

**From:** DMHC Licensing eFiling

**Subject:** APL 24-019 – Amendments to Rule 1300.67.2.2 and the Incorporated Annual Network Submission Instruction Manual and Annual Network Report Forms for Reporting Year 2025

**Date:** Wednesday, October 30, 2024 9:11 AM

**Attachments:** APL 24-019 - Amendments to Rule 1300.67.2.2 and the Incorporated Annual Network Submission IM and Report Forms for RY 2025.pdf, Amendments to Rule 1300.67.2.2 – With edits.docx, Annual Network Submission Instruction Manual – Notice of Changes for RY 2025 – With edits.docx, Annual Network Submission Instruction Manual – Notice of Changes for RY 2025 – Clean.docx, Annual Network Report Forms - Notice of Changes for RY 2025 - With edits:.docx, Network Service Area and Enrollment Report Form (Form No. 40-265).pdf, PCP and PCP Non-Physician Medical Practitioner Report Form (Form No. 40-266).pdf, Specialist and Specialist Non-Physician Medical Practitioner Report Form (Form No. 40-267).pdf, Mental Health Professional and Mental Health Facility Report Form (Form No. 40-268).pdf, Other Outpatient Provider Report Form (Form No. 40-269).pdf, Hospital and Clinic Report Form (Form No. 40-270).pdf, Telehealth Report Form (Form No. 40-271).pdf, Timely Access and Network Adequacy Grievance Report Form (Form No. 40-272).pdf, Out-of-Network Payment Report Form (Form No. 40-273).pdf, Third-Party Corporate Telehealth Provider Report Form (Form No. 40-274).pdf, Non-Network Arrangements Report Form (Form No. 40-287).pdf, Frequently Asked Questions (FAQ) RY2025.docx

Dear Health Plan Representative:

The Department of Managed Health Care (DMHC) hereby issues: APL 24-019 (OPM) – Amendments to Rule 1300.67.2.2 and the Incorporated Annual Network Submission Instruction Manual and Annual Network Report Forms for Reporting Year 2025.

Thank you.



Gavin Newsom, Governor  
State of California  
Health and Human Services Agency  
**DEPARTMENT OF MANAGED HEALTH CARE**  
980 9<sup>th</sup> Street, Suite 500  
Sacramento, CA 95814  
Phone: 916-324-8176 | Fax: 916-255-5241  
[www.DMHC.ca.gov](http://www.DMHC.ca.gov)

## ALL PLAN LETTER

**DATE:** October 30, 2024

**TO:** All Health Care Service Plans

**FROM:** Nathan Nau  
Deputy Director, Office of Plan Monitoring

**SUBJECT:** APL 24-019 – Amendments to Rule 1300.67.2.2 and the Incorporated Annual Network Submission Instruction Manual and Annual Network Report Forms for Reporting Year 2025

---

The Department of Managed Health Care (DMHC) issues this All-Plan Letter (APL) to inform health care service plans (health plans) of new amendments to 28 CCR § 1300.67.2.2 and the incorporated Annual Network Submission Instruction Manual and Annual Network Report Forms for the reporting year (RY) 2025 Annual Network Report submission.

### I. Background

Health plans are required to submit an Annual Network Report to the DMHC on an annual basis.<sup>1</sup> The DMHC is required to review health plan Annual Network Report submissions for compliance with the Knox-Keene Act (the “Annual Network Review”).<sup>2</sup>

The requirements for the Annual Network Report submission are set forth in Rule 1300.67.2.2 and incorporated documents.<sup>3</sup> Required Annual Network Report Forms are

---

<sup>1</sup> Health and Safety Code sections 1367.03(f)(3), 1367.035(a), 1371.31, and 1374.141; Title 28 Cal. Code Regs § 1300.67.2.2(h). The Knox-Keene Act is set forth in California Health and Safety Code sections 1340 et seq. References to “Section” are to sections of the Knox-Keene Act. References to “Rule” refer to the California Code of Regulations, title 28.

<sup>2</sup> Sections 1367.03(f) and 1367.035, and Rule 1300.67.2.2(h).

<sup>3</sup> Rule 1300.67.2.2 was previously amended via File and Print Only Action on March 6, 2024.

incorporated in subdivision (h)(7) of this Rule. General reporting instructions and field instructions for the Annual Network Report Forms are set forth within the Annual Network Submission Instruction Manual, also incorporated in Rule 1300.67.2.2(h)(7).

The DMHC may notice amendments to the annual network reporting methodologies within the timeframes described in Rule 1300.67.2.2(h)(7). Amendments are made in accordance with Senate Bill (SB) 221 (Wiener, Chapter 724, Statutes of 2021) and SB 225 (Wiener, Chapter 601, Statutes of 2022) which provided the DMHC with two exemptions from the Administrative Procedure Act (APA) to develop required reporting methodologies and standards for the Annual Network Report submission and network adequacy review.<sup>4</sup>

## **II. Previous Amendments to Rule 1300.67.2.2 and Annual Network Report Instructions**

Under the APA exemptions to formal rulemaking referenced above, the DMHC has promulgated amendments on an annual basis impacting the Annual Network Report submission requirements, after stakeholder circulation and feedback.

In advance of RY 2023, the DMHC amended Rule 1300.67.2.2 to address new statutory requirements impacting the Annual Network Report.<sup>5</sup> The DMHC also updated the Annual Network Report Forms and reporting instructions incorporated by reference in the Rule.<sup>6</sup> In advance of RY 2024, the DMHC again amended Rule 1300.67.2.2, the Annual Network Report Forms, and reporting instructions impacting the Annual Network Report.<sup>7</sup> Amendments are available on the “Newly Effective Regulations” page of the DMHC’s public website.<sup>8</sup>

As a reminder, instructions related to submission of the Timely Access Compliance Report were removed from the Annual Network Submission Instruction Manual. These

---

<sup>4</sup> Health and Safety Code sections 1367.03(f)(3) and (5), and 1367.035(a).

<sup>5</sup> SB 221 (Wiener, Chapter 724, Statutes of 2021); Assembly Bill (AB) 457 (Santiago, Chap. 439, Stats. 2021); SB 225 (Wiener, Chapter 601, Statutes of 2022).

<sup>6</sup> See APL 22-024 (October 27, 2022) entitled: New and Amended Annual Network Report Forms for Reporting Year 2023, Resulting from SB 221 and AB 457.

<sup>7</sup> See APL 23-020 (October 26, 2023) entitled: Amendments to Rule 1300.67.2.2 and the Incorporated Annual Network Submission Instruction Manual and Annual Network Report Forms for RY 2024.

<sup>8</sup> Amendments to Rule 1300.67.2.2 and incorporated documents for the Annual Network Report submission were noticed through the APLs described in footnotes 5 and 6, and thereafter filed with the Secretary of State on April 25, 2023 (for RY 2023), and March 6, 2024 (for RY 2024). These Amendments are available on the [DMHC’s public website](#), under the titles: [2023-TARR - 1300.67.2.2 Timely Access and Network Reporting Requirements](#) (for RY 2023), and [2023 GATN - Geographic Access and Tiered Network Regulation](#) (for RY 2024).

instructions have been released in a separate Instruction Manual entitled the Timely Access Submission Instruction Manual, as set forth in subsection (f)(1) of Rule 1300.67.2.2. Please see the attached frequently asked questions (FAQ) document for further information.

### **III. Notice of Amendments to Rule 1300.67.2.2 and Incorporated Report Forms and Instructions for RY 2025**

By way of this APL, the DMHC provides notice of amendments to Rule 1300.67.2.2 impacting the RY 2025 Annual Network Report submission. The DMHC also amended the incorporated Annual Network Submission Instruction Manual and Annual Network Report Forms for RY 2025, pursuant to subsection (h)(7) and (h)(8) of Rule 1300.67.2.2. The Annual Network Submission Instruction Manual contains required network reporting instructions for all health plans required to submit an Annual Network Report or to complete the network access profile.

The proposed amendments to Rule 1300.67.2.2 and incorporated documents were circulated to stakeholders for feedback on June 7, 2024. The final amendments noticed in this APL reflect stakeholder input. Amendments are effective for the RY 2025 Annual Network Report submission.

The DMHC has prepared responses to the frequently asked questions (FAQ) pertinent to the amendments noticed in this APL. FAQ responses are attached to this APL.

#### **A. Amendments to Rule 1300.67.2.2**

Attached to this APL are the DMHC's noticed amendments to Rule 1300.67.2.2, which include the key changes identified below:

##### **1. Updated Definitions**

The DMHC added new definitions to Rule 1300.67.2.2, updated existing definitions, and relocated several definitions into the Rule that were previously in the Annual Network Submission Instruction Manual. These definitions are applicable to both the Annual Network Report submission instructions incorporated in Rule 1300.67.2.2(h)(7), as well as monitoring requirements, and the Annual Network Review. The definitions also apply to network adequacy standards and requirements in other areas of network adequacy review conducted by the DMHC, due to their incorporation in Rule 1300.67.2.<sup>9</sup>

---

<sup>9</sup> Rule 1300.67.2(i) (as amended March 6, 2024) applies the definitions set forth in Rule 1300.67.2.2(b) and the Annual Network Submission Instruction Manual to a health plan's requirement to meet network adequacy in all required filings, including license amendments, material modifications to health plan licenses, new license applications, and requests for alternative accessibility standards.

The list below depicts new, updated and relocated definitions within the Rule:

- Limited Plan Provider (*new*)
- Profile-Only Plan (*new*)
- Unavailable (when referring to a network provider, provider type or health care service) (*new*)
- Measurement Year (*updated*)
- Network (*updated*)
- Network Adequacy (*updated*)
- Network capture date (*updated*)
- Accepting new patients (*relocated and updated*)
- In-person appointments on an outpatient basis (*relocated*)
- Part-time and Full-time (*relocated*)
- Practice Address/practice location (*relocated and updated*)
- Primary care physician (*relocated*)
- Specialty and/or subspecialty (*relocated and updated*)
- Telehealth (*relocated*)
- Unscheduled urgent services (*relocated and updated*)

## **2. Updated Reporting Requirements**

The amendments to Rule 1300.67.2.2(h) memorialize new and existing reporting requirements for the Annual Network Report submission.<sup>10</sup> Please see the attached Annual Network Submission Instruction Manual for further details. Key changes include the following:

- Non-network provider requests and determinations (*new requirement*)
- Limited plan providers (*new requirement*)
- Clinical encounter data for non-physician counseling mental health professionals (*existing requirement*)<sup>11</sup>

---

<sup>10</sup> Section 1367.03(a)(7) requires health plans to ensure they have a sufficient number of network providers to maintain compliance with timely access and network adequacy standards. If an enrollee's medically necessary covered service is unavailable within the health plan's network, the health plan is required to arrange for the provision of the covered service from a provider outside of the plan's network (i.e., a "non-network provider"), and the costs shall not exceed applicable in-network copayments, coinsurance and deductibles, per section 1367.03 (a)(7)(C).

<sup>11</sup> This reporting requirement was previously set forth in the incorporated Annual Network Submission Instruction Manual, and APL 22-007 (March 4, 2022), APL 22-024 (October 27, 2022), and APL 23-020 (October 26, 2023).

## **B. Amendments to the Annual Network Submission Instruction Manual and Report Forms**

Attached to this APL is the DMHC's noticed Annual Network Submission Instruction Manual for RY 2025, for incorporation by reference in Rule 1300.67.2.2(h). The Annual Network Submission Instruction Manual contains required reporting instructions and definitions for the Annual Network Report submission. It is revised for RY 2025 to accommodate new and existing law. The Instruction Manual updates include revisions to definitions, general instructions, and the field instructions specific to each of the Annual Network Report Forms. A copy of this manual will also be available in the Timely Access and Annual Network Reporting Web Portal.

Below is a list of key changes to the definitions and reporting instructions in the Annual Network Submission Instruction Manual. This is not an exhaustive list, but instead an overview of the most significant changes for RY 2025.

### **1. Instruction Manual Definitions**

As described in an earlier section of this APL, the DMHC moved several definitions that were previously required for the Annual Network Report submission from the Annual Network Submission Instruction Manual into Rule 1300.67.2.2. These definitions continue to apply to the Annual Network Report submission materials, and also apply to network adequacy monitoring and review. Definitional terms within the Instruction Manual now contain references to the definitions set forth in the Rule. Some definitions were both relocated and amended.

The DMHC also included definitions for the terms "clinical encounters" and "clinical data capture timeframe" within the Definitions section of this Instruction Manual. These definitions were previously set forth in the report form field instructions.

Finally, the DMHC added new definitions for the following terms in the Definitions section of this Instruction Manual:

- Non-network provider
- Non-network provider request
- Particularized hospital services
- Subcontracted network
- Urgent care center or urgent care clinic
- Telehealth urgent care

## **2. Changes to General Reporting Instructions**

The DMHC clarified the reporting requirements in the following areas within the Annual Network Submission Instruction Manual:

- Validation requirements, Section I.B.1
- Network Access Profile reporting requirements when a network has a waiver from reporting, Section II.C
- Tiered network reporting requirements, Section II.C
- Requirements for the Department-Directed Information section of the Web Portal, Section V.

## **3. New and Updated Standardized Terms for Reporting**

The DMHC amended product line categories in Appendix A to remove and add product line terms that better align with the way health plans report product lines in licensure filings. The DMHC also added the following standardized terminology to Appendix B and Appendix D of the Annual Network Submission Instruction Manual. Health plans are required to report these provider types according to the standardized terminology.<sup>12</sup>

- Licensed Home Health (*previously Home Health*)
- Mental Health Rehabilitation Center
- Ambulance/Transport
- Doula Services
- Associate Clinical Social Worker
- Associate Marriage and Family Therapist
- Associate Professional Clinical Counselor
- Registered Psychological Associate
- Trainee (mental health professional)

## **4. Changes to Report Form Instructions**

Section V. of the Annual Network Submission Instruction Manual contains Annual Network Report Form field instructions for each of the Annual Network Report Forms. Key changes to Annual Network Report Form instructions for RY 2025 include the following:

---

<sup>12</sup> Rule 1300.67.2.2(h)(8)(D)(iii).

- Network Service Area and Enrollment Report Form (Form No. 40-265):
  - When reporting a network service area, if the network service area comprises the entire county, the health plan is no longer required to report all ZIP Codes within the county separately.
  - When reporting enrollment, the DMHC created a second tab for health plans to report subcontracted enrollment separately.
- Non-Network Provider Arrangements Report Form (Form No. 40-287)
  - This Report Form captures a health plan's referrals to non-network providers pursuant to Section 1367.03(a)(7)(C). The form includes two tabs:
    - The Limited Plan Provider Report tab; and
    - The Non-Network Requests Report tab.
- Telehealth Report Form (Form No. 40-271)
  - The DMHC added fields requiring health plans to report clinical encounters for telehealth providers that are counseling non-physician mental health professionals. These fields mirror the required fields within the Mental Health Professional and Mental Health Facility Report Form (Form No. 40-268).
- Hospital and Clinic Report Form (Form No. 40-270)
  - The DMHC updated the "Type of Care" field within the Hospital tab to seek information regarding particularized hospital services, as defined. Previously, this field sought information regarding tertiary care services.
  - The DMHC added a field for "HCAI ID" within the Hospital Report tab. This captures the unique identifier established by the California Department of Health Care Access and Information (HCAI) identifying facilities used in the Licensed Facility Information System (LFIS).
- All Network Provider Report Forms: <sup>13</sup>
  - The DMHC added a new field to collect the enrollee adult and pediatric population served by each network provider.

---

<sup>13</sup> This addition was made to the following forms: PCP and PCP NPMP Report Form (40-266); Specialist and Specialist Non-Physician Medical Practitioner Report Form (Form No. 40-267); Mental Health Professional and Mental Health Facility Report Form (Form No. 40-268); Other Outpatient Provider Report Form (Form 40-269); Hospital and Clinic Report Form (Form No. 40-270); Telehealth Report Form (Form 40-271).



- Out of Network Payment Report Form (Form No. 40-273)
  - The DMHC clarified that within the Proportion Report tab, the plan is required to report all facilities the plan reported in other Annual Network Report Forms.

### **C. Amendments to Required Report Forms**

Attached to this APL are the noticed changes to Annual Network Report Forms incorporated in Rule 1300.67.2.2(h)(7). The amended report forms for RY 2025 hereby replace the RY 2024 forms previously incorporated in Rule 1300.67.2.2. All fillable Annual Network Report Form templates for RY 2025 and instructions are available to health plans in the Resources section of the Timely Access and Annual Network Reporting Web Portal, in accordance with Rule 1300.67.2.2(h)(2) and Section I.A. of the Annual Network Submission Instruction Manual. Report forms provided by the DMHC within the web portal are the only allowable format for a health plan to submit required data for the Annual Network Report.

Below is a list of the Annual Network Report Forms for RY 2025. Refer to Sections V.A. through V.K. of the of the Annual Network Submission Instruction Manual for the report form field instructions. Section VI. contains the standardized terminology tables for reporting.

1. Network Service Area and Enrollment Report Form (Form No. 40-265)
2. PCP and PCP Non-Physician Medical Practitioner Report Form (Form No. 40-266)
3. Specialist and Specialist Non-Physician Medical Practitioner Report Form (Form No. 40-267)
4. Mental Health Professional and Mental Health Facility Report Form (Form No. 40-268)
5. Other Outpatient Provider Report Form (Form No. 40-269)
6. Hospital and Clinic Report Form (Form No. 40-270)
7. Telehealth Report Form (Form No. 40-271)
8. Timely Access and Network Adequacy Grievance Report Form (Form No. 40-272)
9. Out-of-Network Payment Report Form (Form No. 40-273)
10. Third-Party Corporate Telehealth Provider Report Form (Form No. 40-274)
11. Non-Network Arrangements Report Form (Form No. 40-287).

If you have any questions about this APL or the changes in the incorporated documents, please contact the Office of Plan Monitoring at [ANRTeam@dmhc.ca.gov](mailto:ANRTeam@dmhc.ca.gov).

**Attachments:**

Amendments are noticed with edits in underline and strikethrough format:

1. Amendments to Rule 1300.67.2.2 – With edits
2. Annual Network Submission Instruction Manual – Notice of Changes for RY 2025 – With edits
3. Annual Network Submission Instruction Manual – Notice of Changes for RY 2025 – Clean
4. Annual Network Report Forms - Notice of Changes for RY 2025 (With edits):
  - Network Service Area and Enrollment Report Form (Form No. 40-265)
  - PCP and PCP Non-Physician Medical Practitioner Report Form (Form No. 40-266)
  - Specialist and Specialist Non-Physician Medical Practitioner Report Form (Form No. 40-267)
  - Mental Health Professional and Mental Health Facility Report Form (Form No. 40-268)
  - Other Outpatient Provider Report Form (Form No. 40-269)
  - Hospital and Clinic Report Form (Form No. 40-270)
  - Telehealth Report Form (Form No. 40-271)
  - Timely Access and Network Adequacy Grievance Report Form (Form No. 40-272)
  - Out-of-Network Payment Report Form (Form No. 40-273)
  - Third-Party Corporate Telehealth Provider Report Form (Form No. 40-274)
  - Non-Network Arrangements Report Form (Form No. 40-287)
5. Frequently Asked Questions for Regulatory Amendments Impacting the RY 2025 Annual Network Report Submission