

ANNUAL PROVIDER NETWORK REPORT FORM INSTRUCTIONS - ENROLLMENT AND SERVICE AREA

Version 2017 for Reporting Period 12/31/2016

PLEASE first review the GENERAL Provider Network Report Form Instructions before completing this form. The data reported in this Report Form must reflect the Plan's enrollment and service areas for all Names of Network as of December 31, 2016. For each Name of Network, report by county and then by zip code the number of enrollees in each line-of-business. Please note that each record should have at least one line-of-business with a value. Please be sure to include every zip code in the approved service area for each Name of Network, even if there are no enrollees currently residing in that zip code. Please note that **this template will be utilized to establish the Plan's service area for the purpose of evaluating geographic access for all current and potential enrollees.**

If the Plan engages in a plan-to-plan arrangement such that the Plan completing this spreadsheet ("Reporting Plan") provide services to enrollees that are enrolled in another plan ("Primary Plan"), please complete a separate Network Report Form reflecting the enrollment only for the Primary Plan that is serviced through the Reporting Plan. This report form should be submitted via the "Other Plan Network" tab in the Timely Access Reporting Webportal. For more information, see the GENERAL Annual Provider Network Report Form Instructions

In some cases, the DMHC requires plans to use specific terminology or crosswalk the Plan's own terminology to the Department's preferred terms. These fields are identified within the Instructions below. The Plan may crosswalk its terminology utilizing the "Crosswalk" links within the Timely Access Reporting Webportal under the Profile tab. Please see the Department's GENERAL Annual Provider Network Report Form Instructions and Frequently Asked Questions available at www.dmhc.ca.gov for further information regarding how to complete and submit these Reports. To view a sample format of this form, please see the following document: Annual Provider Network Report Form Sample-Enrollment.

Enrollment and Service Area Tab		
REQUIRED FIELD	INSTRUCTIONS	Data Type (Length)
	<i>Enter data in each field as described below. If a certain field is not applicable, please enter "NA" unless such an entry is identified as not acceptable in the instructions. Please do not leave any required fields blank unless the instruction states a blank field is acceptable.</i>	
County	County in which the Plan enrollee resides or works. <i>(Please make sure the County is referenced on the "County Crosswalk" table in the Profile tab in the Timely Access Reporting Webportal.)</i> "NA" is not an acceptable value.	Text (1 to 50 characters)
Plan's Approved Service Area Zip Code	Zip code in the Plan's service area in which the Plan enrollee resides or works. Report <u>all</u> zip codes that comprise the Plan's approved service area for each Name of Network. If no enrollees work or reside within a zip code that is part of the Plan's service area, enter the zip code in this field and then enter a value of zero in the "Number of Enrollees" field below. "NA" is not an acceptable value.	Text (5 or 10 characters)
Outside Service Area Zip Code	Zip code outside the Plan's service area in which the Plan enrollee resides or works. May leave blank if not applicable.	Text (0 to 10 characters)

Line-of-Business	The line-of-business in which the enrollees reported in "Number of Plan Enrollees" are enrolled (e.g. HMO, PPO, Medi-Cal, Covered California, etc.). <i>(Please make sure the line-of-business is referenced on the "Health Plan Lines-of-Business" table in the Profile tab in the Timely Access Reporting Webportal.)</i>	Text (1 to 100 characters)
Name of Network	The name used by the Plan to describe the "Name of Network" on the PCP, Specialist, Hospital, Mental Health, and Other Contracted Providers spreadsheets. <i>(Please make sure the Name of Network is referenced on the "Name of Network" table in the Profile tab in the Timely Access Reporting Webportal.)</i> "NA" is not an acceptable value.	Text (1 to 100 characters)
Benefit Design	Name of Benefit Design as marketed by the Plan.	Text (1 to 100 characters)
Number of Plan Enrollees	Number of Plan enrollees residing in that zip code. Enter "0" if zip code is in the Plan's service area but no enrollees currently reside or work there. "NA" is not an acceptable value.	Number (1 to 10 digits)

Row #	County	Plan's Approved Service Area Zip Code	Outside Service Area Zip Code	Line-of-Business	Name of Network	Benefit Design	Number of Plan Enrollees
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