

RY 2023 Annual Network Report Form Instructions  
Addendum to Section V. of the Timely Access and Annual Network Submission  
Instruction Manual

**J. Third-Party Corporate Telehealth Provider Report Form: Instructions  
(This is an Addendum to Section V. of the Timely Access and  
Annual Network Submission Instruction Manual, per Health &  
Safety Code sections 1367.03(f) and 1374.141)**

This report form consists of two tabs: the Third-Party CTP Data Report Tab and the Third-Party CTP Utilization Report Tab. All fields within both tabs of this report form are required, in accordance with Section 1374.141(d) and the Department's All Plan Letters.

The field instructions below describe the data that the reporting plan shall report within each field of the report form. A reporting plan shall submit the report form on behalf of itself and on behalf of a subcontracted plan through a plan-to-plan contract, as applicable.

Refer to the [Definitions](#) section of the Instruction Manual for defined terms used within the field instructions for this report form. Refer to the [Reporting Multiple Entries for the Same Provider](#) and [Reporting With Standardized Terminology](#) subsections in the [General Instructions Applicable to All Required Report Forms](#) section of the Instruction Manual for more information about how to complete these fields. Refer to the applicable [Standardized Terminology Appendix](#) of the Instruction Manual when the field instructions require reporting according to standardized terms within the applicable Appendix. The applicable appendices have been copied into a Standardized Terminology tab of this Report Form.

**Network Capture Date:**

- The data reported within the "Third-Party CTP Data" tab of this report form shall reflect data pertaining to the third-party corporate telehealth providers contracted with the health plan as of the network capture date of January 15, 2023. (Rule 1300.67.2.2(b)(5)(A).) Any field requesting data related to clinical encounters within the Third-Party CTP tab of this report form shall reflect the data collected over the course of the shortened data capture timeframe for reporting year (RY) 2023, as described below.
- The data reported within the "Third-Party CTP Utilization" tab shall not be reported according to the network capture date. Instead, data reported in the Third-Party CTP Utilization tab of this report form shall reflect data collected over the course of the shortened data capture timeframe for RY 2023, as described below.

Additional key terms are defined below and are referenced in the field instructions:

**Clinical Encounters:** This includes electronic visits or encounters, whether reported to the plan through claims data, encounter data, or otherwise provided to the plan. This does not include appointment scheduling or other non-clinical encounters with a provider. Each patient visit with a provider on a date of service is a clinical encounter,

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regardless of how many procedures are delivered or billed by the provider over the course of the visit with the patient.

Shortened Data Capture Timeframe for Reporting Year (RY) 2023:

When reporting data pertaining to “Clinical Encounters” within this report form, health plans shall include clinical encounters that were reported to, or received by, the plan in the six (6) calendar months prior to the network capture date of January 15, 2023, regardless of the date of service of the specific encounter.

Please Note: In subsequent reporting years, the data capture timeframe will be adjusted to cover an entire measurement year.

**Third-Party Corporate Telehealth Provider (Third-Party CTP) Data Report Tab**

FIELD NAME - THIRD-PARTY CTP DATA	FIELD INSTRUCTIONS - THIRD-PARTY CTP DATA
<b>Network Information</b>	
<b>Network Name</b>	The name of the network to which enrollees who may access the third-party corporate telehealth provider are assigned.
<b>Network ID</b>	The network identifier for the reported network name. Network identifiers are assigned by the Department and made available in the Department's web portal.
<b>Provider and Associated Information</b>	
<b>Third-Party Corporate Telehealth Provider Name</b>	Legal name of the third-party corporate telehealth provider or providers available on the applicable network capture date.
<b>Product Line</b>	The product line or product lines within the reported network, as set forth in Appendix A, that correspond to the reported third-party corporate telehealth provider.

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FIELD NAME - THIRD-PARTY CTP DATA	FIELD INSTRUCTIONS - THIRD-PARTY CTP DATA For each required field, enter the following data:
<b>Specialty</b>	<p>The specialty, or specialties available through the reported third-party corporate telehealth provider. Enter a new row for each applicable specialty. Data for all other fields must be included in each row.</p> <p>Report the applicable specialty or subspecialty, as set forth in the tables in <b>Appendix B</b>. When reporting a non-physician mental health professional (MHP) specialty, report the type of license or certificate in this field, as set forth in the MHP table in <b>Appendix D</b>.</p> <p>The specialty reported should correspond to the Provider Type Category under which the specialty is classified in Appendices B and D, and as reported in the “Provider Type Category” field.</p>
<b>Provider Type Category</b>	<p>The category of provider type that corresponds to the specialty reported in the “Specialty” field. Appendix B sets forth the provider type categories, in the title of each specialty table. Select among the following categories:</p> <p><u>Primary Care Physician</u>: enter “<b>PCP</b>”  <u>Specialist Physician</u>: enter “<b>Specialist</b>”  <u>Primary Care Non-Physician Medical Practitioner</u>: enter “<b>PCP NPMP</b>”  <u>Specialist Non-Physician Medical Practitioner</u>: enter “<b>Specialist NPMP</b>”  <u>Non-Physician Mental Health Professional</u>: enter “<b>MHP</b>”  <u>Other Outpatient Provider</u>: enter “<b>OOP</b>”  <u>Mental Health Facility</u>: enter “<b>MHF</b>”  <u>Clinic</u>: enter “<b>Clinic</b>”</p>
<b>Number of Providers for Each Specialty</b>	<p>The number of providers available through the reported third-party corporate telehealth provider, for the specialty reported in the “Specialty” field.</p> <p>When reporting a non-physician mental health professional (MHP) specialty, report the number of providers available through the third-party corporate telehealth provider for the type of license or certificate reported in the “Specialty” field.</p>

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FIELD NAME - THIRD-PARTY CTP DATA	FIELD INSTRUCTIONS - THIRD-PARTY CTP DATA For each required field, enter the following data:
<b>Percentage Available as Individually Contracted Provider</b>	The percentage of providers reported within the “Specialty” field for the reported third-party corporate telehealth provider that are also available to enrollees as contracting individual health professionals, contracting clinics, or contracting health facilities.
<b>Count of Enrollees</b>	<p>The total number of enrollees in the network and product line who are provided the option to use the third-party corporate telehealth provider's services. For third-party corporate telehealth providers that offer more than one specialty resulting in multiple entries in the “Specialty” field, repeat the total number of health plan enrollees for each row.</p> <p>Include both the enrollees for whom the reporting health plan arranges care, and the enrollees that the reporting plan has delegated to one or more subcontracted plans, as applicable.</p>
<b>Total Number of Services Delivered</b>	<p>The number of clinical encounters in each network and product line, for each reported specialty available through the reported third-party corporate telehealth provider.</p> <p>Data in this field should reflect clinical encounters identified by the health plan during the shortened data capture timeframe for RY 2023, as defined in the Third-Party Corporate Telehealth Provider Report Form: Instructions.</p> <p>If there are no clinical encounters to report for the specialty during the shortened data capture timeframe, <u>and</u> the third-party corporate telehealth provider became available to enrollees after December 31, 2022, enter “New Specialty” in this field.</p>

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**Third-Party Corporate Telehealth Provider (Third-Party CTP) Utilization Report**  
**Tab**

FIELD NAME - THIRD-PARTY CTP UTILIZATION	FIELD INSTRUCTIONS - THIRD-PARTY CTP UTILIZATION For each required field, enter the following data:
<b>Enrollee Information – By Specialty Type</b>	
<b>Specialty</b>	<p>The specialty, or specialties available through the third-party corporate telehealth provider. Report only the specialty types that had clinical encounters with enrollees within the shortened data capture timeframe for RY 2023. Enter a new row for each applicable specialty. Data for all other fields must be included in each row.</p> <p>Report the applicable specialty or subspecialty, as set forth within the tables in <b>Appendix B</b>. When reporting a non-physician mental health professional (MHP) specialty, report the type of license or certificate in this field, as set forth in the MHP table in <b>Appendix D</b>.</p> <p>The specialty reported should correspond to the Provider Type Category under which the specialty is classified in Appendices B and D, and as reported in the “Provider Type Category” field.</p> <p>Report data according to the definition for clinical encounters, and the shortened data capture timeframe for RY 2023, as set forth in the above Third-Party Corporate Telehealth Provider Report Form: Instructions.</p>
<b>Provider Type Category</b>	<p>The category of provider type that corresponds to the specialty reported in the “Specialty” field. Appendix B sets forth the provider type categories, in the title of each specialty table. Select among the following categories:</p> <p><u>Primary Care Physician</u>: enter “<b>PCP</b>”  <u>Specialist Physician</u>: enter “<b>Specialist</b>”  <u>Primary Care Non-Physician Medical Practitioner</u>: enter “<b>PCP NPMP</b>”  <u>Specialist Non-Physician Medical Practitioner</u>: enter “<b>Specialist NPMP</b>”  <u>Non-Physician Mental Health Professional</u>: enter “<b>MHP</b>”  <u>Other Outpatient Provider</u>: enter “<b>OOP</b>”  <u>Mental Health Facility</u>: enter “<b>MHF</b>”  <u>Clinic</u>: enter “<b>Clinic</b>”</p>

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FIELD NAME - THIRD-PARTY CTP UTILIZATION	FIELD INSTRUCTIONS - THIRD-PARTY CTP UTILIZATION For each required field, enter the following data:
<b>Enrollee County</b>	<p>The county, or counties where enrollees are located, who had clinical encounters with the specialty reported.</p> <p>Enter a new row for each applicable county. Data on all other fields must be included for each row.</p> <p>Include both the enrollees for whom the reporting plan arranges care and enrollees that the reporting plan has delegated to one or more subcontracted plans, as applicable.</p> <p>Report data in this field according to the definition for clinical encounters, and the shortened data capture timeframe for RY 2023, as set forth in the above Third-Party Corporate Telehealth Provider Report Form: Instructions.</p> <p>If there are no clinical encounters for the reported specialty type during the shortened data capture timeframe, <u>and</u> the third-party corporate telehealth provider became available to enrollees after December 31, 2022, enter <b>“New Specialty”</b> in this field.</p> <p>If the Plan is unable to report the county or counties where enrollees are located who had clinical encounters with the specialty type reported, refer to the forthcoming “Web Portal Validations and Technical Data Specifications” for omitting reporting in this field for RY 2023. Enter all other required demographic data for enrollees who accessed the specialty reported, in the respective fields for the specialty type reported.</p>

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FIELD NAME - THIRD-PARTY CTP UTILIZATION	FIELD INSTRUCTIONS - THIRD-PARTY CTP UTILIZATION For each required field, enter the following data:
<b>Enrollees: Ages 0-18</b>	<p>The number of enrollees aged 0-18, who had clinical encounters with the reported specialty, within the reported county or counties.</p> <p>Include both the enrollees for whom the reporting plan arranges care and enrollees that the reporting plan has delegated to one or more subcontracted plans, as applicable.</p> <p>Report data in this field according to the definition for clinical encounters, and the shortened data capture timeframe for RY 2023, as set forth in the above Third-Party Corporate Telehealth Provider Report Form: Instructions.</p> <p>If the reported specialty type was not available to enrollees through a third-party corporate telehealth provider prior to January 1, 2023, <u>and</u> the Plan has no available enrollee demographic data pertaining to the shortened data capture timeframe for the specialty type, enter “<b>New Specialty</b>” in this field.</p>
<b>Enrollees: Ages 19-44</b>	<p>The number of enrollees aged 19-44, who had clinical encounters with the reported specialty, within the reported county or counties.</p> <p>Include both the enrollees for whom the reporting plan arranges care and enrollees that the reporting plan has delegated to one or more subcontracted plans, as applicable.</p> <p>Report data in this field according to the definition for clinical encounters, and the shortened data capture timeframe for RY 2023, as set forth in the above Third-Party Corporate Telehealth Provider Report Form: Instructions.</p> <p>If the reported specialty type was not available to enrollees through a third-party corporate telehealth provider prior to January 1, 2023, <u>and</u> the Plan has no available enrollee demographic data pertaining to the shortened data capture timeframe for the specialty type, enter “<b>New Specialty</b>” in this field.</p>

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FIELD NAME - THIRD-PARTY CTP UTILIZATION	FIELD INSTRUCTIONS - THIRD-PARTY CTP UTILIZATION For each required field, enter the following data:
<b>Enrollees: Ages 45-64</b>	<p>The number of enrollees aged 45-64, who had clinical encounters with the reported specialty, within the reported county or counties.</p> <p>Include both the enrollees for whom the reporting plan arranges care and enrollees that the reporting plan has delegated to one or more subcontracted plans, as applicable.</p> <p>Report data in this field according to the definition for clinical encounters, and the shortened data capture timeframe for RY 2023, as set forth in the above Third-Party Corporate Telehealth Provider Report Form: Instructions.</p> <p>If the reported specialty type was not available to enrollees through a third-party corporate telehealth provider prior to January 1, 2023, <u>and</u> the Plan has no available enrollee demographic data pertaining to the shortened data capture timeframe for the specialty type, enter “<b>New Specialty</b>” in this field.</p>
<b>Enrollees: Ages 65+</b>	<p>The number of enrollees aged 65 or older, who had clinical encounters with the reported specialty, within the reported county or counties.</p> <p>Include both the enrollees for whom the reporting plan arranges care and enrollees that the reporting plan has delegated to one or more subcontracted plans, as applicable.</p> <p>Report data in this field according to the definition for clinical encounters, and the shortened data capture timeframe for RY 2023, as set forth in the above Third-Party Corporate Telehealth Provider Report Form: Instructions.</p> <p>If the reported specialty type was not available to enrollees through a third-party corporate telehealth provider prior to January 1, 2023, <u>and</u> the Plan has no available enrollee demographic data pertaining to the shortened data capture timeframe for the specialty type, enter “<b>New Specialty</b>” in this field.</p>



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FIELD NAME - THIRD-PARTY CTP UTILIZATION	FIELD INSTRUCTIONS - THIRD-PARTY CTP UTILIZATION For each required field, enter the following data:
<b>Enrollee Gender: Identified as Male</b>	<p>The number of enrollees within the reported county or counties, who had clinical encounters with the reported specialty, and who identified as male.</p> <p>Include both the enrollees for whom the reporting plan arranges care and enrollees that the reporting plan has delegated to one or more subcontracted plans, as applicable.</p> <p>Report data in this field according to the definition for clinical encounters, and the shortened data capture timeframe for RY 2023, as set forth in the above Third-Party Corporate Telehealth Provider Report Form: Instructions.</p> <p>If the reported specialty type was not available to enrollees through a third-party corporate telehealth provider prior to January 1, 2023, <u>and</u> the Plan has no available enrollee demographic data pertaining to the shortened data capture timeframe for the specialty type, enter “<b>New Specialty</b>” in this field.</p>
<b>Enrollee Gender: Identified as Female</b>	<p>The number of enrollees within the reported county or counties, who had clinical encounters with the reported specialty, and who identified as female.</p> <p>Include both the enrollees for whom the reporting plan arranges care and enrollees that the reporting plan has delegated to one or more subcontracted plans, as applicable.</p> <p>Report data in this field according to the definition for clinical encounters, and the shortened data capture timeframe for RY 2023, as set forth in the above Third-Party Corporate Telehealth Provider Report Form: Instructions.</p> <p>If the reported specialty type was not available to enrollees through a third-party corporate telehealth provider prior to January 1, 2023, <u>and</u> the Plan has no available enrollee demographic data pertaining to the shortened data capture timeframe for the specialty type, enter “<b>New Specialty</b>” in this field.</p>

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FIELD NAME - THIRD-PARTY CTP UTILIZATION	FIELD INSTRUCTIONS - THIRD-PARTY CTP UTILIZATION
<b>Enrollee Gender: Identified as Something Else Other than Male or Female</b>	<p>For each required field, enter the following data:</p> <p>The number of enrollees within the reported county or counties, who had clinical encounters with the reported specialty, and who identified as something else, not male or female.</p> <p>Include both the enrollees for whom the reporting plan arranges care and enrollees that the reporting plan has delegated to one or more subcontracted plans, as applicable.</p> <p>Report data in this field according to the definition for clinical encounters, and the shortened data capture timeframe for RY 2023, as set forth in the above Third-Party Corporate Telehealth Provider Report Form: Instructions.</p> <p>If the reported specialty type was not available to enrollees through a third-party corporate telehealth provider prior to January 1, 2023, <u>and</u> the Plan has no available enrollee demographic data pertaining to the shortened data capture timeframe for the specialty type, enter “<b>New Specialty</b>” in this field.</p>

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FIELD NAME - THIRD-PARTY CTP UTILIZATION	FIELD INSTRUCTIONS - THIRD-PARTY CTP UTILIZATION For each required field, enter the following data:
<b>Enrollee Gender: Unspecified</b>	<p>The number of enrollees within the reported county or counties, who had clinical encounters with the reported specialty, and who did not identify a gender.</p> <p>Include both the enrollees for whom the reporting plan arranges care and enrollees that the reporting plan has delegated to one or more subcontracted plans, as applicable.</p> <p>Report data in this field according to the definition for clinical encounters, and the shortened data capture timeframe for RY 2023, as set forth in the above Third-Party Corporate Telehealth Provider Report Form: Instructions.</p> <p>If the reported specialty type was not available to enrollees through a third-party corporate telehealth provider prior to January 1, 2023, <u>and</u> the Plan has no available enrollee demographic data pertaining to the shortened data capture timeframe for the specialty type, enter “<b>New Specialty</b>” in this field.</p>
<b>Count of Enrollees</b>	<p>The total number of enrollees within the reported county or counties, who had clinical encounters with the reported specialty.</p> <p>Include both the enrollees for whom the reporting plan arranges care and enrollees that the reporting plan has delegated to one or more subcontracted plans, as applicable.</p> <p>Report data in this field according to the definition for clinical encounters, and the shortened data capture timeframe for RY 2023, as set forth in the above Third-Party Corporate Telehealth Provider Report Form: Instructions.</p> <p>If the reported specialty type was not available to enrollees through a third-party corporate telehealth provider prior to January 1, 2023, <u>and</u> the Plan has no available enrollee demographic data pertaining to the shortened data capture timeframe for the specialty type, enter “<b>New Specialty</b>” in this field.</p>

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FIELD NAME - THIRD-PARTY CTP UTILIZATION	FIELD INSTRUCTIONS - THIRD-PARTY CTP UTILIZATION For each required field, enter the following data:
<b>Frequency of Use</b>	<p>The number of clinical encounters within the reported county or counties, which the reported specialty type had with enrollees during the data capture period.</p> <p>Include clinical encounters pertaining to both the enrollees for whom the reporting plan arranges care and enrollees that the reporting plan has delegated to one or more subcontracted plans, as applicable.</p> <p>Report data in this field according to the definition for clinical encounters, and the shortened data capture timeframe for RY 2023, as set forth in the above Third-Party Corporate Telehealth Provider Report Form: Instructions.</p> <p>If the reported specialty type was not available to enrollees through a third-party corporate telehealth provider prior to January 1, 2023, <u>and</u> the Plan has no available enrollee demographic data pertaining to the shortened data capture timeframe for the specialty type, enter “<b>New Specialty</b>” in this field.</p>