

B. Contact List Report Forms – Instructions

The health plan shall use the PAAS Manual and the instructions set forth below to enter the required information in each field on the Contact List Report Form for the applicable Provider Survey Type. The health plan shall complete all required fields, but is not required to complete requested fields. Each Contact List Report Form shall include only the network providers who meet all the criteria listed in the PAAS Manual.

Primary Care Providers Contact List Report Form (Form No. 40-254)

Field Name	Field Instructions - Primary Care Providers Contact List Report Form
REQUIRED FIELD	INSTRUCTIONS Enter data in each field according to the instructions below.
Network Information	
Network Name	Enter 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	Enter 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	Enter 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	Enter 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	Enter the last name of the network provider.
First Name	Enter the first name of the network provider.
FQHC/RHC Name	Enter the name of the FQHC/RHC network provider.
NPI	Enter the unique National Provider Identifier (NPI) assigned to the network provider, active on the network capture date.

RY 2024/MY 2023 PAAS Report Form Instructions
 Excerpted from Section IV. of the Timely Access and Annual Network Submission
 Instruction Manual

Field Name		Field Instructions - Primary Care Providers Contact List Report Form	
CA License		Enter the California license number of the network provider, active on the network capture date.	
Non-CA License		Enter the license number of the network provider, issued outside of the state of California, active on the network capture date.	
Non-CA License State		Enter the state in which the non-California license was issued.	
License Type		Enter the network provider's type of license, as set forth in Appendix D.	
Specialty		Enter the network provider's specialty or subspecialty, as set forth in Appendix B, as of the network capture date.	
NPI of Supervising PCP		Enter the unique National Provider Identifier (NPI) of the reported primary care physician (PCP) who supervises the non-physician medical practitioner.	
Board Certified / Eligible		For each reported specialty or subspecialty, indicate whether the network provider is board-certified or board-eligible.	
Provider Group		Enter the name of the provider group affiliated with the network provider, if applicable.	
Network Provider Practice Location and Associated Information			
Practice Address		Enter 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. Enter "NA" if the provider offers appointments only via telehealth.	
Practice Address 2		Enter the number of the office, suite, building or other location identifier for the practice address, if applicable.	
City		Enter the city in which the practice address is located Enter "NA" if the provider offers appointments only via telehealth.	
County		Enter the county in which the practice address is located. Enter "Telehealth" if the provider offers appointments only via telehealth.	
State		Enter the state in which the practice address is located Enter "NA" if the provider offers appointments only via telehealth.	
Zip Code		Enter the ZIP Code in which the practice address is located. Enter "NA" if the provider offers appointments only via telehealth.	

RY 2024/MY 2023 PAAS Report Form Instructions
 Excerpted from Section IV. of the Timely Access and Annual Network Submission
 Instruction Manual

Field Name	Field Instructions - Primary Care Providers Contact List Report Form
Phone Number 1	This field is included for the health plan's use in conducting the PAAS only. This information shall not be submitted to the Department in this report form.
Phone Number 2	This field is included for the health plan's use in conducting the PAAS only. This information shall not be submitted to the Department in this report form.
Phone Number 3	This field is included for the health plan's use in conducting the PAAS only. This information shall not be submitted to the Department in this report form.
Fax Number 1	This field is included for the health plan's use in conducting the PAAS only. This information shall not be submitted to the Department in this report form.
Fax Number 2	This field is included for the health plan's use in conducting the PAAS only. This information shall not be submitted to the Department in this report form.
Fax Number 3	This field is included for the health plan's use in conducting the PAAS only. This information shall not be submitted to the Department in this report form.
Email Address 1	This field is included for the health plan's use in conducting the PAAS only. This information shall not be submitted to the Department in this report form.
Email Address 2	This field is included for the health plan's use in conducting the PAAS only. This information shall not be submitted to the Department in this report form.
Email Address 3	This field is included for the health plan's use in conducting the PAAS only. This information shall not be submitted to the Department in this report form.
Displayed in Provider Directory	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.
Telehealth	Enter "Y" if the provider offers appointments to enrollees only via telehealth and "NA" is present in the "Practice Address," "City," "State" and "Zip Code" fields, otherwise enter "N."

RY 2024/MY 2023 PAAS Report Form Instructions
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Field Name	Field Instructions - Primary Care Providers Contact List Report Form
Unique Provider	Enter "Y" if this network provider was identified as a unique provider after conducting the unique provider and duplicate record identification process described in paragraphs 15-19 of the PAAS Manual. Enter "N" if this entry was identified as a duplicate provider.
Advanced Access Provider	Enter "Y" if this network provider participates in an Advanced Access Program. (See paragraph 57 of the PAAS Manual and Rules 1300.67.2.2(b)(1), (c)(5)(I), (d)(2)(E) and (h)(6)(D) for further information related to submission requirements.)
Qualified Advanced Access Provider	Enter "Y" if the health plan identified this network provider as a Qualified Advanced Access Provider. (See paragraphs 54-56 of the PAAS Manual and Rule 1300.67.2.2(c)(5)(I), and (d)(2)(E) for further details regarding verification of Advanced Access Providers.)
PAAS Information	
Provider Survey Type	For each network provider, enter "Primary Care Providers" in this field.
REQUESTED FIELD	INSTRUCTIONS
Comments 1	Enter data in each field according to the instructions below.
Comments 2	In this optional field, the health plan may provide any explanations or notes to the Department regarding the information being reported.
Comments 1	In this optional field, the health plan may provide any explanations or notes to the Department regarding the information being reported.

**Non-Physician Mental Health Care Providers Contact List Report Form
 (Form No. 40-255)**

Field Name	Field Instructions - NPMH Care Providers Contact List Report Form
REQUIRED FIELD	INSTRUCTIONS
Network Information	Enter data in each field according to the instructions below.
Network Name	Enter the network name within which the reported provider serves as a network provider, as defined in Rule 1300.67.2.2(b)(9).

RY 2024/MY 2023 PAAS Report Form Instructions
 Excerpted from Section IV. of the Timely Access and Annual Network Submission
 Instruction Manual

Field Name		Field Instructions - NPMH Care Providers Contact List Report Form	
Network ID		Enter 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		Enter 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		Enter 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		Enter the last name of the network provider.	
First Name		Enter the first name of the network provider.	
FQHC/RHC Name		Enter the name of the FQHC/RHC network provider.	
NPI		Enter the unique National Provider Identifier (NPI) assigned to the network provider, active on the network capture date.	
CA License / Certificate		Enter the California license or certificate identifier of the network provider, active on the network capture date.	
Non-CA License / Certificate		Enter the license number or certificate identifier of the network provider, issued outside of the state of California, active on the network capture date.	
Non-CA License / Certificate State		Enter the state in which the non-California license or certificate was issued.	
Type of License / Certificate		Enter the network provider's type of license or certificate, as set forth in Appendix D.	
Specialty		Enter the network provider's specialty, as set forth in Appendix B, as of the network capture date.	
Provider Group		Enter the name of the provider group affiliated with the network provider, if applicable.	
Network Provider Practice Location and Associated Information			

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 Instruction Manual

Field Name	Field Instructions - NPMH Care Providers Contact List Report Form
Practice Address	Enter 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. Enter "NA" if the provider offers appointments only via telehealth.
Practice Address 2	Enter the number of the office, suite, building or other location identifier for the practice address, if applicable.
City	Enter the city in which the practice address is located. Enter "NA" if the provider offers appointments only via telehealth.
County	Enter the county in which the practice address is located. Enter "Telehealth" if the provider offers appointments only via telehealth.
State	Enter the state in which the practice address is located. Enter "NA" if the provider offers appointments only via telehealth.
Zip Code	Enter the ZIP Code in which the practice address is located. Enter "NA" if the provider offers appointments only via telehealth.
Phone Number 1	This field is included for the health plan's use in conducting the PAAS only. This information shall not be submitted to the Department in this report form.
Phone Number 2	This field is included for the health plan's use in conducting the PAAS only. This information shall not be submitted to the Department in this report form.
Phone Number 3	This field is included for the health plan's use in conducting the PAAS only. This information shall not be submitted to the Department in this report form.
Fax Number 1	This field is included for the health plan's use in conducting the PAAS only. This information shall not be submitted to the Department in this report form.
Fax Number 2	This field is included for the health plan's use in conducting the PAAS only. This information shall not be submitted to the Department in this report form.
Fax Number 3	This field is included for the health plan's use in conducting the PAAS only. This information shall not be submitted to the Department in this report form.

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Field Name	Field Instructions - NPMH Care Providers Contact List Report Form
Email Address 1	This field is included for the health plan's use in conducting the PAAS only. This information shall not be submitted to the Department in this report form.
Email Address 2	This field is included for the health plan's use in conducting the PAAS only. This information shall not be submitted to the Department in this report form.
Email Address 3	This field is included for the health plan's use in conducting the PAAS only. This information shall not be submitted to the Department in this report form.
Displayed in Provider Directory	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.
Telehealth	Enter "Y" if the provider offers appointments to enrollees only via telehealth and "NA" is present in the "Practice Address," "City," "State" and "Zip Code" fields, otherwise enter "N."
Unique Provider	Enter "Y" if this network provider was identified as a unique provider after conducting the unique provider and duplicate record identification process described in paragraphs 15-19 of the PAAS Manual. Enter "N" if this entry was identified as a duplicate provider.
PAAS Information	
Provider Survey Type	For each network provider, enter "Non-Physician Mental Health Care Providers" in this field.
REQUESTED FIELD	INSTRUCTIONS
	Enter data in each field according to the instructions below.
Comments 1	In this optional field, the health plan may provide any explanations or notes to the Department regarding the information being reported.
Comments 2	In this optional field, the health plan may provide any explanations or notes to the Department regarding the information being reported.

RY 2024/MY 2023 PAAS Report Form Instructions
 Excerpted from Section IV. of the Timely Access and Annual Network Submission
 Instruction Manual

Specialist Physicians Contact List Report Form (Form No. 40-256)

Field Name	Field Instructions - Specialist Physicians Contact List Report Form
REQUIRED FIELD	INSTRUCTIONS Enter data in each field according to the instructions below.
Network Information	
Network Name	Enter 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	Enter 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	Enter 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	Enter 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	Enter the last name of the network provider.
First Name	Enter the first name of the network provider.
FQHC/RHC Name	Enter the name of the FQHC/RHC network provider.
NPI	Enter the unique National Provider Identifier (NPI) assigned to the network provider, active on the network capture date.
CA License	Enter the California license number of the network provider, active on the network capture date.
Non-CA License	Enter the license number of the network provider, issued outside of the state of California, active on the network capture date.
Non-CA License State	Enter the state in which the non-California license was issued.

RY 2024/MY 2023 PAAS Report Form Instructions
 Excerpted from Section IV. of the Timely Access and Annual Network Submission
 Instruction Manual

Field Name	Field Instructions - Specialist Physicians Contact List Report Form
License Type	Enter the network provider's type of license, as set forth in Appendix D.
Specialty	Enter the network provider's specialty or subspecialty, as set forth in Appendix B, as of the network capture date.
Board Certified / Eligible	For each reported specialty or subspecialty, indicate whether the network provider is board-certified or board-eligible.
Provider Group	Enter the name of the provider group affiliated with the network provider, if applicable.
Network Provider Practice Location and Associated Information	
Practice Address	Enter 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. Enter "NA" if the provider offers appointments only via telehealth.
Practice Address 2	Enter the number of the office, suite, building or other location identifier for the practice address, if applicable.
City	Enter the city in which the practice address is located. Enter "NA" if the provider offers appointments only via telehealth.
County	Enter the county in which the practice address is located. Enter "Telehealth" if the provider offers appointments only via telehealth.
State	Enter the state in which the practice address is located. Enter "NA" if the provider offers appointments only via telehealth.
Zip Code	Enter the ZIP Code in which the practice address is located. Enter "NA" if the provider offers appointments only via telehealth.
Phone Number 1	This field is included for the health plan's use in conducting the PAAS only. This information shall not be submitted to the Department in this report form.
Phone Number 2	This field is included for the health plan's use in conducting the PAAS only. This information shall not be submitted to the Department in this report form.

RY 2024/MY 2023 PAAS Report Form Instructions
 Excerpted from Section IV. of the Timely Access and Annual Network Submission
 Instruction Manual

Field Name	Field Instructions - Specialist Physicians Contact List Report Form
Phone Number 3	This field is included for the health plan's use in conducting the PAAS only. This information shall not be submitted to the Department in this report form.
Fax Number 1	This field is included for the health plan's use in conducting the PAAS only. This information shall not be submitted to the Department in this report form.
Fax Number 2	This field is included for the health plan's use in conducting the PAAS only. This information shall not be submitted to the Department in this report form.
Fax Number 3	This field is included for the health plan's use in conducting the PAAS only. This information shall not be submitted to the Department in this report form.
Email Address 1	This field is included for the health plan's use in conducting the PAAS only. This information shall not be submitted to the Department in this report form.
Email Address 2	This field is included for the health plan's use in conducting the PAAS only. This information shall not be submitted to the Department in this report form.
Email Address 3	This field is included for the health plan's use in conducting the PAAS only. This information shall not be submitted to the Department in this report form.
Displayed in Provider Directory	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.
Telehealth	Enter "Y" if the provider offers appointments to enrollees only via telehealth and "NA" is present in the "Practice Address," "City," "State" and "Zip Code" fields, otherwise enter "N."
Unique Provider	Enter "Y" if this network provider was identified as a unique provider after conducting the unique provider and duplicate record identification process described in paragraphs 15-19 of the PAAS Manual. Enter "N" if this entry was identified as a duplicate provider.
PAAS Information	

RY 2024/MY 2023 PAAS Report Form Instructions
 Excerpted from Section IV. of the Timely Access and Annual Network Submission
 Instruction Manual

Field Name	Field Instructions - Specialist Physicians Contact List Report Form
Provider Survey Type	For each network provider, enter "Specialist Physicians" in this field.
REQUESTED FIELD	INSTRUCTIONS Enter data in each field according to the instructions below.
Comments 1	In this optional field, the health plan may provide any explanations or notes to the Department regarding the information being reported.
Comments 2	In this optional field, the health plan may provide any explanations or notes to the Department regarding the information being reported.

Psychiatrists Contact List Report Form (Form No. 40-257)

Field Name	Field Instructions - Psychiatrists Contact List Report Form
REQUIRED FIELD	INSTRUCTIONS Enter data in each field according to the instructions below.
Network Information	
Network Name	Enter 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	Enter 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	Enter 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	Enter 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	Enter the last name of the network provider.

RY 2024/MY 2023 PAAS Report Form Instructions
 Excerpted from Section IV. of the Timely Access and Annual Network Submission
 Instruction Manual

Field Name	Field Instructions - Psychiatrists Contact List Report Form
First Name	Enter the first name of the network provider.
FQHC/RHC Name	Enter the name of the FQHC/RHC network provider.
NPI	Enter the unique National Provider Identifier (NPI) assigned to the network provider, active on the network capture date.
CA License	Enter the California license number of the network provider, active on the network capture date.
Non-CA License	Enter the license number of the network provider, issued outside of the state of California, active on the network capture date.
Non-CA License State	Enter the state in which the non-California license was issued.
License Type	Enter the network provider's type of license, as set forth in Appendix D.
Specialty	Enter the network provider's specialty or subspecialty, as set forth in Appendix B, as of the network capture date.
Board Certified / Eligible	For each reported specialty or subspecialty, indicate whether the network provider is board-certified or board-eligible.
Provider Group	Enter the name of the provider group affiliated with the network provider, if applicable.
Network Provider Practice Location and Associated Information	
Practice Address	Enter 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. Enter "NA" if the provider offers appointments only via telehealth.
Practice Address 2	Enter the number of the office, suite, building or other location identifier for the practice address, if applicable.
City	Enter the city in which the practice address is located. Enter "NA" if the provider offers appointments only via telehealth.
County	Enter the county in which the practice address is located. Enter "Telehealth" if the provider offers appointments only via telehealth.
State	Enter the state in which the practice address is located. Enter "NA" if the provider offers appointments only via telehealth.

RY 2024/MY 2023 PAAS Report Form Instructions
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Field Name	Field Instructions - Psychiatrists Contact List Report Form
Zip Code	Enter the ZIP Code in which the practice address is located. Enter "NA" if the provider offers appointments only via telehealth.
Phone Number 1	This field is included for the health plan's use in conducting the PAAS only. This information shall not be submitted to the Department in this report form.
Phone Number 2	This field is included for the health plan's use in conducting the PAAS only. This information shall not be submitted to the Department in this report form.
Phone Number 3	This field is included for the health plan's use in conducting the PAAS only. This information shall not be submitted to the Department in this report form.
Fax Number 1	This field is included for the health plan's use in conducting the PAAS only. This information shall not be submitted to the Department in this report form.
Fax Number 2	This field is included for the health plan's use in conducting the PAAS only. This information shall not be submitted to the Department in this report form.
Fax Number 3	This field is included for the health plan's use in conducting the PAAS only. This information shall not be submitted to the Department in this report form.
Email Address 1	This field is included for the health plan's use in conducting the PAAS only. This information shall not be submitted to the Department in this report form.
Email Address 2	This field is included for the health plan's use in conducting the PAAS only. This information shall not be submitted to the Department in this report form.
Email Address 3	This field is included for the health plan's use in conducting the PAAS only. This information shall not be submitted to the Department in this report form.
Displayed in Provider Directory	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 2024/MY 2023 PAAS Report Form Instructions
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 Instruction Manual

Field Name	Field Instructions - Psychiatrists Contact List Report Form
Telehealth	Enter "Y" if the provider offers appointments to enrollees only via telehealth and "NA" is present in the "Practice Address," "City," "State" and "Zip Code" fields, otherwise enter "N."
Unique Provider	Enter "Y" if this network provider was identified as a unique provider after conducting the unique provider and duplicate record identification process described in paragraphs 15-19 of the PAAS Manual. Enter "N" if this entry was identified as a duplicate provider.
PAAS Information	
Provider Survey Type	For each network provider, enter "Psychiatrists" in this field.
REQUESTED FIELD	INSTRUCTIONS
Comments 1	Enter data in each field according to the instructions below.
Comments 2	In this optional field, the health plan may provide any explanations or notes to the Department regarding the information being reported.
Comments 1	In this optional field, the health plan may provide any explanations or notes to the Department regarding the information being reported.
Comments 2	In this optional field, the health plan may provide any explanations or notes to the Department regarding the information being reported.

Ancillary Service Providers Contact List Report Form (Form No. 40-258)

Field Name	Field Instructions - Ancillary Service Providers Contact List Report Form
REQUIRED FIELD	INSTRUCTIONS
	Enter data in each field according to the instructions below.
Network Information	
Network Name	Enter 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	Enter 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	

RY 2024/MY 2023 PAAS Report Form Instructions
 Excerpted from Section IV. of the Timely Access and Annual Network Submission
 Instruction Manual

Field Name		Field Instructions - Ancillary Service Providers Contact List Report Form	
Subcontracted Plan License Number		Enter 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		Enter 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			
Entity or Facility Name		Enter the name of the entity or facility providing the ancillary service.	
DBA		Enter the "Doing-Business-As" name of the network provider, if applicable.	
FQHC/RHC Name		Enter the name of the FQHC/RHC network provider.	
NPI		Enter the unique National Provider Identifier (NPI) assigned to the entity or facility, active on the network capture date.	
Provider Type		Enter the provider type, as set forth in Appendix B that describes the entity or facility network provider's area of practice.	
Provider Group		Enter the name of the provider group affiliated with the network provider, if applicable.	
Network Provider Practice Location and Associated Information			
Practice Address		Enter 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. Enter "NA" if the provider offers appointments only via telehealth.	
Practice Address 2		Enter the number of the office, suite, building or other location identifier for the practice address, if applicable.	
City		Enter the city in which the practice address is located. Enter "NA" if the provider offers appointments only via telehealth.	

RY 2024/MY 2023 PAAS Report Form Instructions
 Excerpted from Section IV. of the Timely Access and Annual Network Submission
 Instruction Manual

Field Name	Field Instructions - Ancillary Service Providers Contact List Report Form
County	Enter the county in which the practice address is located Enter "Telehealth" if the provider offers appointments only via telehealth.
State	Enter the state in which the practice address is located. Enter "NA" if the provider offers appointments only via telehealth.
Zip Code	Enter the ZIP Code in which the practice address is located. Enter "NA" if the provider offers appointments only via telehealth.
Phone Number 1	This field is included for the health plan's use in conducting the PAAS only. This information shall not be submitted to the Department in this report form.
Phone Number 2	This field is included for the health plan's use in conducting the PAAS only. This information shall not be submitted to the Department in this report form.
Phone Number 3	This field is included for the health plan's use in conducting the PAAS only. This information shall not be submitted to the Department in this report form.
Fax Number 1	This field is included for the health plan's use in conducting the PAAS only. This information shall not be submitted to the Department in this report form.
Fax Number 2	This field is included for the health plan's use in conducting the PAAS only. This information shall not be submitted to the Department in this report form.
Fax Number 3	This field is included for the health plan's use in conducting the PAAS only. This information shall not be submitted to the Department in this report form.
Email Address 1	This field is included for the health plan's use in conducting the PAAS only. This information shall not be submitted to the Department in this report form.
Email Address 2	This field is included for the health plan's use in conducting the PAAS only. This information shall not be submitted to the Department in this report form.
Email Address 3	This field is included for the health plan's use in conducting the PAAS only. This information shall not be submitted to the Department in this report form.

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 Instruction Manual

Field Name		Field Instructions - Ancillary Service Providers Contact List Report Form
Displayed in Provider Directory	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.	
Telehealth	Enter "Y" if the provider offers appointments to enrollees only via telehealth and "NA" is present in the “Practice Address,” “City,” “State” and “Zip Code” fields, otherwise enter "N."	
Unique Provider	Enter "Y" if this network provider was identified as a unique provider after conducting the unique provider and duplicate record identification process described in paragraphs 15-19 of the PAAS Manual. Enter "N" if this entry was identified as a duplicate provider.	
PAAS Information		
Provider Survey Type	For each network provider, enter "Ancillary Service Providers" in this field.	
REQUESTED FIELD	INSTRUCTIONS Enter data in each field according to the instructions below.	
Comments 1	In this optional field, the health plan may provide any explanations or notes to the Department regarding the information being reported.	
Comments 2	In this optional field, the health plan may provide any explanations or notes to the Department regarding the information being reported.	

C. Raw Data Report Forms – Instructions

The health plan shall use the PAAS Manual and the instructions set forth below to enter information related to the unique providers that the health plan selected to survey from the appropriate Contact List onto the Raw Data Report Form. (See paragraphs 15-34 in the PAAS Manual for identification of unique providers, the sample selection instructions and further details.) Conduct the PAAS and use the information from the PAAS to populate the fields designated with an asterisk. The health plan shall complete all required fields, but is not required to complete the requested fields.

The health plan shall use the responses on the Raw Data Report Form to report the information required on the Results Report Form to the Department. By incorporating data obtained through Extraction into the Raw Data Report Form, the health plan affirms

RY 2024/MY 2023 PAAS Report Form Instructions
 Excerpted from Section IV. of the Timely Access and Annual Network Submission
 Instruction Manual

that it has met all specifications related to Extraction set forth in the PAAS Manual in paragraphs 43-45.

Primary Care Providers Raw Data Report Form (Form No. 40-259)

Field Name		Field Instructions - Primary Care Providers Raw Data Report Form	
REQUIRED FIELD		INSTRUCTIONS	
		Enter data in each field according to the instructions below.	
Network Information			
Network Name		Enter 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		Enter 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		Enter 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		Enter 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		Enter the last name of the network provider.	
First Name		Enter the first name of the network provider.	
FQHC/RHC Name		Enter the name of the FQHC/RHC network provider.	
NPI		Enter the unique National Provider Identifier (NPI) assigned to the network provider, active on the network capture date.	
CA License		Enter the California license number of the network provider, active on the network capture date.	
Non-CA License		Enter the license number of the network provider, issued outside of the state of California, active on the network capture date.	
Non-CA License State		Enter the state in which the non-California license was issued.	

RY 2024/MY 2023 PAAS Report Form Instructions
 Excerpted from Section IV. of the Timely Access and Annual Network Submission
 Instruction Manual

Field Name	Field Instructions - Primary Care Providers Raw Data Report Form
License Type	Enter the network provider's type of license, as set forth in Appendix D.
Specialty	Enter the network provider's specialty or subspecialty, as set forth in Appendix B, as of the network capture date.
NPI of Supervising PCP	Enter the unique National Provider Identifier (NPI) of the reported primary care physician (PCP) who supervises the non-physician medical practitioner.
Board Certified / Eligible	For each reported specialty or subspecialty, indicate whether the network provider is board-certified or board-eligible.
Provider Group	Enter the name of the provider group affiliated with the network provider, if applicable.
Network Provider Practice Location and Associated Information	
Practice Address	Enter the street number and street name of the practice address. Enter "NA" if the provider offers appointments only via telehealth.
Practice Address 2	Enter the number of the office, suite, building or other location identifier for the practice address, if applicable.
City	Enter the city in which the practice address is located. Enter "NA" if the provider offers appointments only via telehealth.
County	Enter the county in which the practice address is located. Enter "Telehealth" if the provider offers appointments only via telehealth.
State	Enter the state in which the practice address is located. Enter "NA" if the provider offers appointments only via telehealth.
Zip Code	Enter the ZIP Code in which the practice address is located. Enter "NA" if the provider offers appointments only via telehealth.
Phone Number 1	This field is included for the health plan's use in conducting the PAAS only. This information shall not be submitted to the Department in this report form.
Phone Number 2	This field is included for the health plan's use in conducting the PAAS only. This information shall not be submitted to the Department in this report form.
Phone Number 3	This field is included for the health plan's use in conducting the PAAS only. This information shall not be submitted to the Department in this report form.

RY 2024/MY 2023 PAAS Report Form Instructions
 Excerpted from Section IV. of the Timely Access and Annual Network Submission
 Instruction Manual

Field Name	Field Instructions - Primary Care Providers Raw Data Report Form
Fax Number 1	This field is included for the health plan's use in conducting the PAAS only. This information shall not be submitted to the Department in this report form.
Fax Number 2	This field is included for the health plan's use in conducting the PAAS only. This information shall not be submitted to the Department in this report form.
Fax Number 3	This field is included for the health plan's use in conducting the PAAS only. This information shall not be submitted to the Department in this report form.
Email Address 1	This field is included for the health plan's use in conducting the PAAS only. This information shall not be submitted to the Department in this report form.
Email Address 2	This field is included for the health plan's use in conducting the PAAS only. This information shall not be submitted to the Department in this report form.
Email Address 3	This field is included for the health plan's use in conducting the PAAS only. This information shall not be submitted to the Department in this report form.
Telehealth	Enter "Y" if the provider offers appointments to enrollees only via telehealth and "NA" is present in the "Practice Address," "City," "State" and "Zip Code" fields, otherwise enter "N."
Qualified Advanced Access Provider	Enter "Y" if the health plan identified this network provider as a Qualified Advanced Access Provider. (See paragraphs 54-56 of the PAAS Manual and Rule 1300.67.2.2(c)(5)(I) and (d)(2)(E) for further details regarding verification of Advanced Access Providers.)
PAAS Information	
Provider Survey Type	For each network provider, enter "Primary Care Providers" in this field.

RY 2024/MY 2023 PAAS Report Form Instructions
 Excerpted from Section IV. of the Timely Access and Annual Network Submission
 Instruction Manual

Field Name	Field Instructions - Primary Care Providers Raw Data Report Form
Survey Modality	<p>Enter the survey administration modality used by the health plan to obtain the network provider's response to the PAAS using the following values:</p> <ul style="list-style-type: none"> • "Three Step Protocol" • "Qualified Advanced Access Provider" • "Extraction" <p>Review paragraphs 42-55 of the PAAS Manual for further information related to PAAS modalities. The Qualified Advanced Access Provider modality shall only be used for Primary Care Providers.</p>
Sample Type	<p>Enter "Random Sample" if the health plan administered the survey to a randomly selected sample of network providers in the County/Network. Enter "Census" if the health plan conducted a census (surveyed all the network providers) in the County/Network.</p>
Outcome*	<p>Indicate the network provider's PAAS outcome, based on the criteria set forth in the PAAS Manual, by entering one of the following values:</p> <ul style="list-style-type: none"> • "Eligible – Completed Survey" • "Refused – Refused/Declined to Respond" • "Refused – No Response" • "Ineligible – Provider Not in Health Plan Network" • "Ineligible – Provider Not in County" • "Ineligible – Provider Retired or Ceasing to Practice" • "Ineligible – Provider Listed Under Incorrect Specialty" • "Ineligible – Contact Information Issue (Incorrect Phone or Fax Number/Email)" • "Ineligible – Provider Does Not Offer Appointments" <p>(See paragraphs 58-60 and 63 of the PAAS Manual for further information related to PAAS Outcomes.)</p>

RY 2024/MY 2023 PAAS Report Form Instructions
 Excerpted from Section IV. of the Timely Access and Annual Network Submission
 Instruction Manual

Field Name	Field Instructions - Primary Care Providers Raw Data Report Form
Survey Completed	<p>Indicate whether the survey was completed via:</p> <ul style="list-style-type: none"> • "Phone" • "Fax" • "Email/Online" • "Extraction – Electronic" • "Extraction – Manual" • "Qualified Advanced Access Provider" <p>For non-responding and ineligible providers, enter the last method the health plan used in attempting to survey the network provider. Enter "NA" if the health plan deemed the provider ineligible prior to the health plan administering the survey. (See paragraph 59 in the PAAS Manual for further information regarding the deeming provision.)</p>
Wave/CSA*	<p>Identify whether the provider was included in the survey as part of the first wave, second wave, or continuous survey administration using the following values: "Wave One", "Wave Two" or "CSA." Enter "NA" if:</p> <ul style="list-style-type: none"> • The provider was deemed compliant as a verified advanced access provider, • There are less five providers in the County/Network of the applicable Provider Survey Type, or • The health plan deemed the provider ineligible prior to the health plan administering the survey. (See paragraph 59 in the PAAS Manual for further information regarding the deeming provision.)
Date Survey Initiated*	<p>Enter the date the survey was initiated via Email, Electronic Communication, Fax or Extraction. If the survey was not initiated by Email, Electronic Communication, Fax or Extraction (e.g., this contact information was not available), and as a result the survey was initiated by telephone, enter the date of the first telephone call made to the network provider in attempting to initiate the survey. For a Qualified Advanced Access Provider enter "NA." Enter "NA" if the health plan deemed the provider ineligible prior to the health plan administering the survey. (See paragraph 59 in the PAAS Manual for further information regarding the deeming provision.)</p>

RY 2024/MY 2023 PAAS Report Form Instructions
 Excerpted from Section IV. of the Timely Access and Annual Network Submission
 Instruction Manual

Field Name	Field Instructions - Primary Care Providers Raw Data Report Form
Date Survey Completed*	Enter the date the response was completed or the date the appointment data was extracted (mm/dd/yy). If the provider is ineligible or a non-responder, enter the date the provider was deemed ineligible, refused to respond to the survey or the timeframe for a response to the survey expired. Enter "NA" if the network provider is a Qualified Advanced Access Provider.
Time Survey Completed*	Enter the time the response was completed or the time the appointment data was extracted (hh:mm am/pm). If the provider is ineligible or declined to respond to the survey, enter the time the provider was deemed ineligible or refused to respond to the survey. Enter "NA" if the network provider failed to respond within the timeframe set for a response to the survey or is a Qualified Advanced Access Provider.
Name of Individual Conducting the Survey*	If conducting the PAAS using a telephone call, enter the first name and first initial of the surveyor's last name (the person who made the call on behalf of the health plan). If the name of the surveyor is unavailable to the health plan, a unique ID may be used to identify the surveyor. Enter "NA" if the survey was not completed by telephone.
Person Spoken to*	Enter the name of the person who responded to the PAAS on behalf of the network provider, if applicable.
Question 1 and 2 When is the next available appointment <u>date</u> with [Provider Name] for [an urgent care or a non-urgent appointment]?*	Based on the network provider's response to the PAAS questions regarding the next available urgent care appointment (Question 1) or non-urgent appointment (Question 2) (or the appointment data obtained in response to these questions through Extraction), enter the date of the network provider's next available appointment (e.g. mm/dd/yy) in the field applicable to the appointment type. Enter "NA" if the network provider indicated that this appointment type is not applicable, the network provider is a non-responder, ineligible or a Qualified Advanced Access Provider. (See paragraphs 54-60 of the PAAS Manual.) Enter "Unknown" if the network provider is not scheduling appointments at the time of the survey because the network provider is out of the office (e.g., vacation, maternity leave, etc.).

RY 2024/MY 2023 PAAS Report Form Instructions
 Excerpted from Section IV. of the Timely Access and Annual Network Submission
 Instruction Manual

Field Name	Field Instructions - Primary Care Providers Raw Data Report Form
<p>Question 1 and 2</p> <p>When is the next available appointment time with [Provider Name] for [an urgent care or a non-urgent appointment]?*</p>	<p>Based on the network provider’s response to the PAAS questions regarding the next available urgent care appointment (Question 1) or non-urgent appointment (Question 2) (or the appointment data obtained in response to these questions through Extraction), enter the time of the network provider’s next available appointment (hh:mm am/pm) in the field applicable to the appointment type. Enter "NA" if the network provider indicated that this appointment type is not applicable or the network provider is a non-responder, ineligible or a Qualified Advanced Access Provider. (See paragraphs 54-60 of the PAAS Manual.) Enter “Unknown” if the network provider is not scheduling appointments at the time of the survey because the network provider is out of the office (e.g., vacation, maternity leave, etc.).</p>
<p>Calculation 1 and 2</p> <p>Yes, there is an available appointment within [applicable time-elapsed standard].</p> <p>No, there is no available appointment within [applicable time-elapsed standard].*</p>	<p>Calculation 1 refers to the network provider's next available urgent care appointment. Calculation 2 refers to the network provider's next available non-urgent appointment.</p> <p>Indicate whether the network provider’s next available appointment falls within the applicable standard for Calculation 1 and Calculation 2 by entering:</p> <ul style="list-style-type: none"> • "Y" to indicate "Yes, there is an available appointment within [applicable time-elapsed standard]." (If the health plan has identified this provider as a Qualified Advanced Access Provider, enter "Y" for all applicable appointment types.) • "N" to indicate "No, there is no available appointment within [applicable time-elapsed standard]." (If "Unknown" is entered into the next available appointment date and time response fields, no appointment is available with this network provider within the applicable time-elapsed standard.) • "NA" if the appointment type is not applicable to this network provider, the network provider is a non-responder, or the network provider is ineligible. <p>Each Raw Data Report Form sets forth the applicable timeframe for the Provider Survey Type, based on the time-elapsed standards set forth in Rule 1300.67.2.2(c). Refer to paragraphs 68-70 of the PAAS Manual and the Survey Tool, set forth in Appendix 2 of the PAAS Manual for specific instructions regarding each calculation.</p>

RY 2024/MY 2023 PAAS Report Form Instructions
 Excerpted from Section IV. of the Timely Access and Annual Network Submission
 Instruction Manual

Field Name	Field Instructions - Primary Care Providers Raw Data Report Form
Urgent Care Appointment Type*	If the provider responded to the survey by indicating that the next available urgent care appointment is an in-person appointment, record "In-Person" in this field. If the provider responded to the survey by indicating that the next available urgent care appointment is a telehealth appointment, record "Telehealth" in this field.
Non-Urgent Appointment Type*	If the provider responded to the survey by indicating that the next available non-urgent appointment is an in-person appointment, record "In-Person" in this field. If the provider responded to the survey by indicating that the next available non-urgent appointment is a telehealth appointment, record "Telehealth" in this field.
REQUESTED FIELD	INSTRUCTIONS Enter data in each field according to the instructions below.
Comments 1	In this optional field, the health plan may provide any explanations or notes to the Department regarding the information being reported.
Comments 2	In this optional field, the health plan may provide any explanations or notes to the Department regarding the information being reported.
Comments 3	In this optional field, the health plan may provide any explanations or notes to the Department regarding the information being reported.

**Non-Physician Mental Health Care Providers Raw Data Report Form
 (Form No. 40-260)**

Field Name	Field Instructions - NPMH Care Providers Raw Data Report Form
REQUIRED FIELD	INSTRUCTIONS Enter data in each field according to the instructions below.
Network Information	
Network Name	Enter 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	Enter 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	

RY 2024/MY 2023 PAAS Report Form Instructions
 Excerpted from Section IV. of the Timely Access and Annual Network Submission
 Instruction Manual

Field Name		Field Instructions - NPMH Care Providers Raw Data Report Form	
Subcontracted Plan License Number		Enter 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		Enter 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		Enter the last name of the network provider.	
First Name		Enter the first name of the network provider.	
FQHC/RHC Name		Enter the name of the FQHC/RHC network provider.	
NPI		Enter the unique National Provider Identifier (NPI) assigned to the network provider, active on the network capture date.	
CA License / Certificate		Enter the California license or certificate identifier of the network provider, active on the network capture date.	
Non-CA License / Certificate		Enter the license number or certificate identifier of the network provider, issued outside of the state of California, active on the network capture date.	
Non-CA License / Certificate State		Enter the state in which the non-California license or certificate was issued.	
Type of License / Certificate		Enter the network provider's type of license or certificate, as set forth in Appendix D.	
Specialty		Enter the network provider's specialty, as set forth in Appendix B, as of the network capture date.	
Provider Group		Enter the name of the provider group affiliated with the network provider, if applicable.	
Network Provider Practice Location and Associated Information			
Practice Address		Enter the street number and street name of the practice address. Enter "NA" if the provider offers appointments only via telehealth.	
Practice Address 2		Enter the number of the office, suite, building or other location identifier for the practice address, if applicable.	
City		Enter the city in which the practice address is located. Enter "NA" if the provider offers appointments only via telehealth.	

RY 2024/MY 2023 PAAS Report Form Instructions
 Excerpted from Section IV. of the Timely Access and Annual Network Submission
 Instruction Manual

Field Name	Field Instructions - NPMH Care Providers Raw Data Report Form
County	Enter the county in which the practice address is located. Enter "Telehealth" if the provider offers appointments only via telehealth.
State	Enter the state in which the practice address is located. Enter "NA" if the provider offers appointments only via telehealth.
Zip Code	Enter the ZIP Code in which the practice address is located. Enter "NA" if the provider offers appointments only via telehealth.
Phone Number 1	This field is included for the health plan's use in conducting the PAAS only. This information shall not be submitted to the Department in this report form.
Phone Number 2	This field is included for the health plan's use in conducting the PAAS only. This information shall not be submitted to the Department in this report form.
Phone Number 3	This field is included for the health plan's use in conducting the PAAS only. This information shall not be submitted to the Department in this report form.
Fax Number 1	This field is included for the health plan's use in conducting the PAAS only. This information shall not be submitted to the Department in this report form.
Fax Number 2	This field is included for the health plan's use in conducting the PAAS only. This information shall not be submitted to the Department in this report form.
Fax Number 3	This field is included for the health plan's use in conducting the PAAS only. This information shall not be submitted to the Department in this report form.
Email Address 1	This field is included for the health plan's use in conducting the PAAS only. This information shall not be submitted to the Department in this report form.
Email Address 2	This field is included for the health plan's use in conducting the PAAS only. This information shall not be submitted to the Department in this report form.
Email Address 3	This field is included for the health plan's use in conducting the PAAS only. This information shall not be submitted to the Department in this report form.
Telehealth	Enter "Y" if the provider offers appointments to enrollees only via telehealth and "NA" is present in the "Practice Address," "City," "State" and "Zip Code" fields, otherwise enter "N."

RY 2024/MY 2023 PAAS Report Form Instructions
 Excerpted from Section IV. of the Timely Access and Annual Network Submission
 Instruction Manual

Field Name	Field Instructions - NPMH Care Providers Raw Data Report Form
PAAS Information	
Provider Survey Type	For each network provider, enter "Non-Physician Mental Health Care Providers" in this field.
Survey Modality	<p>Enter the survey administration modality used by the health plan to obtain the network provider's response to the PAAS using the following values:</p> <ul style="list-style-type: none"> "Three Step Protocol" "Extraction" <p>Review paragraphs 42-53 of the PAAS Manual for further information related to PAAS modalities. The Qualified Advanced Access Provider modality shall only be used for Primary Care Providers.</p>
Sample Type	Enter "Random Sample" if the health plan administered the survey to a randomly selected sample of network providers in the County/Network. Enter "Census" if the health plan conducted a census (surveyed all the network providers) in the County/Network.
Outcome*	<p>Indicate the network provider's PAAS outcome, based on the criteria set forth in the PAAS Manual, by entering one of the following values:</p> <ul style="list-style-type: none"> "Eligible – Completed Survey" "Refused – Refused/Declined to Respond" "Refused – No Response" "Ineligible – Provider Not in Health Plan Network" "Ineligible – Provider Not in County" "Ineligible – Provider Retired or Ceasing to Practice" "Ineligible – Provider Listed Under Incorrect Specialty" "Ineligible – Contact Information Issue (Incorrect Phone or Fax Number/Email)" "Ineligible – Provider Does Not Offer Appointments" <p>(See paragraphs 58-60 and 63 of the PAAS Manual for further information related to PAAS Outcomes.)</p>

RY 2024/MY 2023 PAAS Report Form Instructions
 Excerpted from Section IV. of the Timely Access and Annual Network Submission
 Instruction Manual

Field Name	Field Instructions - NPMH Care Providers Raw Data Report Form
Survey Completed via*	<p>Indicate whether the survey was completed via:</p> <ul style="list-style-type: none"> • "Phone" • "Fax" • "Email/Online" • "Extraction – Electronic" • "Extraction – Manual" <p>For non-responding and ineligible providers, enter the last method the health plan used in attempting to survey the network provider. Enter “NA” if the health plan deemed the provider ineligible prior to the health plan administering the survey. (See paragraph 59 in the PAAS Manual for further information regarding the deeming provision.)</p>
Wave/CSA*	<p>Identify whether the provider was included in the survey as part of the first wave, second wave, or continuous survey administration using the following values: "Wave One", "Wave Two", or "CSA." Enter “NA” if there are less five providers in the County/Network of the applicable Provider Survey Type or the health plan deemed the provider ineligible prior to the health plan administering the survey. (See paragraph 59 in the PAAS Manual for further information regarding the deeming provision.)</p>
Date Survey Initiated*	<p>Enter the date the survey was initiated via Email, Electronic Communication, Fax or Extraction. If the survey was not initiated by Email, Electronic Communication, Fax or Extraction (e.g., this contact information was not available), and as a result the survey was initiated by telephone, enter the date of the first telephone call made to the network provider in attempting to initiate the survey. Enter “NA” if the health plan deemed the provider ineligible prior to the health plan administering the survey. (See paragraph 59 in the PAAS Manual for further information regarding the deeming provision.)</p>
Date Survey Completed*	<p>Enter the date the response was completed or the date the appointment data was extracted (mm/dd/yy). If the provider is ineligible or a non-responder, enter the date the provider was deemed ineligible, refused to respond to the survey or the timeframe for a response to the survey expired.</p>

RY 2024/MY 2023 PAAS Report Form Instructions
 Excerpted from Section IV. of the Timely Access and Annual Network Submission
 Instruction Manual

Field Name	Field Instructions - NPMH Care Providers Raw Data Report Form
Time Survey Completed*	Enter the time the response was completed or the time the appointment data was extracted (hh:mm am/pm). If the provider is ineligible or declined to respond to the survey, enter the time the provider was deemed ineligible or refused to respond to the survey. Enter "NA" if the network provider failed to respond within the timeframe set for a response to the survey.
Name of Individual Conducting the Survey*	If conducting the PAAS using a telephone call, enter the first name and first initial of the surveyor's last name (the person who made the call on behalf of the health plan). If the name of the surveyor is unavailable to the health plan, a unique ID may be used to identify the surveyor. Enter "NA" if the survey was not completed by telephone.
Person Spoken to*	Enter the name of the person who responded to the PAAS on behalf of the network provider, if applicable.
Question 1, 2 and 3 When is the next available appointment <u>date</u> with [Provider Name] for [an urgent care, non-urgent, or non-urgent follow-up appointment]?*	Based on the network provider's response to the PAAS questions regarding the next available urgent care appointment (Question 1), non-urgent appointment (Question 2), or non-urgent follow-up appointment (Question 3) (or the appointment data obtained in response to these questions through Extraction), enter the date of the network provider's next available appointment (e.g. mm/dd/yy) in the field applicable to the appointment type. Enter "NA" if the network provider indicated that this appointment type is not applicable or the network provider is a non-responder or ineligible. (See paragraphs 58-60 of the PAAS Manual.) Enter "Unknown" if the network provider is not scheduling appointments at the time of the survey because the network provider is out of the office (e.g., vacation, maternity leave, etc.).

RY 2024/MY 2023 PAAS Report Form Instructions
 Excerpted from Section IV. of the Timely Access and Annual Network Submission
 Instruction Manual

Field Name	Field Instructions - NPMH Care Providers Raw Data Report Form
<p>Question 1, 2 and 3</p> <p>When is the next available appointment time with [Provider Name] for [an urgent care, non-urgent or non-urgent follow-up appointment]?*</p>	<p>Based on the network provider's response to the PAAS questions regarding the next available urgent care appointment (Question 1), non-urgent appointment (Question 2), or non-urgent follow-up appointment (Question 3) (or the appointment data obtained in response to these questions through Extraction), enter the time of the network provider's next available appointment (e.g. hh:mm am/pm) in the field applicable to the appointment type. Enter "NA" if the network provider indicated that this appointment type is not applicable, or the network provider is a non-responder or ineligible. (See paragraphs 58-60 of the PAAS Manual.) Enter "Unknown" if the network provider is not scheduling appointments at the time of the survey because the network provider is out of the office (e.g., vacation, maternity leave, etc.).</p>
<p>Calculation 1, 2 and 3</p> <p>Yes, there is an available appointment within [applicable time-elapsed standard].</p> <p>No, there is no available appointment within [applicable time-elapsed standard].*</p>	<p>Calculation 1 refers to the network provider's next available urgent care appointment. Calculation 2 refers to the network provider's next available non-urgent appointment. Calculation 3 refers to the network provider's next available non-urgent follow-up appointment.</p> <p>Indicate whether the network provider's next available appointment falls within the applicable standard for Calculation 1, Calculation 2 and Calculation 3 by entering:</p> <ul style="list-style-type: none"> • "Y" to indicate "Yes, there is an available appointment within [applicable time-elapsed standard]" • "N" to indicate "No, there is no available appointment within [applicable time-elapsed standard]." (If "Unknown" is entered into the next available appointment date and time response fields, no appointment is available with this network provider within the applicable time-elapsed standard.) • "NA" if the appointment type is not applicable to this network provider, the network provider is a non-responder, or the network provider is ineligible. <p>Each Raw Data Report Form sets forth the applicable timeframe for the Provider Survey Type, based on the time-elapsed standards set forth in Rule 1300.67.2.2(c). Refer to paragraphs 68-70 of the PAAS Manual and the Survey Tool, set forth in Appendix 2 of the PAAS Manual for specific instructions regarding each calculation.</p>

RY 2024/MY 2023 PAAS Report Form Instructions
 Excerpted from Section IV. of the Timely Access and Annual Network Submission
 Instruction Manual

Field Name	Field Instructions - NPMH Care Providers Raw Data Report Form
Urgent Care Appointment Type*	If the provider responded to the survey by indicating that the next available urgent care appointment is an in-person appointment, record "In-Person" in this field. If the provider responded to the survey by indicating that the next available urgent care appointment is a telehealth appointment, record "Telehealth" in this field.
Non-Urgent Appointment Type*	If the provider responded to the survey by indicating that the next available non-urgent appointment is an in-person appointment, record "In-Person" in this field. If the provider responded to the survey by indicating that the next available non-urgent appointment is a telehealth appointment, record "Telehealth" in this field.
Non-Urgent Follow-Up Appointment Type*	If the provider responded to the survey by indicating that the next available non-urgent follow-up appointment is an in-person appointment, record "In-Person" in this field. If the provider responded to the survey by indicating that the next available non-urgent follow-up appointment is a telehealth appointment, record "Telehealth" in this field.
REQUESTED FIELD	INSTRUCTIONS Enter data in each field according to the instructions below.
Comments 1	In this optional field, the health plan may provide any explanations or notes to the Department regarding the information being reported.
Comments 2	In this optional field, the health plan may provide any explanations or notes to the Department regarding the information being reported.
Comments 3	In this optional field, the health plan may provide any explanations or notes to the Department regarding the information being reported.

Specialist Physicians Raw Data Report Form (Form No. 40-261)

Field Name	Field Instructions - Specialist Physicians Raw Data Report Form
REQUIRED FIELD	INSTRUCTIONS Enter data in each field according to the instructions below.
Network Information	

RY 2024/MY 2023 PAAS Report Form Instructions
 Excerpted from Section IV. of the Timely Access and Annual Network Submission
 Instruction Manual

Field Name		Field Instructions - Specialist Physicians Raw Data Report Form	
Network Name		Enter 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		Enter 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		Enter 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		Enter 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		Enter the last name of the network provider.	
First Name		Enter the first name of the network provider.	
FQHC/RHC Name		Enter the name of the FQHC/RHC network provider.	
NPI		Enter the unique National Provider Identifier (NPI) assigned to the network provider, active on the network capture date.	
CA License		Enter the California license number of the network provider, active on the network capture date.	
Non-CA License		Enter the license number of the network provider, issued outside of the state of California, active on the network capture date.	
Non-CA License State		Enter the state in which the non-California license was issued.	
License Type		Enter the network provider's type of license, as set forth in Appendix D.	
Specialty		Enter the network provider's specialty or subspecialty, as set forth in Appendix B, as of the network capture date.	
Board Certified / Eligible		For each reported specialty or subspecialty, indicate whether the network provider is board-certified or board-eligible.	

RY 2024/MY 2023 PAAS Report Form Instructions
 Excerpted from Section IV. of the Timely Access and Annual Network Submission
 Instruction Manual

Field Name	Field Instructions - Specialist Physicians Raw Data Report Form
Provider Group	Enter the name of the provider group affiliated with the network provider, if applicable.
Network Provider Practice Location and Associated Information	
Practice Address	Enter the street number and street name of the practice address. Enter "NA" if the provider offers appointments only via telehealth.
Practice Address 2	Enter the number of the office, suite, building or other location identifier for the practice address, if applicable.
City	Enter the city in which the practice address is located. Enter "NA" if the provider offers appointments only via telehealth.
County	Enter the county in which the practice address is located. Enter "Telehealth" if the provider offers appointments only via telehealth.
State	Enter the state in which the practice address is located. Enter "NA" if the provider offers appointments only via telehealth.
Zip Code	Enter the ZIP Code in which the practice address is located. Enter "NA" if the provider offers appointments only via telehealth.
Phone Number 1	This field is included for the health plan's use in conducting the PAAS only. This information shall not be submitted to the Department in this report form.
Phone Number 2	This field is included for the health plan's use in conducting the PAAS only. This information shall not be submitted to the Department in this report form.
Phone Number 3	This field is included for the health plan's use in conducting the PAAS only. This information shall not be submitted to the Department in this report form.
Fax Number 1	This field is included for the health plan's use in conducting the PAAS only. This information shall not be submitted to the Department in this report form.
Fax Number 2	This field is included for the health plan's use in conducting the PAAS only. This information shall not be submitted to the Department in this report form.
Fax Number 3	This field is included for the health plan's use in conducting the PAAS only. This information shall not be submitted to the Department in this report form.

RY 2024/MY 2023 PAAS Report Form Instructions
 Excerpted from Section IV. of the Timely Access and Annual Network Submission
 Instruction Manual

Field Name	Field Instructions - Specialist Physicians Raw Data Report Form
Email Address 1	This field is included for the health plan's use in conducting the PAAS only. This information shall not be submitted to the Department in this report form.
Email Address 2	This field is included for the health plan's use in conducting the PAAS only. This information shall not be submitted to the Department in this report form.
Email Address 3	This field is included for the health plan's use in conducting the PAAS only. This information shall not be submitted to the Department in this report form.
Telehealth	Enter "Y" if the provider offers appointments to enrollees only via telehealth and "NA" is present in the "Practice Address," "City," "State" and "Zip Code" fields, otherwise enter "N."
PAAS Information	
Provider Survey Type	For each network provider, enter "Specialist Physicians" in this field.
Survey Modality	<p>Enter the survey administration modality used by the health plan to obtain the network provider's response to the PAAS using the following values:</p> <ul style="list-style-type: none"> • "Three Step Protocol" • "Extraction" <p>Review paragraphs 42-53 of the PAAS Manual for further information related to PAAS modalities. The Qualified Advanced Access Provider modality shall only be used for Primary Care Providers.</p>
Sample Type	Enter "Random Sample" if the health plan administered the survey to a randomly selected sample of network providers in the County/Network. Enter "Census" if the health plan conducted a census (surveyed all the network providers) in the County/Network.

RY 2024/MY 2023 PAAS Report Form Instructions
 Excerpted from Section IV. of the Timely Access and Annual Network Submission
 Instruction Manual

Field Name	Field Instructions - Specialist Physicians Raw Data Report Form
Outcome*	<p>Indicate the network provider’s PAAS outcome, based on the criteria set forth in the PAAS Manual, by entering one of the following values:</p> <ul style="list-style-type: none"> • "Eligible – Completed Survey" • "Refused – Refused/Declined to Respond" • "Refused – No Response" • "Ineligible – Provider Not in Health Plan Network" • "Ineligible – Provider Not in County" • "Ineligible – Provider Retired or Ceasing to Practice" • "Ineligible – Provider Listed Under Incorrect Specialty" • "Ineligible – Contact Information Issue (Incorrect Phone or Fax Number/Email)" • "Ineligible – Provider Does Not Offer Appointments" <p>(See paragraphs 58-60 and 63 of the PAAS Manual for further information related to PAAS Outcomes.)</p>
Survey Completed via*	<p>Indicate whether the survey was completed via:</p> <ul style="list-style-type: none"> • "Phone" • "Fax" • "Email/Online" • "Extraction – Electronic" • "Extraction – Manual" <p>For non-responding and ineligible providers, enter the last method the health plan used in attempting to survey the network provider. Enter “NA” if the health plan deemed the provider ineligible prior to the health plan administering the survey. (See paragraph 59 in the PAAS Manual for further information regarding the deeming provision.)</p>
Wave/CSA*	<p>Identify whether the provider was included in the survey as part of the first wave, second wave, or continuous survey administration using the following values: "Wave One", "Wave Two", or "CSA." Enter “NA” if there are less five providers in the County/Network of the applicable Provider Survey Type or the health plan deemed the provider ineligible prior to the health plan administering the survey. (See paragraph 59 in the PAAS Manual for further information regarding the deeming provision.)</p>

RY 2024/MY 2023 PAAS Report Form Instructions
 Excerpted from Section IV. of the Timely Access and Annual Network Submission
 Instruction Manual

Field Name	Field Instructions - Specialist Physicians Raw Data Report Form
Date Survey Initiated*	Enter the date the survey was initiated via Email, Electronic Communication, Fax or Extraction. If the survey was not initiated by Email, Electronic Communication, Fax or Extraction (e.g., this contact information was not available), and as a result the survey was initiated by telephone, enter the date of the first telephone call made to the network provider in attempting to initiate the survey. Enter "NA" if the health plan deemed the provider ineligible prior to the health plan administering the survey. (See paragraph 59 in the PAAS Manual for further information regarding the deeming provision.)
Date Survey Completed*	Enter the date the response was completed or the date the appointment data was extracted (mm/dd/yy). If the provider is ineligible or a non-responder, enter the date the provider was deemed ineligible, refused to respond to the survey or the timeframe for a response to the survey expired.
Time Survey Completed*	Enter the time the response was completed or the time the appointment data was extracted (hh:mm am/pm). If the provider is ineligible or declined to respond to the survey, enter the time the provider was deemed ineligible or refused to respond to the survey. Enter "NA" if the network provider failed to respond within the timeframe set for a response to the survey.
Name of Individual Conducting the Survey*	If conducting the PAAS using a telephone call, enter the first name and first initial of the surveyor's last name (the person who made the call on behalf of the health plan). If the name of the surveyor is unavailable to the health plan, a unique ID may be used to identify the surveyor. Enter "NA" if the survey was not completed by telephone.
Person Spoken to*	Enter the name of the person who responded to the PAAS on behalf of the network provider, if applicable.

RY 2024/MY 2023 PAAS Report Form Instructions
 Excerpted from Section IV. of the Timely Access and Annual Network Submission
 Instruction Manual

Field Name	Field Instructions - Specialist Physicians Raw Data Report Form
Question 1 and 2 When is the next available appointment <u>date</u> with [Provider Name] for [an urgent care or a non-urgent appointment]?*	<p>Based on the network provider’s response to the PAAS questions regarding the next available urgent care appointment (Question 1) or non-urgent appointment (Question 2) (or the appointment data obtained in response to these questions through Extraction), enter the date of the network provider’s next available appointment (e.g. mm/dd/yy) in the field applicable to the appointment type. Enter "NA" if the network provider indicated that this appointment type is not applicable or the network provider is a non-responder or ineligible. (See paragraphs 58-60 of the PAAS Manual.) Enter “Unknown” if the network provider is not scheduling appointments at the time of the survey because the network provider is out of the office (e.g., vacation, maternity leave, etc.).</p>
Question 1 and 2 When is the next available appointment <u>time</u> with [Provider Name] for [an urgent care or a non-urgent appointment]?*	<p>Based on the network provider’s response to the PAAS questions regarding the next available urgent care appointment (Question 1) or non-urgent appointment (Question 2) (or the appointment data obtained in response to these questions through Extraction), enter the time of the network provider’s next available appointment (e.g. hh:mm am/pm) in the field applicable to the appointment type. Enter "NA" if the network provider indicated that this appointment type is not applicable or the network provider is a non-responder or ineligible. (See paragraphs 58-60 of the PAAS Manual.) Enter “Unknown” if the network provider is not scheduling appointments at the time of the survey because the network provider is out of the office (e.g., vacation, maternity leave, etc.).</p>

RY 2024/MY 2023 PAAS Report Form Instructions
 Excerpted from Section IV. of the Timely Access and Annual Network Submission
 Instruction Manual

Field Name	Field Instructions - Specialist Physicians Raw Data Report Form
<p>Calculation 1 and 2</p> <p>Yes, there is an available appointment within [applicable time-elapsed standard].</p> <p>No, there is no available appointment within [applicable time-elapsed standard].*</p>	<p>Calculation 1 refers to the network provider's next available urgent care appointment. Calculation 2 refers to the network provider's next available non-urgent appointment.</p> <p>Indicate whether the network provider's next available appointment falls within the applicable standard for Calculation 1 and Calculation 2 by entering:</p> <ul style="list-style-type: none"> • "Y" to indicate "Yes, there is an available appointment within [applicable time-elapsed standard]." • "N" to indicate "No, there is no available appointment within [applicable time-elapsed standard]." (If "Unknown" is entered into the next available appointment date and time response fields, no appointment is available with this network provider within the applicable time-elapsed standard.) • "NA" if the appointment type is not applicable to this network provider, the network provider is a non-responder, or the network provider is ineligible. <p>Each Raw Data Report Form sets forth the applicable timeframe for the Provider Survey Type, based on the time-elapsed standards set forth in Rule 1300.67.2.2(c). Refer to paragraphs 68-70 of the PAAS Manual and the Survey Tool, set forth in Appendix 2 of the PAAS Manual for specific instructions regarding each calculation.</p>
Urgent Care Appointment Type*	<p>If the provider responded to the survey by indicating that the next available urgent care appointment is an in-person appointment, record "In-Person" in this field. If the provider responded to the survey by indicating that the next available urgent care appointment is a telehealth appointment, record "Telehealth" in this field.</p>
Non-Urgent Appointment Type*	<p>If the provider responded to the survey by indicating that the next available non-urgent appointment is an in-person appointment, record "In-Person" in this field. If the provider responded to the survey by indicating that the next available non-urgent appointment is a telehealth appointment, record "Telehealth" in this field.</p>
REQUESTED FIELD	INSTRUCTIONS
Comments 1	<p>Enter data in each field according to the instructions below.</p> <p>In this optional field, the health plan may provide any explanations or notes to the Department regarding the information being reported.</p>

RY 2024/MY 2023 PAAS Report Form Instructions
 Excerpted from Section IV. of the Timely Access and Annual Network Submission
 Instruction Manual

Field Name	Field Instructions - Specialist Physicians Raw Data Report Form
Comments 2	In this optional field, the health plan may provide any explanations or notes to the Department regarding the information being reported.
Comments 3	In this optional field, the health plan may provide any explanations or notes to the Department regarding the information being reported.

Psychiatrists Raw Data Report Form (Form No. 40-262)

Field Name	Field Instructions - Psychiatrists Raw Data Report Form
REQUIRED FIELD	INSTRUCTIONS Enter data in each field according to the instructions below.
Network Information	
Network Name	Enter 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	Enter 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	Enter 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	Enter 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	Enter the last name of the network provider.
First Name	Enter the first name of the network provider.
FQHC/RHC Name	Enter the name of the FQHC/RHC network provider.

RY 2024/MY 2023 PAAS Report Form Instructions
 Excerpted from Section IV. of the Timely Access and Annual Network Submission
 Instruction Manual

Field Name	Field Instructions - Psychiatrists Raw Data Report Form
NPI	Enter the unique National Provider Identifier (NPI) assigned to the network provider, active on the network capture date.
CA License	Enter the California license number of the network provider, active on the network capture date.
Non-CA License	Enter the license number of the network provider, issued outside of the state of California, active on the network capture date.
Non-CA License State	Enter the state in which the non-California license was issued.
License Type	Enter the network provider's type of license, as set forth in Appendix D.
Specialty	Enter the network provider's specialty or subspecialty, as set forth in Appendix B, as of the network capture date.
Board Certified / Eligible	For each reported specialty or subspecialty, indicate whether the network provider is board-certified or board-eligible.
Provider Group	Enter the name of the provider group affiliated with the network provider, if applicable.
Network Provider Practice Location and Associated Information	
Practice Address	Enter the street number and street name of the practice address. Enter "NA" if the provider offers appointments only via telehealth.
Practice Address 2	Enter the number of the office, suite, building or other location identifier for the practice address, if applicable.
City	Enter the city in which the practice address is located. Enter "NA" if the provider offers appointments only via telehealth.
County	Enter the county in which the practice address is located. Enter "Telehealth" if the provider offers appointments only via telehealth.
State	Enter the state in which the practice address is located. Enter "NA" if the provider offers appointments only via telehealth.
Zip Code	Enter the ZIP Code in which the practice address is located. Enter "NA" if the provider offers appointments only via telehealth.

RY 2024/MY 2023 PAAS Report Form Instructions
 Excerpted from Section IV. of the Timely Access and Annual Network Submission
 Instruction Manual

Field Name	Field Instructions - Psychiatrists Raw Data Report Form
Phone Number 1	This field is included for the health plan's use in conducting the PAAS only. This information shall not be submitted to the Department in this report form.
Phone Number 2	This field is included for the health plan's use in conducting the PAAS only. This information shall not be submitted to the Department in this report form.
Phone Number 3	This field is included for the health plan's use in conducting the PAAS only. This information shall not be submitted to the Department in this report form.
Fax Number 1	This field is included for the health plan's use in conducting the PAAS only. This information shall not be submitted to the Department in this report form.
Fax Number 2	This field is included for the health plan's use in conducting the PAAS only. This information shall not be submitted to the Department in this report form.
Fax Number 3	This field is included for the health plan's use in conducting the PAAS only. This information shall not be submitted to the Department in this report form.
Email Address 1	This field is included for the health plan's use in conducting the PAAS only. This information shall not be submitted to the Department in this report form.
Email Address 2	This field is included for the health plan's use in conducting the PAAS only. This information shall not be submitted to the Department in this report form.
Email Address 3	This field is included for the health plan's use in conducting the PAAS only. This information shall not be submitted to the Department in this report form.
Telehealth	Enter "Y" if the provider offers appointments to enrollees only via telehealth and "NA" is present in the "Practice Address," "City," "State" and "Zip Code" fields, otherwise enter "N."
PAAS Information	
Provider Survey Type	For each network provider, enter "Psychiatrists" in this field.

RY 2024/MY 2023 PAAS Report Form Instructions
 Excerpted from Section IV. of the Timely Access and Annual Network Submission
 Instruction Manual

Field Name	Field Instructions - Psychiatrists Raw Data Report Form
Survey Modality	<p>Enter the survey administration modality used by the health plan to obtain the network provider's response to the PAAS using the following values:</p> <ul style="list-style-type: none"> • "Three Step Protocol" • "Extraction" <p>Review paragraphs 42-53 of the PAAS Manual for further information related to PAAS modalities. The Qualified Advanced Access Provider modality shall only be used for Primary Care Providers.</p>
Sample Type	<p>Enter "Random Sample" if the health plan administered the survey to a randomly selected sample of network providers in the County/Network. Enter "Census" if the health plan conducted a census (surveyed all the network providers) in the County/Network.</p>
Outcome*	<p>Indicate the network provider's PAAS outcome, based on the criteria set forth in the PAAS Manual, by entering one of the following values:</p> <ul style="list-style-type: none"> • "Eligible – Completed Survey" • "Refused – Refused/Declined to Respond" • "Refused – No Response" • "Ineligible – Provider Not in Health Plan Network" • "Ineligible – Provider Not in County" • "Ineligible – Provider Retired or Ceasing to Practice" • "Ineligible – Provider Listed Under Incorrect Specialty" • "Ineligible – Contact Information Issue (Incorrect Phone or Fax Number/Email)" • "Ineligible – Provider Does Not Offer Appointments" <p>(See paragraphs 58-60 and 63 of the PAAS Manual for further information related to PAAS Outcomes.)</p>

RY 2024/MY 2023 PAAS Report Form Instructions
 Excerpted from Section IV. of the Timely Access and Annual Network Submission
 Instruction Manual

Field Name	Field Instructions - Psychiatrists Raw Data Report Form
Survey Completed via*	<p>Indicate whether the survey was completed via:</p> <ul style="list-style-type: none"> • "Phone" • "Fax" • "Email/Online" • "Extraction – Electronic" • "Extraction – Manual" <p>For non-responding and ineligible providers, enter the last method the health plan used in attempting to survey the network provider. Enter "NA" if the health plan deemed the provider ineligible prior to the health plan administering the survey. (See paragraph 59 in the PAAS Manual for further information regarding the deeming provision.)</p>
Wave/CSA*	<p>Identify whether the provider was included in the survey as part of the first wave, second wave, or continuous survey administration using the following values: "Wave One", "Wave Two", or "CSA." Enter "NA" if there are less five providers in the County/Network of the applicable Provider Survey Type or the health plan deemed the provider ineligible prior to the health plan administering the survey. (See paragraph 59 in the PAAS Manual for further information regarding the deeming provision.)</p>
Date Survey Initiated*	<p>Enter the date the survey was initiated via Email, Electronic Communication, Fax or Extraction. If the survey was not initiated by Email, Electronic Communication, Fax or Extraction (e.g., this contact information was not available), and as a result the survey was initiated by telephone, enter the date of the first telephone call made to the network provider in attempting to initiate the survey. Enter "NA" if the health plan deemed the provider ineligible prior to the health plan administering the survey. (See paragraph 59 in the PAAS Manual for further information regarding the deeming provision.)</p>
Date Survey Completed*	<p>Enter the date the response was completed or the date the appointment data was extracted (mm/dd/yy). If the provider is ineligible or a non-responder, enter the date the provider was deemed ineligible, refused to respond to the survey or the timeframe for a response to the survey expired.</p>

RY 2024/MY 2023 PAAS Report Form Instructions
 Excerpted from Section IV. of the Timely Access and Annual Network Submission
 Instruction Manual

Field Name	Field Instructions - Psychiatrists Raw Data Report Form
Time Survey Completed*	Enter the time the response was completed or the time the appointment data was extracted (hh:mm am/pm). If the provider is ineligible or declined to respond to the survey, enter the time the provider was deemed ineligible or refused to respond to the survey. Enter "NA" if the network provider failed to respond within the timeframe set for a response to the survey.
Name of Individual Conducting the Survey*	If conducting the PAAS using a telephone call, enter the first name and first initial of the surveyor's last name (the person who made the call on behalf of the health plan). If the name of the surveyor is unavailable to the health plan, a unique ID may be used to identify the surveyor. Enter "NA" if the survey was not completed by telephone.
Person Spoken to*	Enter the name of the person who responded to the PAAS on behalf of the network provider, if applicable.
Question 1 and 2 When is the next available appointment date with [Provider Name] for [an urgent care or a non-urgent appointment]?*	Based on the network provider's response to the PAAS questions regarding the next available urgent care appointment (Question 1) or non-urgent appointment (Question 2) (or the appointment data obtained in response to these questions through Extraction), enter the date of the network provider's next available appointment (e.g. mm/dd/yy) in the field applicable to the appointment type. Enter "NA" if the network provider indicated that this appointment type is not applicable or the network provider is a non-responder or ineligible. (See paragraphs 58-60 of the PAAS Manual.) Enter "Unknown" if the network provider is not scheduling appointments at the time of the survey because the network provider is out of the office (e.g., vacation, maternity leave, etc.).
Question 1 and 2 When is the next available appointment time with [Provider Name] for [an urgent care or a non-urgent appointment]?*	Based on the network provider's response to the PAAS questions regarding the next available urgent care appointment (Question 1) or non-urgent appointment (Question 2) (or the appointment data obtained in response to these questions through Extraction), enter the time of the network provider's next available appointment (e.g. hh:mm am/pm) in the field applicable to the appointment type. Enter "NA" if the network provider indicated that this appointment type is not applicable, or the network provider is a non-responder or ineligible. (See paragraphs 58-60 of the PAAS Manual.) Enter "Unknown" if the network provider is not scheduling appointments at the time of the survey because the network provider is out of the office (e.g., vacation, maternity leave, etc.).

RY 2024/MY 2023 PAAS Report Form Instructions
 Excerpted from Section IV. of the Timely Access and Annual Network Submission
 Instruction Manual

Field Name	Field Instructions - Psychiatrists Raw Data Report Form
<p>Calculation 1 and 2</p> <p>Yes, there is an available appointment within [applicable time-elapsed standard].</p> <p>No, there is no available appointment within [applicable time-elapsed standard].*</p>	<p>Calculation 1 refers to the network provider's next available urgent care appointment. Calculation 2 refers to the network provider's next available non-urgent appointment.</p> <p>Indicate whether the network provider's next available appointment falls within the applicable standard for Calculation 1 and Calculation 2 by entering:</p> <ul style="list-style-type: none"> • "Y" to indicate "Yes, there is an available appointment within [applicable time-elapsed standard]." • "N" to indicate "No, there is no available appointment within [applicable time-elapsed standard]." (If "Unknown" is entered into the next available appointment date and time response fields, no appointment is available with this network provider within the applicable time-elapsed standard.) • "NA" if the appointment type is not applicable to this network provider, the network provider is a non-responder, or the network provider is ineligible. <p>Each Raw Data Report Form sets forth the applicable timeframe for the Provider Survey Type, based on the time-elapsed standards set forth in Rule 1300.67.2.2(c). Refer to paragraphs 68-70 of the PAAS Manual and the Survey Tool, set forth in Appendix 2 of the PAAS Manual for specific instructions regarding each calculation.</p>
Urgent Care Appointment Type*	<p>If the provider responded to the survey by indicating that the next available urgent care appointment is an in-person appointment, record "In-Person" in this field. If the provider responded to the survey by indicating that the next available urgent care appointment is a telehealth appointment, record "Telehealth" in this field.</p>
Non-Urgent Appointment Type*	<p>If the provider responded to the survey by indicating that the next available non-urgent appointment is an in-person appointment, record "In-Person" in this field. If the provider responded to the survey by indicating that the next available non-urgent appointment is a telehealth appointment, record "Telehealth" in this field.</p>
REQUESTED FIELD	<p>INSTRUCTIONS</p> <p>Enter data in each field according to the instructions below.</p>

RY 2024/MY 2023 PAAS Report Form Instructions
 Excerpted from Section IV. of the Timely Access and Annual Network Submission
 Instruction Manual

Field Name	Field Instructions - Psychiatrists Raw Data Report Form
Comments 1	In this optional field, the health plan may provide any explanations or notes to the Department regarding the information being reported.
Comments 2	In this optional field, the health plan may provide any explanations or notes to the Department regarding the information being reported.
Comments 3	In this optional field, the health plan may provide any explanations or notes to the Department regarding the information being reported.

Ancillary Service Providers Raw Data Report Form (Form No. 40-263)

Field Name	Field Instructions - Ancillary Service Providers Raw Data Report Form
REQUIRED FIELD	INSTRUCTIONS Enter data in each field according to the instructions below.
Network Information	
Network Name	Enter 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	Enter 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	Enter 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	Enter 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	
Entity or Facility Name	Enter the name of the entity or facility providing the ancillary service.

RY 2024/MY 2023 PAAS Report Form Instructions
 Excerpted from Section IV. of the Timely Access and Annual Network Submission
 Instruction Manual

Field Name	Field Instructions - Ancillary Service Providers Raw Data Report Form
DBA	Enter the "Doing-Business-As" name of the network provider, if applicable.
FQHC/RHC Name	Enter the name of the FQHC/RHC network provider.
NPI	Enter the unique National Provider Identifier (NPI) assigned to the entity or facility, active on the network capture date.
Provider Type	Enter the provider type, as set forth in Appendix B that describes the entity or facility network provider's area of practice.
Provider Group	Enter the name of the provider group affiliated with the network provider, if applicable.
Network Provider Practice Location and Associated Information	
Practice Address	Enter the street number and street name of the practice address. Enter "NA" if the provider offers appointments only via telehealth.
Practice Address 2	Enter the number of the office, suite, building or other location identifier for the practice address, if applicable.
City	Enter the city in which the practice address is located. Enter "NA" if the provider offers appointments only via telehealth.
County	Enter the county in which the practice address is located. Enter "Telehealth" if the provider offers appointments only via telehealth.
State	Enter the state in which the practice address is located. Enter "NA" if the provider offers appointments only via telehealth.
Zip Code	Enter the ZIP Code in which the practice address is located. Enter "NA" if the provider offers appointments only via telehealth.
Phone Number 1	This field is included for the health plan's use in conducting the PAAS only. This information shall not be submitted to the Department in this report form.
Phone Number 2	This field is included for the health plan's use in conducting the PAAS only. This information shall not be submitted to the Department in this report form.
Phone Number 3	This field is included for the health plan's use in conducting the PAAS only. This information shall not be submitted to the Department in this report form.

RY 2024/MY 2023 PAAS Report Form Instructions
 Excerpted from Section IV. of the Timely Access and Annual Network Submission
 Instruction Manual

Field Name	Field Instructions - Ancillary Service Providers Raw Data Report Form
Fax Number 1	This field is included for the health plan's use in conducting the PAAS only. This information shall not be submitted to the Department in this report form.
Fax Number 2	This field is included for the health plan's use in conducting the PAAS only. This information shall not be submitted to the Department in this report form.
Fax Number 3	This field is included for the health plan's use in conducting the PAAS only. This information shall not be submitted to the Department in this report form.
Email Address 1	This field is included for the health plan's use in conducting the PAAS only. This information shall not be submitted to the Department in this report form.
Email Address 2	This field is included for the health plan's use in conducting the PAAS only. This information shall not be submitted to the Department in this report form.
Email Address 3	This field is included for the health plan's use in conducting the PAAS only. This information shall not be submitted to the Department in this report form.
Telehealth	Enter "Y" if the provider offers appointments to enrollees only via telehealth and "NA" is present in the "Practice Address," "City," "State" and "Zip Code" fields, otherwise enter "N."
PAAS Information	
Provider Survey Type	For each network provider, enter "Ancillary Service Providers" in this field.
Survey Modality	<p>Enter the survey administration modality used by the health plan to obtain the network provider's response to the PAAS using the following values:</p> <ul style="list-style-type: none"> • "Three Step Protocol" • "Extraction" <p>Review paragraphs 42-53 of the PAAS Manual for further information related to PAAS modalities. The Qualified Advanced Access Provider modality shall only be used for Primary Care Providers.</p>

RY 2024/MY 2023 PAAS Report Form Instructions
 Excerpted from Section IV. of the Timely Access and Annual Network Submission
 Instruction Manual

Field Name	Field Instructions - Ancillary Service Providers Raw Data Report Form
Sample Type	Enter "Random Sample" if the health plan administered the survey to a randomly selected sample of network providers in the County/Network. Enter "Census" if the health plan conducted a census (surveyed all the network providers) in the County/Network.
Outcome*	<p>Indicate the network provider's PAAS outcome, based on the criteria set forth in the PAAS Manual, by entering one of the following values:</p> <ul style="list-style-type: none"> • "Eligible – Completed Survey" • "Refused – Refused/Declined to Respond" • "Refused – No Response" • "Ineligible – Provider Not in Health Plan Network" • "Ineligible – Provider Not in County" • "Ineligible – Provider Retired or Ceasing to Practice" • "Ineligible – Provider Listed Under Incorrect Specialty" • "Ineligible – Contact Information Issue (Incorrect Phone or Fax Number/Email)" • "Ineligible – Provider Does Not Offer Appointments" <p>(See paragraphs 58-60 and 63 of the PAAS Manual for further information related to PAAS Outcomes.)</p>
Survey Completed via*	<p>Indicate whether the survey was completed via:</p> <ul style="list-style-type: none"> • "Phone" • "Fax" • "Email/Online" • "Extraction – Electronic" • "Extraction – Manual" <p>For non-responding and ineligible providers, enter the last method the health plan used in attempting to survey the network provider. Enter "NA" if the health plan deemed the provider ineligible prior to the health plan administering the survey. (See paragraph 59 in the PAAS Manual for further information regarding the deeming provision.)</p>
Wave/CSA*	Identify whether the provider was included in the survey as part of the first wave, second wave, or continuous survey administration using the following values: "Wave One", "Wave Two", or "CSA." Enter "NA" if there are less five providers in the County/Network of the applicable Provider Survey Type or

RY 2024/MY 2023 PAAS Report Form Instructions
 Excerpted from Section IV. of the Timely Access and Annual Network Submission
 Instruction Manual

Field Name	Field Instructions - Ancillary Service Providers Raw Data Report Form
	the health plan deemed the provider ineligible prior to the health plan administering the survey. (See paragraph 59 in the PAAS Manual for further information regarding the deeming provision.)
Date Survey Initiated*	Enter the date the survey was initiated via Email, Electronic Communication, Fax or Extraction. If the survey was not initiated by Email, Electronic Communication, Fax or Extraction (e.g., this contact information was not available), and as a result the survey was initiated by telephone, enter the date of the first telephone call made to the network provider in attempting to initiate the survey. Enter "NA" if the health plan deemed the provider ineligible prior to the health plan administering the survey. (See paragraph 59 in the PAAS Manual for further information regarding the deeming provision.)
Date Survey Completed*	Enter the date the response was completed or the date the appointment data was Extracted (mm/dd/yy). If the provider is ineligible or a non-responder, enter the date the provider was deemed ineligible, refused to respond to the survey or the timeframe for a response to the survey expired.
Time Survey Completed*	Enter the time the response was completed or the time the appointment data was extracted (hh:mm am/pm). If the provider is ineligible or declined to respond to the survey, enter the time the provider was deemed ineligible or refused to respond to the survey. Enter "NA" if the network provider failed to respond within the timeframe set for a response to the survey.
Name of Individual Conducting the Survey*	If conducting the PAAS using a telephone call, enter the first name and first initial of the surveyor's last name (the person who made the call on behalf of the health plan). If the name of the surveyor is unavailable to the health plan, a unique ID may be used to identify the surveyor. Enter "NA" if the survey was not completed by telephone.
Person Spoken to*	Enter the name of the person who responded to the PAAS on behalf of the network provider, if applicable.

RY 2024/MY 2023 PAAS Report Form Instructions
 Excerpted from Section IV. of the Timely Access and Annual Network Submission
 Instruction Manual

Field Name	Field Instructions - Ancillary Service Providers Raw Data Report Form
Question 1 When is the next available appointment <u>date</u> with [Provider Name] for a non-urgent appointment?*	<p>Based on the network provider’s response to the PAAS question regarding the next available non-urgent appointment (Question 1) (or the appointment data obtained in response to this question through Extraction), enter the date of the network provider’s next available non-urgent appointment (e.g. mm/dd/yy) in this field. Enter "NA" if the network provider indicated that this appointment type is not applicable, the network provider is a non-responder or ineligible. (See paragraphs 54-60 of the PAAS Manual.) Enter “Unknown” if the network provider is not scheduling appointments at the time of the survey because the network provider is out of the office (e.g., vacation, maternity leave, etc.).</p>
Question 1 When is the next available appointment <u>time</u> with [Provider Name] for a non-urgent appointment?*	<p>Based on the network provider’s response to the PAAS question regarding the next available non-urgent appointment (Question 1) (or the appointment data obtained in response to this question through Extraction), enter the time of the network provider’s next available appointment (e.g. hh:mm am/pm) in this field. Enter "NA" if the network provider indicated this appointment type is not applicable, or the network provider is a non-responder or ineligible. (See paragraphs 54-60 of the PAAS Manual.) Enter “Unknown” if the network provider is not scheduling appointments at the time of the survey because the network provider is out of the office (e.g., vacation, maternity leave, etc.).</p>

RY 2024/MY 2023 PAAS Report Form Instructions
 Excerpted from Section IV. of the Timely Access and Annual Network Submission
 Instruction Manual

Field Name	Field Instructions - Ancillary Service Providers Raw Data Report Form
Calculation 1 Yes, there is an available appointment within 15 Business Days. No, there is no available appointment within 15 Business Days.*	<p>Indicate whether the network provider's next available non-urgent appointment falls within the applicable standard by entering:</p> <ul style="list-style-type: none"> "Y" to indicate "Yes, there is an available appointment within 15 Business Days." "N" to indicate "No, there is no available appointment within 15 Business Days." (If "Unknown" is entered into the next available appointment date and time response fields, no appointment is available with this network provider within 15 Business Days.) "NA" if the appointment type is not applicable to this network provider, the network provider is a non-responder, or the network provider is ineligible. <p>Urgent care appointments questions are not applicable to Ancillary Service Providers in the PAAS Manual. Refer to paragraphs 68-70 of the PAAS Manual and the Survey Tool, set forth in Appendix 2 of the PAAS Manual for specific instructions regarding each calculation.</p>
Non-Urgent Appointment Type*	<p>If the provider responded to the survey by indicating that the next available non-urgent appointment is an in-person appointment, record "In-Person" in this field. If the provider responded to the survey by indicating that the next available non-urgent appointment is a telehealth appointment, record "Telehealth" in this field.</p>
REQUESTED FIELD	INSTRUCTIONS
	Enter data in each field according to the instructions below.
Comments 1	In this optional field, the health plan may provide any explanations or notes to the Department regarding the information being reported.
Comments 2	In this optional field, the health plan may provide any explanations or notes to the Department regarding the information being reported.
Comments 3	In this optional field, the health plan may provide any explanations or notes to the Department regarding the information being reported.

D. Results Report Form – Instructions

The health plan shall use the PAAS Manual, the instructions set forth below, and the health plan's Raw Data Report Forms to complete each field, and calculate the PAAS results for each county in each network (County/Network) and for each Provider Survey Type in the applicable Results Tab in the Results Report Form (e.g., use the Primary Care Providers Raw Data Report Form to complete the Primary Care Providers Results Tab). The health plan shall enter information in the Results Report Form on the following report forms:

- Primary Care Providers Results Tab,
- Non-Physician Mental Health Care Providers Results Tab,
- Specialist Physicians Results Tab,
- Psychiatrists Results Tab, and
- Ancillary Service Providers Results Tab.

The information entered by the health plan on each Results Tab is used to auto-populate and auto-calculate the Summary of Rates of Compliance Tab and the Network by Provider Survey Type Tab. In order for the auto-calculated fields to operate correctly, health plans shall include the PAAS results for all network providers in a single Results Report Form. The health plan shall complete all required fields.

Results Report Form: Results Tab (Form No. 40-264)

Field Name	Field Instructions - Results Report Form: [Provider Survey Type] Results Tab
REQUIRED FIELD	INSTRUCTIONS Enter data in each field according to the instructions below.
Survey Information	
Provider Survey Type	Enter the Provider Survey Type for which the health plan is reporting results: <ul style="list-style-type: none"> • "Primary Care Providers" • "Non-Physician Mental Health Care Providers" • "Specialist Physicians" • "Psychiatrists" • "Ancillary Service Providers"
Survey Modality	Enter the survey administration modality (or modalities) used to obtain the survey data for the Provider Survey Type in the County/Network using the following values: <ul style="list-style-type: none"> • "Three Step Protocol" • "Qualified Advanced Access Provider" • "Extraction" • "Three Step Protocol/Qualified Advanced Access Provider" • "Three Step Protocol/Extraction" • "Qualified Advanced Access Provider/Extraction" • "Three Step Protocol/Qualified Advanced Access Provider/Extraction" Review paragraphs 42-55 of the PAAS Manual for further information related to PAAS modalities. Health plans shall use the Qualified Advanced Access Provider modality only for Primary Care Providers.

RY 2024/MY 2023 PAAS Report Form Instructions
 Excerpted from Section IV. of the Timely Access and Annual Network Submission Instruction Manual

Field Name	Field Instructions - Results Report Form: [Provider Survey Type] Results Tab
REQUIRED FIELD	INSTRUCTIONS Enter data in each field according to the instructions below.
Sample Type	<p>For each Provider Survey Type within the County/Network, indicate the sample type by entering:</p> <ul style="list-style-type: none"> • "Random Sample" if the health plan administered the survey to a randomly selected sample of network providers but did not survey all network providers within the County/Network. • "Sample Exhaustion" if the health plan intended to administer the survey to a randomly selected sample of network providers but surveyed all network providers within the County/Network through the replacement of network providers from the oversample. • "Census" if the health plan conducted a census (surveyed all the network providers in the County/Network). <p>(See Step 3 of PAAS Manual for further details related to selecting the network providers the health plan is required survey under the PAAS.)</p>
Network Information	
Network Name	Enter the network name, as defined in Rule 1300.67.2.2(b)(9), for which the health plan is reporting results.
Network ID	Enter 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	If the health plan is reporting results for PAAS data obtained from a subcontracted plan, pursuant to paragraph 8b of the PAAS Manual, enter the subcontracted plan's license number. Each health plan's license number is available on the Department's web portal.
Subcontracted Plan Network ID	If the health plan is reporting results for PAAS data obtained from a subcontracted plan, pursuant to paragraph 8b of the PAAS Manual, enter the subcontracted plan network identifier.
Geographic Information	
County	Enter the county for which the health plan is reporting results.
State	Enter the state for which the health plan is reporting results.
PAAS Results Information	
Number of Providers within County/Network	<p>Enter the number of network providers that were identified as a unique provider in the health plan's Contact List Report Form for the Provider Survey Type in the County/Network. Unique providers are those providers with a "Y" in the "Unique Provider" field of the Contact List Report Form that were remaining after all duplicate entries have been identified. (See Step 2 in the PAAS Manual for further instructions and details regarding identification of unique providers.)</p> <p>The health plan will use the "Number of Providers within County/Network" to determine the "Required Sample Size."</p>

RY 2024/MY 2023 PAAS Report Form Instructions
 Excerpted from Section IV. of the Timely Access and Annual Network Submission Instruction Manual

Field Name	Field Instructions - Results Report Form: [Provider Survey Type] Results Tab
REQUIRED FIELD	INSTRUCTIONS Enter data in each field according to the instructions below.
Number of Providers Attempted to be Surveyed	<p>Enter the total number of network providers the health plan attempted to survey via the Three Step Protocol, Extraction, and Qualified Advanced Access Provider for the Provider Survey Type in the County/Network. A survey attempt includes those network providers that responded, were ineligible and non-responders for the applicable County/Network.</p> <p>The "Number of Providers Attempted to be Surveyed" is identified by calculating the number of network providers in the "Outcome" field of the Raw Data Report Form as "Eligible," "Refused," and "Ineligible."</p>
Number of Providers Responded via Three Step Protocol	<p>Enter the total number of network providers who responded to the applicable survey questions via the Three Step Protocol for the Provider Survey Type in the County/Network. Responding network providers include network providers that responded to the survey questions with appointment dates and times or indicated an appointment type (e.g., urgent care appointments) was not applicable to his/her practice. Responding network providers do not include non-responding providers, ineligible providers, network providers who responded via Extraction or as a Qualified Advanced Access Provider.</p> <p>Responding network providers are identified in the Raw Data Report Form by filtering the "Outcome" field for "Eligible – Completed Survey" and the "Survey Completed via" field for "Phone," "Fax," and "Email/Online."</p>
Number of Providers Responded via Extraction	<p>Enter the total number of network providers who responded to the applicable survey questions via Extraction for the Provider Survey Type in the County/Network. Responding network providers include providers that provided extracted data with appointment dates and times or indicated an appointment type (e.g., urgent care appointments) was not applicable to his/her practice. Responding network providers do not include the non-responding providers, ineligible providers or network providers that responded via the Three Step Protocol or as a Qualified Advanced Access Provider.</p> <p>The "Number of Providers Responded via Extraction" is identified by calculating from Raw Data Report Form the number of network providers identified in the "Outcome" field as "Eligible – Completed Survey" and the "Survey Completed via" field as "Extraction."</p>
Number of Providers Responded as a Qualified Advanced Access Provider (Primary Care Providers Results Tab Only)	<p>If the health plan selected a random sample, report the total number of primary care providers who were randomly selected to be surveyed and deemed compliant as Qualified Advanced Access Providers in the County/Network. (See paragraphs 54-57 of the PAAS Manual for further details regarding Qualified Advanced Access Providers.) If the health plan used census, report the total number of primary care providers who were deemed compliant as a Qualified Advanced Access Provider in the County/Network.</p> <p>Responding primary care providers are identified in the Raw Data Report Form by filtering the "Outcome" field for "Eligible – Completed Survey" and then filtering "Survey Completed via" field for "Qualified Advanced Access Providers."</p>
Required Sample Size	Enter the required sample size necessary to achieve a statistically reliable sample for the Provider Survey Type in the County/Network. The required sample size is determined by using the "Number of Providers within County/Network" and the Sample Size Chart set forth in Appendix 1 of the PAAS Manual.

RY 2024/MY 2023 PAAS Report Form Instructions
 Excerpted from Section IV. of the Timely Access and Annual Network Submission Instruction Manual

Field Name	Field Instructions - Results Report Form: [Provider Survey Type] Results Tab
REQUIRED FIELD	INSTRUCTIONS Enter data in each field according to the instructions below.
Required Sample Size Achieved	<p>Enter "Y" if the health plan administered the survey to a randomly selected sample of network providers and was able to obtain a sufficient number of survey responses from network providers to reach the required sample size based on the "Required Sample Size" and the "Total Number of Providers Responded to Survey" fields.</p> <p>Enter "Y" if the health plan surveyed a census of network providers and was able to obtain a sufficient number of completed responses from network providers to reach or exceed the required sample size based on the "Required Sample Size" and the "Total Number of Providers Responded to Survey" fields.</p> <p>Enter "N" if the health plan was unable to meet the required sample size. (Even if the health plan was unable to meet the required sample size, the health plan shall still report all required information in the Results Report Form.)</p>
Number of Non-Responding Providers	<p>Enter the number of network providers who did not respond to one or more applicable survey questions or declined to participate in the survey for the Provider Survey Type in the County/Network.</p> <p>The "Number of Non-Responding Providers" is identified by calculating the number of network providers identified in the "Outcome" field of the Raw Data Report Form as "Refused." (See paragraph 58 of the PAAS Manual for further information regarding non-responding providers.)</p>
Number of Ineligible Providers	<p>Enter the number of network providers who were identified as being ineligible for the Provider Survey Type in the County/Network.</p> <p>The "Number of Ineligible Providers" is identified by calculating the number of network providers identified in the "Outcome" field of the Raw Data Report Form as "Ineligible." (See paragraphs 59-60 of the PAAS Manual for further information regarding ineligible providers.)</p>
Number of Providers who Responded to the Question Regarding the Availability of an Urgent Care Appointment within [48 Hours or 96 Hours] (All Provider Survey Types Except Ancillary Service Providers)	<p>Enter the number of network providers who responded to the urgent care appointment question for the Provider Survey Type in the County/Network. Network providers that responded to the urgent care appointment question do not include ineligible providers, non-responding providers, or network providers that responded that urgent care appointments are not applicable.</p> <p>The "Number of Providers who Responded to the Question Regarding the Availability of an urgent care Appointment within [48 Hours or 96 Hours]", is identified by calculating from the Raw Data Report Form the number of network providers identified in the "Outcome" field as "Eligible - Completed Survey" and have a "Y" or "N" in the urgent care appointment "Calculation 1" field.</p> <p>"Number of Providers who Responded to the Question Regarding the Availability of an Urgent Care Appointment within [48 Hours or 96 Hours]" is the denominator used to calculate the "Percentage of Providers with an Urgent Care Appointment Available within [48 Hours or 96 Hours]." (See paragraphs 70-72 of the PAAS Manual for further details.)</p> <p>(Ancillary Service Providers are not surveyed for urgent care appointments. This field is not applicable for Ancillary Service Providers.)</p>

Field Name	Field Instructions - Results Report Form: [Provider Survey Type] Results Tab
REQUIRED FIELD	INSTRUCTIONS Enter data in each field according to the instructions below.
Number of Providers with an Urgent Care Appointment Available within [48 Hours or 96 Hours] (All Provider Survey Types Except Ancillary Service Providers)	<p>Enter the number of network providers who indicated an urgent care appointment was available within the applicable standard (48 hours for Primary Care Providers or 96 hours for NPMH providers, Specialist Physicians, and Psychiatrists) for this Provider Survey Type in the County/Network.</p> <p>The “Number of Providers with an Urgent Care Appointment Available within [48 Hours or 96 Hours]” is identified by calculating from the Raw Data Report Form the number of network providers identified in the "Outcome" field as "Eligible - Completed Survey" that have a "Y" in the urgent care appointment “Calculation 1” field.</p> <p>The “Number of Providers with an Urgent Care Appointment Available within [48 Hours or 96 Hours]” is the numerator used to calculate the “Percentage of Providers with an Urgent Care Appointment Available within [48 Hours or 96 Hours].” (See paragraphs 70-72 of the PAAS Manual for further details.) (Ancillary Service Providers are not surveyed for urgent care appointments. This field is not applicable for Ancillary Service Providers.)</p>
Number of Providers who Responded to the Question Regarding the Availability of a Non-Urgent Appointment within [10 Business Days or 15 Business Days]	<p>Enter the number of network providers who responded to the non-urgent appointment question for the Provider Survey Type in the County/Network. Network providers who responded to the non-urgent appointment question do not include ineligible providers, non-responding providers, or network providers that responded that non-urgent appointments are not applicable.</p> <p>The “Number of Providers who Responded to the Question Regarding the Availability of a Non-Urgent Appointment within [10 Business Days or 15 Business Days]” is identified by calculating from the Raw Data Report Form the number of network providers identified in the "Outcome" field as "Eligible - Completed Survey" and have a "Y" or "N" in the non-urgent appointment “Calculation 2” field (for Ancillary Service Providers refer to the "Calculation 1" field).</p> <p>This number is the denominator used to calculate the “Percentage of Providers with a Non-Urgent Appointment Available within [10 Business Days or 15 Business Days] (Unweighted).” (See paragraphs 70-72 of the PAAS Manual for further details.)</p>

RY 2024/MY 2023 PAAS Report Form Instructions
 Excerpted from Section IV. of the Timely Access and Annual Network Submission Instruction Manual

Field Name	Field Instructions - Results Report Form: [Provider Survey Type] Results Tab
REQUIRED FIELD	INSTRUCTIONS Enter data in each field according to the instructions below.
Number of Providers with a Non-Urgent Appointment Available within [10 Business Days or 15 Business Days]	<p>Enter the number of network providers who indicated a non-urgent appointment was available within the applicable standard (10 business days for Primary Care Providers and NPMH providers or 15 business days for Specialist Physicians, Psychiatrists and Ancillary Service Providers) for the Provider Survey Type in the County/Network.</p> <p>The “Number of Providers with a Non-Urgent Appointment Available within [10 Business Days or 15 Business Days]” is identified by calculating from the Raw Data Report Form the number of network providers identified in the "Outcome" field as "Eligible - Completed Survey" that have a "Y" in the non-urgent appointment “Calculation 2” field (for Ancillary Service Providers refer to the "Calculation 1" field).</p> <p>The “Number of Providers with a Non-Urgent Appointment Available within [10 Business Days or 15 Business Days]” is the numerator used to calculate the “Percentage of Providers with a Non-Urgent Appointment Available within [10 Business Days or 15 Business Days] (Unweighted).” (See paragraphs 70-72 of the PAAS Manual for further details.)</p>
Number of Providers who Responded to the Question Regarding the Availability of a Non-Urgent Follow-Up Appointment within 10 Business Days	<p>Enter the number of network providers who responded to the non-urgent follow-up appointment question in the County/Network. Network providers who responded to the non-urgent follow-up appointment question do not include ineligible providers, non-responding providers, or network providers that responded that non-urgent follow-up appointments are not applicable.</p> <p>The “Number of Providers who Responded to the Question Regarding the Availability of a Non-Urgent Follow-Up Appointment within 10 Business Days” is identified by calculating from the NPMH Raw Data Report Form the number of network providers identified in the "Outcome" field as "Eligible - Completed Survey" and have a "Y" or "N" in the non-urgent follow-up appointment “Calculation 3” field.</p> <p>This number is the denominator used to calculate the “Percentage of Providers with a Non-Urgent Follow-Up Appointment Available within 10 Business Days (Unweighted).” (See paragraphs 70-72 of the PAAS Manual for further details.)</p> <p>(This field is only applicable for NPMH providers.)</p>
Number of Providers with a Non-Urgent Follow-Up Appointment Available within 10 Business Days	<p>Enter the number of network providers who indicated a non-urgent follow-up appointment was available within 10 business days in the County/Network.</p> <p>The “Number of Providers with a Non-Urgent Follow-Up Appointment Available within 10 Business Days” is identified by calculating from the NPMH Raw Data Report Form the number of network providers identified in the "Outcome" field as "Eligible - Completed Survey" that have a "Y" in the non-urgent follow-up appointment “Calculation 3” field.</p> <p>The “Number of Providers with a Non-Urgent Follow-Up Appointment Available within 10 Business Days” is the numerator used to calculate the “Percentage of Providers with a Non-Urgent Follow-Up Appointment Available within 10 Business Days (Unweighted).” (See paragraphs 70-72 of the PAAS Manual for further details.)</p> <p>(This field is only applicable for NPMH providers.)</p>

RY 2024/MY 2023 PAAS Report Form Instructions
 Excerpted from Section IV. of the Timely Access and Annual Network Submission Instruction Manual

Field Name	Field Instructions - Results Report Form: [Provider Survey Type] Results Tab
REQUIRED FIELD	INSTRUCTIONS Enter data in each field according to the instructions below.
Total Number of Providers Responded to Survey	<p>Verify the auto-calculated field is accurately reflected in the Results Report Form based on the numbers in the following fields for the Provider Survey Type in the County/Network.</p> <p>Report the sum of the following fields: "Number of Providers Responded via Three Step Protocol," "Number of Providers Responded via Extraction," and "Number of Providers Responded as a Qualified Advanced Access Provider."</p>
Percentage of Non-Responding Providers	<p>Verify the auto-calculated field is accurately reflected in the Results Report Form based on the numbers in the following fields for the Provider Survey Type in the County/Network.</p> <p>Use the "Number of Non-Responding Providers" field as the numerator. Add the "Number of Non-Responding Providers" field and "Total Number of Providers Responded to Survey" field to calculate the denominator. Divide the numerator by the denominator. Multiply this number (e.g., .89) by 100 to calculate and report a percentage (e.g., 89%) in this field. (See paragraphs 78-80 of the PAAS Manual for further information on calculating and reporting a percentage of non-responding providers.)</p> $= \frac{\text{"Number of Non-Responding Providers"}}{(\text{"Number of Non-Responding Providers"} + \text{"Total Number of Providers Responded to Survey"})} * 100\%$
Percentage of Ineligible Providers	<p>Verify the auto-calculated field is accurately reflected in the Results Report Form based on the numbers in the following fields for the Provider Survey Type in the County/Network.</p> <p>Use the "Number of Ineligible Providers" field as the numerator. Add the "Number of Ineligible Providers" field, the "Number of Non-Responding Providers" field, and the "Total Number of Providers Responded to Survey" field to calculate the denominator. Divide the numerator by the denominator. Multiply this number (e.g., .89) by 100 to calculate and report a percentage (e.g., 89%) in this field. (See paragraphs 78-80 of the PAAS Manual for further information on calculating and reporting a percentage of ineligible providers.)</p> $= \frac{\text{"Number of Ineligible Providers"}}{(\text{"Number of Ineligible Providers"} + \text{"Number of Non-Responding Providers"} + \text{"Total Number of Providers Responded to Survey"})} * 100\%$

Field Name	Field Instructions - Results Report Form: [Provider Survey Type] Results Tab
REQUIRED FIELD	INSTRUCTIONS Enter data in each field according to the instructions below.
Percentage of Providers with an Urgent Care Appointment Available within [48 Hours or 96 Hours] (Unweighted) (All Provider Survey Types Except Ancillary Service Providers)	<p>Verify the auto-calculated fields are accurately reflected in the Results Report Form based on the numbers in the following fields for the Provider Survey Type in the County/Network.</p> <p>The "Percentage of Providers with an Urgent Care Appointment Available within [48 Hours or 96 Hours] (Unweighted)" shall be reported for the Provider Survey Type in each County/Network. Divide the "Number of Providers with an Urgent Care Appointment Available within [48 Hours or 96 Hours]" field by the "Number of Providers who Responded to the Question Regarding the Availability of an Urgent Care Appointment within [48 Hours or 96 Hours]" field. Multiply this number (e.g., .89) by 100 to calculate a percentage (e.g., 89%). Report the "Percentage of Providers with an Urgent Care Appointment Available within [48 Hours or 96 Hours] (Unweighted)" as a percentage (e.g., 89%).</p> <p>(Ancillary Service Providers are not surveyed for urgent care appointments. This field is not applicable for Ancillary Service Providers.)</p> $= \frac{\text{"Number of Providers with an Urgent Care Appointment Available within [48 Hours or 96 Hours]"}}{\text{"Number of Providers who Responded to the Question Regarding the Availability of an Urgent Care Appointment within [48 Hours or 96 Hours]"}} * 100\%$
Percentage of Providers with a Non-Urgent Appointment Available within [10 Business Days or 15 Business Days] (Unweighted)	<p>Verify the auto-calculated fields are accurately reflected in the Results Report Form based on the numbers in the following fields for the Provider Survey Type in the County/Network.</p> <p>The "Percentage of Providers with a Non-Urgent Appointment Available within [10 Business Days or 15 Business Days] (Unweighted)" shall be reported for the Provider Survey Type in each County/Network. Divide the "Number of Providers with a Non-Urgent Appointment Available within [10 Business Days or 15 Business Days]" field by the "Number of Providers who Responded to the Question Regarding the Availability of a Non-Urgent Appointment within [10 Business Days or 15 Business Days]" field for the non-urgent standard. Multiply this number (e.g., .89) by 100 to calculate a percentage (e.g., 89%). Report the "Percentage of Providers with a Non-Urgent Appointment Available within [10 Business Days or 15 Business Days] (Unweighted)" as a percentage (e.g., 89%).</p> $= \frac{\text{"Number of Providers with a Non-Urgent Appointment Available within [10 Business Days or 15 Business Days]"}}{\text{"Number of Providers who Responded to the Question Regarding the Availability of a Non-Urgent Appointment within [10 Business Days or 15 Business Days]"}} * 100\%$

Field Name	Field Instructions - Results Report Form: [Provider Survey Type] Results Tab
REQUIRED FIELD	INSTRUCTIONS Enter data in each field according to the instructions below.
Percentage of Providers with a Non-Urgent Follow-Up Appointment Available within 10 Business Days (Unweighted)	<p>Verify the auto-calculated fields are accurately reflected in the Results Report Form based on the numbers in the following fields for the Provider Survey Type in the County/Network.</p> <p>The "Percentage of Providers with a Non-Urgent Follow-Up Appointment Available within 10 Business Days (Unweighted)" shall be reported for NPMH providers in each County/Network. Divide the "Number of Providers with a Non-Urgent Follow-Up Appointment Available within 10 Business Days" field by the "Number of Providers who Responded to the Question Regarding the Availability of a Non-Urgent Follow-Up Appointment within 10 Business Days" field for the non-urgent follow-up standard. Multiply this number (e.g., .89) by 100 to calculate a percentage (e.g., 89%). Report the "Percentage of Providers with a Non-Urgent Follow-Up Appointment Available within 10 Business Days (Unweighted)" as a percentage (e.g., 89%).</p> $= \frac{\text{"Number of Providers with a Non-Urgent Follow-Up Appointment Available within 10 Business Days "}}{\text{"Number of Providers who Responded to the Question Regarding the Availability of a Non-Urgent Follow-Up Appointment within 10 Business Days"}} * 100\%$ <p>(This field is only applicable for NPMH providers.)</p>
Number of Providers Weight Used for Calculating Aggregate Percentage of Providers with Timely Appointments for Urgent Care Appointments in Auto-Calculation Tabs (All Provider Survey Types Except Ancillary Service Providers)	<p>Verify the auto-calculated fields are accurately reflected in the Results Report Form based on the numbers in the following fields for the Provider Survey Type in the County/Network.</p> <p>This field is used for the total number of network providers in the County/Network for the Provider Survey Type when calculating aggregate weighted "Percentage of Providers with Timely Appointments for Urgent Care Appointments (Weighted)" field in the Network by Provider Survey Type Tab.</p> <p>If no network providers in the County/Network responded to an urgent care appointment request, this field shall equal 0. If at least one network provider responded to an urgent care appointment request, this field is equal to the "Number of Providers within County/Network" field. (Ancillary Service Providers are not surveyed for urgent care appointments. This field is not applicable for Ancillary Service Providers.)</p>
Number of Providers Weight Used for Calculating Aggregate Percentage of Providers with Timely Appointments for Non-Urgent Appointments in Auto-Calculation Tabs	<p>Verify the auto-calculated fields are accurately reflected in the Results Report Form based on the numbers in the following fields for the Provider Survey Type in the County/Network.</p> <p>This field is used for the total number of network providers in the County/Network for the Provider Survey Type when calculating aggregate weighted "Percentage of Providers with Timely Appointments for Non-Urgent Appointments (Weighted)" field in the Network by Provider Survey Type Tab.</p> <p>If no network providers in the County/Network responded to a non-urgent appointment request, this field shall equal 0. If at least one network provider responded to the non-urgent appointment request, this field is equal to the "Number of Providers within County/Network" field.</p>

Field Name	Field Instructions - Results Report Form: [Provider Survey Type] Results Tab
REQUIRED FIELD	INSTRUCTIONS Enter data in each field according to the instructions below.
Number of Providers Weight Used for Calculating Aggregate Percentage of Providers with Timely Appointments for Non-Urgent Follow-Up Appointments in Auto-Calculation Tabs	<p>Verify the auto-calculated fields are accurately reflected in the Results Report Form based on the numbers in the following fields for the Provider Survey Type in the County/Network.</p> <p>This field is used for the total number of network providers in the County/Network for NPMH providers when calculating aggregate weighted "Percentage of Providers with Timely Appointments for Non-Urgent Follow-Up Appointments (Weighted)" field in the Network by Provider Survey Type Tab.</p> <p>If no network providers in the County/Network responded to a non-urgent follow-up appointment request, this field shall equal 0. If at least one network provider responded to the non-urgent follow-up appointment request, this field is equal to the "Number of Providers within County/Network" field.</p> <p>(This field is only applicable for NPMH providers.)</p>
Network Tally	This field is used to calculate how many unique networks were reported in the data.

Results Report Form: Summary of Rates of Compliance Tab

The fields in the Summary of Rates of Compliance Tab are auto-calculated based on the information set forth in the following tabs:

- Primary Care Providers Results Tab;
- Non-Physician Mental Health Care Providers Results Tab;
- Specialist Physicians Results Tab;
- Psychiatrists Results Tab;
- Ancillary Service Providers Results Tab; and
- Network by Provider Survey Type Tab.

The health plan's final rates of compliance are reviewed and published by the Department in its Annual Timely Access Report. The final results published by the Department may be adjusted as a result of data errors, weighting corrections, omission of invalid data or other concerns identified by the Department.

Field Name	Field Instructions - Results Report Form: Summary of Rates of Compliance Tab
REQUIRED FIELD	INSTRUCTIONS Each field will auto-populate based on the information entered into the [Provider Survey Type] Results Tab and the instructions below.
Network Name	This field auto-populates each network name reported by the health plan in the Results Tab.

Field Name	Field Instructions - Results Report Form: Summary of Rates of Compliance Tab
REQUIRED FIELD	INSTRUCTIONS Each field will auto-populate based on the information entered into the [Provider Survey Type] Results Tab and the instructions below.
Rate of Compliance Urgent Care Appointments	<p>This field auto-calculates the probability of obtaining an urgent care appointment using the weighted average of the urgent care appointment rate for each Provider Survey Type across all counties.</p> <p>In the Network by Provider Survey Type Tab, for each network, sum the product of the "Total Number of Providers in Network (Urgent Care Appointments)" and "Percentage of Providers with Timely Appointments for Urgent Care Appointments (Weighted)" fields across all Provider Survey Types except Ancillary Service Providers. Divide the result by the sum of the "Total Number of Providers in Network (Urgent Care Appointments)" for each Provider Survey Type for the network.</p> $= \frac{\sum_{PT=1}^n \left(\begin{array}{c} \text{"Total Number of Providers in Network (Urgent Care Appointments)" *} \\ \text{"Percentage of Providers with Timely Appointments for} \\ \text{Urgent Care Appointments (Weighted)"} \end{array} \right)}{\sum_{PT=1}^n \text{"Total Number of Providers in Network (Urgent Care Appointments)"}}$ <p>Where: PT = For each Provider Survey Type in the network.</p>
Sampling Error Urgent Care Appointment Rates (±)	<p>This field auto-calculates the sampling error with a 90% confidence level for the urgent care appointment rate.</p> <p>In the Network by Provider Survey Type Tab, for each network, sum "Number of Providers who Responded to the Question Regarding the Availability of an Urgent Care Appointment Across All Counties" to generate the total number of network providers surveyed across all Provider Survey Types. Then sum the "Total Number of Providers in Network " across all Provider Survey Types to generate the total number of network providers. The "Sampling Error Urgent Care Appointment Rates" is auto-calculated using the total number of network providers, the total number of network providers surveyed, and the "Rate of Compliance Urgent Care Appointments (All Provider Survey Types)," using the following formula:</p> $= 1.64 * \sqrt{\frac{\text{"Rate of Compliance Urgent Care Appointments (All Provider Survey Types)" * (1 - "Rate of Compliance Urgent Care Appointments (All Provider Survey Types)"}}{\sum_{PT=1}^n \text{"Number of Providers who Responded to the Question Regarding the Availability of an Urgent Care Appointment Across All Counties"}} * \sqrt{\frac{\left(\sum_{PT=1}^n \text{"Total Number of Providers in Network"} \right) - \left(\sum_{PT=1}^n \text{"Number of Providers who Responded to the Question Regarding the Availability of an Urgent Care Appointment Across All Counties"} \right)}{\left(\sum_{PT=1}^n \text{"Total Number of Providers in Network"} \right) - 1}}$ <p>Where: PT = For each Provider Survey Type in the network.</p>
Rate of Compliance Non-Urgent Appointments (All Provider Survey Types)	<p>This field auto-calculates the probability of obtaining a non-urgent appointment using the weighted average of the non-urgent appointment rate for each Provider Survey Type across all counties.</p> <p>In the Network by Provider Survey Type Tab, for each network, multiply the "Total Number of Providers in Network (Non-Urgent Appointments)" field with the "Percentage of Providers with Timely Appointments for Non-Urgent Appointments (Weighted)" field for all Provider Survey Types. Sum the results from each Provider Survey Type. Divide the result by the sum of the "Total Number of Providers in Network (Non-Urgent Appointments)" for each Provider Survey Type for the Network.</p>

Field Name	Field Instructions - Results Report Form: Summary of Rates of Compliance Tab
REQUIRED FIELD	INSTRUCTIONS Each field will auto-populate based on the information entered into the [Provider Survey Type] Results Tab and the instructions below.
	$= \frac{\sum_{PT=1}^n \left(\frac{\text{"Total Number of Providers in Network (Non-Urgent Appointments)" * \text{"Percentage of Providers with Timely Appointments for Non-Urgent Appointments (Weighted)"}}{\text{"Total Number of Providers in Network (Non-Urgent Appointments)"}} \right)}{\sum_{PT=1}^n \text{"Total Number of Providers in Network (Non-Urgent Appointments)"}}$ <p>Where: PT = For each Provider Survey Type in the network.</p>
Sampling Error Non-Urgent Appointment Rates (±)	<p>This field auto-calculates the sampling error with a 90% confidence level for the non-urgent appointment rate.</p> <p>In the Network by Provider Survey Type Tab, for each network, sum "Number of Providers who Responded to the Question Regarding the Availability of a Non-Urgent Appointment Across All Counties" to generate the total number of network providers surveyed across all Provider Survey Types for non-urgent appointments. Then sum the "Total Number of Providers in Network " across all Provider Survey Types to generate the total number of providers for non-urgent appointments. The "Sampling Error Non-Urgent Appointment Rates" is auto-calculated with the total number of network providers, the total number of network providers surveyed, and "Rate of Compliance Non-Urgent Appointments (All Provider Survey Types)," using the following formula:</p> $= 1.64 * \sqrt{\frac{\text{"Rate of Compliance Non-Urgent Appointments (All Provider Survey Types)" * (1 - \text{"Rate of Compliance Non-Urgent Appointments (All Provider Survey Types)"})}{\sum_{PT=1}^n \text{"Number of Providers who Responded to the Question Regarding the Availability of a Non-Urgent Appointment Across All Counties"}} * \sqrt{\frac{\left(\sum_{PT=1}^n \text{"Number of Providers who Responded to the Question Regarding the Availability of a Non-Urgent Appointment Across All Counties"} \right) \left(\sum_{PT=1}^n \text{"Total Number of Providers in Network"} \right) - \left(\sum_{PT=1}^n \text{"Total Number of Providers in Network"} \right)^2}{\left(\sum_{PT=1}^n \text{"Total Number of Providers in Network"} \right) - 1}}$ <p>Where: PT = For each Provider Survey Type in the network.</p>
Rate of Compliance Non-Urgent Follow-Up Appointments (NPMH Providers Only)	This field is copied from "Percentage of Providers with Timely Appointments for Non-Urgent Follow-Up Appointments (Weighted)" field from the Network by Provider Survey Type Tab for NPMH providers. Please refer to the explanation of how this field is calculated in the Network by Provider Survey Type Tab.
Sampling Error Non-Urgent Follow-Up Appointment Rates (±) (NPMH Providers Only)	<p>This field auto-calculates the sampling error with a 90% confidence level for the non-urgent follow-up appointment rate.</p> <p>In the Network by Provider Survey Type Tab, for each network, use the "Number of Providers who Responded to the Question Regarding the Availability of a Non-Urgent Follow-Up Appointment Across All Counties" and the "Total Number of Providers in Network" for NPMH providers. The "Sampling Error Non-Urgent Appointment Rates" is auto-calculated with the total number of network providers, the total number of network providers surveyed, and "Rate of Compliance Non-Urgent Follow-Up Appointments (NPMH Providers only)," using the following formula:</p>

Field Name	Field Instructions - Results Report Form: Summary of Rates of Compliance Tab
REQUIRED FIELD	INSTRUCTIONS Each field will auto-populate based on the information entered into the [Provider Survey Type] Results Tab and the instructions below.
	$= 1.64 * \sqrt{\frac{\text{"Rate of Compliance Non-Urgent Follow-Up Appointments (NPMH Providers Only)" * (1 - \text{"Rate of Compliance Non-Urgent Follow-Up Appointments (NPMH Providers Only)"})}{\text{"Number of Providers who Responded to the Question Regarding the Availability of a Non-Urgent Follow-Up Appointment Across All Counties"}}}$ $* \sqrt{\frac{\left(\text{"Total Number of Providers in Network"} - \text{"Number of Providers who Responded to the Question Regarding the Availability of a Non-Urgent Follow-Up Appointment Across All Counties"} \right)}{\left(\text{"Total Number of Providers in Network"} - 1 \right)}}$ <p>(This field is only applicable for NPMH providers. The "Total Number of Providers in Network" is for NPMH providers only.)</p>
Percentage of Urgent Care and Non-Urgent Appointments within Timely Access Standards for Primary Care Providers	This field is copied from "Percentage of Urgent Care and Non-Urgent Appointments within Timely Access Standards (Weighted)" field from the Network by Provider Survey Type Tab for Primary Care Providers. Please refer to the explanation of how this field is calculated in the Network by Provider Survey Type Tab.
Percentage of Urgent Care and Non-Urgent Appointments within Timely Access Standards for Non-Physician Mental Health Care Providers	This field is copied from "Percentage of Urgent Care and Non-Urgent Appointments within Timely Access Standards (Weighted)" field from the Network by Provider Survey Type Tab for Non-Physician Mental Health Care Providers. Please refer to the explanation of how this field is calculated in the Network by Provider Survey Type Tab.
Percentage of Urgent Care and Non-Urgent Appointments within Timely Access Standards for Specialist Physicians	This field is copied from "Percentage of Urgent Care and Non-Urgent Appointments within Timely Access Standards (Weighted)" field from the Network by Provider Survey Type Tab for Specialist Physicians. Please refer to the explanation of how this field is calculated in the Network by Provider Survey Type Tab.

Field Name	Field Instructions - Results Report Form: Summary of Rates of Compliance Tab
REQUIRED FIELD	INSTRUCTIONS Each field will auto-populate based on the information entered into the [Provider Survey Type] Results Tab and the instructions below.
Percentage of Urgent Care and Non-Urgent Appointments within Timely Access Standards for Psychiatrists	This field is copied from "Percentage of Urgent Care and Non-Urgent Appointments within Timely Access Standards (Weighted)" field from the Network by Provider Survey Type Tab for Psychiatrists. Please refer to the explanation of how this field is calculated in the Network by Provider Survey Type Tab.
Percentage of Non-Urgent Appointments within the Timely Access Standard for Ancillary Service Providers	This field is copied from "Percentage of Providers with Timely Appointments for Urgent Care and Non-Urgent Appointment Types (Weighted)" field from the Network by Provider Survey Type Tab for Ancillary Service Providers. Please refer to the explanation of how this field is calculated in the Network by Provider Survey Type Tab.

Results Report Form: Network by Provider Survey Type Tab

The fields in the Network by Provider Survey Type Tab are auto-calculated based on the information set forth in the following tabs:

- Primary Care Providers Results Tab;
- Non-Physician Mental Health Care Providers Results Tab;
- Specialist Physicians Results Tab;
- Psychiatrists Results Tab; and
- Ancillary Service Providers Results Tab.

The information in the Network by Provider Survey Type Tab is used to calculate the information in the Summary of Rates of Compliance Tab. The health plan's final rates of compliance are reviewed and published by the Department in its Annual Timely Access Report. The final results published by the Department may be adjusted as a result of data errors, weighting corrections, omission of invalid data or other concerns identified by the Department.

Field Name	Field Instructions - Results Report Form: Network by Provider Survey Type Tab
REQUIRED FIELD	INSTRUCTIONS Each field will auto-populate based on the information entered into the [Provider Survey Type] Results Tab and the instructions below.
Provider Survey Type	This field auto-populates based on the corresponding Results Tab for the specific Provider Survey Type.
Network Name	For each Provider Survey Type, this field auto-populates each network name that reported data in the Results Tab associated with the Provider Survey Type.
Total Number of Providers in Network (Urgent Care)	For each Provider Survey Type in each network, this field auto-calculates the sum of the count of network providers in all counties. Network providers in counties where no network providers responded to the urgent care appointment request are not included in the sum. In the Results Tab for each Provider Survey Type, for each network, sum the "Number of Providers Weight

Field Name	Field Instructions - Results Report Form: Network by Provider Survey Type Tab
REQUIRED FIELD	INSTRUCTIONS Each field will auto-populate based on the information entered into the [Provider Survey Type] Results Tab and the instructions below.
Appointments)	<p>Used for Calculating Aggregate Percentage of Providers with Timely Appointments for Urgent Care Appointments in Auto Calculation Tabs" field for all counties.</p> $= \sum_{C=1}^n \text{"Number of Providers Weight Used for Calculating Aggregate Percentage of Providers with Timely Appointments for Urgent Care Appointments in Auto-Calculation Tabs"}$ <p>Where: C= County where the network has the Provider Survey Type. This field contains N/A values for Ancillary Service Providers.</p>
Expected Number of Providers with an Available Urgent Care Appointment	<p>For each Provider Survey Type in each network, this field auto-calculates the product of the percent of network providers that had an available urgent care appointment in a county and the number of network providers for each county, summed across all counties.</p> <p>In the Results Tab for each Provider Survey Type, for each county a network is in, multiply the "Number of Providers Weight Used for Calculating Aggregate Percentage of Providers with Timely Appointments for Urgent Care Appointments in Auto Calculation Tabs" field by "Percentage of Providers with an Urgent Care Appointment Available within [48 Hours or 96 Hours] (Unweighted)" field and sum the results for all counties included in the network.</p> $= \sum_{C=1}^n \text{"Number of Providers Weight Used for Calculating Aggregate Percentage of Providers with Timely Appointments for Urgent Care Appointments in Auto-Calculation Tabs" * "Percentage of Providers with an Urgent Care Appointment Available within [48 Hours or 96 Hours] (Unweighted)"}$ <p>Where: C= County where the network has the Provider Survey Type. This field contains N/A values for Ancillary Service Providers.</p>
Percentage of Providers with Timely Appointments for Urgent Care Appointments (Weighted)	<p>For each Provider Survey Type in each network, this field auto-calculates the percentage of network providers with timely appointments for urgent care appointments for the entire network.</p> <p>Divide the "Expected Number of Providers with an Available Urgent Care Appointment" field by "Total Number of Providers in Network (Urgent Care Appointments)" field.</p> $= \frac{\text{"Expected Number of Providers with an Available Urgent Care Appointment"}}{\text{"Total Number of Providers in Network (Urgent Care Appointments)"}}$ <p>This field contains N/A values for Ancillary Service Providers.</p>

Field Name	Field Instructions - Results Report Form: Network by Provider Survey Type Tab
REQUIRED FIELD	INSTRUCTIONS Each field will auto-populate based on the information entered into the [Provider Survey Type] Results Tab and the instructions below.
Number of Providers who Responded to the Question Regarding the Availability of an Urgent Care Appointment Across All Counties	<p>For each Provider Survey Type in each network, this field auto-calculates the sum of network providers that responded to the availability of an urgent care appointment across all counties.</p> <p>In the Results Tab for each Provider Survey Type, for each county a network is in, sum "Number of Providers who Responded to the Question Regarding the Availability of an Urgent Care Appointment" field for all counties included in the network.</p> $= \sum_{C=1}^n \text{"Number of Providers who Responded to the Question Regarding the Availability of an Urgent Care Appointment"}$ <p>Where: C= County where the network has the Provider Survey Type. This field contains N/A values for Ancillary Service Providers.</p>
Total Number of Providers in Network (Non-Urgent Appointments)	<p>For each Provider Survey Type in each network, this field auto-calculates the sum of the count of network providers in all counties. Network providers in counties where no network providers responded to the non-urgent appointment request are not included in the sum.</p> <p>In the Results Tab for each Provider Survey Type, for each network, sum the "Number of Providers Weight Used for Calculating Aggregate Percentage of Providers with Timely Appointments for Non-Urgent Appointments in Auto Calculation Tabs" field for all counties.</p> $= \sum_{C=1}^n \text{"Number of Providers Weight Used for Calculating Aggregate Percentage of Providers with Timely Appointments for Non-Urgent Appointments in Auto-Calculation Tabs"}$ <p>Where: C= County where the network has the Provider Survey Type</p>
Expected Number of Providers with an Available Non-Urgent Appointment	<p>For each Provider Survey Type in each network, this field auto-calculates the product of the percent of network providers that had non-urgent appointments and the number of network providers for each county, summed across all counties.</p> <p>In the Results Tab for each Provider Survey Type, for each county a network is in, multiply the "Number of Providers Weight Used for Calculating Aggregate Percentage of Providers with Timely Appointments for Non-Urgent Appointments in Auto Calculation Tabs" field by "Percentage of Providers with a Non-Urgent Appointment Available within [10 Business Days or 15 Business Days] (Unweighted)" field and sum the results for all counties included in the network.</p>

Field Name	Field Instructions - Results Report Form: Network by Provider Survey Type Tab
REQUIRED FIELD	INSTRUCTIONS Each field will auto-populate based on the information entered into the [Provider Survey Type] Results Tab and the instructions below.
	$= \sum_{C=1}^n \text{"Number of Providers Weight Used for Calculating Aggregate Percentage of Providers with Timely Appointments for Non-Urgent Appointments in Auto-Calculation Tabs"} * \text{"Percentage of Providers with a Non-Urgent Appointment Available within Standard (Unweighted)"}$ <p>Where: C= County where the network has the Provider Survey Type.</p>
Percentage of Providers with Timely Appointments for Non-Urgent Appointments (Weighted)	<p>For each Provider Survey Type in each network, this field auto-calculates the percentage of network providers with timely appointments for non-urgent care appointments for the entire network.</p> <p>Divide the "Expected Number of Providers with an Available Non-Urgent Appointment" field by "Total Number of Providers in Network (Non-Urgent Appointments)" field.</p> $= \frac{\text{"Expected Number of Providers with an Available Non-Urgent Appointment"}}{\text{"Total Number of Providers in Network (Non-Urgent Appointments)"}}$
Number of Providers who Responded to the Question Regarding the Availability of a Non-Urgent Appointment Across All Counties	<p>For each Provider Survey Type in each network, this field auto-calculates the count of network providers that responded to the availability of a non-urgent appointment across all counties.</p> <p>In the Results Tab for each Provider Survey Type, for each county a network is in, sum "Number of Providers who Responded to the Question Regarding the Availability of a Non-Urgent Appointment" field for all counties included in the network.</p> $= \sum_{C=1}^n \text{"Number of Providers who Responded to the Question Regarding the Availability of a Non-Urgent Appointment"}$ <p>Where: C= County where the network has the Provider Survey Type.</p>

Field Name	Field Instructions - Results Report Form: Network by Provider Survey Type Tab
REQUIRED FIELD	INSTRUCTIONS Each field will auto-populate based on the information entered into the [Provider Survey Type] Results Tab and the instructions below.
Percentage of Urgent Care and Non-Urgent Appointments within Timely Access Standards (Weighted)	<p>For each Provider Survey Type in each network, this field auto-calculates the percentage of urgent care and non-urgent appointments within timely access standards by taking the weighted average of the percentage of network providers with timely appointments for urgent care and non-urgent appointments.</p> <p>Multiply the "Total Number of Providers in Network (Urgent Care Appointments)" field by "Percentage of Providers with Timely Appointments for Urgent Care Appointments (Weighted)" field and "Total Number of Providers in Network (Non-Urgent Appointments)" field by "Percentage of Providers with Timely Appointments for Non-Urgent Appointments (Weighted)" field and sum the results. Divide the result by the sum of "Total Number of Providers in Network (Urgent Care Appointments)" and "Total Number of Providers in Network (Non-Urgent Appointments)" fields.</p> $= \frac{\left(\begin{array}{l} \text{"Total Number of Providers in Network (Urgent Care Appointments)" *} \\ \text{"Percentage of Providers with Timely Appointments for} \\ \text{Urgent Care Appointments (Weighted)" } \end{array} \right) + \left(\begin{array}{l} \text{"Total Number of Providers in Network (Non-Urgent Appointments)" *} \\ \text{"Percentage of Providers with Timely Appointments for} \\ \text{Non-Urgent Appointments (Weighted)" } \end{array} \right)}{\left(\begin{array}{l} \text{"Total Number of Providers in Network (Urgent Care Appointments)" +} \\ \text{"Total Number of Providers in Network (Non-Urgent Appointments)" } \end{array} \right)}$
Total Number of Providers in Network (Non-Urgent Follow-Up Appointments)	<p>This field auto-calculates the sum of the count of network providers in all counties. Network providers in counties where no network providers responded to the non-urgent follow-up appointment request are not included in the sum.</p> <p>In the Results – NPMH Tab, for each network, sum the "Number of Providers Weight Used for Calculating Aggregate Percentage of Providers with Timely Appointments for Non-Urgent Follow-Up Appointments in Auto Calculation Tabs" field for all counties.</p> $= \sum_{C=1}^n \text{"Number of Providers Weight Used for Calculating Aggregate Percentage of Providers with Timely Appointments for Non-Urgent Follow-Up Appointments in Auto-Calculation Tabs"}$ <p>Where: C= County where the network has the Provider Survey Type.</p> <p>(This field is only applicable for NPMH providers and contains N/A values for all providers except for NPMH providers.)</p>

Field Name	Field Instructions - Results Report Form: Network by Provider Survey Type Tab
REQUIRED FIELD	INSTRUCTIONS Each field will auto-populate based on the information entered into the [Provider Survey Type] Results Tab and the instructions below.
Expected Number of Providers with an Available Non-Urgent Follow-Up Appointment	<p>This field auto-calculates the product of the percent of network providers that had non-urgent follow-up appointments and the number of network providers for each county, summed across all counties.</p> <p>In the Results – NPMH Tab, for each county a network is in, multiply the "Number of Providers Weight Used for Calculating Aggregate Percentage of Providers with Timely Appointments for Non-Urgent Follow-Up Appointments in Auto Calculation Tabs" field by "Percentage of Providers with a Non-Urgent Follow-Up Appointment Available within 10 Business Days] (Unweighted)" field and sum the results for all counties included in the network.</p> $= \sum_{C=1}^n \text{"Number of Providers Weight Used for Calculating Aggregate Percentage of Providers with Timely Appointments for Non-Urgent Follow-Up Appointments in Auto-Calculation Tabs"} * \text{"Percentage of Providers with a Non-Urgent Follow-Up Appointment Available within 10 Business Days (Unweighted)"} $ <p>Where: C= County where the network has the Provider Survey Type.</p> <p>(This field is only applicable for NPMH providers and contains N/A values for all providers except for NPMH providers.)</p>
Percentage of Providers with Timely Appointments for Non-Urgent Follow-Up Appointments (Weighted)	<p>This field auto-calculates the percentage of network providers with timely appointments for non-urgent follow-up care appointments for the entire network.</p> <p>Divide the "Expected Number of Providers with an Available Non-Urgent Follow-Up Appointment" field by "Total Number of Providers in Network (Non-Urgent Follow-Up Appointments)" field.</p> $= \frac{\text{"Expected Number of Providers with an Available Non-Urgent Follow-Up Appointment"}}{\text{"Total Number of Providers in Network (Non-Urgent Follow-Up Appointments)"}}$ <p>(This field is only applicable for NPMH providers and contains N/A values for all providers except for NPMH providers.)</p>
Number of Providers who Responded to the Question Regarding the Availability of a Non-Urgent Follow-Up Appointment Across All Counties	<p>This field auto-calculates the count of network providers that responded to the availability of a non-urgent follow-up appointment across all counties.</p> <p>In the Results – NPMH Tab, for each county a network is in, sum "Number of Providers who Responded to the Question Regarding the Availability of a Non-Urgent Follow-Up Appointment" field for all counties included in the network.</p>

Field Name	Field Instructions - Results Report Form: Network by Provider Survey Type Tab
REQUIRED FIELD	INSTRUCTIONS Each field will auto-populate based on the information entered into the [Provider Survey Type] Results Tab and the instructions below.
	$= \sum_{C=1}^n \text{"Number of Providers who Responded to the Question Regarding the Availability of a Non-Urgent Follow-Up Appointment"}$ <p>Where: C= County where the network has the Provider Survey Type.</p> <p>(This field is only applicable for NPMH providers and contains N/A values for all providers except for NPMH providers.)</p>
Total Number of Providers in Network	<p>For each Provider Survey Type in each network, this field auto-calculates the count of all providers across all counties including counties where no providers responded to the survey.</p> <p>In the Results Tab for each Provider Survey Type, for each county a network is in, sum "Number of Providers within County/Network" field for all counties included in the network.</p> $= \sum_{C=1}^n \text{"Number of Providers within County/Network"}$ <p>Where: C= County where the network has the Provider Survey Type.</p>
Network Tally	This field auto-calculates the number of unique networks reported in the Results Tab for each Provider Survey Type.