Two", or “CSA.” Enter “NA” if there are less five providers in the County/Network of the applicable Provider Survey Type or the health plan deemed the provider ineligible prior to the health plan administering the survey. (See paragraph 59 in the PAAS Manual for further information regarding the deeming provision.) |
| **Name of Health Plan that Surveyed Subcontracted Provider** | Enter the name of the health plan that surveyed the subcontracted provider, if applicable. |
| **Was a Subcontracted Network(s) Used to Determine Sample Size?** | If the required sample size was determined based on one or more subcontracted networks, enter 1 or 2.  Enter 1 if the required sample size was determined based on one or more subcontracted networks and no directly contracted providers were included when the health plan determined the required sample size.  Enter 2 if the required sample size was determined based on a combination of directly contracted providers and one or more subcontracted networks. |
| **Subcontracted Plan License Number(s) Used to Determine Sample Size** | If the required sample size was determined based on one or more subcontracted networks, enter each Subcontracted Plan License Number.  (See paragraph 8 of the PAAS Manual for additional details.) |
| **Date Survey Initiated\*** | Enter the date the survey was initiated via Email, Electronic Communication, Fax or Extraction. If the survey was not initiated by Email, Electronic Communication, Fax or Extraction (e.g., this contact information was not available), and as a result the survey was initiated by telephone, enter the date of the first telephone call made to the network provider in attempting to initiate the survey. Enter “NA” if the health plan deemed the provider ineligible prior to the health plan administering the survey. (See paragraph 59 in the PAAS Manual for further information regarding the deeming provision.) |
| **Date Survey Completed\*** | Enter the date the response was completed or the date the appointment data was extracted (mm/dd/yy). If the provider is ineligible or a non-responder, enter the date the provider was deemed ineligible, refused to respond to the survey or the timeframe for a response to the survey expired. |
| **Time Survey Completed\*** | Enter the time the response was completed or the time the appointment data was extracted (hh:mm am/pm). If the provider is ineligible or declined to respond to the survey, enter the time the provider was deemed ineligible or refused to respond to the survey. Enter "NA" if the network provider failed to respond within the timeframe set for a response to the survey. |
| **Name of Individual Conducting the Survey\*** | If conducting the PAAS using a telephone call, enter the first name and first initial of the surveyor's last name (the person who made the call on behalf of the health plan). If the name of the surveyor is unavailable to the health plan, a unique ID may be used to identify the surveyor. Enter "NA" if the survey was not completed by telephone. |
| **Person Spoken to\*** | Enter the name of the person who responded to the PAAS on behalf of the network provider, if applicable. |
| **Question 1 and 2**  **When is the next available appointment date with [Provider Name] for [an urgent care or a non-urgent appointment]?\*** | Based on the network provider’s response to the PAAS questions regarding the next available urgent care appointment (Question 1) or non-urgent appointment (Question 2) (or the appointment data obtained in response to these questions through Extraction), enter the date of the network provider’s next available appointment (e.g. mm/dd/yy) in the field applicable to the appointment type. Enter "NA" if the network provider indicated that this appointment type is not applicable or the network provider is a non-responder or ineligible. (See paragraphs 58-60 of the PAAS Manual.) Enter “Unknown” if the network provider is not scheduling appointments at the time of the survey because the network provider is out of the office (e.g., vacation, maternity leave, etc.). |
| **Question 1 and 2**  **When is the next available appointment time with [Provider Name] for [an urgent care or a non-urgent appointment]?\*** | Based on the network provider’s response to the PAAS questions regarding the next available urgent care appointment (Question 1) or non-urgent appointment (Question 2) (or the appointment data obtained in response to these questions through Extraction), enter the time of the network provider’s next available appointment (e.g. hh:mm am/pm) in the field applicable to the appointment type. Enter "NA" if the network provider indicated that this appointment type is not applicable or the network provider is a non-responder or ineligible. (See paragraphs 58-60 of the PAAS Manual.) Enter “Unknown” if the network provider is not scheduling appointments at the time of the survey because the network provider is out of the office (e.g., vacation, maternity leave, etc.). |
| **Calculation 1 and 2**  **Yes, there is an available appointment within [applicable time-elapsed standard].**  **No, there is no available appointment within [applicable time-elapsed standard].\*** | Calculation 1 refers to the network provider's next available urgent care appointment. Calculation 2 refers to the network provider's next available non-urgent appointment.  Indicate whether the network provider’s next available appointment falls within the applicable standard for Calculation 1 and Calculation 2 by entering:   * "Y" to indicate "Yes, there is an available appointment within [applicable time-elapsed standard]." * "N" to indicate "No, there is no available appointment within [applicable time-elapsed standard]." (If "Unknown" is entered into the next available appointment date and time response fields, no appointment is available with this network provider within the applicable time-elapsed standard.) * "NA" if the appointment type is not applicable to this network provider, the network provider is a non-responder, or the network provider is ineligible.   Each Raw Data Report Form sets forth the applicable timeframe for the Provider Survey Type, based on the time-elapsed standards set forth in Rule 1300.67.2.2(c). Refer to paragraphs 68-70 of the PAAS Manual and the Survey Tool, set forth in Appendix 2 of the PAAS Manual for specific instructions regarding each calculation. |
| **Urgent Care Appointment Type*\**** | If the provider responded to the survey by indicating that the next available urgent care appointment is an in-person appointment, record "In-Person" in this field. If the provider responded to the survey by indicating that the next available urgent care appointment is a telehealth appointment, record "Telehealth" in this field. If the provider responded to the survey by indicating that the next available urgent care appointment could be either in-person or telehealth, record “Either” in this field. |
| **Non-Urgent Appointment Type\*** | If the provider responded to the survey by indicating that the next available non-urgent appointment is an in-person appointment, record "In-Person" in this field. If the provider responded to the survey by indicating that the next available non-urgent appointment is a telehealth appointment, record "Telehealth" in this field. If the provider responded to the survey by indicating that the next available non-urgent appointment could be either in-person or telehealth, record “Either” in this field. |
| **Question 3**  **Does [Provider Name] use any of the following methods to provide urgent care?** | Enter one or more of the following codes:  • Triage to assess the appropriate wait time  • Schedule the patient with another provider in the office  • Schedule more than one patient for the same appointment time  • Refer the patient to a provider in another office  • Refer the patient to an after-hours or urgent care clinic  • Refer the patient to their health plan for assistance obtaining a timely appointment  • Other - [Describe the provider’s response(s)]  • No  • NA  Enter “No” if provider indicated that they had no other ways to offer urgent care services.  Enter “NA” and a brief description of the provider’s response if applicable.  Leave this field blank if the network provider is a non-responder or ineligible. |
| **REQUESTED FIELD** | **INSTRUCTIONS** Enter data in each field according to the instructions below. |
| **Comments 1** | In this optional field, the health plan may provide any explanations or notes to the Department regarding the information being reported. |
| **Comments 2** | In this optional field, the health plan may provide any explanations or notes to the Department regarding the information being reported. |
| **Comments 3** | In this optional field, the health plan may provide any explanations or notes to the Department regarding the information being reported. |

**Psychiatrists Raw Data Report Form (Form No. 40-262)**

| **Field Name** | **Field Instructions - Psychiatrists Raw Data Report Form** |
| --- | --- |
| **REQUIRED FIELD** | **INSTRUCTIONS** Enter data in each field according to the instructions below. |
| **Network Information** | |
| **Network Name** | Enter the network name within which the reported provider serves as a network provider, as defined in Rule 1300.67.2.2(b)(9). |
| **Network ID** | Enter the network identifier for the reported network name. Network identifiers are assigned by the Department and made available in the Department's web portal. |
| **Subcontracted Plan Information** | |
| **Subcontracted Plan License Number** | Enter the subcontracted plan license number. Complete this field if the reporting plan includes the network provider in this network due to a plan-to-plan contract with a subcontracted plan, as described in Rules 1300.67.2.2(b)(10)(B)(iv) and (b)(13). Each health plan's license number is available on the Department's web portal. |
| **Subcontracted Plan Network ID** | Enter the subcontracted plan network identifier. Complete this field if the reporting plan includes the network provider in this network due to a plan-to-plan contract with a subcontracted plan’s network, as the terms are defined in Rules 1300.67.2.2(b)(10)(B)(iv) and (b)(13). |
| **Network Provider Information** | |
| **Last Name** | Enter the last name of the network provider. |
| **First Name** | Enter the first name of the network provider. |
| **FQHC/RHC Name** | Enter the name of the FQHC/RHC network provider. |
| **NPI** | Enter the unique National Provider Identifier (NPI) assigned to the network provider, active on the network capture date. |
| **CA License** | Enter the California license number of the network provider, active on the network capture date. |
| **Non-CA License** | Enter the license number of the network provider, issued outside of the state of California, active on the network capture date. |
| **Non-CA License State** | Enter the state in which the non-California license was issued. |
| **License Type** | Enter the network provider's type of license, as set forth in Appendix D. |
| **Specialty** | Enter the network provider's specialty or subspecialty, as set forth in Appendix B, as of the network capture date. |
| **Board Certified / Eligible** | For each reported specialty or subspecialty, indicate whether the network provider is board-certified or board-eligible. |
| **Provider Group** | Enter the name of the provider group affiliated with the network provider, if applicable. |
| **Network Tier ID** | Enter the network tier in which the network provider is available to enrollees if the network is a tiered network. Refer to the definition of network tier in Rule 1300.67.2.2. |
| **Network Provider Practice Location and Associated Information** | |
| **Practice Address** | Enter the street number and street name of the practice address. If the network provider schedules in-person appointments (or schedules in-person and telehealth appointments) when contacted for appointments at that practice address, report only the physical location at which the network provider delivers in-person health care services. If the network provider only schedules telehealth appointments at this practice address, enter "NA". |
| **Practice Address 2** | Enter the number of the office, suite, building or other location identifier for the practice address, if applicable. |
| **City** | Enter the city in which the practice address is located. Enter "NA" if the provider offers appointments only via telehealth. |
| **County** | Enter the county in which the practice address is located. Enter "Telehealth" if the provider offers appointments only via telehealth. |
| **State** | Enter the state in which the practice address is located. Enter "NA" if the provider offers appointments only via telehealth. |
| **ZIP Code** | Enter the ZIP Code in which the practice address is located. Enter "NA" if the provider offers appointments only via telehealth. |
| **Phone Number 1** | This field is included for the health plan’s use in conducting the PAAS only. This information shall not be submitted to the Department in this report form. |
| **Phone Number 2** | This field is included for the health plan’s use in conducting the PAAS only. This information shall not be submitted to the Department in this report form. |
| **Phone Number 3** | This field is included for the health plan’s use in conducting the PAAS only. This information shall not be submitted to the Department in this report form. |
| **Fax Number 1** | This field is included for the health plan’s use in conducting the PAAS only. This information shall not be submitted to the Department in this report form. |
| **Fax Number 2** | This field is included for the health plan’s use in conducting the PAAS only. This information shall not be submitted to the Department in this report form. |
| **Fax Number 3** | This field is included for the health plan’s use in conducting the PAAS only. This information shall not be submitted to the Department in this report form. |
| **Email Address 1** | This field is included for the health plan’s use in conducting the PAAS only. This information shall not be submitted to the Department in this report form. |
| **Email Address 2** | This field is included for the health plan’s use in conducting the PAAS only. This information shall not be submitted to the Department in this report form. |
| **Email Address 3** | This field is included for the health plan’s use in conducting the PAAS only. This information shall not be submitted to the Department in this report form. |
| **Telehealth** | Enter "Y" if the provider offers appointments to enrollees only via telehealth and "NA" is present in the “Practice Address,” “City,” “State” and “ZIP Code” fields, otherwise enter "N." |
| **PAAS Information** | |
| **Provider Survey Type** | For each network provider, enter "Psychiatrists" in this field. |
| **Survey Modality** | Enter the survey administration modality used by the health plan to obtain the network provider’s response to the PAAS using the following values:   * "Three Step Protocol" * "Extraction"   Review paragraphs 42-53 of the PAAS Manual for further information related to PAAS modalities. The Qualified Advanced Access Provider modality shall only be used for Primary Care Providers. |
| **Sample Type** | Enter "Random Sample" if the health plan administered the survey to a randomly selected sample of network providers in the County/Network. Enter "Census" if the health plan conducted a census (surveyed all the network providers) in the County/Network. |
| **Outcome\*** | Indicate the network provider’s PAAS outcome, based on the criteria set forth in the PAAS Manual, by entering one of the following values:   * "Eligible – Completed Survey" * "Refused – Refused/Declined to Respond" * "Refused – No Response" * “Ineligible – Provider Not in Health Plan Network” * “Ineligible – Provider Not in County” * “Ineligible – Provider Retired or Ceasing to Practice” * “Ineligible – Provider Listed Under Incorrect Specialty” * “Ineligible – Contact Information Issue (Incorrect Phone or Fax Number/Email)” * “Ineligible – Provider Does Not Offer Appointments”   (See paragraphs 58-60 and 63 of the PAAS Manual for further information related to PAAS Outcomes.) |
| **Survey Completed via\*** | Indicate whether the survey was completed via:   * "Phone" * "Fax" * "Email/Online" * "Extraction – Electronic" * "Extraction – Manual"   For non-responding and ineligible providers, enter the last method the health plan used in attempting to survey the network provider. Enter “NA” if the health plan deemed the provider ineligible prior to the health plan administering the survey. (See paragraph 59 in the PAAS Manual for further information regarding the deeming provision.) |
| **Wave/CSA\*** | Identify whether the provider was included in the survey as part of the first wave, second wave, or continuous survey administration using the following values: “Wave One”, "Wave Two", or “CSA.” Enter “NA” if there are less five providers in the County/Network of the applicable Provider Survey Type or the health plan deemed the provider ineligible prior to the health plan administering the survey. (See paragraph 59 in the PAAS Manual for further information regarding the deeming provision.) |
| **Name of Health Plan that Surveyed Subcontracted Provider** | Enter the name of the health plan that surveyed the subcontracted provider, if applicable. |
| **Was a Subcontracted Network(s) Used to Determine Sample Size?** | If the required sample size was determined based on one or more subcontracted networks, enter 1 or 2.  Enter 1 if the required sample size was determined based on one or more subcontracted networks and no directly contracted providers were included when the health plan determined the required sample size.  Enter 2 if the required sample size was determined based on a combination of directly contracted providers and one or more subcontracted networks. |
| **Subcontracted Plan License Number(s) Used to Determine Sample Size** | If the required sample size was determined based on one or more subcontracted networks, enter each Subcontracted Plan License Number.  (See paragraph 8 of the PAAS Manual for additional details.) |
| **Date Survey Initiated\*** | Enter the date the survey was initiated via Email, Electronic Communication, Fax or Extraction. If the survey was not initiated by Email, Electronic Communication, Fax or Extraction (e.g., this contact information was not available), and as a result the survey was initiated by telephone, enter the date of the first telephone call made to the network provider in attempting to initiate the survey. Enter “NA” if the health plan deemed the provider ineligible prior to the health plan administering the survey. (See paragraph 59 in the PAAS Manual for further information regarding the deeming provision.) |
| **Date Survey Completed\*** | Enter the date the response was completed or the date the appointment data was extracted (mm/dd/yy). If the provider is ineligible or a non-responder, enter the date the provider was deemed ineligible, refused to respond to the survey or the timeframe for a response to the survey expired. |
| **Time Survey Completed\*** | Enter the time the response was completed or the time the appointment data was extracted (hh:mm am/pm). If the provider is ineligible or declined to respond to the survey, enter the time the provider was deemed ineligible or refused to respond to the survey. Enter "NA" if the network provider failed to respond within the timeframe set for a response to the survey. |
| **Name of Individual Conducting the Survey\*** | If conducting the PAAS using a telephone call, enter the first name and first initial of the surveyor's last name (the person who made the call on behalf of the health plan). If the name of the surveyor is unavailable to the health plan, a unique ID may be used to identify the surveyor. Enter "NA" if the survey was not completed by telephone. |
| **Person Spoken to\*** | Enter the name of the person who responded to the PAAS on behalf of the network provider, if applicable. |
| **Question 1 and 2**  **When is the next available appointment date with [Provider Name] for [an urgent care or a non-urgent appointment]?\*** | Based on the network provider’s response to the PAAS questions regarding the next available urgent care appointment (Question 1) or non-urgent appointment (Question 2) (or the appointment data obtained in response to these questions through Extraction), enter the date of the network provider’s next available appointment (e.g. mm/dd/yy) in the field applicable to the appointment type. Enter "NA" if the network provider indicated that this appointment type is not applicable or the network provider is a non-responder or ineligible. (See paragraphs 58-60 of the PAAS Manual.) Enter “Unknown” if the network provider is not scheduling appointments at the time of the survey because the network provider is out of the office (e.g., vacation, maternity leave, etc.). |
| **Question 1 and 2**  **When is the next available appointment time with [Provider Name] for [an urgent care or a non-urgent appointment]?\*** | Based on the network provider’s response to the PAAS questions regarding the next available urgent care appointment (Question 1) or non-urgent appointment (Question 2) (or the appointment data obtained in response to these questions through Extraction), enter the time of the network provider’s next available appointment (e.g. hh:mm am/pm) in the field applicable to the appointment type. Enter "NA" if the network provider indicated that this appointment type is not applicable, or the network provider is a non-responder or ineligible. (See paragraphs 58-60 of the PAAS Manual.) Enter “Unknown” if the network provider is not scheduling appointments at the time of the survey because the network provider is out of the office (e.g., vacation, maternity leave, etc.). |
| **Calculation 1 and 2**  **Yes, there is an available appointment within [applicable time-elapsed standard].**  **No, there is no available appointment within [applicable time-elapsed standard].\*** | Calculation 1 refers to the network provider's next available urgent care appointment. Calculation 2 refers to the network provider's next available non-urgent appointment.  Indicate whether the network provider’s next available appointment falls within the applicable standard for Calculation 1 and Calculation 2 by entering:   * "Y" to indicate "Yes, there is an available appointment within [applicable time-elapsed standard]." * "N" to indicate "No, there is no available appointment within [applicable time-elapsed standard]." (If "Unknown" is entered into the next available appointment date and time response fields, no appointment is available with this network provider within the applicable time-elapsed standard.) * "NA" if the appointment type is not applicable to this network provider, the network provider is a non-responder, or the network provider is ineligible.   Each Raw Data Report Form sets forth the applicable timeframe for the Provider Survey Type, based on the time-elapsed standards set forth in Rule 1300.67.2.2(c). Refer to paragraphs 68-70 of the PAAS Manual and the Survey Tool, set forth in Appendix 2 of the PAAS Manual for specific instructions regarding each calculation. |
| **Urgent Care Appointment Type\*** | If the provider responded to the survey by indicating that the next available urgent care appointment is an in-person appointment, record "In-Person" in this field. If the provider responded to the survey by indicating that the next available urgent care appointment is a telehealth appointment, record "Telehealth" in this field. If the provider responded to the survey by indicating that the next available urgent care appointment could be either in-person or telehealth, record “Either” in this field. |
| **Non-Urgent Appointment Type*\**** | If the provider responded to the survey by indicating that the next available non-urgent appointment is an in-person appointment, record "In-Person" in this field. If the provider responded to the survey by indicating that the next available non-urgent appointment is a telehealth appointment, record "Telehealth" in this field. If the provider responded to the survey by indicating that the next available non-urgent appointment could be either in-person or telehealth, record “Either” in this field. |
| **Question 3**  **Does [Provider Name] use any of the following methods to provide urgent care?** | Enter one or more of the following codes:  • Triage to assess the appropriate wait time  • Schedule the patient with another provider in the office  • Schedule more than one patient for same appointment time  • Refer the patient to a provider in another office  • Refer the patient to an after-hours or urgent care clinic  • Refer the patient to their health plan for assistance obtaining a timely appointment  • Other - [Describe the provider’s response(s)]  • No  • NA  Enter “No” if provider indicated that they had no other ways to offer urgent care services.  Enter “NA” and a brief description of the provider’s response if applicable.  Leave this field blank if the network provider is a non-responder or ineligible. |
| **REQUESTED FIELD** | **INSTRUCTIONS** Enter data in each field according to the instructions below. |
| **Comments 1** | In this optional field, the health plan may provide any explanations or notes to the Department regarding the information being reported. |
| **Comments 2** | In this optional field, the health plan may provide any explanations or notes to the Department regarding the information being reported. |
| **Comments 3** | In this optional field, the health plan may provide any explanations or notes to the Department regarding the information being reported. |

**Ancillary Service Providers Raw Data Report Form (Form No. 40-263)**

| **Field Name** | **Field Instructions - Ancillary Service Providers Raw Data Report Form** |
| --- | --- |
| **REQUIRED FIELD** | **INSTRUCTIONS** Enter data in each field according to the instructions below. |
| **Network Information** | |
| **Network Name** | Enter the network name within which the reported provider serves as a network provider, as defined in Rule 1300.67.2.2(b)(9). |
| **Network ID** | Enter the network identifier for the reported network name. Network identifiers are assigned by the Department and made available in the Department's web portal. |
| **Subcontracted Plan Information** | |
| **Subcontracted Plan License Number** | Enter the subcontracted plan license number. Complete this field if the reporting plan includes the network provider in this network due to a plan-to-plan contract with a subcontracted plan, as described in Rules 1300.67.2.2(b)(10)(B)(iv) and (b)(13). Each health plan's license number is available on the Department's web portal. |
| **Subcontracted Plan Network ID** | Enter the subcontracted plan network identifier. Complete this field if the reporting plan includes the network provider in this network due to a plan-to-plan contract with a subcontracted plan’s network, as the terms are defined in Rules 1300.67.2.2(b)(10)(B)(iv) and (b)(13). |
| **Network Provider Information** | |
| **Entity or Facility Name** | Enter the name of the entity or facility providing the ancillary service. |
| **DBA** | Enter the "Doing-Business-As" name of the network provider, if applicable. |
| **FQHC/RHC Name** | Enter the name of the FQHC/RHC network provider. |
| **NPI** | Enter the unique National Provider Identifier (NPI) assigned to the entity or facility, active on the network capture date. |
| **Provider Type** | Enter the provider type, as set forth in Appendix B that describes the entity or facility network provider's area of practice. |
| **Provider Group** | Enter the name of the provider group affiliated with the network provider, if applicable. |
| **Network Tier ID** | Enter the network tier in which the network provider is available to enrollees if the network is a tiered network. Refer to the definition of network tier in Rule 1300.67.2.2 |
| **Network Provider Practice Location and Associated Information** | |
| **Practice Address** | Enter the street number and street name of the practice address. If the network provider schedules in-person appointments (or schedules in-person and telehealth appointments) when contacted for appointments at that practice address, report only the physical location at which the network provider delivers in-person health care services. If the network provider only schedules telehealth appointments at this practice address, enter "NA". |
| **Practice Address 2** | Enter the number of the office, suite, building or other location identifier for the practice address, if applicable. |
| **City** | Enter the city in which the practice address is located. Enter "NA" if the provider offers appointments only via telehealth. |
| **County** | Enter the county in which the practice address is located. Enter "Telehealth" if the provider offers appointments only via telehealth. |
| **State** | Enter the state in which the practice address is located. Enter "NA" if the provider offers appointments only via telehealth. |
| **ZIP Code** | Enter the ZIP Code in which the practice address is located. Enter "NA" if the provider offers appointments only via telehealth. |
| **Phone Number 1** | This field is included for the health plan’s use in conducting the PAAS only. This information shall not be submitted to the Department in this report form. |
| **Phone Number 2** | This field is included for the health plan’s use in conducting the PAAS only. This information shall not be submitted to the Department in this report form. |
| **Phone Number 3** | This field is included for the health plan’s use in conducting the PAAS only. This information shall not be submitted to the Department in this report form. |
| **Fax Number 1** | This field is included for the health plan’s use in conducting the PAAS only. This information shall not be submitted to the Department in this report form. |
| **Fax Number 2** | This field is included for the health plan’s use in conducting the PAAS only. This information shall not be submitted to the Department in this report form. |
| **Fax Number 3** | This field is included for the health plan’s use in conducting the PAAS only. This information shall not be submitted to the Department in this report form. |
| **Email Address 1** | This field is included for the health plan’s use in conducting the PAAS only. This information shall not be submitted to the Department in this report form. |
| **Email Address 2** | This field is included for the health plan’s use in conducting the PAAS only. This information shall not be submitted to the Department in this report form. |
| **Email Address 3** | This field is included for the health plan’s use in conducting the PAAS only. This information shall not be submitted to the Department in this report form. |
| **Telehealth** | Enter "Y" if the provider offers appointments to enrollees only via telehealth and "NA" is present in the “Practice Address,” “City,” “State” and “ZIP Code” fields, otherwise enter "N." |
| **PAAS Information** | |
| **Provider Survey Type** | For each network provider, enter "Ancillary Service Providers" in this field. |
| **Survey Modality** | Enter the survey administration modality used by the health plan to obtain the network provider’s response to the PAAS using the following values:   * "Three Step Protocol" * "Extraction"   Review paragraphs 42-53 of the PAAS Manual for further information related to PAAS modalities. The Qualified Advanced Access Provider modality shall only be used for Primary Care Providers. |
| **Sample Type** | Enter "Random Sample" if the health plan administered the survey to a randomly selected sample of network providers in the County/Network. Enter "Census" if the health plan conducted a census (surveyed all the network providers) in the County/Network. |
| **Outcome\*** | Indicate the network provider’s PAAS outcome, based on the criteria set forth in the PAAS Manual, by entering one of the following values:   * "Eligible – Completed Survey" * "Refused – Refused/Declined to Respond" * "Refused – No Response" * “Ineligible – Provider Not in Health Plan Network” * “Ineligible – Provider Not in County” * “Ineligible – Provider Retired or Ceasing to Practice” * “Ineligible – Provider Listed Under Incorrect Specialty” * “Ineligible – Contact Information Issue (Incorrect Phone or Fax Number/Email)” * “Ineligible – Provider Does Not Offer Appointments”   (See paragraphs 58-60 and 63 of the PAAS Manual for further information related to PAAS Outcomes.) |
| **Survey Completed via\*** | Indicate whether the survey was completed via:   * "Phone" * "Fax" * "Email/Online" * "Extraction – Electronic" * "Extraction – Manual"   For non-responding and ineligible providers, enter the last method the health plan used in attempting to survey the network provider. Enter “NA” if the health plan deemed the provider ineligible prior to the health plan administering the survey. (See paragraph 59 in the PAAS Manual for further information regarding the deeming provision.) |
| **Wave/CSA\*** | Identify whether the provider was included in the survey as part of the first wave, second wave, or continuous survey administration using the following values: “Wave One”, "Wave Two", or “CSA.” Enter “NA” if there are less five providers in the County/Network of the applicable Provider Survey Type or the health plan deemed the provider ineligible prior to the health plan administering the survey. (See paragraph 59 in the PAAS Manual for further information regarding the deeming provision.) |
| **Name of Health Plan that Surveyed Subcontracted Provider** | Enter the name of the health plan that surveyed the subcontracted provider, if applicable. |
| **Was a Subcontracted Network(s) Used to Determine Sample Size?** | If the required sample size was determined based on one or more subcontracted networks, enter 1 or 2.  Enter 1 if the required sample size was determined based on one or more subcontracted networks and no directly contracted providers were included when the health plan determined the required sample size.  Enter 2 if the required sample size was determined based on a combination of directly contracted providers and one or more subcontracted networks. |
| **Subcontracted Plan License Number(s) Used to Determine Sample Size** | If the required sample size was determined based on one or more subcontracted networks, enter each Subcontracted Plan License Number.  (See paragraph 8 of the PAAS Manual for additional details.) |
| **Date Survey Initiated\*** | Enter the date the survey was initiated via Email, Electronic Communication, Fax or Extraction. If the survey was not initiated by Email, Electronic Communication, Fax or Extraction (e.g., this contact information was not available), and as a result the survey was initiated by telephone, enter the date of the first telephone call made to the network provider in attempting to initiate the survey. Enter “NA” if the health plan deemed the provider ineligible prior to the health plan administering the survey. (See paragraph 59 in the PAAS Manual for further information regarding the deeming provision.) |
| **Date Survey Completed\*** | Enter the date the response was completed or the date the appointment data was extracted (mm/dd/yy). If the provider is ineligible or a non-responder, enter the date the provider was deemed ineligible, refused to respond to the survey or the timeframe for a response to the survey expired. |
| **Time Survey Completed\*** | Enter the time the response was completed or the time the appointment data was extracted (hh:mm am/pm). If the provider is ineligible or declined to respond to the survey, enter the time the provider was deemed ineligible or refused to respond to the survey. Enter "NA" if the network provider failed to respond within the timeframe set for a response to the survey. |
| **Name of Individual Conducting the Survey\*** | If conducting the PAAS using a telephone call, enter the first name and first initial of the surveyor's last name (the person who made the call on behalf of the health plan). If the name of the surveyor is unavailable to the health plan, a unique ID may be used to identify the surveyor. Enter "NA" if the survey was not completed by telephone. |
| **Person Spoken to\*** | Enter the name of the person who responded to the PAAS on behalf of the network provider, if applicable. |
| **Question 1**  **When is the next available appointment date with [Provider Name] for a non-urgent appointment?\*** | Based on the network provider’s response to the PAAS question regarding the next available non-urgent appointment (Question 1) (or the appointment data obtained in response to this question through Extraction), enter the date of the network provider’s next available non-urgent appointment (e.g. mm/dd/yy) in this field. Enter "NA" if the network provider indicated that this appointment type is not applicable, the network provider is a non-responder or ineligible. (See paragraphs 54-60 of the PAAS Manual.) Enter “Unknown” if the network provider is not scheduling appointments at the time of the survey because the network provider is out of the office (e.g., vacation, maternity leave, etc.). |
| **Question 1**  **When is the next available appointment time with [Provider Name] for a non-urgent appointment?\*** | Based on the network provider’s response to the PAAS question regarding the next available non-urgent appointment (Question 1) (or the appointment data obtained in response to this question through Extraction), enter the time of the network provider’s next available appointment (e.g. hh:mm am/pm) in this field. Enter "NA" if the network provider indicated this appointment type is not applicable, or the network provider is a non-responder or ineligible. (See paragraphs 54-60 of the PAAS Manual.) Enter “Unknown” if the network provider is not scheduling appointments at the time of the survey because the network provider is out of the office (e.g., vacation, maternity leave, etc.). |
| **Calculation 1**  **Yes, there is an available appointment within 15 Business Days.**  **No, there is no available appointment within 15 Business Days.\*** | Indicate whether the network provider’s next available non-urgent appointment falls within the applicable standard by entering:   * "Y" to indicate "Yes, there is an available appointment within 15 Business Days." * "N" to indicate "No, there is no available appointment within 15 Business Days." (If "Unknown" is entered into the next available appointment date and time response fields, no appointment is available with this network provider within 15 Business Days.) * "NA" if the appointment type is not applicable to this network provider, the network provider is a non-responder, or the network provider is ineligible.   Urgent care appointments questions are not applicable to Ancillary Service Providers in the PAAS Manual. Refer to paragraphs 68-70 of the PAAS Manual and the Survey Tool, set forth in Appendix 2 of the PAAS Manual for specific instructions regarding each calculation. |
| **Non-Urgent Appointment Type\*** | If the provider responded to the survey by indicating that the next available non-urgent appointment is an in-person appointment, record "In-Person" in this field. If the provider responded to the survey by indicating that the next available non-urgent appointment is a telehealth appointment, record "Telehealth" in this field. If the provider responded to the survey by indicating that the next available non-urgent appointment could be either in-person or telehealth, record “Either” in this field. |
| **REQUESTED FIELD** | **INSTRUCTIONS** Enter data in each field according to the instructions below. |
| **Comments 1** | In this optional field, the health plan may provide any explanations or notes to the Department regarding the information being reported. |
| **Comments 2** | In this optional field, the health plan may provide any explanations or notes to the Department regarding the information being reported. |
| **Comments 3** | In this optional field, the health plan may provide any explanations or notes to the Department regarding the information being reported. |

## Results Report Form – Instructions

The health plan shall use the PAAS Manual, the instructions set forth below, and the health plan's Raw Data Report Forms to complete each field, and calculate the PAAS results for each county in each network (County/Network) and for each Provider Survey Type in the applicable Results Tab in the Results Report Form (e.g., use the Primary Care Providers Raw Data Report Form to complete the Primary Care Providers Results Tab). The health plan shall enter information in the Results Report Form on the following report forms:

* Primary Care Providers Results Tab,
* Non-Physician Mental Health Care Providers Results Tab,
* Specialist Physicians Results Tab,
* Psychiatrists Results Tab, and
* Ancillary Service Providers Results Tab.

The following field instructions describe the data that the reporting plan shall report within each field of the report form, consistent with Rule 1300.67.2.2(f) and (h)(6)(B). Refer to the [Definitions](#_Definitions) section of this Instruction Manual for additional explanation of the terms used within the field instructions for this report form.

The information entered by the health plan on each Results Tab is used to auto-populate and auto-calculate the Summary Rates of Compliance Tab and the Network by Provider Survey Type Tab. In order for the auto-calculated fields to operate correctly, a health plan shall include the PAAS results for all network providers in a single Results Report Form. The health plan shall complete all required fields.

**Results Report Form: Results Tab (Form No. 40-264)**

| **Field Name** | **Field Instructions - Results Report Form: [Provider Survey Type] Results Tab** |
| --- | --- |
| **REQUIRED FIELD** | **INSTRUCTIONS** Enter data in each field according to the instructions below. |
| **Survey Information** | |
| **Provider Survey Type** | Enter the Provider Survey Type for which the health plan is reporting results:   * "Primary Care Providers" * "Non-Physician Mental Health Care Providers" * "Specialist Physicians" * "Psychiatrists" * "Ancillary Service Providers" |
| **Survey Modality** | Enter the survey administration modality (or modalities) used to obtain the survey data for the Provider Survey Type in the County/Network using the following values:   * "Three Step Protocol" * "Qualified Advanced Access Provider" * "Extraction" * "Three Step Protocol/Qualified Advanced Access Provider" * "Three Step Protocol/Extraction" * "Qualified Advanced Access Provider/Extraction" * "Three Step Protocol/Qualified Advanced Access Provider/Extraction"   Review paragraphs 42-55 of the PAAS Manual for further information related to PAAS modalities. A health plan shall use the Qualified Advanced Access Provider modality only for Primary Care Providers. |
| **Sample Type** | For each Provider Survey Type within the County/Network, indicate the sample type by entering:   * "Random Sample" if the health plan administered the survey to a randomly selected sample of network providers but did not survey all network providers within the County/Network. * “Sample Exhaustion” if the health plan intended to administer the survey to a randomly selected sample of network providers but surveyed all network providers within the County/Network through the replacement of network providers from the oversample. * "Census" if the health plan conducted a census (surveyed all the network providers in the County/Network).   (See Step 3 of PAAS Manual for further details related to selecting the network providers the health plan is required survey under the PAAS.) |
| **Network Information** | |
| **Network Name** | Enter the network name, as defined in Rule 1300.67.2.2(b)(9), for which the health plan is reporting results. |
| **Network ID** | Enter the network identifier for the reported network name. Network identifiers are assigned by the Department and made available in the Department's web portal. |
| **Subcontracted Plan Information** | |
| **Subcontracted Plan License Number** | If the health plan is reporting PAAS results for a subcontracted plan’s network where the sample size was determined based only on the subcontracted plan’s providers, pursuant to paragraph 8b of the PAAS Manual, enter the subcontracted plan’s license number. Each health plan's license number is available on the Department's web portal. Leave this field blank if the health plan is reporting PAAS results for a network where the sample size was determined by combining any directly contracted providers and one or more subcontracted networks, pursuant to paragraph 8a of the PAAS Manual. |
| **Subcontracted Plan Network ID** | If the health plan is reporting PAAS results for a subcontracted plan’s network where the sample size was determined based only on the subcontracted plan’s providers, pursuant to paragraph 8b of the PAAS Manual, enter the subcontracted plan network identifier. Leave this field blank if the health plan is reporting PAAS results for a network where the sample size was determined by combining any directly contracted providers and one or more subcontracted networks, pursuant to paragraph 8a of the PAAS Manual. |
| **Geographic Information** | |
| **County** | Enter the county for which the health plan is reporting results. |
| **State** | Enter the state for which the health plan is reporting results. |
| **PAAS Results Information** | |
| **Number of Providers within County/Network** | Enter the number of network providers that were identified as a unique provider in the health plan's Contact List Report Form for the Provider Survey Type in the County/Network. Unique providers are those providers with a "Y" in the "Unique Provider" field of the Contact List Report Form that were remaining after all duplicate entries have been identified. (See Step 2 in the PAAS Manual for further instructions and details regarding identification of unique providers.)  The health plan will use the “Number of Providers within County/Network” to determine the "Required Sample Size." |
| **Number of Providers Attempted to be Surveyed** | Enter the total number of network providers the health plan attempted to survey via the Three Step Protocol, Extraction, and Qualified Advanced Access Provider for the Provider Survey Type in the County/Network. A survey attempt includes those network providers that responded, were ineligible and non-responders for the applicable County/Network.  The “Number of Providers Attempted to be Surveyed” is identified by calculating the number of network providers in the "Outcome" field of the Raw Data Report Form as "Eligible," "Refused," and "Ineligible." |
| **Number of Providers Responded via Three Step Protocol** | Enter the total number of network providers who responded to the applicable survey questions via the Three Step Protocol for the Provider Survey Type in the County/Network. Responding network providers include network providers that responded to the survey questions with appointment dates and times or indicated an appointment type (e.g., urgent care appointments) was not applicable to his/her practice. Responding network providers do not include non-responding providers, ineligible providers, network providers who responded via Extraction or as a Qualified Advanced Access Provider.  Responding network providers are identified in the Raw Data Report Form by filtering the "Outcome" field for "Eligible – Completed Survey" and the "Survey Completed via" field for "Phone," "Fax," and "Email/Online." |
| **Number of Providers Responded via Extraction** | Enter the total number of network providers who responded to the applicable survey questions via Extraction for the Provider Survey Type in the County/Network. Responding network providers include providers that provided extracted data with appointment dates and times or indicated an appointment type (e.g., urgent care appointments) was not applicable to his/her practice. Responding network providers do not include the non-responding providers, ineligible providers or network providers that responded via the Three Step Protocol or as a Qualified Advanced Access Provider.  The “Number of Providers Responded via Extraction” is identified by calculating from Raw Data Report Form the number of network providers identified in the "Outcome" field as "Eligible – Completed Survey" and the "Survey Completed via" field as "Extraction." |
| **Number of Providers Responded as a Qualified Advanced Access Provider**  **(Primary Care Providers Results Tab Only)** | If the health plan selected a random sample, report the total number of primary care providers who were randomly selected to be surveyed and deemed compliant as Qualified Advanced Access Providers in the County/Network. (See paragraphs 54-57 of the PAAS Manual for further details regarding Qualified Advanced Access Providers.) If the health plan used census, report the total number of primary care providers who were deemed compliant as a Qualified Advanced Access Provider in the County/Network.  Responding primary care providers are identified in the Raw Data Report Form by filtering the "Outcome" field for "Eligible – Completed Survey" and then filtering "Survey Completed via" field for "Qualified Advanced Access Providers." |
| **Required Sample Size** | Enter the required sample size necessary to achieve a statistically reliable sample for the Provider Survey Type in the County/Network. The required sample size is determined by using the "Number of Providers within County/Network" and the Sample Size Chart set forth in Appendix 1 of the PAAS Manual. |
| **Required Sample Size Achieved** | Enter "Y" if the health plan administered the survey to a randomly selected sample of network providers and was able to obtain a sufficient number of survey responses from network providers to reach the required sample size based on the "Required Sample Size" and the "Total Number of Providers Responded to Survey" fields.  Enter "Y" if the health plan surveyed a census of network providers and was able to obtain a sufficient number of completed responses from network providers to reach or exceed the required sample size based on the "Required Sample Size" and the "Total Number of Providers Responded to Survey" fields.  Enter "N" if the health plan was unable to meet the required sample size. (Even if the health plan was unable to meet the required sample size, the health plan shall still report all required information in the Results Report Form.) |
| **Number of Non-Responding Providers** | Enter the number of network providers who did not respond to one or more applicable survey questions or declined to participate in the survey for the Provider Survey Type in the County/Network.  The “Number of Non-Responding Providers” is identified by calculating the number of network providers identified in the "Outcome" field of the Raw Data Report Form as "Refused." (See paragraph 58 of the PAAS Manual for further information regarding non-responding providers.) |
| **Number of Ineligible Providers** | Enter the number of network providers who were identified as being ineligible for the Provider Survey Type in the County/Network.  The “Number of Ineligible Providers**”** is identified by calculating the number of network providers identified in the "Outcome" field of the Raw Data Report Form as "Ineligible." (See paragraphs 59-60 of the PAAS Manual for further information regarding ineligible providers.) |
| **Number of Providers who Responded to the Question Regarding the Availability of an Urgent Care Appointment within [48 Hours or 96 Hours]**  **(All Provider Survey Types Except Ancillary Service Providers)** | Enter the number of network providers who responded to the urgent care appointment question for the Provider Survey Type in the County/Network. Network providers that responded to the urgent care appointment question do not include ineligible providers, non-responding providers, or network providers that responded that urgent care appointments are not applicable.  The “Number of Providers who Responded to the Question Regarding the Availability of an urgent care Appointment within [48 Hours or 96 Hours]”, is identified by calculating from the Raw Data Report Form the number of network providers identified in the "Outcome" field as "Eligible - Completed Survey" and have a "Y" or "N" in the urgent care appointment “Calculation 1” field.  “Number of Providers who Responded to the Question Regarding the Availability of an Urgent Care Appointment within [48 Hours or 96 Hours]” is the denominator used to calculate the “Percentage of Providers with an Urgent Care Appointment Available within [48 Hours or 96 Hours].” (See paragraphs 70-72 of the PAAS Manual for further details.)  (Ancillary Service Providers are not surveyed for urgent care appointments. This field is not applicable for Ancillary Service Providers.) |
| **Number of Providers with an Urgent Care Appointment Available within [48 Hours or 96 Hours]**  **(All Provider Survey Types Except Ancillary Service Providers)** | Enter the number of network providers who indicated an urgent care appointment was available within the applicable standard (48 hours for Primary Care Providers or 96 hours for NPMH providers, Specialist Physicians, and Psychiatrists) for this Provider Survey Type in the County/Network.  The “Number of Providers with an Urgent Care Appointment Available within [48 Hours or 96 Hours]” is identified by calculating from the Raw Data Report Form the number of network providers identified in the "Outcome" field as "Eligible - Completed Survey" that have a "Y" in the urgent care appointment “Calculation 1” field.  The “Number of Providers with an Urgent Care Appointment Available within [48 Hours or 96 Hours]” is the numerator used to calculate the “Percentage of Providers with an Urgent Care Appointment Available within [48 Hours or 96 Hours].” (See paragraphs 70-72 of the PAAS Manual for further details.) (Ancillary Service Providers are not surveyed for urgent care appointments. This field is not applicable for Ancillary Service Providers.) |
| **Number of Providers who Responded to the Question Regarding the Availability of a Non-Urgent Appointment within [10 Business Days or 15 Business Days]** | Enter the number of network providers who responded to the non-urgent appointment question for the Provider Survey Type in the County/Network. Network providers who responded to the non-urgent appointment question do not include ineligible providers, non-responding providers, or network providers that responded that non-urgent appointments are not applicable.  The “Number of Providers who Responded to the Question Regarding the Availability of a Non-Urgent Appointment within [10 Business Days or 15 Business Days]” is identified by calculating from the Raw Data Report Form the number of network providers identified in the "Outcome" field as "Eligible - Completed Survey" and have a "Y" or "N" in the non-urgent appointment “Calculation 2” field (for Ancillary Service Providers refer to the "Calculation 1" field).  This number is the denominator used to calculate the “Percentage of Providers with a Non-Urgent Appointment Available within [10 Business Days or 15 Business Days] (Unweighted).” (See paragraphs 70-72 of the PAAS Manual for further details.) |
| **Number of Providers with a Non-Urgent Appointment Available within [10 Business Days or 15 Business Days]** | Enter the number of network providers who indicated a non-urgent appointment was available within the applicable standard (10 business days for Primary Care Providers and NPMH providers or 15 business days for Specialist Physicians, Psychiatrists and Ancillary Service Providers) for the Provider Survey Type in the County/Network.  The “Number of Providers with a Non-Urgent Appointment Available within [10 Business Days or 15 Business Days]” is identified by calculating from the Raw Data Report Form the number of network providers identified in the "Outcome" field as "Eligible - Completed Survey" that have a "Y" in the non-urgent appointment “Calculation 2” field (for Ancillary Service Providers refer to the "Calculation 1" field).  The “Number of Providers with a Non-Urgent Appointment Available within [10 Business Days or 15 Business Days]” is the numerator used to calculate the “Percentage of Providers with a Non-Urgent Appointment Available within [10 Business Days or 15 Business Days] (Unweighted).” (See paragraphs 70-72 of the PAAS Manual for further details.) |
| **Number of Providers who Responded to the Question Regarding the Availability of a Non-Urgent Follow-Up Appointment within 10 Business Days** | Enter the number of network providers who responded to the non-urgent follow-up appointment question in the County/Network. Network providers who responded to the non-urgent follow-up appointment question do not include ineligible providers, non-responding providers, or network providers that responded that non-urgent follow-up appointments are not applicable.  The “Number of Providers who Responded to the Question Regarding the Availability of a Non-Urgent Follow-Up Appointment within 10 Business Days” is identified by calculating from the NPMH Raw Data Report Form the number of network providers identified in the "Outcome" field as "Eligible - Completed Survey" and have a "Y" or "N" in the non-urgent follow-up appointment “Calculation 3” field.  This number is the denominator used to calculate the “Percentage of Providers with a Non-Urgent Follow-Up Appointment Available within 10 Business Days (Unweighted).” (See paragraphs 70-72 of the PAAS Manual for further details.)  (This field is only applicable for NPMH providers.) |
| **Number of Providers with a Non-Urgent Follow-Up Appointment Available within 10 Business Days** | Enter the number of network providers who indicated a non-urgent follow-up appointment was available within 10 business days in the County/Network.  The “Number of Providers with a Non-Urgent Follow-Up Appointment Available within 10 Business Days” is identified by calculating from the NPMH Raw Data Report Form the number of network providers identified in the "Outcome" field as "Eligible - Completed Survey" that have a "Y" in the non-urgent follow-up appointment “Calculation 3” field.  The “Number of Providers with a Non-Urgent Follow-Up Appointment Available within 10 Business Days” is the numerator used to calculate the “Percentage of Providers with a Non-Urgent Follow-Up Appointment Available within 10 Business Days (Unweighted).” (See paragraphs 70-72 of the PAAS Manual for further details.)  (This field is only applicable for NPMH providers.) |
| **Total Number of Providers Responded to Survey** | Verify the auto-calculated field is accurately reflected in the Results Report Form based on the numbers in the following fields for the Provider Survey Type in the County/Network.  Report the sum of the following fields: "Number of Providers Responded via Three Step Protocol," "Number of Providers Responded via Extraction," and "Number of Providers Responded as a Qualified Advanced Access Provider." |
| **Percentage of Non-Responding Providers** | Verify the auto-calculated field is accurately reflected in the Results Report Form based on the numbers in the following fields for the Provider Survey Type in the County/Network.  Use the "Number of Non-Responding Providers" field as the numerator. Add the "Number of Non-Responding Providers" field and "Total Number of Providers Responded to Survey" field to calculate the denominator. Divide the numerator by the denominator. Multiply this number (e.g., .89) by 100 to calculate and report a percentage (e.g., 89%) in this field. (See paragraphs 78-80 of the PAAS Manual for further information on calculating and reporting a percentage of non-responding providers.) |
| **Percentage of Ineligible Providers** | Verify the auto-calculated field is accurately reflected in the Results Report Form based on the numbers in the following fields for the Provider Survey Type in the County/Network.  Use the "Number of Ineligible Providers" field as the numerator. Add the "Number of Ineligible Providers" field, the "Number of Non-Responding Providers" field, and the "Total Number of Providers Responded to Survey" field to calculate the denominator. Divide the numerator by the denominator. Multiply this number (e.g., .89) by 100 to calculate and report a percentage (e.g., 89%) in this field. (See paragraphs 78-80 of the PAAS Manual for further information on calculating and reporting a percentage of ineligible providers.) |
| **Percentage of Providers with an Urgent Care Appointment Available within [48 Hours or 96 Hours] (Unweighted)**  **(All Provider Survey Types Except Ancillary Service Providers)** | Verify the auto-calculated fields are accurately reflected in the Results Report Form based on the numbers in the following fields for the Provider Survey Type in the County/Network.  The “Percentage of Providers with an Urgent Care Appointment Available within [48 Hours or 96 Hours] (Unweighted)” shall be reported for the Provider Survey Type in each County/Network. Divide the "Number of Providers with an Urgent Care Appointment Available within [48 Hours or 96 Hours]" field by the "Number of Providers who Responded to the Question Regarding the Availability of an Urgent Care Appointment within [48 Hours or 96 Hours]" field. Multiply this number (e.g., .89) by 100 to calculate a percentage (e.g., 89%). Report the "Percentage of Providers with an Urgent Care Appointment Available within [48 Hours or 96 Hours] (Unweighted)" as a percentage (e.g., 89%).  (Ancillary Service Providers are not surveyed for urgent care appointments. This field is not applicable for Ancillary Service Providers.) |
| **Percentage of Providers with a Non-Urgent Appointment Available within [10 Business Days or 15 Business Days] (Unweighted)** | Verify the auto-calculated fields are accurately reflected in the Results Report Form based on the numbers in the following fields for the Provider Survey Type in the County/Network.  The “Percentage of Providers with a Non-Urgent Appointment Available within [10 Business Days or 15 Business Days] (Unweighted)” shall be reported for the Provider Survey Type in each County/Network. Divide the "Number of Providers with a Non-Urgent Appointment Available within [10 Business Days or 15 Business Days]" field by the "Number of Providers who Responded to the Question Regarding the Availability of a Non-Urgent Appointment within [10 Business Days or 15 Business Days]" field for the non-urgent standard. Multiply this number (e.g., .89) by 100 to calculate a percentage (e.g., 89%). Report the "Percentage of Providers with a Non-Urgent Appointment Available within [10 Business Days or 15 Business Days] (Unweighted)" as a percentage (e.g., 89%). |
| **Percentage of Providers with a Non-Urgent Follow-Up Appointment Available within 10 Business Days (Unweighted)** | Verify the auto-calculated fields are accurately reflected in the Results Report Form based on the numbers in the following fields for the Provider Survey Type in the County/Network.  The “Percentage of Providers with a Non-Urgent Follow-Up Appointment Available within 10 Business Days (Unweighted)” shall be reported for NPMH providers in each County/Network. Divide the "Number of Providers with a Non-Urgent Follow-Up Appointment Available within 10 Business Days" field by the "Number of Providers who Responded to the Question Regarding the Availability of a Non-Urgent Follow-Up Appointment within 10 Business Days" field for the non-urgent follow-up standard. Multiply this number (e.g., .89) by 100 to calculate a percentage (e.g., 89%). Report the "Percentage of Providers with a Non-Urgent Follow-Up Appointment Available within 10 Business Days (Unweighted)" as a percentage (e.g., 89%).  (This field is only applicable for NPMH providers.) |
| **Number of Providers Weight Used for Calculating Aggregate Percentage of Providers with Timely Appointments for Urgent Care Appointments in Auto- Calculation Tabs**  **(All Provider Survey Types Except Ancillary Service Providers)** | Verify the auto-calculated fields are accurately reflected in the Results Report Form based on the numbers in the following fields for the Provider Survey Type in the County/Network.  This field is used for the total number of network providers in the County/Network for the Provider Survey Type when calculating aggregate weighted “Percentage of Providers with Timely Appointments for Urgent Care Appointments (Weighted)” field in the Network by Provider Survey Type Tab.  If no network providers in the County/Network responded to an urgent care appointment request, this field shall equal 0. If at least one network provider responded to an urgent care appointment request, this field is equal to the "Number of Providers within County/Network" field. (Ancillary Service Providers are not surveyed for urgent care appointments. This field is not applicable for Ancillary Service Providers.) |
| **Number of Providers Weight Used for Calculating Aggregate Percentage of Providers with Timely Appointments for Non-Urgent Appointments in Auto-Calculation Tabs** | Verify the auto-calculated fields are accurately reflected in the Results Report Form based on the numbers in the following fields for the Provider Survey Type in the County/Network.  This field is used for the total number of network providers in the County/Network for the Provider Survey Type when calculating aggregate weighted “Percentage of Providers with Timely Appointments for Non-Urgent Appointments (Weighted)” field in the Network by Provider Survey Type Tab.  If no network providers in the County/Network responded to a non-urgent appointment request, this field shall equal 0. If at least one network provider responded to the non-urgent appointment request, this field is equal to the "Number of Providers within County/Network" field. |
| **Number of Providers Weight Used for Calculating Aggregate Percentage of Providers with Timely Appointments for Non-Urgent Follow-Up Appointments in Auto-Calculation Tabs** | Verify the auto-calculated fields are accurately reflected in the Results Report Form based on the numbers in the following fields for the Provider Survey Type in the County/Network.  This field is used for the total number of network providers in the County/Network for NPMH providers when calculating aggregate weighted “Percentage of Providers with Timely Appointments for Non-Urgent Follow-Up Appointments (Weighted)” field in the Network by Provider Survey Type Tab.  If no network providers in the County/Network responded to a non-urgent follow-up appointment request, this field shall equal 0. If at least one network provider responded to the non-urgent follow-up appointment request, this field is equal to the "Number of Providers within County/Network" field.  (This field is only applicable for NPMH providers.) |
| **Network Tally** | This field is used to calculate how many unique networks were reported in the data. |

**Results Report Form: Summary of Rates of Compliance Tab**

The fields in the Summary of Rates of Compliance Tab are auto-calculated based on the information set forth in the following tabs:

* Primary Care Providers Results Tab;
* Non-Physician Mental Health Care Providers Results Tab;
* Specialist Physicians Results Tab;
* Psychiatrists Results Tab;
* Ancillary Service Providers Results Tab; and
* Network by Provider Survey Type Tab.

The health plan's final rates of compliance are reviewed and published by the Department in its Annual Timely Access Report. The final results published by the Department may be adjusted as a result of data errors, weighting corrections, omission of invalid data or other concerns identified by the Department.

| **Field Name** | **Field Instructions - Results Report Form: Summary of Rates of Compliance Tab** |
| --- | --- |
| **REQUIRED FIELD** | **INSTRUCTIONS** Each field will auto-populate based on the information entered into the [Provider Survey Type] Results Tab and the instructions below. |
| **Network Name** | This field auto-populates each network name reported by the health plan in the Results Tab. |
| **–Rate of Compliance Urgent Care Appointments**  **(All Provider Survey Types)** | This field auto-calculates the probability of obtaining an urgent care appointment using the weighted average of the urgent care appointment rate for each Provider Survey Type across all counties.  In the Network by Provider Survey Type Tab, for each network, sum the product of the "Total Number of Providers in Network (Urgent Care Appointments)" and "Percentage of Providers with Timely Appointments for Urgent Care Appointments (Weighted)" fields across all Provider Survey Types except Ancillary Service Providers. Divide the result by the sum of the "Total Number of Providers in Network (Urgent Care Appointments)" for each Provider Survey Type for the network.  Where:  PT = For each Provider Survey Type in the network. |
| **Sampling Error  Urgent Care Appointment Rates  (±)** | This field auto-calculates the sampling error with a 90% confidence level for the urgent care appointment rate.  In the Network by Provider Survey Type Tab, for each network, sum "Number of Providers who Responded to the Question Regarding the Availability of an Urgent Care Appointment Across All Counties" to generate the total number of network providers surveyed across all Provider Survey Types. Then sum the "Total Number of Providers in Network " across all Provider Survey Types to generate the total number of network providers. The “Sampling Error Urgent Care Appointment Rates” is auto-calculated using the total number of network providers, the total number of network providers surveyed, and the "Rate of Compliance Urgent Care Appointments (All Provider Survey Types)," using the following formula:  Where:    PT = For each Provider Survey Type in the network. |
| **Rate of Compliance Non-Urgent Appointments**  **(All Provider Survey Types)** | This field auto-calculates the probability of obtaining a non-urgent appointment using the weighted average of the non-urgent appointment rate for each Provider Survey Type across all counties.  In the Network by Provider Survey Type Tab, for each network, multiply the "Total Number of Providers in Network (Non-Urgent Appointments)" field with the "Percentage of Providers with Timely Appointments for Non-Urgent Appointments (Weighted)" field for all Provider Survey Types. Sum the results from each Provider Survey Type. Divide the result by the sum of the "Total Number of Providers in Network (Non-Urgent Appointments)" for each Provider Survey Type for the Network.  Where:  PT = For each Provider Survey Type in the network. |
| **Sampling Error  Non-Urgent Appointment Rates  (±)** | This field auto-calculates the sampling error with a 90% confidence level for the non-urgent appointment rate.  In the Network by Provider Survey Type Tab, for each network, sum "Number of Providers who Responded to the Question Regarding the Availability of a Non-Urgent Appointment Across All Counties" to generate the total number of network providers surveyed across all Provider Survey Types for non-urgent appointments. Then sum the "Total Number of Providers in Network " across all Provider Survey Types to generate the total number of providers for non-urgent appointments. The “Sampling Error Non-Urgent Appointment Rates” is auto-calculated with the total number of network providers, the total number of network providers surveyed, and "Rate of Compliance Non-Urgent Appointments (All Provider Survey Types)," using the following formula:    Where:  PT = For each Provider Survey Type in the network. |
| **Rate of Compliance Non-Urgent Follow-Up Appointments**  **(NPMH Providers Only)** | This field is copied from "Percentage of Providers with Timely Appointments for Non-Urgent Follow-Up Appointments (Weighted)" field from the Network by Provider Survey Type Tab for NPMH providers. Please refer to the explanation of how this field is calculated in the Network by Provider Survey Type Tab. |
| **Sampling Error**  **Non-Urgent Follow-Up Appointment Rates**  **(±)**  **(NPMH Providers Only)** | This field auto-calculates the sampling error with a 90% confidence level for the non-urgent follow-up appointment rate.  In the Network by Provider Survey Type Tab, for each network, use the "Number of Providers who Responded to the Question Regarding the Availability of a Non-Urgent Follow-Up Appointment Across All Counties" and the "Total Number of Providers in Network" for NPMH providers. The “Sampling Error Non-Urgent Appointment Rates” is auto-calculated with the total number of network providers, the total number of network providers surveyed, and "Rate of Compliance Non-Urgent Follow-Up Appointments (NPMH Providers only)," using the following formula:   |  | | --- | |  |   (This field is only applicable for NPMH providers. The “Total Number of Providers in Network” is for NPMH providers only.) |
| **Percentage of Urgent Care and Non-Urgent Appointments within Timely Access Standards for Primary Care Providers** | This field is copied from "Percentage of Urgent Care and Non-Urgent Appointments within Timely Access Standards (Weighted)" field from the Network by Provider Survey Type Tab for Primary Care Providers. Please refer to the explanation of how this field is calculated in the Network by Provider Survey Type Tab. |
| **Percentage of Urgent Care and Non-Urgent Appointments within Timely Access Standards for Non-Physician Mental Health Care Providers** | This field is copied from "Percentage of Urgent Care and Non-Urgent Appointments within Timely Access Standards (Weighted)" field from the Network by Provider Survey Type Tab for Non-Physician Mental Health Care Providers. Please refer to the explanation of how this field is calculated in the Network by Provider Survey Type Tab. |
| **Percentage of Urgent Care and Non-Urgent Appointments within Timely Access Standards for Specialist Physicians** | This field is copied from "Percentage of Urgent Care and Non-Urgent Appointments within Timely Access Standards (Weighted)" field from the Network by Provider Survey Type Tab for Specialist Physicians. Please refer to the explanation of how this field is calculated in the Network by Provider Survey Type Tab. |
| **Percentage of Urgent Care and Non-Urgent Appointments within Timely Access Standards for Psychiatrists** | This field is copied from "Percentage of Urgent Care and Non-Urgent Appointments within Timely Access Standards (Weighted)" field from the Network by Provider Survey Type Tab for Psychiatrists. Please refer to the explanation of how this field is calculated in the Network by Provider Survey Type Tab. |
| **Percentage of Non-Urgent Appointments within the Timely Access Standard for Ancillary Service Providers** | This field is copied from "Percentage of Providers with Timely Appointments for Urgent Care and Non-Urgent Appointment Types (Weighted)" field from the Network by Provider Survey Type Tab for Ancillary Service Providers. Please refer to the explanation of how this field is calculated in the Network by Provider Survey Type Tab. |

**Results Report Form: Network by Provider Survey Type Tab**

The fields in the Network by Provider Survey Type Tab are auto-calculated based on the information set forth in the following tabs:

* Primary Care Providers Results Tab;
* Non-Physician Mental Health Care Providers Results Tab;
* Specialist Physicians Results Tab;
* Psychiatrists Results Tab; and
* Ancillary Service Providers Results Tab.

The information in the Network by Provider Survey Type Tab is used to calculate the information in the Summary of Rates of Compliance Tab. The health plan's final rates of compliance are reviewed and published by the Department in its Annual Timely Access Report. The final results published by the Department may be adjusted as a result of data errors, weighting corrections, omission of invalid data or other concerns identified by the Department.

| **Field Name** | **Field Instructions - Results Report Form: Network by Provider Survey Type Tab** |
| --- | --- |
| **REQUIRED FIELD** | **INSTRUCTIONS** Each field will auto-populate based on the information entered into the [Provider Survey Type] Results Tab and the instructions below. |
| **Provider Survey Type** | This field auto-populates based on the corresponding Results Tab for the specific Provider Survey Type. |
| **Network Name** | For each Provider Survey Type, this field auto-populates each network name that reported data in the Results Tab associated with the Provider Survey Type. |
| **Total Number of Providers in Network (Urgent Care Appointments)** | For each Provider Survey Type in each network, this field auto-calculates the sum of the count of network providers in all counties. Network providers in counties where no network providers responded to the urgent care appointment request are not included in the sum.  In the Results Tab for each Provider Survey Type, for each network, sum the "Number of Providers Weight Used for Calculating Aggregate Percentage of Providers with Timely Appointments for Urgent Care Appointments in Auto Calculation Tabs" field for all counties.  Where:  C= County where the network has the Provider Survey Type  This field contains N/A values for Ancillary Service Providers. |
| **Expected Number of Providers with an Available Urgent Care Appointment** | For each Provider Survey Type in each network, this field auto-calculates the product of the percent of network providers that had an available urgent care appointment in a county and the number of network providers for each county, summed across all counties.  In the Results Tab for each Provider Survey Type, for each county a network is in, multiply the "Number of Providers Weight Used for Calculating Aggregate Percentage of Providers with Timely Appointments for Urgent Care Appointments in Auto Calculation Tabs" field by "Percentage of Providers with an Urgent Care Appointment Available within [48 Hours or 96 Hours] (Unweighted)" field and sum the results for all counties included in the network.  Where:  C= County where the network has the Provider Survey Type.  This field contains N/A values for Ancillary Service Providers. |
| **Percentage of Providers with Timely Appointments for Urgent Care Appointments (Weighted)** | For each Provider Survey Type in each network, this field auto-calculates the percentage of network providers with timely appointments for urgent care appointments for the entire network.  Divide the "Expected Number of Providers with an Available Urgent Care Appointment" field by "Total Number of Providers in Network (Urgent Care Appointments)" field.  This field contains N/A values for Ancillary Service Providers. |
| **Number of Providers who Responded to the Question Regarding the Availability of an Urgent Care Appointment Across All Counties** | For each Provider Survey Type in each network, this field auto-calculates the sum of network providers that responded to the availability of an urgent care appointment across all counties.  In the Results Tab for each Provider Survey Type, for each county a network is in, sum "Number of Providers who Responded to the Question Regarding the Availability of an Urgent Care Appointment" field for all counties included in the network.  Where:  C= County where the network has the Provider Survey Type.  This field contains N/A values for Ancillary Service Providers. |
| **Total Number of Providers in Network (Non-Urgent Appointments)** | For each Provider Survey Type in each network, this field auto-calculates the sum of the count of network providers in all counties. Network providers in counties where no network providers responded to the non-urgent appointment request are not included in the sum.  In the Results Tab for each Provider Survey Type, for each network, sum the "Number of Providers Weight Used for Calculating Aggregate Percentage of Providers with Timely Appointments for Non-Urgent Appointments in Auto Calculation Tabs" field for all counties.  where  Where:  C= County where the network has the Provider Survey Type |
| **Expected Number of Providers with an Available Non-Urgent Appointment** | For each Provider Survey Type in each network, this field auto-calculates the product of the percent of network providers that had non-urgent appointments and the number of network providers for each county, summed across all counties.  In the Results Tab for each Provider Survey Type, for each county a network is in, multiply the "Number of Providers Weight Used for Calculating Aggregate Percentage of Providers with Timely Appointments for Non-Urgent Appointments in Auto Calculation Tabs” field by "Percentage of Providers with a Non-Urgent Appointment Available within [10 Business Days or 15 Business Days] (Unweighted)" field and sum the results for all counties included in the network.  Where:  C= County where the network has the Provider Survey Type. |
| **Percentage of Providers with Timely Appointments for Non-Urgent Appointments (Weighted)** | For each Provider Survey Type in each network, this field auto-calculates the percentage of network providers with timely appointments for non-urgent care appointments for the entire network.  Divide the "Expected Number of Providers with an Available Non-Urgent Appointment" field by "Total Number of Providers in Network (Non-Urgent Appointments)" field. |
| **Number of Providers who Responded to the Question Regarding the Availability of a Non-Urgent Appointment Across All Counties** | For each Provider Survey Type in each network, this field auto-calculates the count of network providers that responded to the availability of a non-urgent appointment across all counties.  In the Results Tab for each Provider Survey Type, for each county a network is in, sum "Number of Providers who Responded to the Question Regarding the Availability of a Non-Urgent Appointment" field for all counties included in the network.  Where:  C= County where the network has the Provider Survey Type. |
| **Percentage of Urgent Care and Non-Urgent Appointments within Timely Access Standards (Weighted)** | For each Provider Survey Type in each network, this field auto-calculates the percentage of urgent care and non-urgent appointments within timely access standards by taking the weighted average of the percentage of network providers with timely appointments for urgent care and non-urgent appointments.  Multiply the "Total Number of Providers in Network (Urgent Care Appointments)" field by "Percentage of Providers with Timely Appointments for Urgent Care Appointments (Weighted)" field and "Total Number of Providers in Network (Non-Urgent Appointments)" field by “Percentage of Providers with Timely Appointments for Non-Urgent Appointments (Weighted)" field and sum the results. Divide the result by the sum of "Total Number of Providers in Network (Urgent Care Appointments)" and "Total Number of Providers in Network (Non-Urgent Appointments)" fields. |
| **Total Number of Providers in Network (Non-Urgent Follow-Up Appointments)** | This field auto-calculates the sum of the count of network providers in all counties. Network providers in counties where no network providers responded to the non-urgent follow-up appointment request are not included in the sum.  In the Results – NPMH Tab, for each network, sum the "Number of Providers Weight Used for Calculating Aggregate Percentage of Providers with Timely Appointments for Non-Urgent Follow-Up Appointments in Auto Calculation Tabs" field for all counties.  Where:  C= County where the network has the Provider Survey Type.  (This field is only applicable for NPMH providers and contains N/A values for all providers except for NPMH providers.) |
| **Expected Number of Providers with an Available Non-Urgent Follow-Up Appointment** | This field auto-calculates the product of the percent of network providers that had non-urgent follow-up appointments and the number of network providers for each county, summed across all counties.  In the Results – NPMH Tab, for each county a network is in, multiply the "Number of Providers Weight Used for Calculating Aggregate Percentage of Providers with Timely Appointments for Non-Urgent Follow-Up Appointments in Auto Calculation Tabs” field by "Percentage of Providers with a Non-Urgent Follow-Up Appointment Available within 10 Business Days] (Unweighted)" field and sum the results for all counties included in the network.  Where:  C= County where the network has the Provider Survey Type.  (This field is only applicable for NPMH providers and contains N/A values for all providers except for NPMH providers.) |
| **Percentage of Providers with Timely Appointments for Non-Urgent Follow-Up Appointments (Weighted)** | This field auto-calculates the percentage of network providers with timely appointments for non-urgent follow-up care appointments for the entire network.  Divide the "Expected Number of Providers with an Available Non-Urgent Follow-Up Appointment" field by "Total Number of Providers in Network (Non-Urgent Follow-Up Appointments)" field.  (This field is only applicable for NPMH providers and contains N/A values for all providers except for NPMH providers.) |
| **Number of Providers who Responded to the Question Regarding the Availability of a Non-Urgent Follow-Up Appointment Across All Counties** | This field auto-calculates the count of network providers that responded to the availability of a non-urgent follow-up appointment across all counties.  In the Results – NPMH Tab, for each county a network is in, sum "Number of Providers who Responded to the Question Regarding the Availability of a Non-Urgent Follow-Up Appointment" field for all counties included in the network.  Where:  C= County where the network has the Provider Survey Type.  (This field is only applicable for NPMH providers and contains N/A values for all providers except for NPMH providers.) |
| **Total Number of Providers in Network** | For each Provider Survey Type in each network, this field auto-calculates the count of all providers across all counties including counties where no providers responded to the survey.  In the Results Tab for each Provider Survey Type, for each county a network is in, sum "Number of Providers within County/Network" field for all counties included in the network.  Where:  C= County where the network has the Provider Survey Type. |
| **Network Tally** | This field auto-calculates the number of unique networks reported in the Results Tab for each Provider Survey Type. |

# Annual Network Report Forms

**REDACTED**

This section has been removed from the Timely Access Submission Instruction Manual. This section is redacted. Health plans were provided a separate RY 2024 Annual Network Submission Instruction Manual, as incorporated in 28 CCR 1300.67.2.2(h)(7) (amended April 25, 2023).[[11]](#footnote-18) The RY 2024 Annual Network Submission Instruction Manual is available within the web portal, which includes information related to the RY 2024 Annual Network Report Forms. Health plans will be provided updated Annual Network Report Forms and information for RY 2025 in advance of the reporting year, as required by Health and Safety Code section 1367.035 and 28 CCR 1300.67.2.2(h)(7) (amended April 25, 2023).

# Standardized Terminology Appendices

## Appendix A: Product Line Categories

| **Standardized Terminology**  **Product Line Categories** |
| --- |
| Covered CA EPO Individual Market |
| Covered CA EPO Small Group Market |
| Covered CA HMO Individual Market |
| Covered CA HMO Small Group Market |
| Covered CA PPO Individual Market |
| Covered CA PPO Small Group Market |
| Covered CA Tiered EPO/PPO Individual Market |
| Covered CA Tiered EPO/PPO Small Group Market |
| Employer Group |
| EPO Individual Market |
| EPO Large Group Market |
| EPO Small Group Market |
| Healthy Kids |
| HMO Individual Market |
| HMO Large Group Market |
| HMO Small Group Market |
| IHSS |
| MMP/EAE-DSNP (Formerly Cal MediConnect) |
| Medi-Cal |
| Medi-Cal Access (AIM) |
| MRMIP |
| PPO Individual Market |
| PPO Large Group Market |
| PPO Small Group Market |
| Specialized Mental Health Commercial Market |
| Tiered EPO/PPO Individual Market |
| Tiered EPO/PPO Large Group Market |
| Tiered EPO/PPO Small Group Market |
| Other |

## Appendix B: Provider Types

| **Standardized Terminology**  **Clinic Type** |
| --- |
| Alternative Birthing Center |
| Ambulatory Surgery Center/Surgical Clinic |
| Chronic Dialysis Clinic |
| Community Clinic |
| Federally Qualified Health Center (FQHC) |
| Free Standing - Primary Care |
| Free Standing - Specialty Care |
| Free Clinic |
| Psychology Clinic |
| Rehabilitation Clinic |
| Retail Health Clinic |
| Rural Health |
| Urgent Care Center |
| Other Outpatient Facility |

| **Standardized Terminology**  **Non-Physician Medical Practitioner Specialty Type**  **(NPMP, PCP-NPMP or Specialist-NPMP)** |
| --- |
| Adult Nurse Practitioner |
| Cardiovascular & Thoracic Surgery Physician Assistant |
| Clinical Nurse Specialist |
| Emergency Medicine Physician Assistant |
| Family Nurse Practitioner |
| Hospital Medicine Physician Assistant |
| Nephrology Physician Assistant |
| Nurse Anesthetist |
| Nurse-Midwife |
| Obstetrical-Gynecological Nurse Practitioner |
| Orthopaedic Surgery Physician Assistant |
| Pediatric Nurse Practitioner |
| Pediatrics Physician Assistant |
| Psychiatric-Mental Health Nurse |
| Psychiatry Physician Assistant |
| Public Health Nurse |
| Other |

| **Standardized Terminology**  **Non-Physician Mental Health Professional Specialty Type (MHP)** |
| --- |
| Adult |
| Adolescent |
| Alcohol and Other Drugs |
| Child |
| Geriatric |
| Prenatal and Maternal Mental Health |
| Qualified Autism Services Paraprofessional |
| Qualified Autism Services Professional |
| Qualified Autism Services Provider |
| Other |

| **Standardized Terminology**  **Other Outpatient Provider Type (OOP)** |
| --- |
| Acupuncture |
| Audiology |
| Chiropractic |
| Dialysis:In-Home or Hospital Outpatient |
| Dietician/Nutrition |
| Durable Medical Equipment/Supplies |
| Endodontics |
| Family Planning |
| General Dentist |
| Home Health |
| Hospice |
| Imaging/Radiology |
| Infusion/IV Therapy |
| Laboratory |
| Mammography |
| Nurse |
| Nurse Practitioner |
| Occupational Therapy |
| Optometry/Vision |
| Orthodontics |
| Orthotics/Prosthetics |
| Pediatric Dentistry |
| Periodontics |
| Pharmacy |
| Physical Therapy |
| Physician Assistant |
| Prosthodontics |
| Sleep Disorder Diagnosis/Treatment |
| Speech Therapy |
| Surgery - Oral |
| Other |

| **Standardized Terminology**  **Primary Care Physician Specialty Type (PCP)** |
| --- |
| Family Practice |
| General Practice |
| Internal Medicine |
| Obstetrics/Gynecology |
| Pediatrics |
| Other |

| **Standardized Terminology**  **Specialist Physician Specialty Type** | | |
| --- | --- | --- |
| (Includes related ABMS designations, if different from the standardized terminology,  and the ABMS Board(s) from which the specialty is issued.) | | |
| **Specialist Physician Specialty** | **ABMS Designation (for reference)** | **ABMS Board (for reference)** |
| Addiction Medicine |  | Board of Preventive Medicine |
| Addiction Psychiatry |  | Board of Psychiatry and Neurology |
| Adult Congenital Heart Disease |  | Board of Internal Medicine |
| Advanced Heart Failure and Transplant Cardiology |  | Board of Internal Medicine |
| Allergy/Immunology |  | Board of Allergy and Immunology |
| Anesthesiology |  | Board of Anesthesiology |
| Brain Injury Medicine |  | Board of Physical Medicine and Rehabilitation; Board of Psychiatry and Neurology |
| Cardiovascular Disease |  | Board of Internal Medicine |
| Child and Adolescent Psychiatry |  | Board of Psychiatry and Neurology |
| Clinical Cardiac Electrophysiology |  | Board of Internal Medicine |
| Clinical Neurophysiology |  | Board of Psychiatry and Neurology |
| Consultation-Liaison Psychiatry |  | Board of Psychiatry and Neurology |
| Critical Care Medicine | Critical Care Medicine; Anesthesiology Critical Care Medicine; Internal Medicine-Critical Care Medicine | Board of Anesthesiology; Board of Emergency Medicine; Board of Internal Medicine; Board of Obstetrics and Gynecology; Board of Pediatrics |
| Dermatology |  | Board of Dermatology |
| Dermatopathology |  | Board of Dermatology; Board of Pathology |
| Diagnostic Radiology | Diagnostic Radiology; Interventional Radiology and Diagnostic Radiology | Board of Radiology |
| Emergency Medicine | Emergency Medical Services | Board of Emergency Medicine |
| Endocrinology | Endocrinology, Diabetes and Metabolism | Board of Internal Medicine |
| Epilepsy |  | Board of Psychiatry and Neurology |
| Female Pelvic Medicine and Reconstructive Surgery |  | Board of Obstetrics and Gynecology; Board of Urology |
| Forensic Psychiatry |  | Board of Psychiatry and Neurology |
| Gastroenterology |  | Board of Internal Medicine |
| Genetics | Clinical Biochemical Genetics; Clinical Genetics and Genomics (MD); Clinical Molecular Genetics and Genomics; Clinical Cytogenetics and Genomics | Board of Medical Genetics and Genomics |
| Geriatric Medicine |  | Board of Family Medicine; Board of Internal Medicine |
| Geriatric Psychiatry |  | Board of Psychiatry and Neurology |
| Gynecologic Oncology |  | Board of Obstetrics and Gynecology |
| Hematology |  | Board of Internal Medicine |
| HIV/AIDS Specialist |  | Rule 1300.74.16 |
| Hospice and Palliative Medicine |  | Board of Anesthesiology; Board of Emergency Medicine; Board of Family Medicine, Board of Internal Medicine; Board of Obstetrics and Gynecology; Board of Pediatrics; Board of Physical Medicine and Rehabilitation; Board of Psychiatry and Neurology; Board of Radiology; Board of Surgery |
| Infectious Disease |  | Board of Internal Medicine |
| Internal Medicine |  | Board of Internal Medicine |
| Interventional Cardiology |  | Board of Internal Medicine |
| Maternal and Fetal Medicine |  | Board of Obstetrics and Gynecology |
| Medical Toxicology |  | Board of Emergency Medicine; Board of Pediatrics; Board of Preventive Medicine |
| Neonatology | Neonatal-Perinatal Medicine | Board of Internal Medicine, Board of Pediatrics |
| Nephrology |  | Board of Internal Medicine |
| Neurodevelopmental Disabilities |  | Board of Psychiatry and Neurology |
| Neurology |  | Board of Psychiatry and Neurology |
| Neuromuscular Medicine |  | Board of Physical Medicine and Rehabilitation; Board of Psychiatry and Neurology |
| Nuclear Medicine |  | Board of Nuclear Medicine |
| Obstetrics/Gynecology |  | Board of Obstetrics and Gynecology |
| Occupational Medicine |  | Board of Preventive Medicine |
| Oncology | Medical Oncology | Board of Internal Medicine |
| Ophthalmology |  | Board of Ophthalmology |
| Otolaryngology |  | Board of Otolaryngology - Head and Neck Surgery |
| Pain Medicine |  | Board of Anesthesiology; Board of Emergency Medicine; Board of Family Medicine; Board of Physical Medicine and Rehabilitation; Board of Psychiatry and Neurology; Board of Radiology |
| Pathology | Pathology - Anatomic/Pathology - Clinical; Pathology - Anatomic; Pathology - Clinical | Board of Pathology |
| Pediatric Anesthesiology |  | Board of Anesthesiology |
| Pediatric Cardiology |  | Board of Pediatrics |
| Pediatric Critical Care Medicine |  | Board of Pediatrics |
| Pediatric Dermatology |  | Board of Dermatology |
| Pediatric Developmental-Behavioral |  | Board of Pediatrics |
| Pediatric Endocrinology |  | Board of Pediatrics |
| Pediatric Gastroenterology |  | Board of Pediatrics |
| Pediatric Hematology/Oncology |  | Board of Pediatrics |
| Pediatric Infectious Disease |  | Board of Pediatrics |
| Pediatric Nephrology |  | Board of Pediatrics |
| Pediatric Neurology | Neurology with Special Qualification in Child Neurology | Board of Psychiatry and Neurology |
| Pediatric Otolaryngology | Complex Pediatric Otolaryngology | Board of Otolaryngology - Head and Neck Surgery |
| Pediatric Pulmonology |  | Board of Pediatrics |
| Pediatric Radiology |  | Board of Radiology |
| Pediatric Rehabilitation Medicine |  | Board of Physical Medicine and Rehabilitation |
| Pediatric Rheumatology |  | Board of Pediatrics |
| Pediatric Surgery |  | Board of Surgery |
| Pediatric Transplant Hepatology |  | Board of Pediatrics |
| Pediatric Urology |  | Board of Urology |
| Physical Medicine and Rehabilitation |  | Board of Physical Medicine and Rehabilitation |
| Podiatry |  | CA Board of Podiatric Medicine |
| Psychiatry |  | Board of Psychiatry and Neurology |
| Pulmonology | Pulmonary Disease | Board of Internal Medicine |
| Radiation Oncology |  | Board of Radiology |
| Reproductive Endocrinology/Infertility |  | Board of Obstetrics and Gynecology |
| Rheumatology |  | Board of Internal Medicine |
| Sleep Medicine |  | Board of Anesthesiology; Board of Family Medicine; Board of Internal Medicine; Board of Otolaryngology - Head and Neck Surgery; Board of Pediatrics; Board of Psychiatry and Neurology |
| Sports Medicine | Sports Medicine | Board of Emergency Medicine; Board of Family Medicine; Board of Internal Medicine; Board of Pediatrics; Board of Physical Medicine and Rehabilitation |
| Surgery - Cardiothoracic | Thoracic and Cardiac Surgery | Board of Thoracic Surgery |
| Surgery - Colon/Rectal |  | Board of Colon and Rectal Surgery |
| Surgery - Congenital Cardiac |  | Board of Thoracic Surgery |
| Surgery - Critical Care | Surgical Critical Care | Board of Surgery |
| Surgery - General | Surgery | Board of Surgery |
| Surgery - Hand | Surgery of the Hand | Board of Orthopaedic Surgery; Board of Plastic Surgery; Board of Surgery |
| Surgery - Neurological |  | Board of Neurological Surgery |
| Surgery - Oncology | Complex General Surgical Oncology | Board of Surgery |
| Surgery - Orthopaedic | Orthopaedic Surgery; Orthopaedic Sports Medicine | Board of Orthopaedic Surgery |
| Surgery - Plastic | Plastic Surgery; Plastic Surgery Within the Head and Neck | Board of Plastic Surgery; Board of Otolaryngology - Head and Neck Surgery |
| Surgery - Thoracic |  | Board of Thoracic Surgery |
| Surgery - Vascular |  | Board of Surgery |
| Transplant Hepatology |  | Board of Internal Medicine |
| Urology |  | Board of Urology |
| Vascular Neurology |  | Board of Psychiatry and Neurology |
| Other |  |  |

## Appendix D: Type of License or Certificate

| **Standardized Terminology**  **Mental Health Professional License and Certificate Type** |
| --- |
| Alcohol and Other Drug Counselor |
| Board Certified Behavior Analyst |
| Board Certified Assistant Behavior Analyst |
| Licensed Clinical Social Worker |
| Licensed Marriage and Family Therapist |
| Licensed Professional Clinical Counselor |
| Psychiatric-Mental Health Nurse |
| Psychiatric Physician Assistant |
| Psychologist |
| Perinatal Mental Health Certified |
| Other License |
| Other Certificate |

| **Standardized Terminology**  **Non-Physician Medical Practitioner License and Certificate Type** |
| --- |
| Certified Nurse Midwife |
| Licensed Midwife |
| Nurse Practitioner |
| Nurse Practitioner - Advanced Practice |
| Physician Assistant |

| **Standardized Terminology**  **Primary Care Physician License Type** | |
| --- | --- |
| **Primary Care Physician License Type** | **Medical Degree (for reference)** |
| DO | Doctor of Osteopathic Medicine |
| MD | Doctor of Medicine |

| **Standardized Terminology**  **Specialist Physician License Type** | |
| --- | --- |
| **Specialist Physician License Type** | **Medical Degree (for reference)** |
| DO | Doctor of Osteopathic Medicine |
| DPM | Doctor of Podiatric Medicine |
| MD | Doctor of Medicine |

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1. This Timely Access Submission Instruction Manual (Instruction Manual) is an excerpt of the Timely Access and Annual Network Submission Instruction Manual, incorporated by reference in 28 CCR § 1300.67.2.2. The Instruction Manual has been renamed and issued with redactions to adhere to reporting requirements in the law for Reporting Year 2025. [↑](#footnote-ref-2)
2. Amended via file and print only action, pursuant to Health and Safety Code section 1367.03(f). [↑](#footnote-ref-3)
3. Amended via file and print only action, pursuant to Health and Safety Code section 1367.03(f). [↑](#footnote-ref-4)
4. The DMHC previewed the amendments in draft PAAS Report Form Instructions with stakeholders on October 16, 2023. The final amendments for Reporting Year 2025/Measurement Year 2024 were issued via an All-Plan Letter (APL) 23-028 (OPM) – RY 2025/MY 2024 Provider Appointment Availability Survey Manual, Timely Access Submission Instruction Manual and Report Form Amendments (Issued December 22, 2023). [↑](#footnote-ref-6)
5. References to “section” are to sections of the California Health and Safety Code, including but not limited to section 1340, et seq. (the Knox-Keene Act as codified in the California Health and Safety Code). References to “Rule” are to title 28 of the California Code of Regulations. [↑](#footnote-ref-7)
6. Please see All-Plan Letter 23-028 for the updated PAAS Manual for RY 2025/MY 2024. [↑](#footnote-ref-8)
7. A health plan’s annual submission within the Department’s web portal does not amend or modify the health plan’s original licensing documents, or serve as a request for approval of an amendment or material modification to a health plan’s license. [↑](#footnote-ref-9)
8. For the RY 2025/MY 2024 Timely Access Compliance Report, the network capture date shall be a single date selected by the health plan that occurs on or after January 15 of the measurement year (See Rule 1300.67.2.2(b)(7)(B) and paragraph 9b of the RY 2025/MY 2024 PAAS Manual). For example, if a health plan has chosen a network capture date of May 1, 2024, and has no enrollment as of April 1, 2024, the health plan may request a waiver before the network capture date. Alternatively, if a health plan with the same network capture date expects to have no enrollment by October 1, 2024, but intends to maintain the network, the health plan would not be eligible to request a waiver because the health plan had enrollment on the network capture date and operated an active network for the majority of the measurement year. A health plan that surrenders its license prior to the reporting due date does not need to submit the Timely Access Compliance Report or request a waiver. For the Annual Network Report, please see Rule 1300.67.2.2(b)(7)(A) and the Annual Network Submission Instruction Manual. [↑](#footnote-ref-10)
9. For MY 2023, the DMHC issued an All Plan Letter (APL) setting forth an 80% PAAS performance target for non-physician mental health providers follow-up appointments. (See APL 23-018 (OPM) – RY 2024/MY 2023 PAAS NPMH Provider Follow-Up Appointment Initial Performance Target for Corrective Action (Issued 08/17/2023.) For MY 2024, DMHC will determine whether to issue an APL setting forth an updated performance target after receipt and evaluation of the MY 2023 PAAS results for follow-up appointments in the Summer or Fall of 2024. [↑](#footnote-ref-12)
10. For non-urgent NPMH provider follow-up appointments, a health plan shall submit corrective action, as set forth in paragraph 77(a)-(c) of the PAAS Manual, for networks that obtain a sampling error of 5% or greater. If the network includes fewer than 50 NPMH providers, a health plan shall submit corrective action, as set forth in paragraph 77(a)-(c), for a network with a sampling error of 10% or greater for non-urgent NPMH provider follow-up appointments. [↑](#footnote-ref-13)
11. Amended via file and print only action, pursuant to Health and Safety Code section 1367.03(f). [↑](#footnote-ref-18)