Subcontractor Network Certification Training Webinar FAQ's

June 23, 2026, and June 25, 2026

Assessment Timeline & Scope

1. **When will the Subnetwork Certification assessments begin?**
   Subnetwork Certification for 2026 will run from July through September 2026. Results will be shared with PPGs as they become available.

2. **What components will PPGs be assessed on?**
   The Plan conducts an annual network adequacy assessment of PPGs based on the at-risk services they are contracted to provide within their service area. The assessment includes:
   - Primary Care Physician (PCP) to member ratio
   - Total network physician to member ratio
   - Time and distance to care to PCPs and core specialists

Network Adequacy Requirements

3. **What happens if both the PPG and the Plan determine that no providers are available within time and distance standards?**
   If no providers meet required time and distance standards, the PPG must demonstrate that it has contracted with the nearest available provider. PPGs cannot limit members to their internal network and may need to authorize medically necessary services with out-of-network (OON) providers.

4. **What if no specialists in a ZIP code or county are willing to contract?**
   The PPG must show it contracted with the nearest available provider and document its efforts in the Action Plan response.

5. **Is an Letter of Agreement (LOA) sufficient to meet network access requirements for a PPG?**
   An LOA is a formal, temporary arrangement between your organization and a provider to deliver services when a full contract is not in place. PPGs are expected to first attempt to contract with in-person providers within required time and distance standards, or with the nearest available provider if none are within standard. If, after due diligence, the PPG is unable to secure a contract (for example, due to provider declination), LOAs may be considered on a case-by-case basis based on the details provided in the PPG's Action Plan.

6. **If there are no PPG members in a zip code, is any additional action needed from the PPG?**
   The PPG should document this in the Action Plan request tab of the PPG Scorecard and provide evidence confirming no assigned members in that zip code.

7. **Is there a defined scoring threshold for "Pass with Conditions"?**
   Yes. See training deck (page 35) for full criteria. In short, PPG must show recent contracting efforts, provide signed but not yet loaded contracts, or agree to use Health Net's e-Consult vendor to address gaps (telehealth may apply with some specialty exceptions).

8. **Can telehealth be used to address network gaps?**
   Yes, telehealth can help address gaps for PCPs and most specialties, except General Surgery, Orthopedic Surgery, and Physical Medicine and Rehabilitation. It may be used when specialty access is between 85% and 99% to help close access gaps.

eConsult

9. **How can PPGs access Health Net's eConsult?**
   PPGs should contact Denise Miller at Denise.Miller3@healthnet.com to be connected to Health Net's eConsult vendor, ConferMED.

10. **Is the eConsult network provided by Health Net available in all counties?**
    eConsult is supported in Med-Cal counties where Health Net, CalViva Health, and Community Health Plan of Imperial Valley operate.

11. **How does PPG provide confirmation or proof to use eConsults under ConferMed?**
    PPG confirms via email in response to the Access & Availability team's Action Plan request when a deficiency is identified.

Scorecard, Data & Tools

12. **How frequently does Health Net release updated scorecards to PPG?**
    PPGs receive an initial scorecard with 2026 results. Health Net may run ad hoc assessments to update progress if network changes, such as added providers, could close gaps.

13. **Will a list of Medi-Cal enrolled providers in California be provided to PPGs to help identify gap providers?**
    The webinar deck includes helpful resources, including a list of Medi-Cal enrolled providers and a list of Medi-Cal contracted providers with managed care plans from the CHHS website. These links are provided below:
    - Enrolled Medi-Cal Fee-for-Service Providers: https://data.chhs.ca.gov/dataset/profile-of-enrolled-medi-cal-fee-for-service-ffs-providers
    - List of all Medi-Cal Managed Care Plans Provider Listing: https://data.chhs.ca.gov/dataset/medi-cal-managed-care-provider-listing

14. **If a profile is submitted to address a gap, how should it be reflected on the scorecard?**
    PPG will document provider demographic data in columns AF–AR in the Action Plan request tab.

15. **How can I request the PPG physician roster from Health Net's systems to review for accuracy?**
    To request a copy of your PPG's roster, email Subnetwork_Certification@healthnet.com.

16. **What version of the Quest system is used by the Plan?**
    The Plan uses the desktop version, Quest Analytics Suite (QAS), for these reviews.

17. **In Quest Analytics, are actual membership files used?**
    No, DHCS Population Points are used instead of actual membership files to help account for potential membership. The dataset can be accessed here: https://networks-gis.dhcs.ca.gov/datasets/21905da0a9eb4da0aa25a907069dc2c9_0/explore

Deficiencies & Action Plan Requirements

18. **What happens if a PPG is deficient in a network component?**
    All network adequacy components **must** be met. If a PPG is deficient in one or more areas, the Plan will issue an Action Plan request.

19. **How long do PPGs have to respond to request for an Action Plan?**
    PPGs must:
    - Confirm receipt of the assessment scorecard within **10 calendar days**
    - Submit a response with an Action Plan within **30 calendar days** of receipt

    Responses should be submitted by replying directly to the Provider Network Management Operations Access & Availability team's email.

Corrective Action Plans

20. **What happens if a PPG's Action Plan indicates continued non-compliance?**
    The PPG will be placed on a Corrective Action Plan (CAP) and is expected to return to compliance within six (6) months.

21. **What is the PPG timeline to close out a CAP?**
    CAP closure is expected within six months of issuance. PPGs are also required to provide monthly status updates by the 8th of each month. If the CAP is not resolved within this timeframe, the PPG may be referred to the Plan Delegation Oversight Committee for further action, including potential network termination for ongoing non-compliance.