ALL PLAN LETTER 23-006 ATTACHMENT C Network Adequacy & Access Assurances Report (NAAAR)

Instructions

Medi-Cal managed care health plans (MCP) are responsible for conducting Subcontractor Network Certifications (SNC), and as a part of the SNC, MCPs must complete a Network Adequacy and Access Assurance Report (NAAAR), in the following tab labeled "Report." The purpose of the SNC NAAAR is to ensure MCPs are holding their Subcontractor to the state's network adequacy standards under Title 42 Code of Federal Regulations (CFR) section 438.68 and 42 CFR section 438.206. MCPs are required to conduct an SNC (1) on an annual basis, (2) when a Subcontractor experiences a significant change as denied in the All Plan Letter (APL) 23-006, and (3) when the MCP enters into a risk-based Subcontractor Agreement with a new Subcontractor that expands the MCP's existing Provider Network.

This document provides instructions and a template for MCPs to use when submitting the required information to the Department of Health Care Services (DHCS) under any of the three scenarios above. MCPs should complete one (1) form with information for applicable Subcontractors. For example, if the MCP submits this form under scenario 3 above, the MCP should submit this form only for the Subcontractor that entered into a new contract with the state. The MCPs should not report on any other Subcontractors. As another example, if the MCP submits this form under scenario 1, the MCPs must submit this form for all Subcontractors as required and defined in APL 23-006. Documents detailing analysis methods and results will be verified as needed according to the scenario under which the MCP is submitting this information to DHCS.

Organization

The Report Tab includes three sections (Section A, Section B, and Section C) that MCPs must complete with the required information. Section A of the template includes the state's network adequacy and access standards prepopulated that MCPs must hold their Subcontractors accountable for as applicable. Section B of the NAAAR is for delineating the types of analyses MCPs use, or do not use, to monitor and determine the network adequacy and access compliance of their Subcontractors' provider networks. Section C is where MCPs report in detail the compliance results and findings of all the Subcontractor's network monitoring analyses conducted within the reporting period or year, depending on the scenario under which the MCP is submitting the NAAAR to DHCS.

Inputting Information

The Report tab provides instructions in the gray "Item Instructions" column (Column C). Responses where dropdown lists were appropriate have been inserted into the template. Only input values in the BEIGE CELLS. For the free text cells where the item is not applicable, enter "N/A." MCPs must complete all beige cells in a column,

Subcontractor Network Certification Network Adequacy and Access Assurances Report (NAAAR)

Managed Care Health Plan Name	Alameda Alliance for Health
County	Alameda
Submission Scenario/Circumstance	2023 SNC
Reporting Year or Period	2023
Submission Date	1/5/2024

Section A. Access and network adequacy standards required for Subcontractors Instructions: Medi-Cal managed care health plans (MCP) must use this section to report on access and network adequacy standards for Subcontractors.

Ħ	Item	Item Instructions	Standard 1		
A.1	Standard type	Enter the standard type for each standa	Maximum time or distance		
	Standard description	Describe the standard (Example: 60 mile	10 miles or 30 minutes		
A.3	Provider type covered by standard	Enter the provider type that the standar	Adult primary care		
A.4	Population covered by standard	Enter the population that the standard a	Adult		
A.5	Applicable region(s)	Enter the region that the standard appli	Statewide		
#	Standard 2	Standard 3	Standard 5		
	Maximum time or distance	Maximum time or distance	Maximum time or distance		
	10 miles or 30 minutes	Maximum time or distanceMaximum time or distance60 miles or 90 minutes45 miles or 75 minutes		30 miles or 60 minutes	
	Pediatric primary care	Adult specialist	Adult specialist	Adult specialist	
	Pediatric	Adult	Adult		
A.5	Statewide	Rural	Small	Medium	
#	Standard 6	Standard 7	Standard 8	Standard 9	
A.1	Maximum time or distance	Maximum time or distance	Maximum time or distance	Maximum time or distance	
	15 miles or 30 minutes	60 miles or 90 minutes	45 miles or 75 minutes	30 miles or 60 minutes	
	Adult specialist	Pediatric specialist	Pediatric specialist	Pediatric specialist	
	Adult	Pediatric Pediatric		Pediatric	
A.5	Dense	Rural	Small	Medium	
#	Standard 10	Standard 11	Standard 12	Standard 13	
				Stanuaru 15	
		Maximum time or distance	Maximum time or distance	Maximum time or distance	
A.1	Maximum time or distance 15 miles or 30 minutes				
A.1 A.2	Maximum time or distance	Maximum time or distance	Maximum time or distance	Maximum time or distance	
A.1 A.2 A.3	Maximum time or distance 15 miles or 30 minutes	Maximum time or distance 60 miles or 90 minutes	Maximum time or distance 45 miles or 75 minutes	Maximum time or distance 30 miles or 60 minutes	
A.1 A.2 A.3 A.4	Maximum time or distance 15 miles or 30 minutes Pediatric specialist	Maximum time or distance 60 miles or 90 minutes OB/GYN	Maximum time or distance 45 miles or 75 minutes OB/GYN	Maximum time or distance 30 miles or 60 minutes OB/GYN	
A.1 A.2 A.3 A.4 A.5	Maximum time or distance 15 miles or 30 minutes Pediatric specialist Pediatric Dense	Maximum time or distance 60 miles or 90 minutes OB/GYN Adult and pediatric Rural	Maximum time or distance 45 miles or 75 minutes OB/GYN Adult and pediatric Small	Maximum time or distance 30 miles or 60 minutes OB/GYN Adult and pediatric Medium	
A.1 A.2 A.3 A.4 A.5	Maximum time or distance 15 miles or 30 minutes Pediatric specialist Pediatric Dense Standard 14	Maximum time or distance 60 miles or 90 minutes OB/GYN Adult and pediatric Rural Standard 15	Maximum time or distance 45 miles or 75 minutes OB/GYN Adult and pediatric Small Standard 16	Maximum time or distance 30 miles or 60 minutes OB/GYN Adult and pediatric Medium Standard 17	
A.1 A.2 A.3 A.4 A.5 # A.1	Maximum time or distance 15 miles or 30 minutes Pediatric specialist Pediatric Dense Standard 14 Maximum time or distance	Maximum time or distance 60 miles or 90 minutes OB/GYN Adult and pediatric Rural	Maximum time or distance 45 miles or 75 minutes OB/GYN Adult and pediatric Small	Maximum time or distance 30 miles or 60 minutes OB/GYN Adult and pediatric Medium	
A.1 A.2 A.3 A.4 A.5 # A.1 A.2	Maximum time or distance 15 miles or 30 minutes Pediatric specialist Pediatric Dense Standard 14	Maximum time or distance 60 miles or 90 minutes OB/GYN Adult and pediatric Rural Standard 15 Maximum time or distance 60 miles or 90 minutes	Maximum time or distance 45 miles or 75 minutes OB/GYN Adult and pediatric Small Standard 16 Maximum time or distance	Maximum time or distance 30 miles or 60 minutes OB/GYN Adult and pediatric Medium Standard 17 Maximum time or distance 30 miles or 60 minutes	
A.1 A.2 A.3 A.4 A.5 # A.1 A.2 A.3	Maximum time or distance 15 miles or 30 minutes Pediatric specialist Pediatric Dense Standard 14 Maximum time or distance 15 miles or 30 minutes OB/GYN	Maximum time or distance 60 miles or 90 minutes OB/GYN Adult and pediatric Rural Standard 15 Maximum time or distance	Maximum time or distance 45 miles or 75 minutes OB/GYN Adult and pediatric Small Standard 16 Maximum time or distance 45 miles or 75 minutes	Maximum time or distance 30 miles or 60 minutes OB/GYN Adult and pediatric Medium Standard 17 Maximum time or distance	
A.1 A.2 A.3 A.4 A.5 # A.1 A.2 A.3 A.4	Maximum time or distance 15 miles or 30 minutes Pediatric specialist Pediatric Dense Standard 14 Maximum time or distance 15 miles or 30 minutes	Maximum time or distance 60 miles or 90 minutes OB/GYN Adult and pediatric Rural Standard 15 Maximum time or distance 60 miles or 90 minutes Adult behavioral health	Maximum time or distance 45 miles or 75 minutes OB/GYN Adult and pediatric Small Standard 16 Maximum time or distance 45 miles or 75 minutes Adult behavioral health	Maximum time or distance 30 miles or 60 minutes OB/GYN Adult and pediatric Medium Standard 17 Maximum time or distance 30 miles or 60 minutes Adult behavioral health	
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#	Standard 22	Standard 23	Standard 24	Standard 25	
A.1	Maximum time or distance	Maximum time or distance	Maximum time or distance	Ease of getting an appointment timely	
				Non-urgent - within 10 business days	
A.Z	15 miles or 30 minutes	10 miles or 30 minutes	10 miles or 30 minutes	to appointment from request	
A.3	Pediatric behavioral health	Hospital	Dental	Adult primary care	
A.4	Pediatric	Adult and pediatric	Adult and pediatric	Adult	
A.5	Dense	Statewide	Statewide	Statewide	
#	Standard 26	Standard 27	Standard 28	Standard 29	
A.1	Ease of getting an appointment timely	Ease of getting an appointment timely	Ease of getting an appointment timely	Ease of getting an appointment timely	
	Non-urgent - within 10 business days	Non-urgent - within 15 business day to	Non-urgent - within 15 business day to	Non-urgent - within 15 business day to	
A.2	to appointment from request	appointment from request	appointment from request	appointment from request	
A.3	Pediatric primary care	Adult specialist	Pediatric specialist	OB/GYN	
	Pediatric	Adult	Pediatric	Adult and pediatric	
	Statewide	Statewide	Statewide	Statewide	
#	Standard 30	Standard 31	Standard 32	Standard 33	
# A 1	Ease of getting an appointment timely	Ease of getting an appointment timely	Ease of getting an appointment timely	Ease of getting an appointment timely	
A.1			Non-urgent Follow-up - within 10	Non-urgent Follow-up - within 10	
	Non-urgent - within 10 business days	Non-urgent - within 10 business days to			
A.2	to appointment from request	appointment from request	business days to appointment from	business days to appointment from	
			request	request	
	Adult behavioral health	Pediatric behavioral health	Adult behavioral health	Pediatric behavioral health	
	Adult	Pediatric	Adult	Pediatric	
				Statewide	
A.5	Statewide	Statewide	Statewide	Statewide	
#	Standard 34	Standard 35	Standard 36	Standard 37	
# A.1	Standard 34 Ease of getting an appointment timely	Standard 35 Ease of getting an appointment timely	Standard 36 Ease of getting an appointment timely	Standard 37 Ease of getting an appointment timely	
# A.1	Standard 34	Standard 35 Ease of getting an appointment timely	Standard 36	Standard 37	
# A.1 A.2	Standard 34 Ease of getting an appointment timely Non-urgent - within 15 business days to appointment from request	Standard 35 Ease of getting an appointment timely Non-urgent - within 36 business days to appointment from request	Standard 36 Ease of getting an appointment timely Preventative Care - within 40 business days to appointment from request	Standard 37 Ease of getting an appointment timely Urgent Care - within 72 hours to appointment from request	
# A.1 A.2 A.3	Standard 34 Ease of getting an appointment timely Non-urgent - within 15 business days to appointment from request Ancillary	Standard 35 Ease of getting an appointment timely Non-urgent - within 36 business days to appointment from request Dental	Standard 36 Ease of getting an appointment timely Preventative Care - within 40 business days to appointment from request Dental	Standard 37 Ease of getting an appointment timely Urgent Care - within 72 hours to appointment from request Dental	
# A.1 A.2 A.3 A.4	Standard 34 Ease of getting an appointment timely Non-urgent - within 15 business days to appointment from request Ancillary Adult and pediatric	Standard 35 Ease of getting an appointment timely Non-urgent - within 36 business days to appointment from request Dental Adult and pediatric	Standard 36 Ease of getting an appointment timely Preventative Care - within 40 business days to appointment from request Dental Adult and pediatric	Standard 37 Ease of getting an appointment timely Urgent Care - within 72 hours to appointment from request Dental Adult and pediatric	
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#	Standard 46	Standard 47	Standard 48	Standard 49	
A.1	Service fulfillment	Service fulfillment	Service fulfillment	Provider to enrollee ratios	
	Answer within 10 minutes or less	Call/respond within 30 minutes	Providers are aware that Members are entitled to receive 24/7 interpretation services in any language	1 FTE primary care physician to every 2,000 enrollees	
	Member Services	O			
	Adult and pediatric	Adult and pediatric Adult and pediatric		Adult and pediatric	
A.5	Statewide	Statewide	Statewide	Statewide	
#	Standard 50	Standard 51	Standard 52	Standard 53	
A.1	Provider to enrollee ratios	Provider to enrollee ratios	Provider to enrollee ratios	Provider to enrollee ratios	
	1 FTF where is in the second 1 200	1 FTF and a busician to success 1 000	1 FTE behavioral health provider to	2 FTE behavioral health provider to	
IA 2 I	1 FTE physician to every 1,200	1 FTE non-physician to every 1,000	every X enrollees, X based on annual	every X enrollees, X based on annual	
	enrollees	enrollees	utilization per county	utilization per county	
A.3			Adult behavioral health	Pediatric behavioral health	
	Adult and pediatric	Adult and pediatric	Adult	Pediatric	
	Statewide	Statewide	Statewide	Statewide	
#	Standard 54	Standard 55	Standard 56	Standard 57	
# A.1	Standard 54 Minimum # of Network Providers	Standard 55 Minimum # of Network Providers	Standard 56 Minimum # of Network Providers	Standard 57 Minimum # of Network Providers	
A.2	Standard 54 Minimum # of Network Providers At least 1 federally qualified health center, where available, per county of operation	Standard 55 Minimum # of Network Providers At least 1 rural health center, where available, per county of operation	Standard 56 Minimum # of Network Providers If local initiative plan, all federally qualified health centers per county of operation	Standard 57 Minimum # of Network Providers If local initiative plan, all rural health centers per county of operation	
A.2 A.3	Minimum # of Network Providers At least 1 federally qualified health center, where available, per county of operation	Minimum # of Network Providers At least 1 rural health center, where available, per county of operation	Minimum # of Network Providers If local initiative plan, all federally qualified health centers per county of operation	Minimum # of Network Providers If local initiative plan, all rural health centers per county of operation	
A.2 A.3 A.4	Minimum # of Network Providers At least 1 federally qualified health center, where available, per county of operation Adult and pediatric	Minimum # of Network Providers At least 1 rural health center, where available, per county of operation Adult and pediatric	Minimum # of Network Providers If local initiative plan, all federally qualified health centers per county of operation Adult and pediatric	Minimum # of Network Providers If local initiative plan, all rural health centers per county of operation Adult and pediatric	
A.2 A.3 A.4	Minimum # of Network Providers At least 1 federally qualified health center, where available, per county of operation Adult and pediatric Statewide	Minimum # of Network Providers At least 1 rural health center, where available, per county of operation Adult and pediatric Statewide	Minimum # of Network Providers If local initiative plan, all federally qualified health centers per county of operation Adult and pediatric Statewide	Minimum # of Network Providers If local initiative plan, all rural health centers per county of operation Adult and pediatric Statewide	
A.2 A.3 A.4 A.5	Minimum # of Network Providers At least 1 federally qualified health center, where available, per county of operation Adult and pediatric Statewide Standard 58	Minimum # of Network Providers At least 1 rural health center, where available, per county of operation Adult and pediatric Statewide Standard 59	Minimum # of Network Providers If local initiative plan, all federally qualified health centers per county of operation Adult and pediatric Statewide Standard 60	Minimum # of Network Providers If local initiative plan, all rural health centers per county of operation Adult and pediatric Statewide Standard 61	
A.2 A.3 A.4 A.5 # A.1	Minimum # of Network Providers At least 1 federally qualified health center, where available, per county of operation Adult and pediatric Statewide <u>Standard 58</u> Minimum # of Network Providers	Minimum # of Network Providers At least 1 rural health center, where available, per county of operation Adult and pediatric Statewide	Minimum # of Network Providers If local initiative plan, all federally qualified health centers per county of operation Adult and pediatric Statewide Standard 60 Minimum # of Network Providers	Minimum # of Network Providers If local initiative plan, all rural health centers per county of operation Adult and pediatric Statewide Standard 61 Minimum # of Network Providers	
A.2 A.3 A.4 A.5 # A.1	Minimum # of Network Providers At least 1 federally qualified health center, where available, per county of operation Adult and pediatric Statewide Standard 58 Minimum # of Network Providers At least 1 freestanding birth center,	Minimum # of Network Providers At least 1 rural health center, where available, per county of operation Adult and pediatric Statewide Standard 59 Minimum # of Network Providers	Minimum # of Network Providers If local initiative plan, all federally qualified health centers per county of operation Adult and pediatric Statewide Standard 60 Minimum # of Network Providers At least 1 certified nurse midwife,	Minimum # of Network Providers If local initiative plan, all rural health centers per county of operation Adult and pediatric Statewide Standard 61 Minimum # of Network Providers Attempt to contract with all Indian	
A.2 A.3 A.4 A.5 # A.1	Minimum # of Network Providers At least 1 federally qualified health center, where available, per county of operation Adult and pediatric Statewide <u>Standard 58</u> Minimum # of Network Providers	Minimum # of Network Providers At least 1 rural health center, where available, per county of operation Adult and pediatric Statewide Standard 59 Minimum # of Network Providers At least 1 licensed midwife, where	Minimum # of Network Providers If local initiative plan, all federally qualified health centers per county of operation Adult and pediatric Statewide Standard 60 Minimum # of Network Providers	Minimum # of Network Providers If local initiative plan, all rural health centers per county of operation Adult and pediatric Statewide Standard 61 Minimum # of Network Providers	
A.2 A.3 A.4 A.5 # A.1 A.2	Minimum # of Network Providers At least 1 federally qualified health center, where available, per county of operation Adult and pediatric Statewide Standard 58 Minimum # of Network Providers At least 1 freestanding birth center,	Minimum # of Network Providers At least 1 rural health center, where available, per county of operation Adult and pediatric Statewide Standard 59 Minimum # of Network Providers	Minimum # of Network Providers If local initiative plan, all federally qualified health centers per county of operation Adult and pediatric Statewide Standard 60 Minimum # of Network Providers At least 1 certified nurse midwife,	Minimum # of Network Providers If local initiative plan, all rural health centers per county of operation Adult and pediatric Statewide Standard 61 Minimum # of Network Providers Attempt to contract with all Indian	
A.2 A.3 A.4 A.5 # A.1 A.2 A.3	Minimum # of Network Providers At least 1 federally qualified health center, where available, per county of operation Adult and pediatric Statewide Standard 58 Minimum # of Network Providers At least 1 freestanding birth center, where available, per county of operation	Minimum # of Network Providers At least 1 rural health center, where available, per county of operation Adult and pediatric Statewide Standard 59 Minimum # of Network Providers At least 1 licensed midwife, where available, per county of operation	Minimum # of Network Providers If local initiative plan, all federally qualified health centers per county of operation Adult and pediatric Statewide Standard 60 Minimum # of Network Providers At least 1 certified nurse midwife, where available, per county of operation	Minimum # of Network Providers If local initiative plan, all rural health centers per county of operation Adult and pediatric Statewide Standard 61 Minimum # of Network Providers Attempt to contract with all Indian health care providers per county of operation	
A.2 A.3 A.4 A.5 # A.1 A.2 A.3 A.4	Minimum # of Network Providers At least 1 federally qualified health center, where available, per county of operation Adult and pediatric Statewide Standard 58 Minimum # of Network Providers At least 1 freestanding birth center, where available, per county of	Minimum # of Network Providers At least 1 rural health center, where available, per county of operation Adult and pediatric Statewide Standard 59 Minimum # of Network Providers At least 1 licensed midwife, where	Minimum # of Network Providers If local initiative plan, all federally qualified health centers per county of operation Adult and pediatric Statewide Standard 60 Minimum # of Network Providers At least 1 certified nurse midwife, where available, per county of	Minimum # of Network Providers If local initiative plan, all rural health centers per county of operation Adult and pediatric Statewide Standard 61 Minimum # of Network Providers Attempt to contract with all Indian health care providers per county of	

Count Submi	ed Care Health Plan Name / ssion Scenario/Circumstance ting Year or Period	Alameda Alliance for Health Alameda 2023 SNC 2023	
Submi	ssion Date on B. Analyses the MCP uses to monitor Su	1/5/2024 bcontractor compliance with access and network adequacy standards reported in Section A]
Instru #	ltem	the analyses that the MCP uses to assess Subcontractor compliance with the state's network adequacy standards under Title 42 Code of Federal Regulations (CFR) section 438.68 and 42 CFR Item Instructions Indicate how frequently the MCP analyzes Subcontractor compliance with network adequacy standards under 42 CFR 438.68 and 42 CFR section 438.206 using the methods listed in	
B.1 B.2	Frequency of Analysis Analysis Methods	columns F-M. If the MCP does not use the method, select "Not used for any Subcontractors". For each analysis method in columns F-M, indicate whether the MCP uses the method to analyze Subcontractor compliance with 42 CFR 438.68 and/or 42 CFR section 438.206 for all, some, or none of the Subcontractors. If the MCP enters 'Used for some but not all Subcontractors' for any analysis method, report the Subcontractors for which the MCP uses the analysis method	Quarterly Used for all Subcontractors
В.3	Subcontractor-Specific Analysis	for in B.3. If the MCP indicated in item B.2 that it uses an analysis method for some but not all Subcontractors, identify the subset of Subcontractors for which the method is used. Write the name of the Subcontractor(s) under the column with the corresponding type of analysis. If the MCP indicated in item B.2 that it uses the analysis method on all or none of the Subcontractors, write "N/A."	N/A
		on Subcontractor compliance with the state's network adequacy standards under 42 CFR 438.68 and 42 CFR section 438.206; report on each Subcontractor by county in columns F-AS.	
# <u>C.1.a</u> C.1.b	Item Subcontractor Name Population Served	Item Instructions In columns F-AS, enter the names of the Subcontractors that contract with the MCP as required to be certified by DHCS. If the Subcontractor serves a specific population per their agreement with the MCP, enter that population. For example: Pediatrics. If the Subcontractor does not serve a specific population, enter "All"	Example: Subcontractor 1 Subcontractor A All
	Level of Delegation	Indicate whether the Subcontractor is 'Fully delegated' or 'Partially delegated.' A Subcontractor is 'Fully delegated' if the MCP has contractually delegated ALL functions and obligations under its contract with the state, except for those contractual functions and obligations where delegation is legally or contractually prohibited. If a Subcontractor is not 'Fully delegated' but still assumes some financial risk for the functions and obligations the MCP has contractually delegated to the Subcontractor, then 'Partially delegated' should be indicated. If the Subcontractor is not "Fully delegated,' complete items # C.1.d- C.1.q. To ease administrative burden, for Subcontractors indicated as 'Fully delegated,' DHCS assumes they provided the services in items # C.1.d - C.1.n, and therefore do not need to complete the rest of part C.1. If this assumption is incorrect, MCPs have the choice to complete all the items below.	Fully delegated
C.1.e C.1.f C.1.g C.1.h C.1.i C.1.j C.1.k C.1.l	Adult Primary Care Pediatric Primary Care Adult Specialty Care Pediatric Specialty Care Adult Non-Specialty Mental Health (NSMH) Pediatric NSMH OB/GYN Specialty Care Hospitals Ancillary Services	Indicate whether the Subcontractor has been delegated Adult Primary Care Indicate whether the Subcontractor has been delegated Pediatric Primary Care Indicate whether the Subcontractor has been delegated Adult Specialty Care Indicate whether the Subcontractor has been delegated Pediatric Specialty Care Indicate whether the Subcontractor has been delegated Adult NSMH Indicate whether the Subcontractor has been delegated Pediatric NSMH Indicate whether the Subcontractor has been delegated OB/GYN Specialty Care Indicate whether the Subcontractor has been delegated Hospitals Indicate whether the Subcontractor has been delegated Adult Specialty Care Indicate whether the Subcontractor has been delegated Adult NSMH Indicate whether the Subcontractor has been delegated Pediatric NSMH Indicate whether the Subcontractor has been delegated OB/GYN Specialty Care Indicate whether the Subcontractor has been delegated Adult Specialty Care Indicate whether the Subcontractor has been delegated Adult Specialty Care Indicate whether the Subcontractor has been delegated Adult Specialty Care Indicate whether the Subcontractor has been delegated Adult Specialty Care Indicate whether the Subcontractor has been delegated Hospitals Indicate whether the Subcontractor has been delegated Adult Specialty Care	
C.1.m C.1.n C.1.o C.1.p	Member Services Line 24/7 Nurse Triage Line Dental Care LTSS - SNF	Indicate whether the Subcontractor has been delegated Member Services Line Indicate whether the Subcontractor has been delegated 24/7 Nurse Triage Line Indicate whether the Subcontractor has been delegated Dental Care Indicate whether the Subcontractor has been delegated LTSSSNE	Yes Yes
C.1.q	LTSS - SNF LTSS - ICF	Indicate whether the Subcontractor has been delegated LTSS - SNF Indicate whether the Subcontractor has been delegated LTSS - ICF Indicate whether the MCP assures that the Subcontractor complies with the state's network adequacy standards under 42 CFR section 438.68 based on each applicable analysis the MCP conducted for the Subcontractor during the reporting year/period.	Yes
C.2.a	Assurance of Subcontractor Compliance with 42 CFR section 438.68	For example, if the MCP assessed Subcontractor compliance with 42 CFR section 438.68 using four quarterly geomapping within the reporting year, and the MCP determined that the Subcontractor complied with the network adequacy standards in all of those analyses, enter 'Yes, the Subcontractor complies based on all analyses.' As another example, if the MCP assessed Subcontractor compliance with 42 CFR section 438.68 using two semi-annual geomapping analyses within the reporting year and the MCP determined that the Subcontractor did not comply with the network adequacy standards in at least one of those analyses, then enter 'No, the Subcontractor does not comply based on all analyses.''	Yes, the Subcontractor complies Quarterly geomapping conducte
C.2.b	Description of Analyses Results	used to assess Subcontractor compliance with each standard.	compliant with all the time or d Primary Care - 30 min. Core Specialty - 45 mi. •Cardiology •Dermatology •Dermatology •Nephrology •Nephrology •Oncology •Oncology •ENT/Otolaryngology •Gastroenterology •Ophthalmology •Ophthalmology •Orthopedic Surgery •Physical Medicine/Rehabilitat •Hematology •Psychiatry •HIV/AIDS/Infectious Diseases •Adult Pulmonology NSMH - 75 minutes OB/GYN - 45 miles Hospitals & Dental - 30 minutes
C.2.c	Subcontractor Deficiencies with 42 CFR section 438.68 (Part 1)	If the MCP cannot assure Subcontractor compliance with the state's network adequacy standards under 42 CFR section 438.68 based on at least one analysis conducted within the reporting period, describe Subcontractor deficiencies identified during the reporting period and indicate which of the analyses that uncovered the Subcontractor's deficiencies. If the MCP selected "Yes, the Subcontractor complies based on all analyses" in C.2.a, write "N/A."	N/A
C.2.d	Subcontractor Deficiencies with 42 CFR section 438.68 (Part 2)	If the MCP cannot assure Subcontractor compliance with the state's network adequacy standards under 42 CFR section 438.68 based on at least one analysis conducted within the reporting period, describe what the Subcontractor will do to achieve compliance and how the MCP will monitor the Subcontractor's progress. If the MCP selected "Yes, the Subcontractor complies based on all analyses" in C.2.a, write "N/A."	N/A
C.2.e	Reassessment for Subcontractor Deficiencies	If the MCP identified any Subcontractor deficiencies in C.2.c, indicate when (month/year) the MCP will reassess the Subcontractor's Network to determine whether the Subcontractor has remediated those deficiencies.	N/A
C.2.f	Alternative Access Standards Granted	Describe any time or distance alternative access standards that the MCP granted to the Subcontractor under 42 CFR section 438.68. If there are no exceptions, write "None."	None
C.2.g	Justification for Alternative Access Standards Granted	If the MCP identified any alternative access standards granted to the Subcontractor under 42 CFR section 438.68 in C.2.f, describe the justification for granting the alternative access standard(s).	N/A
C.3.a		If there are no alternative access standards, write "N/A." Indicate whether the MCP assures that the Subcontractor complies with the state's availability of services standards under 42 CFR section 438.206 based on each applicable analysis the MCP conducted for the Subcontractor during the reporting year/period. For example, if the MCP assessed Subcontractor compliance with 42 CFR section 438.206 using four quarterly reviews of grievances related to access and two semi-annual provider directory review analyses within the reporting period, and the MCP determined that the Subcontractor complied with the network adequacy standards in all of those analyses, enter 'Yes, the Subcontractor complies based on all analyses.' As another example, if the MCP assessed subcontractor compliance with 42 CFR section 438.206 using two semi-annual reviews of grievances related to access and an annual secret shopper analysis within the reporting period, and the MCP determined that the Subcontractor did not comply with the network adequacy standards in at least one of those analyses, enter 'No, the Subcontractor does not comply based on all analyses.''	
C.3.b	Description of Analyses Results	Describe the results of each of the analyses that support the assurance above of the Subcontractor's compliance with the state's network adequacy standards under 42 CFR section 438.206. In the description of results, address each standard under 42 CFR section 438.206 that applies to the Subcontractor and each of the analyses (including dates of the analyses) that the MCP used to assess Subcontractor compliance with each standard.	Annual Timely Access Survey co small county timely access star Primary Care - Urgent, no PA Primary Care - Urgent, requiring Primary Care - Non-urgent Specialty Care & Ancillary - Nor Member Services Line 24/7 Nurse Triage Line Provider Interpretation Services Dental LTSS - ICF-DD Provider network report conduc compliant with all provider to r Primary Care Physician to Mem Physician to Members Non-Physician to Members Federally Qualified Health Center Rural Health Clinic (RHC) Freestanding Birth Center (FBC) Certified Nurse Midwife (CNM) Licensed Midwife (LM)
C.3.c	Subcontractor Deficiencies with 42 CFR section 438.206 (Part 1)	If the MCP cannot assure Subcontractor compliance the state's network adequacy standards under 42 CFR section 438.206 based on at least one analysis conducted within the reporting period, describe Subcontractor deficiencies identified during the reporting period and indicate which of the analyses that uncovered the Subcontractor's deficiencies. If the MCP selected "Yes, the Subcontractor complies based on all analyses" in C.3.a, write "N/A."	Annual Timely Access Survey co A did not meet the timely access Providers for a small county: Adult/Pediatric NSMH Providers Adult/Pediatric Oncology LTSS - SNF
C.3.d	Subcontractor Deficiencies with 42 CFR section 438.206 (Part 2)	If the MCP cannot assure subcontractor compliance with the state's network adequacy standards under 42 CFR section 438.206 based on at least one analysis conducted within the reporting period, describe what the Subcontractor will do to achieve compliance and how the MCP will monitor the Subcontractor's progress. If the MCP selected "Yes, the Subcontractor complies based on all analyses" in C.3.a, write "N/A."	MCP will monitor Subcontracto be required to submit a correcti compliant within 6 months of th interim Subcontractor A is requ
C.3.e	Reassessment for Subcontractor Deficiencies	If the MCP identified any Subcontractor deficiencies in C.3.c, indicate when (month/year) the MCP will reassess the Subcontractor's availability of services to determine whether the Subcontractor has remediated those deficiencies.	MCP wil reassess Subcontracto September 2021.

Example: Geomapping	Example: Provider Directory Review	Geomapping	Subcontractor Provider Directory Review	Secret Shopper: Network Participation	Secret Shopper: Appointment Availability	Electronic Visit Verification Data Analysis	Review of Grievances Related to Access	Encounter Data Analysis	Other (Specify)
	Semi-annually	Quarterly	Monthly	Not used for any plans	Not used for any plans	Not used for any plans	Other (free text, specify)		Other (free text, specify)
Subcontractors	Used for some but not all Subcontractors	Used for some but not all Subcontractors	Used for some but not all Subcontractors	Not used for any Subcontractors	Not used for any Subcontractors	Not used for any Subcontractors	Used for some but not all Subcontractors		Used for some but not all Subcontractors On an annual basis, AAH conducts a Provider Appointment Availability Survey for network
	Subcontractor B Subcontractor D	Subcontractor 1 (Community Health Center Network)	Subcontractor 1 (Community Health Center Network)Subcontractor 2 (Children's First N	N/A	N/A	N/A	Subcontractor 1 (Community Health Center Network) Subcontractor 2 (Children's First Medical Group)		providers to assess the availability of urgent and non-urgent appointments.
	Subcontractor H	Subcontractor 2 (Children's First Medical Group)					AAH conducts confirmation surveys related to all grievances related to access.		Subcontractor 1 (Community Health Center Network) Subcontractor 2 (Children's First Medical Group) Direct Network
bcontractor 1 or A	Example: Subcontractor 2 Subcontractor B	Subcontractor 1 Community Health Center Network (CHCN)	Subcontractor 2 Children's First Medical Group (CFMG)	Subcontractor 3 Teladoc	Subcontractor 4 Kaiser (KHP)	Subcontractor 5	Subcontractor 6	Subcontractor 7	Subcontractor 8
	All	ALL	Pediatrics	All	All				
ted	Partially delegated	Partially Delegated	Partially Delegated	Partially delegated	Fully delegated				
	Yes	Yes	No	No	Yes				
	Yes Yes	Yes Yes Yes	Yes No Yes	No No	Yes Yes				
	No No Yes	No No Ves	No No No	No No	Yes Yes				
	Yes Yes	No No	No No	No No	Yes Voc				
	Yes No	No No No	No No	No No	Yes No				
	No	NO NO	No No	No	Yes				
contractor complies based on all analyses	No, the Subcontractor does not comply based on all analyses	No, the Subcontractor does not comply based on all analyses	No, the Subcontractor does not comply based on all analyses	N/A- Subcontractor provides all services virtually	No, the Subcontractor does not comply based on all analyses				
omapping conducted in 2/20, c/20, p/20, c2/20, to /20, to /									
omapping conducted in 3/20, 6/20, 9/20, 12/20 showed Subcontractor A ith all the time or distance standards for all ZIP Codes for a small county		Geomapping conducted in December 2023 showed CHCN compliant with both time and distance, with the exception of the deficiencies noted in item C.2.c below.	Geomapping conducted in December 2023 showed CFMG compliant with both time and distance, with the exception of the deficiencies noted in item C.2.c below.		Geomapping conducted in October 2022 showed Kaiser compliance with both time and distance standards for all dense ZIP Codes, with the exception of the deficiencies noted in item C.2.c listed below:				
e - 30 min. ty - 45 mi.	deficiencies noted in item C.2.c below.		Time - 30 minutes Distance - 15 miles		Time - 30 minutes Distance - 15 Miles				
y Dgy	Primary Care - 30 min. Core Specialty - 90 min. •Cardiology	- Cardiology	- Cardiology		- Cardiology - Dermatology - Endocrinology				
	 Nephrology Neurology Oncology 	 Dermatology Endocrinology ENT/Otolaryngology 	 Dermatology Endocrinology ENT/Otolaryngology 		- Endocrinology - ENT/ Otolaryngology - Gastroenterology - General Surgery				
yngology rology logy	•ENT/Otolaryngology •Gastroenterology	 Gastroenterology General Surgery Hematology HIV/AIDS Infectious Diseases 	- Gastroenterology - General Surgery - Hematology	N/A	- Hematology - HIV/AIDS/Infectious Disease - Hospitals				
Surgery gery edicine/Rehabilitation	 Orthopedic Surgery General Surgery Physical Medicine/Rehabilitation 	- Nephrology	 HIV/AIDS Infectious Diseases Nephrology Neurology 		- Mental Health Outpatient Services - Nephrology - OB/GYN Primary Care				
/	 Hematology Psychiatry HIV/AIDS/Infectious Diseases 	 Neurology Oncology Ophthalmology Orthopedic Surgery 	- Oncology - Ophthalmology		- OB/GYN Specialty Care - Oncology - Ophthalmology				
nfectious Diseases onology ninutes	•Adult Pulmonology OB/GYN - 60 miles Hospitals - 30 minutes	- Orthopedic Surgery - Physical Medicine - Psychiatry - Pulmonology	- Orthopedic Surgery - Physical Medicine - Psychiatry		- Orthopedic Surgery - Primary Care - Physical Medicine and Rehabilitation				
ninutes miles Dental - 30 minutes		 Pulmonology Geomapping conducted in December 2023 showed CHCN did not meet time or distance 	- Pulmonology		- Psychiatry - Pulmonology				
	time or distance standards for the following core specialists in rural areas for ZIP Codes 96104, 96108, 96112 and 96115:	standards for the following core specialist for ZIP Codes:	distance standards for the following core specialist for ZIP Codes:	N/A	Geomapping conducted in Q4 2022 showed Kaiser noncompliant with time or distance standards for the following providers types and ZIP Codes:				
	Adult/Pediatric Dermatology Adult/Pediatric Endocrinology Adult/Pediatric Ophthalmology	94540, 94541, 94542, 94544, 94545, 94560, 94588, 94587, 94546, 94577, 94578, 94579, 94580	94539, 94568, 94536, 94537, 94538, 94555, 94540, 94541, 94542, 94544, 94550, 94551, 94560, 94566, 94588, 94586, 94587, 94546, 94552, 94545, 94557, 94577, 94578, 94579, 94580,		94505, 94536, 94538, 94539, 94541, 94542, 94544, 94545, 94546, 94550, 94551, 94552, 94555, 94560, 94566, 94568, 94580, 94586, 94587, 94588				
		AAH continuously worked with CHCN to achieve compliance with network adequacy standards by adhering to the following steps:	CFMG has provided details on how it will achieve compliance with network adequacy						
		 Assessed in network provider options to review network adequacy for each specialty gap. Reviewed Alameda Alliance for Health's Directory and searched directory by Geography and Grassialty to identify a searched directory by Geography and Grassialty to identif	standards or justifications related to reasons they may not achieve compliance. AAH continues to monitor CFMG's provider network through its existing quarterly		AAH adopted DHCS's delivery system AAS exemption and has requested Kaiser submit				
	Subcontractor B attempted to find the specialists within time or distance and could	• Pulled data for highly utilized out-of-network providers that have seen CHCN members with system	GeoAccess workgroup.		a narrative to demonstrate that their delivery structure is capable of delivering the appropriate level of care and access to their assigned members in Alameda county and meet anticipated utilization outside of network adequacy standards.				
	not find any, requested AAS	Reviewed other MSO/IPA directories with an Alameda County presence for additional provider	Access and Availability Sub Committee on a quarterly basis.	N/A	On a quarterly basis, Kaiser informed AAH if any changes had occurred that required an update to its narrative.				
		• Conducted ongoing recruitment outreach efforts to identify providers via phone call and	AAS reviewed alternative access standards (AAS) for all provider types/ZIP codes listed in C.2.b and C.2.c. Based on CFMG's description of its contracting efforts, whether a telehealth provider supplements for the provider type that does not meet		Kaiser's contract terminated December 31, 2023.				
			network adequacy standards, and other information that supported the necessity for alternative access standards, AAH approved CFMG's proposed AAS.						
	Will reassess Subcontractor B compliance at next annual geomapping analysis 12/	AAH will reassess CFMG's network in Q2 2024 to determine whether it has remediated	AAH will reassess CFMG's network in Q2 2024 to determine whether it has remediated	N/A	AAH reviewed Kaiser's network adequacy standards during a Joint Medi-Cal Health				
	In ZIP Codes 96104, 96108, 96112 and 96115:	its deficiencies.	its deficiencies.		Plan Annual Audit until its contract with Kaiser terminated on December 31, 2023.				
	Adult Dermatology: 75 mins & 65 mi Pediatric Dermatology: 75 mins & 65 mi Adult Endocrinology: 65 mins & 50 mi	None	None	N/A	AAH reviewed Kaiser's narrative submission and shared its determination with Kaiser.				
	Pediatric Endocrinology: 75 mins & 55 mi Adult Ophthalmology: 80 mins & 50 mi Pediatric Ophthalmology: 75 mins & 50 mi								
	Lack of specialty providers in the county, but was able to find several in an adjacen	t N/A			AAH adopted DHCS's delivery system AAS exemption and has requested Kaiser submit a narrative to demonstrate that their delivery structure is capable of delivering the				
	urban county that were in a reasonable time or distance.	N/A	N/A	N/A	appropriate level of care and access to their assigned members in Alameda county and meet anticipated utilization outside of network adequacy standards. Kaiser must submit this information to AAH within 60 calendar days from receipt.				
ontractor does not comply based on all analyses	Yes, the Subcontractor complies based on all analyses	No, the Subcontractor does not comply based on all analyses	No, the Subcontractor does not comply based on all analyses	Yes, the Subcontractor complies based on all analyses	Yes, the Subcontractor complies based on all analyses				
, ,			in an analysis						
v Access Survey conducted annually (9/20) showed compliance with all	Provider Directory Review conducted on 6/20 and 12/20 and Appointment & Access								
y timely access standards except those deficiencies noted in item C.3.c: e - Urgent, no PA	Availability Survey conducted annually (12/20) showed compliance w/all rural county timely access standards:								
e - Urgent, requiring PA e - Non-urgent re & Ancillary - Non-urgent	Primary Care - Urgent, no PA Primary Care - Urgent, requiring PA Primary Care - Non-urgent	Consistent with the DMHC PAAS Methodology, AAH's annual PAAS was used to assess		The Teladoc model does not replace traditional providers. Teladoc provides a					
vices Line Triage Line erpretation Services	Specialty Care - Non-urgent Ancillary - Non-urgent Member Services Line	compliance rates for urgent and routine appointment for CHCN. MY 2022 PAAS showed CHCN met compliance rates for the following provider types:	d Consistent with the DMHC PAAS Methodology, AAH's annual PAAS was used to assess compliance rates for urgent and routine appointment for CFMG. MY 2022 PAAS	convenient way for members to speak with a licensed doctor 24/7 by phone or vide for many common health issues when members cannot schedule an appointment in					
)	24/7 Nurse Triage Line Provider Interpretation Services	- Cardiology - Urgent & Routine Appointment - Endo - Urgent & Routine Appointment	- PCP - Urgent & Routine Appointment - Cardiology - Urgent & Routine Appointment	person or prefer to meet with a virtual provider. Teladoc regularly submits monthly utilization and performance metrics to AAH. The	Due to Kaiser's unique structure and delivery system, local Initiatives conduct a Joint Medi-Cal Health Plans Annual Audit to review Kaiser's overall operations, including Timeliness of Access. AAH used this process to oversee Kaiser's network adequacy				
work report conducted in 4/20 and 10/20 showed Subcontractor A ith all provider to member ratios and MPTs:	Provider network report conducted on 3/20, 6/20, 9/20, 12/20 showed Subcontractor B compliant with all provider to member ratios and MPTs:	- Ancillary (Physical Therapy) - Routine Appointment		metrics show the average response time from the time a member requests for a physician to contact them, to when the physician makes contact with the requesting	until contract termination on December 31, 2023.				
e Physician to Members Members an to Members	Primary Care Physician to Members Physician to Members Non-Physician to Members			access standards.					
an to Members Ialified Health Center (FQHC) Clinic (RHC) g Birth Center (FBC)	Federally Qualified Health Center (FQHC) Rural Health Clinic (RHC) Freestanding Birth Center (FBC)								
g Birth Center (FBC) rse Midwife (CNM) dwife (LM)	Certified Nurse Midwife (CNM) Licensed Midwife (LM)								
ly Access Survey conducted in September 2020 showed that Subcontracto	or	MY 2022 PAAS showed delegate CHCN met compliance rates. However, some providers within the CHCN network did not meet the urgent and routine compliance rates for the following provider types:	Cardiology. However, some providers within CFMG network did not meet the urgent and routine compliance rate for the following provider types:						
et the timely access standards for appointments for the following r a small county: ric NSMH Providers ric Oncology	N/A	- PCP - Urgent Appt.	 PCP - Urgent & Routine Appt. Endo - Urgent & Routine Appt. Gastro - Urgent & Routine Appt. 	N/A	Through our Joint Medi-Cal Health Plans Annual Audit, AAH did not identify any findings for timely access.				
ric Oncology		The Alliance received a CAP response from CHCN and closed CAPs on July 11, 2023	The Alliance received CAPs response from CFMG for Endo & Gastro and closed CAPs						
		When deficiencies are found throughout the monitoring process, MCP will issue time-	 on July 25, 2023. When deficiencies are found throughout the monitoring process, MCP will issue time- sensitive CAPs to all identified delegates. CAP responses are required to include the 						
nitor Subcontractor A through a corrective action process where they will to submit a corrective action plan, carry out that plan and become it bin 6 months of the initiation of corrective action by the MCR. In the	N/A	following: - Corrective action steps providers will take to mitigate the deficiency - Supporting documentation demonstrating how the deficiency will be/has been	following: - Corrective action steps providers will take to mitigate the deficiency - Supporting documentation demonstrating how the deficiency will be/has been	N/A	Due to Kaiser's unique structure and delivery system, local Initiatives conduct a Joint Medi-Cal Health Plans Annual Audit to review Kaiser's overall operations, including				
ithin 6 months of the initiation of corrective action by the MCP. In the ontractor A is required to submit monthly progress reports.			corrected and processed to ensure compliance with regulatory standard - Responsible person(s) name and title who address and correct the identified deficiency		Timeliness of Access. AAH used this process to oversee Kaiser's network adequacy until contract termination on December 31, 2023.				
ssess Subcontractor A at the next Annual Timely Access Survey in		The Alliance will reassess CHCN's network in Q2 2024 to determine whether it has	- The target completion date for when the CAP will be completed The Alliance will reassess CFMG's network in Q2 2024 to determine whether it has		AAH reviewed Kaiser's MY2021 PAAS report that Kaiser submitted to DMHC on AAH's				
021.	N/A	The Alliance will reassess CHCN's network in Q2 2024 to determine whether it has remediated its deficiencies.	The Alliance will reassess CFMG's network in Q2 2024 to determine whether it has remediated its deficiencies.	N/A	behalf. Throughout 2023, AAH continued to hold joint operating meetings with Kaiser. AAH's contractual relationship with Kaiser terminated December 31, 2023.				