

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

**G. Telehealth Report Form (Form No. 40-271): Instructions**  
**[With Track Changes]**

All health plans that include telehealth providers in the network shall submit a Telehealth Report Form, in the manner described in the field instructions below. (Rule 1300.67.2.2(h)(7)(B)(vii).) Complete this report form only if the health plan's network includes network providers who deliver services via telehealth modalities. Only report providers who meet the definition of "network provider" on this report form. (See Rule 1300.67.2.2(b)(10).)

Within the Telehealth Report Form, for each reported network, report a complete list of the health plan's network providers who deliver primary care, specialty care, mental health and other outpatient provider services via telehealth modalities, as of the network capture date. (Rule 1300.67.2.2(h)(7)(A)(iii).) The health plan shall report all network providers who deliver some or all services via a defined telehealth modality. Network providers who deliver services via a telehealth modality and in-person shall be reported in the Telehealth Report Form and in the Annual Network Report Form designated for their area of practice. Network providers who exclusively deliver telehealth services shall be reported only in the Telehealth Report Form.

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 Instruction for Assembly Bill 457**

Please Note: This Telehealth Report Form (Form No. 40-271) is required for the reporting of telehealth providers who are network providers, as defined in the Definitions section of the Timely Access and Annual Network Submission Instruction Manual, incorporated in Rule 1300.67.2.2.

In accordance with Section 1374.141, as added on October 1, 2021, by assembly bill (AB) 457, the DMHC is issuing a separate report form for third-party corporate telehealth providers, as defined in Section 1374.141 (b). If the telehealth provider is a third-party corporate telehealth provider, as defined in Section 1374.141 (b), the Plan is required to report the provider as part of the reporting on the new form, entitled Third-Party Corporate Telehealth Report Form.

If the telehealth provider is a contracting individual health professional, as defined in Section 1374.141 (b), the Plan is required to report the provider as a network provider on the Telehealth Report Form (Form No. 40-271).

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**Telehealth Report Form**

FIELD NAME	FIELD INSTRUCTIONS TELEHEALTH
TELEHEALTH	For each required field, enter the following data:
<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).
<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>Entity Name</b>	If the network provider is an entity, report the entity name in this field.
<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.

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FIELD NAME TELEHEALTH	FIELD INSTRUCTIONS TELEHEALTH For each required field, enter the following data:
<b>Provider Type Category</b>	The category of network provider reported. Appendix B sets forth the network provider categories, in the title of each table. The provider types and specialties that fall under each category are listed within each table.
<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, subspecialty, or area of expertise, as set forth in Appendix B.
<b>Board Certified / Eligible</b>	For each reported specialty or subspecialty, indicate whether the network provider is board-certified or board-eligible.
<b>Provider Group</b>	Name of the provider group affiliated with the network provider, if applicable.
<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 Distant Site Location and Associated Information	
<b>County</b>	County in which the network provider's distant site is located. The distant site is the location where the network provider is located when delivering telehealth services, as set forth in Business and Professions Code section 2290.5(a)(2).
<b>State</b>	State in which the network provider's distant site is located. The distant site is the location where the network provider is located when delivering telehealth services, as set forth in Business and Professions Code section 2290.5(a)(2).
<b>Number of Providers at Entity</b>	If the health plan reported network provider information by "Entity Name," the number of network providers within the entity who provide telehealth services, for each specialty type reported.

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FIELD NAME TELEHEALTH	FIELD INSTRUCTIONS TELEHEALTH For each required field, enter the following data:
<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 and specialty identified in the corresponding fields of this report form.
<b>In-Person Appointments</b>	Identify whether the network provider also treats patients in-person, or only treats patients via a telehealth modality.
<b>Telehealth Delivery System</b>	
<b>Telehealth Delivery Modality</b>	The telehealth modality used by the network provider to deliver telehealth services, as set forth in Appendix E.
<b>Patient Location</b>	The location where an enrollee may receive telehealth services, as set forth in Appendix E, if the network provider is available for synchronous interactions with the enrollee.