

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

**D. Mental Health Professional and Mental Health Facility Report Form (Form No. 40-268): Instructions**

This report form consists of two tabs: the Mental Health Professional Report Tab and the Mental Health Facility Report Tab. All health plans that include mental health professionals or mental health facilities in the network shall complete a Mental Health Professional Report Tab and Mental Health Facility Report Tab, respectively, in the manner described in the field instructions below. (Rule 1300.67.2.2(h)(7)(B)(v).) Only report providers who meet the definition of “network provider” on these tabs. (See Rule 1300.67.2.2(b)(10).) Do not report network providers who exclusively deliver services via telehealth modalities within this report form.

Within the Mental Health Professional Report Tab, for each reported network, report all non-physician mental health professionals as of the network capture date. (Rule 1300.67.2.2(h)(7)(A)(iii).) "Non-physician mental health professionals" refers to network providers who are not licensed physicians, and who deliver mental health services, including counseling services, therapy, behavioral health treatment, and substance abuse services.

Within the Mental Health Facility Report Tab, for each reported network, report all mental health facilities as of the network capture date. "Mental health facilities" refers to providers that deliver facility-based mental health treatment, not including licensed hospitals.

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(h)(7)(B). Refer to the [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](#) and [Reporting With Standardized Terminology](#) subsections in the [General Instructions Applicable to All Required Report Forms](#) section of this Instruction Manual for more information about how to complete these fields.

**Additional Required Fields due to Senate Bill 221: Clinical Encounters**

In accordance with Section 1367.03(f), as amended on October 8, 2021, the Department is required to develop standardized methodologies for reporting that shall be used by health care service plans to demonstrate compliance with the standards with the section, and any regulations adopted pursuant to the section. The development and adoption of methodologies to demonstrate compliance with standards set forth in Section 1367.03 and regulations adopted pursuant to that section is not subject to the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code), until July 1, 2025.

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

As set forth in the Department’s All Plan Letter (APL) 22-007, issued on March 4, 2022, the Department includes the following two additional required fields to the Mental Health Professional Report Tab, in furtherance of the obligation to develop methodologies for reporting to demonstrate compliance with Section 1367.03 and supporting regulation:

- Clinical Encounters by Network Provider
- Number of Enrollees Utilizing the Network Provider

Refer to the field instructions below for the data the reporting plan shall report within each new field. The following additional key terms are defined below and referenced in the reporting instructions within these fields:

Clinical Encounters: This includes face-to-face or electronic visits or encounters between the reported provider and a network enrollee, whether reported to the plan through claims data, encounter data, or otherwise provided to the plan. It does not include inpatient hospital-based or hospital emergency room-based patient visits or encounters. 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, 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 in the “Clinical Encounters by Network Provider” and “Number of Enrollees Utilizing the Network Provider” fields, 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. For all other fields within the Mental Health Professional and Mental Health Facility Report Form, the data reported within this report form shall continue to reflect the network capture date of January 15, 2023, as required by Rule 1300.67.2.2(b)(7)(A).

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

**Mental Health Professional Report Tab**

FIELD NAME - MENTAL HEALTH PROFESSIONAL	FIELD INSTRUCTIONS - MENTAL HEALTH PROFESSIONAL
<b>Network Information</b>	
<b>Network Name</b>	The network name within which the reported provider serves as a network provider, as defined in Rule 1300.67.2.2(b)(9).

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

<b>FIELD NAME - MENTAL HEALTH PROFESSIONAL</b>	<b>FIELD INSTRUCTIONS - MENTAL HEALTH PROFESSIONAL</b> For each required field, enter the following data:
<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>Subcontracted Plan Information</b>	
<b>Subcontracted Plan License Number</b>	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.
<b>Subcontracted Plan Network ID</b>	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).
<b>Network Provider Information</b>	
<b>Last Name</b>	Last name of the network provider.
<b>First Name</b>	First name of the network provider.
<b>NPI</b>	The unique National Provider Identifier (NPI) assigned to the network provider and active on the network capture date.
<b>CA License / Certificate</b>	California license or certificate identifier of the network provider, active on the network capture date.
<b>Non-CA License / Certificate</b>	License number or certificate identifier issued outside of the state of California, active on the network capture date.
<b>Non-CA License / Certificate State</b>	State in which the non-California license or certificate was issued.
<b>Type of License / Certificate</b>	The network provider's type of license or certificate, as set forth in Appendix D.
<b>Specialty</b>	The network provider's specialty, as set forth in Appendix B.
<b>Provider Group</b>	Name of the provider group affiliated with the network provider, if applicable.

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

FIELD NAME - MENTAL HEALTH PROFESSIONAL	FIELD INSTRUCTIONS - MENTAL HEALTH PROFESSIONAL For each required field, enter the following data:
<b>Clinical Encounters by Network Provider</b>	<p>The number of clinical encounters the network provider had with enrollees in the network, using the shortened data capture timeframe for RY 2023, as defined. If the network provider had no clinical encounters with enrollees in the network during the shortened data capture timeframe for RY 2023, enter “0.” The terms <u>clinical encounters</u> and <u>shortened data capture timeframe for RY 2023</u> are defined in the Mental Health Professional and Mental Health Facility Report Form: Instructions.</p> <p>If there are no clinical encounters to report for the network provider during the shortened data capture timeframe, <u>and</u> the network provider was added to the network after December 31, 2022, enter “New Network Provider” in this field.</p>
<b>Number of Enrollees Utilizing the Network Provider</b>	<p>The number of enrollees in the network who had one or more clinical encounters with the network provider, using the shortened data capture timeframe for RY 2023, as defined. If there were no enrollees who had at least one clinical encounter with the network provider during the shortened data capture timeframe for RY 2023, enter “0” in this field. The terms <u>clinical encounters</u> and <u>shortened data capture timeframe for RY 2023</u> are defined in the Mental Health Professional and Mental Health Facility Report Form: Instructions.</p> <p>If there are no clinical encounters to report for the network provider during the shortened data capture timeframe, <u>and</u> the network provider was added to the network after December 31, 2022, enter “New Network Provider” in this field.</p>
<b>Network Tier ID</b>	The network tier, as the term is defined in the <a href="#">Definitions</a> section of this Manual, in which the network provider is available to enrollees, if the network is a tiered network.
<b>Full-Time / Part-Time</b>	The network provider’s practice hours. Identify whether, as of the network capture date, the network provider is full-time or part-time as these terms are defined in the <a href="#">Definitions</a> section of this Manual.
<b>Facility</b>	The name of each hospital or other facility where the network provider treats patients, if the provider delivers services within a facility.
<b>Facility NPI</b>	The NPI corresponding to the facility identified in the “Facility” field.

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

FIELD NAME - MENTAL HEALTH PROFESSIONAL	FIELD INSTRUCTIONS - MENTAL HEALTH PROFESSIONAL For each required field, enter the following data:
<b>Provider Language 1</b>	Language spoken by the network provider, other than English, as set forth in Appendix C, if applicable.
<b>Provider Language 2</b>	Language spoken by the network provider, other than English, as set forth in Appendix C, if applicable.
<b>Provider Language 3</b>	Language spoken by the network provider, other than English, as set forth in Appendix C, if applicable.
Network Provider Practice Location and Associated Information	
<b>Practice Address</b>	The street number and street name of the practice address. If the network provider also serves as a telehealth provider, report only the physical location at which the network provider delivers in-person health care services.
<b>Practice Address 2</b>	The number of the office, suite, building or other location identifier for the practice address, if applicable.
<b>City</b>	City in which the practice address is located.
<b>County</b>	County in which the practice address is located.
<b>State</b>	State in which the practice address is located.
<b>ZIP Code</b>	ZIP Code in which the practice address is located.
<b>Phone Number</b>	The phone number an enrollee may use to schedule an appointment at the reported practice address, if applicable.
<b>Accepting New Patients or Referrals</b>	The availability of the network provider to accept new patients, as the term is defined in the <a href="#">Definitions</a> section of this Manual. Identify whether the facility is accepting new patients at the reported practice address.
<b>Displayed in Provider Directory</b>	The network provider's inclusion in the health plan's provider directory for the network. 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.

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

<b>FIELD NAME - MENTAL HEALTH PROFESSIONAL</b>	<b>FIELD INSTRUCTIONS - MENTAL HEALTH PROFESSIONAL</b> For each required field, enter the following data:
<b>In-Person Appointments</b>	The availability of the network provider to offer in-person appointments on an outpatient basis. A network provider is considered available for in-person appointments on an outpatient basis if the provider offers: 1. in-person appointments on an outpatient basis; or 2. in-person services on a same-day, “walk-in” outpatient basis at the reported practice address.
<b>E-mail Address</b>	Network provider's office email address, if applicable, as set forth in section 1367.27(i)(6).

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

**Mental Health Facility Report Tab**

FIELD NAME - MENTAL HEALTH FACILITY	FIELD INSTRUCTIONS - MENTAL HEALTH FACILITY For each required field, enter the following data:
<b>Network Information</b>	
<b>Network Name</b>	The network name within which the reported facility serves as a network provider, as defined in Rule 1300.67.2.2(b)(9).
<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>Subcontracted Plan Information</b>	
<b>Subcontracted Plan License Number</b>	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.
<b>Subcontracted Plan Network ID</b>	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).
<b>Network Provider Information</b>	
<b>Mental Health Facility Name</b>	Legal name of the network provider.
<b>DBA</b>	"Doing-Business-As" name of network provider, if applicable.
<b>NPI</b>	The unique National Provider Identifier (NPI) assigned to the network provider and active on the network capture date.
<b>CA License</b>	California license number of the network provider, active on the network capture date.
<b>Non-CA License</b>	License number of the network provider, issued outside of the state of California, active on the network capture date.
<b>Non-CA License State</b>	State in which the non-California license was issued.
<b>Mental Health Facility Type</b>	The type of mental health facility, as set forth in Appendix B.

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

FIELD NAME - MENTAL HEALTH FACILITY	FIELD INSTRUCTIONS - MENTAL HEALTH FACILITY For each required field, enter the following data:
<b>Network Tier ID</b>	The network tier, as the term is defined in the <a href="#">Definitions</a> section of this Manual, in which the network provider is available to enrollees, if the network is a tiered network.
<b>Network Provider Practice Location and Associated Information</b>	
<b>Practice Address</b>	The street number and street name of the facility practice address.
<b>Practice Address 2</b>	The number of the office, suite, building or other location identifier for the practice address, if applicable.
<b>City</b>	City in which the practice address is located.
<b>County</b>	County in which the practice address is located.
<b>State</b>	State in which the practice address is located.
<b>ZIP Code</b>	ZIP Code in which the practice address is located.
<b>Phone Number</b>	The phone number an enrollee may use to schedule an appointment at the reported practice location, if applicable.
<b>Accepting New Patients or Referrals</b>	The availability of the network provider to accept new patients, as the term is defined in the <a href="#">Definitions</a> section of this Manual. Identify whether the facility is accepting new patients at the reported practice address.
<b>Displayed in Provider Directory</b>	The network provider's inclusion in the health plan's provider directory for the network. 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.