

G. Telehealth Report Form (Form No. 40-271): Instructions

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 health 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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Excerpted from Section V. of the Timely Access and Annual Network Submission
Instruction Manual

Telehealth Report Form

FIELD NAME - TELEHEALTH	FIELD INSTRUCTIONS - TELEHEALTH
For each required field, enter the following data:	
Network Information	
Network Name	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	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	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	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	Last name of the network provider.
First Name	First name of the network provider.
Entity Name	If the network provider is an entity, report the entity name in this field.
NPI	The unique National Provider Identifier (NPI) assigned to the network provider and active on the network capture date.
CA License / Certificate	California license or certificate identifier of the network provider, active on the network capture date.
Non-CA License / Certificate	License number or certificate identifier issued outside of the state of California, active on the network capture date.
Non-CA License / Certificate State	State in which the non-California license or certificate was issued.
Provider Type Category	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.

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FIELD NAME - TELEHEALTH	FIELD INSTRUCTIONS - TELEHEALTH
	For each required field, enter the following data:
Type of License / Certificate	The network provider's type of license or certificate, as set forth in Appendix D.
Specialty	The network provider's specialty, subspecialty, or area of expertise, as set forth in Appendix B.
Board Certified / Eligible	For each reported specialty or subspecialty, indicate whether the network provider is board-certified or board-eligible.
Provider Group	Name of the provider group affiliated with the network provider, if applicable.
Provider Language 1	Language spoken by the network provider, other than English, as set forth in Appendix C, if applicable.
Provider Language 2	Language spoken by the network provider, other than English, as set forth in Appendix C, if applicable.
Provider Language 3	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	
County	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).
State	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).
Number of Providers at Entity	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.
Displayed in Provider Directory	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.
In-Person Appointments	Identify whether the network provider also treats patients in-person, or only treats patients via a telehealth modality.

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FIELD NAME - TELEHEALTH	FIELD INSTRUCTIONS - TELEHEALTH For each required field, enter the following data:
Telehealth Delivery System	
Telehealth Delivery Modality	The telehealth modality used by the network provider to deliver telehealth services, as set forth in Appendix E.
Patient Location	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.