Webinar will start shortly

Note: No audio is being broadcast while this slide is being shown.

Subcontractor Network Certification Training

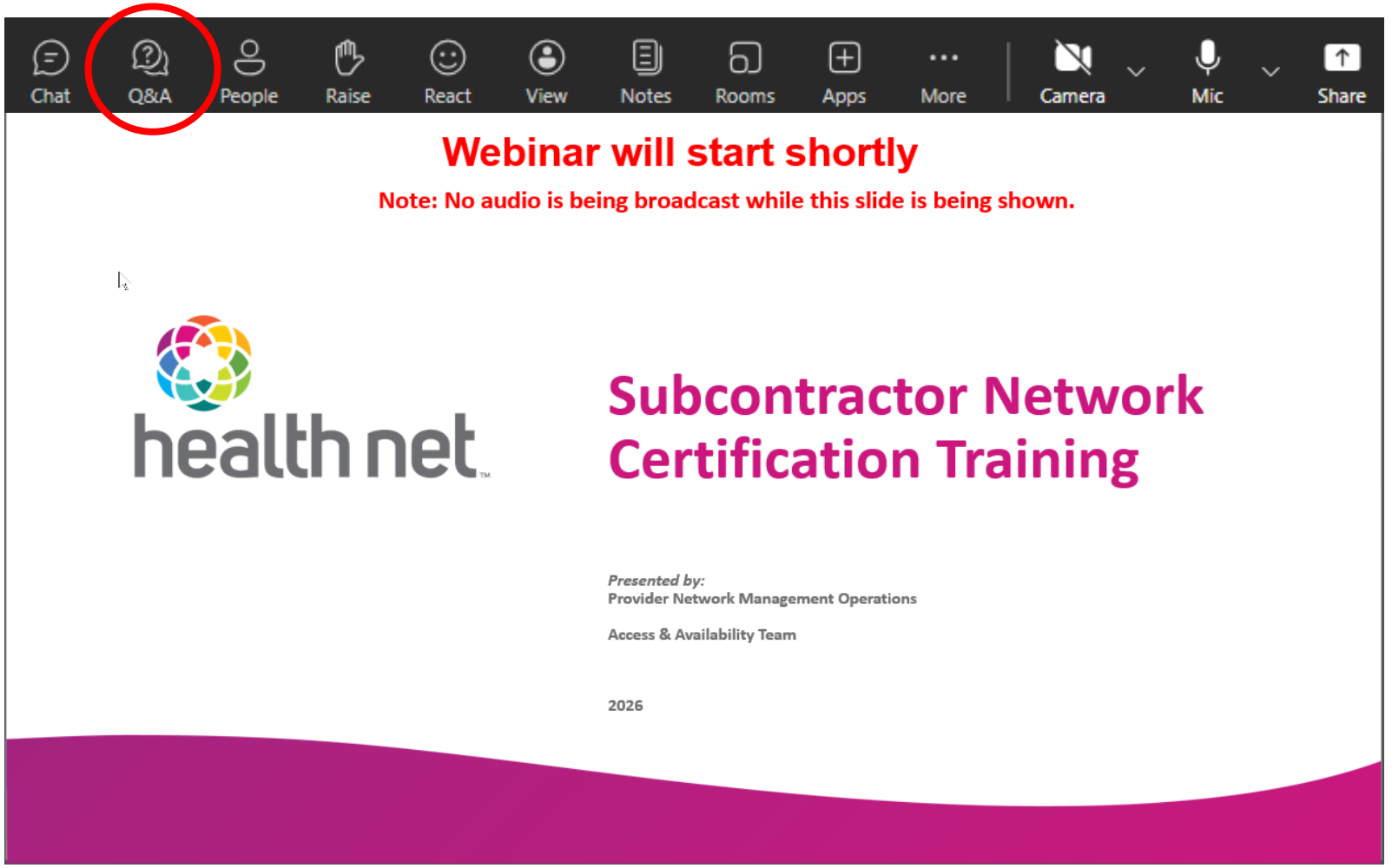
Presented by:
Provider Network Management Operations

Access & Availability Team

2026

How to Ask Questions

Please note that you have been placed on mute



For technical assistance: Subnetwork_Certification@healthnet.com

Agenda

- Importance & Drivers
- Health Plan Monitoring & Network Adequacy Evaluation
- Helpful Tools for Subcontractor Network Certification Readiness
- Understanding PPG Scorecard
- Impact of Non-Compliance with Network Adequacy Standards
- Resources
- E-Consults

Subcontractor Network Certification

Importance and Drivers

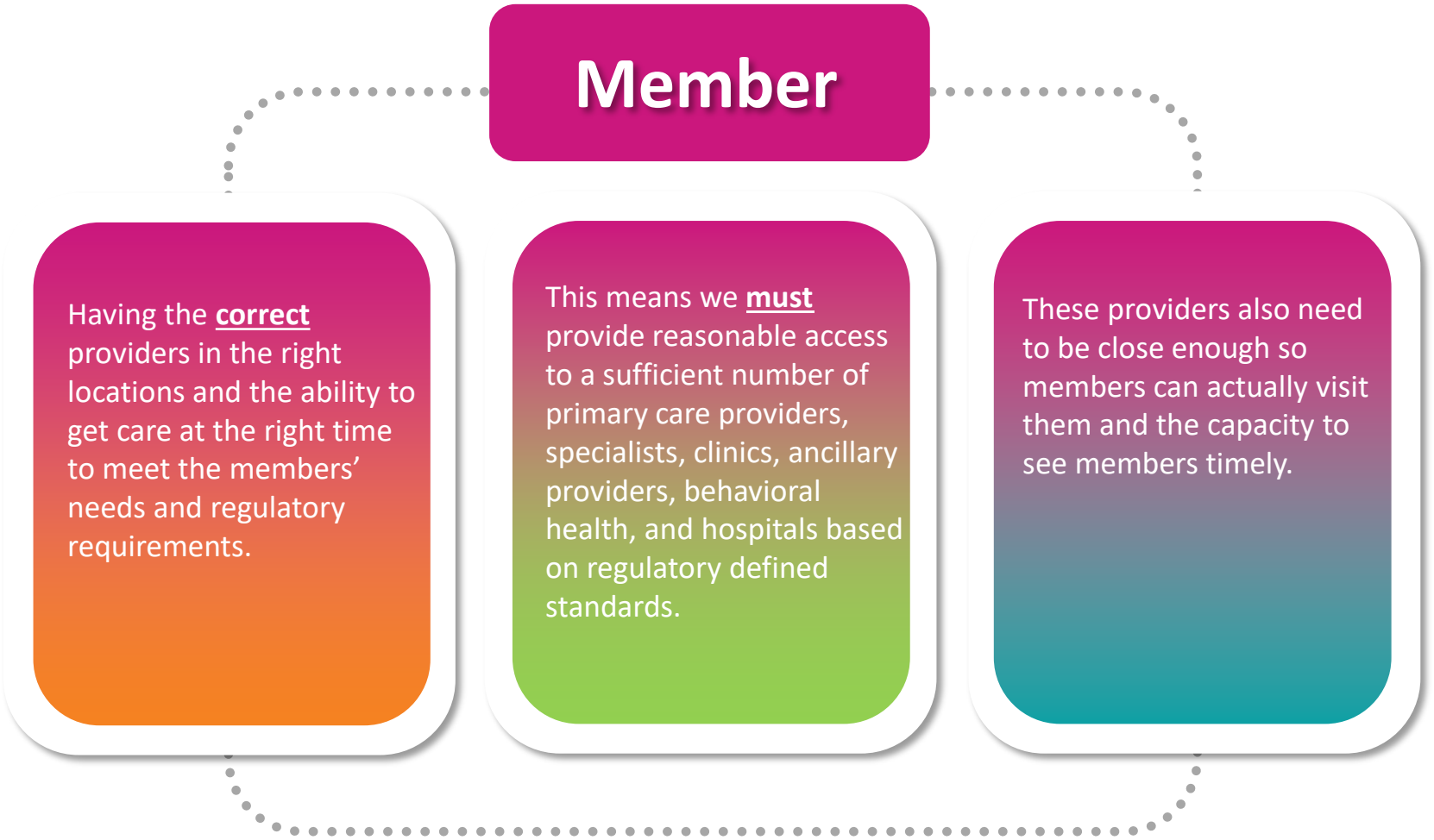
What is Subcontractor Network Certification?

Effective July 1, 2021, in accordance with the Department of Health Care Services (DHCS), Subcontractor Network Certification (SNC) Policy, all Managed Care Plans (MCPs) will be responsible for certifying delegated PPGs network annually as part of the Annual Network Certification (ANC).

Goal: To ensure delegated PPGs demonstrates capacity to serve their membership to comply with network adequacy requirements established by the DHCS, for the scope of at-risk services they are contracted to provide based on their service area.

Results of the SNC will be submitted to DHCS annually, including findings of deficiencies and any resulting corrective actions with PPGs.

Why is Having an Adequate Network Important?



Health Plan Monitoring & Network Adequacy Evaluation

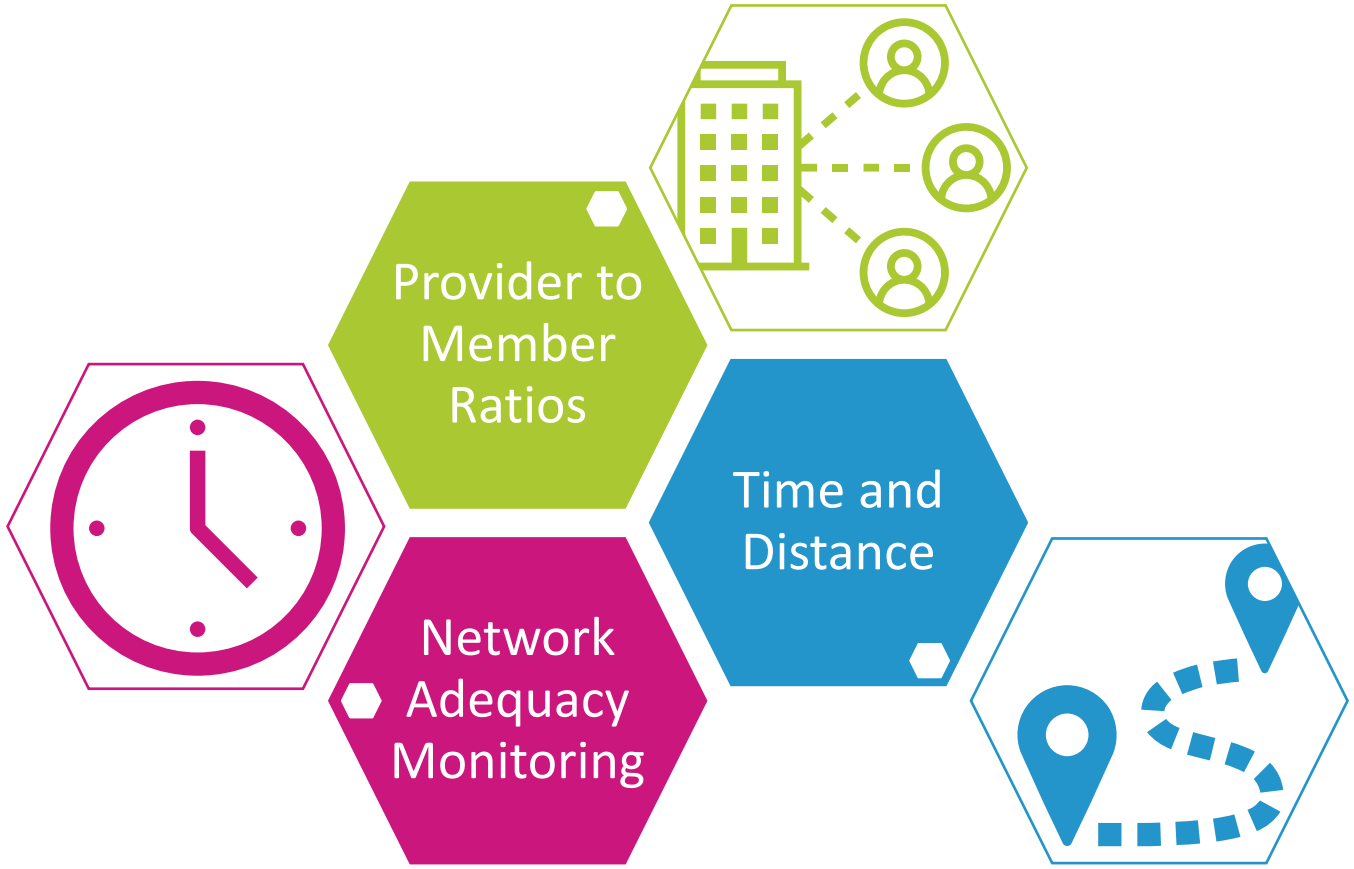
Subcontractor Requirements

Network Adequacy

All PPGs will be subject to the network adequacy requirements established by DHCS for the scope of at-risk services; they are contracted to provide based on their service area.

Health Plan monitors for:

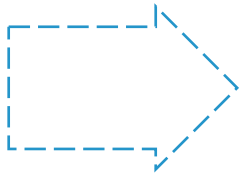
- ✓ Primary Care Physician (PCP) to Member Ratio
- ✓ Total Network Physician to Member Ratio
- ✓ Time and Distance to Care to PCP or Specialists



DHCS Provider to Member Ratios

Fulltime equivalent (FTE) provider-to-member ratio **must** be met for Primary Care Physicians (PCP) of one FTE PCP to every 2,000 members and total network physician of one FTE physician to every 1,200 members.

Note: While non-physician medical practitioners can be used to improve primary care access, DHCS policy do not allow the inclusion of them for purposes of calculating PCP and Total Physician Ratios.



PROVIDER TYPE	RATIO STANDARD
PCP	1:2,000
Total Physicians	1:1,200

Provider to Member Ratios Example Calculation

PCP to Member

Here's an example of **PCP to member** ratio for PPG A:

- # of FTE PCP: 35
- Total Members: 15,000
- Ratio: **1:429**; 15,000/35 = 428.57 [(Total Members) /(# of Physicians) = 428.57]

Total Physician to Member

Here's an example of **Total Physician to member** ratio for PPG A:

- # of FTE physicians: 400
- Total Members: 15,000
- Ratio: **1:38**; 15,000/400 = 37.5 [(Total Members) /(# of Physicians) = 37.5]

DHCS Time or Distance Standards

Time or distance must be met at for all provider types to ensure access to care for members

PPGs network will be assessed for the scope of at-risk services they are contracted to provide based on their service area

Distances and drive times are calculated using DHCS Population Points in Quest Analytics software

PROVIDER TYPE	TIME OR DISTANCE TO CARE
Primary Care Physician – adult	10 miles or 30 minutes
Primary Care Physician – pediatric	10 miles or 30 minutes
Core specialist – adult and pediatric (standard determined by county)	Refer to county table below
Hospital	15 miles or 30 minutes
COUNTY	**TIME OR DISTANCE TO CARE**
HEALTH NET	
Los Angeles & Sacramento	15 miles or 30 minutes
Amador & Tulare	45 miles or 75 minutes
San Joaquin & Stanislaus	30 miles or 60 minutes
Calaveras, Inyo, Mono & Tuolumne	60 miles or 90 minutes
CALVIVA HEALTH	
Fresno, Kings & Madera	45 miles or 75 minutes
COMMUNITY HEALTH PLAN OF IMPERIAL VALLEY	
Imperial	60 miles or 90 minutes

Knowing the DHCS Required Specialties

DHCS Adult and Pediatric Core Specialties	
Cardiologist/Interventional Cardiologist	Nephrologist
Dermatologist	Neurologist
Endocrinologist	Obstetrics/Gynecology (OB/GYN) – Adult
ENT/Otolaryngology	Oncologist
Gastroenterologist	Ophthalmologist
General Surgeon	Orthopedic Surgeon
Hematologist	Physical Medicine & Rehabilitation
HIV/AIDS/Infectious Disease Specialists	Pulmonologist

[1]Telehealth can cover gaps for PCP and all specialists except for General Surgery, Orthopedic Surgery, and Physical Medicine & Rehab.

DHCS required specialty types for adequacy standard includes adult and pediatric providers

Providers who are not assigned a pediatric taxonomy and specialization, but who sees children may be counted as pediatric

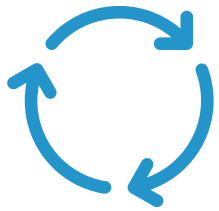
Other DMHC Required Specialties

DMHC Other Required Specialties		
Allergist/Immunologist	Neonatologist	Reproductive endocrinology/infertility
Anesthesiologist	Neurological surgeon	Rheumatologist
Cardiovascular surgeon	Pain medicine	Thoracic surgeon
Colon and rectal surgeon	Plastic surgeon	Urologist
Emergency Medicine	Podiatrist	Vascular surgeon
Geneticist	Radiation oncology	
Maternal/Fetal medicine	Radiologist/Nuclear medicine	

These addt'l specialties may also be assessed by the DMHC during the Plans ANR.

Mileage standards vary by specialty. Refer to All Plan Letter (APL) 25-019 for current DMHC standards

Health Plan Evaluation



The assessment of PPGs runs annually per calendar year.

All network adequacy categories must be met to receive an overall score of PASS.

Health Net will conduct an analysis of the PPGs network adequacy utilizing the most current PPG provider roster.

PPG Results Notification

Health Net will work with your Plan network representatives to identify the PPG contact for distribution of results

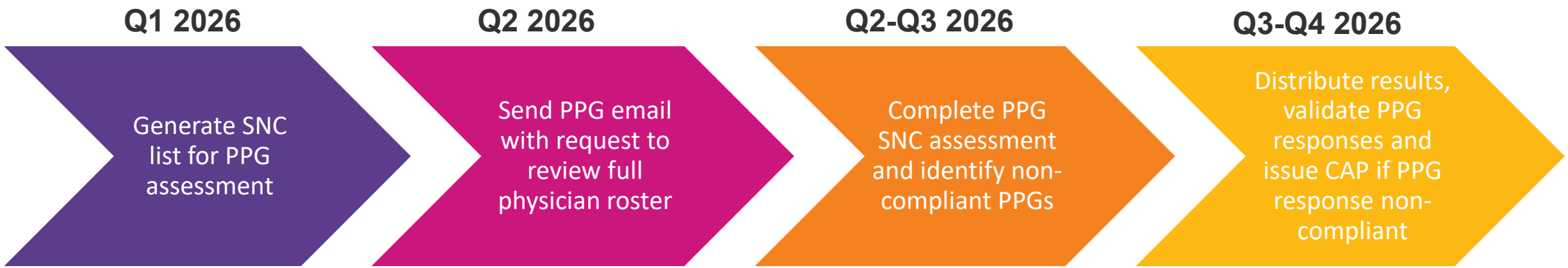
Health Net will distribute SNC results letter via designated email box to PPG contact and copy your Plan network representatives

PPG response is required when one or more of the network adequacy categories are deficient

- PPGs are required to ensure members are receiving timely appointments per state requirements, and that their at-risk services can be obtained within the applicable time or distance standards.
- In areas where the network may not be adequate, the PPGs may be required to allow members to access services out-of-network (OON) for any deficient network components.
- If deficiencies exist, PPGs cannot restrict members' access to practitioners within its own provider network and may be required to authorize services for OON providers when medically necessary.

Helpful Tools for Subcontractor Network Certification Readiness

Health Plan 2026 SNC Assessment Timeline



Health Net, CalViva Health and Community Health Plan of Imperial Valley SNC assessments will be conducted from July to September.

Preparing for Upcoming SNC Assessment

1

Provider Data Integrity:

To prepare for the assessment, PPGs are encouraged to review their network and ensure the provider information is correct when rosters are sent to the Plan on a routine basis.

2

Physician Roster:

Rosters must include the correct adult and pediatric provider types as well as the patient age range. Refer to table.

3

Monitoring:

PPGs should consistently assess their network and make adjustments to improve compliance with network adequacy standards.

Age, lowest to highest	Description
000-120	Provider is accepting all members, children and adults
005-120	Provider is accepting children, ages 5 to adult
000-018	Provider is accepting children, birth to age 18
018-120	Provider is accepting adults, age 18 and older
021-120	Provider is accepting adults, age 21 and older

This will assist to identify PCP and specialist providers for children, particularly providers who are not assigned a pediatric taxonomy and specialization (such as dermatologist versus pediatric dermatologist).

Accuracy of PPG Physician Roster

email for Roster or ACT Template: subnetwork_certification @healthnet.com

ROUTINE ROSTERS

- Prior to the Subcontractor network assessment, Health Net will send reminder email to PPGs requesting the review of their full physician roster.
- Timely submission helps ensure the PPG's network is accurate and up to date before health plan network adequacy assessment.
- PPG can submit a roster anytime to Health Net for analysis to determine if PPG network is sufficient to meet network adequacy standards.

PHYSICIAN CHANGES & ADDS

- Upon review of the full physician roster, if any providers are missing, complete the ACT template.
  - ✓ If PPGs have added providers not currently listed in their network, use the "Practitioner Adds" tab in the ACT template.
  - ✓ For provider updates, identify the changes and/or deletions on the full physician roster file.

Understanding PPG Scorecard

PPG Scorecard

Scorecard Updated for 2026 Assessment

PPG Scorecard contains results of PPG performance outcomes with network adequacy and timely access to care standards.

Scorecard Tab Details

- **Summary Key:** includes data dictionary of Network Adequacy Summary tab, including network adequacy and timely access to care standards
- **Summary:** includes network adequacy and timely access to care determination details
- **Instructions:** includes data dictionary and instructions for completion of PPG Action Plan tab
- **PPG Action Plan:** includes Zip Code level details of deficiency and PPG actions plan/contracting efforts to resolve one or more deficiency

Sample PPG Scorecard

health net

ANNUAL SUBNETWORK CERTIFICATION RESULTS
This page will be completed by Health Net Plan Staff only.

PPG A
PPG County - Month DD, YYYY dataset

Overall PPG Results			Noncompliant		
Provider to Member Ratios			**Results**	**Status**	**Plan Response to PPG Action Plan Tab**
PCP Ratio (1:2,000)			1 : 643	Pass	N/A
Total Physician Ratio (1:1,200)			1 : 59	Pass	N/A
Time and Distance			**Results**	**Status**	**Plan Response to PPG Action Plan Tab**
PCP	Adult		100.0%	Pass	N/A
	Pediatric		100.0%	Pass	N/A
OB/GYN	Specialty Care		100.0%	Pass	N/A
Core Specialists	Adult	Cardiology/ Interventional Cardiology	100.0%	Pass	N/A
		Dermatology	100.0%	Pass	N/A
		Endocrinology	100.0%	Pass	N/A
		ENT/ Otolaryngology	100.0%	Pass	N/A
		Gastroenterology	100.0%	Pass	N/A
		General Surgery	100.0%	Pass	N/A
		Hematology	100.0%	Pass	N/A
		HIV/AIDS Specialists/Infectious Disease	89.5%	Noncompliant. Refer to PPG Action Plan tab	
		Nephrology	100.0%	Pass	N/A
		Neurology	100.0%	Pass	N/A
		Oncology	100.0%	Pass	N/A
		Ophthalmology	80.8%	Noncompliant. Refer to PPG Action Plan tab	
		Orthopedic Surgery	100.0%	Pass	N/A
		Physical Medicine and Rehabilitation	100.0%	Pass	N/A
		Pulmonology	100.0%	Pass	N/A
	Pediatric	Cardiology/ Interventional Cardiology	100.0%	Pass	N/A
		Dermatology	100.0%	Pass	N/A
		Endocrinology	100.0%	Pass	N/A
		ENT/ Otolaryngology	100.0%	Pass	N/A
		Gastroenterology	100.0%	Pass	N/A
		General Surgery	100.0%	Pass	N/A
		Hematology	100.0%	Pass	N/A
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		Neurology	100.0%	Pass	N/A
		Oncology	100.0%	Pass	N/A
		Ophthalmology	80.8%	Noncompliant. Refer to PPG Action Plan tab	
		Orthopedic Surgery	100.0%	Pass	N/A
		Physical Medicine and Rehabilitation	100.0%	Pass	N/A
		Pulmonology	98.2%	Noncompliant. Refer to PPG Action Plan tab	

decrease in access > 2%
increase in access

SUMMARY KEY | COUNTY_NETWORK ADEQUACY SUMMARY | INSTRUCTIONS | PPG ACTION PLAN | +

PPG Scorecard cont.

- **Overall PPG Results:**
  - **Pass** – PPG demonstrated compliance with all standards. No further action required
  - **Noncompliant** – PPG does not demonstrate compliance with one or more standards. PPG response required
  - **Pass with Conditions** – PPG action plan meets compliance standards but needs further steps to fully resolve the deficiency
- **Provider to Member Ratios:** Includes PCP to Member Ratio and Total Network Physician to Member Ratio detail
- **Time and Distance:** Includes population point calculation % for Time and Distance to Care from member's residence to PCP or Specialist detail
- **Results:** PPG compliance score for assessed standard
- **Status:**
  - **Pass** – PPG demonstrated compliance with standard. No further action required
  - **Noncompliant** – PPG does not demonstrate compliance with standard. PPG response required. "PPG Action Plan" tab must be completed
  - **Pass with Conditions -** PPG action plan meets compliance standards but needs further steps to fully resolve the deficiency
- **Plan Response to PPG Action Plan Tab:** This section is used upon PPG response back to Plan for identified deficiency
  - **Action Accepted** – Based on PPG response in "PPG Action Plan" tab, health plan accepted PPG response
  - **Action Not Accepted** – Refer to PPG Action Plan tab

Sample PPG Scorecard

health net

ANNUAL SUBNETWORK CERTIFICATION RESULTS
This page will be completed by Health Net Plan Staff only.

PPG A
PPG County - Month DD, YYYY dataset

Overall PPG Results			Noncompliant		
Provider to Member Ratios			**Results**	**Status**	**Plan Response to PPG Action Plan Tab**
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		ENT/ Otolaryngology	100.0%	Pass	N/A
		Gastroenterology	100.0%	Pass	N/A
		General Surgery	100.0%	Pass	N/A
		Hematology	100.0%	Pass	N/A
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	Pediatric	Cardiology/ Interventional Cardiology	100.0%	Pass	N/A
		Dermatology	100.0%	Pass	N/A
		Endocrinology	100.0%	Pass	N/A
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		Gastroenterology	100.0%	Pass	N/A
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		Orthopedic Surgery	100.0%	Pass	N/A
		Physical Medicine and Rehabilitation	100.0%	Pass	N/A
		Pulmonology	98.2%	Noncompliant. Refer to PPG Action Plan tab	

decrease in access > 2%
increase in access

SUMMARY KEY | COUNTY_NETWORK ADEQUACY SUMMARY | INSTRUCTIONS | PPG ACTION PLAN | +

PPG Instructions & Action Plan Tabs

When a PPG has a Network Adequacy deficiency, it must complete the Action Plan tab

- Instructions tab contains the data dictionary and completion instructions for the PPG Action Plan tab
- PPG Action Plan tab shows ZIP-level deficiencies and PPG actions to resolve them

Subcontractor Network Certification PPG Action Plan

Purpose: PPGs must complete the "PPG ACTION PLAN" tab when one ore more defiency exist.

Review Instructions: Carefully review the instructions below to understand the guidelines for completing this workbook.

Complete the PPG Action Plan: Navigate to the "PPG ACTION PLAN" tab and fill in all required fields as specified in the instructions. Ensure that all responses are accurate, complete, and al requirements. Row 4 is a prepopulated example.

Submission: After completing the "PPG ACTION PLAN" tab:
- Review your entries for accuracy and completeness.
- Attach the updated Excel file along with any required evidence.
- Reply to all on the original email to submit your response.

Important Deadline: All Action Plan items must be completed and closed by **MM/DD/YYYY**.

Need Help or Have Questions?
If you need assistance or clarification, or if you would like to submit alternative evidence types, please don't hesitate to reach out. For questions or guidance, contact:
- **<Enter Name>** at <Enter Email>
- Be sure to **CC** <Enter Name> at <Enter Email>

Our team is here to support you throughout this process. PPG analysts are encouraged to reach out with any questions or concerns!

Additional Resources:
PPGs can utilize the following resources to identify Medi-Cal providers to attempt to contract with.
- Medi-Cal Managed Care 274 Provider Network Open Data Portal: https://data.chhs.ca.gov/dataset/medi-cal-managed-care-provider-listing
- Fee for Service Open Data Portal (FFS): https://data.chhs.ca.gov/dataset/profile-of-enrolled-medi-cal-dental-fee-for-service-ffs-providers-and-safety-net-clinics-snc

SNC CAP Response Instructions

Column	Column Header	Description or Requirement	Optional or R
A	Status	"Closed" indicates the deficiency has been resolved. Additional details supporting why the deficiency is considered closed will be provided in Column B (Health Net Response Notes). No further action is required. "Open" indicates the deficiency is unresolved. Please review the remaining instructions in this workbook to complete any outstanding actions and submit for approval.	*This section to be completed by Healt*
B	Health Net Response Notes	Details supporting why the deficiency was closed (if Status is Closed) or Comments added by Health Net for the subcontractor to review before proceeding (If Status is Open)	*This section to be completed by Healt*
C	County	County of deficiency	*This section to be completed by Healt*
D	City	City of deficiency	*This section to be completed by Healt*
E	ZIP Code	Zip Code of deficiency	*This section to be completed by Healt*
F	Provider Type	Deficient Provider Type	*This section to be completed by Healt*
G	Population Served	Deficient Population Served	
H	County Standard Miles	SNC Access Standard Miles for County/Provider Type	*This section to be completed by Healt*
I	County Standard Minutes	SNC Access Standard Minutes for County/Provider Type	*This section to be completed by Healt*
J	In-Person Coverage Percentage	In-Person Coverage Percentage for Provider type within Zip Code. If >85%, telehealth (if available) can be used to close the deficiency, indicate if telehealth is available in column R.	*This section to be completed by Healt*
K	Number of Members	Number of Members assigned to subcontractor within Zip Code.	*This section to be completed by Healt*

SUMMARY KEY | COUNTY_NETWORK ADEQUACY SUMMARY | INSTRUCTIONS | PPG ACTION PLAN | +

This section to be completed by Health Net Plan Staff only.

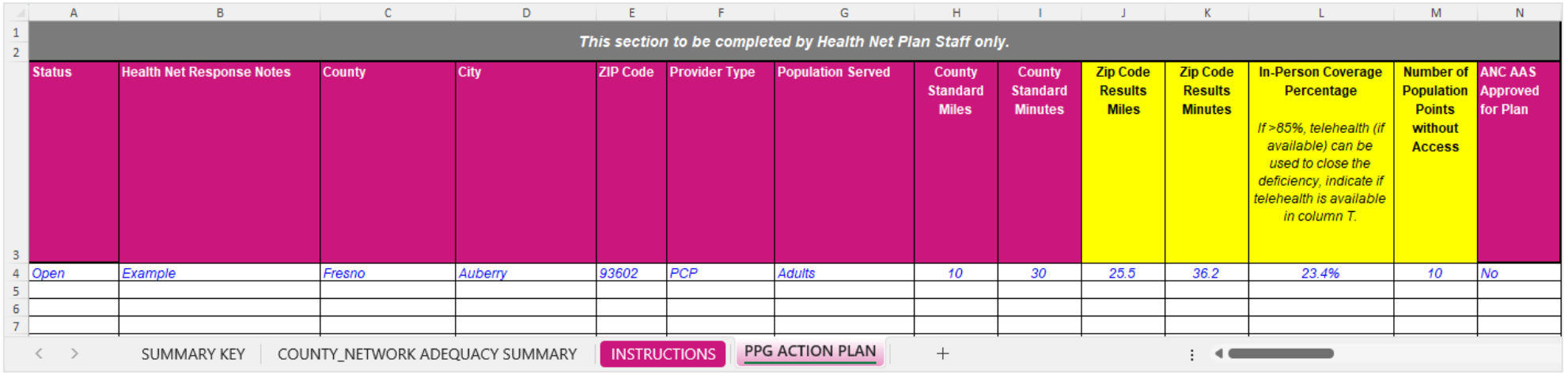
County	City	ZIP Code	Provider Type	Population Served	County Standard Miles	County Standard Minutes	Zip Code Results Miles	Zip Code Results Minutes	In-Person Coverage Percentage	Number of Population Points without Access	ANC AAS Approved for Plan	No Membership in the Zip Code
									If >85%, telehealth (if available) can be used to close the deficiency, indicate if telehealth is available in column T.			*If there are no members within the specified zip code, indicate below and attach supporting evidence with the submission.*
Fresno	*Auberry*	*93602*	*PCP*	*Adults*	*10*	*30*	*25.5*	*36.2*	*23.4%*	*10*	*No*	*N/A*

SUMMARY KEY | COUNTY_NETWORK ADEQUACY SUMMARY | INSTRUCTIONS | PPG ACTION PLAN | +

PPG Action Plan: Time or Distance Analysis

Columns A-N completed by Plan only

- **Column A:** indicates the status of the deficiency, whether open or closed
- **Column B:** comments added by Health Net for the subcontractor to review before proceeding
- **Column C through I:** PPG County, City, Zip Code, Pop Type, Pop Served, County Standard Miles and Minutes
- **Column J & K:** indicates Zip Code Results Miles and Minutes
- **Column L:** indicates In-Person Coverage Percentage
  - **99%** or above is a pass. Between **85% and 99%** is required to be eligible for telehealth
- **Column M:** indicates the number of Population Points without Access
- **Column N:** indicates if the Plan was approved for Alternative Access related to the most recent Annual Network Certification submission



	A	B	C	D	E	F	G	H	I	J	K	L	M	N
1	*This section to be completed by Health Net Plan Staff only.*													
2														
3	Status	Health Net Response Notes	County	City	ZIP Code	Provider Type	Population Served	County Standard Miles	County Standard Minutes	Zip Code Results Miles	Zip Code Results Minutes	In-Person Coverage Percentage *If >85%, telehealth (if available) can be used to close the deficiency, indicate if telehealth is available in column T.*	Number of Population Points without Access	ANC AAS Approved for Plan
4	*Open*	*Example*	*Fresno*	*Auberry*	*93602*	*PCP*	*Adults*	*10*	*30*	*25.5*	*36.2*	*23.4%*	*10*	*No*
5														
6														
7														

SUMMARY KEY | COUNTY_NETWORK ADEQUACY SUMMARY | INSTRUCTIONS | PPG ACTION PLAN

PPG Action Plan: Request to Close Deficiency

Columns O-W completed by PPG

- **Column O:** indicate if there are no PPG members within the zip code
- **Column P:** indicate if a recent Geo Access report shows PPG compliant with time or distance
- **Column Q:** indicate if PPG contracted with all available providers within time or distance
- **Column R:** indicate if PPG newly contracted with a provider that would meet time or distance
- **Column S:** indicate if PPG has a LOA with a provider that would meet time or distance
- **Column T:** indicate if PPG offers telehealth
- **Column U:** indicate if there are providers within time or distance standard, but PPG is in process or have yet to contract with
- **Column V:** indicate if there are no available providers within time or distance standard, but PPG is contracted with nearest available provider
- **Column W:** indicate if there are no available providers within time or distance standard, but PPG has an LOA with nearest available provider

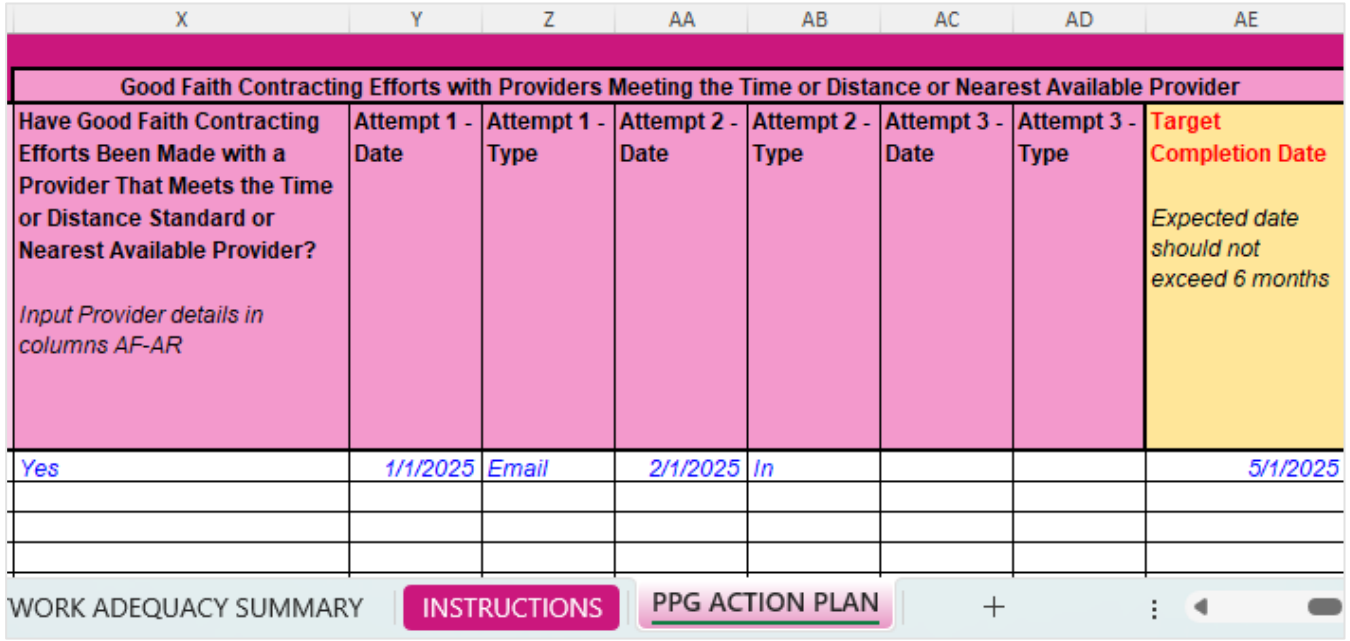
	O	P	Q	R	S	T	U	V	W
1	PPG Request to Close Deficiency								
2									
3	**No Membership in the Zip Code** *If there are no members within the specified zip code, indicate below and attach supporting evidence with the submission.*	**Does Delegate's Geo Access Report Show Meeting Time or Distance** *Indicate below and attach supporting evidence with the submission and input Provider details in columns AF-AR*	**Contracted with All Available Providers Within Time/Distance** *Indicate below and input Provider details in columns AF-AR*	**Does a Newly Contracted Provider Meet Time or Distance Standard?** *Indicate below and attach supporting evidence with the submission and input Provider details in columns AF-AR*	**Does an LOA Provider meet Time or Distance Standard?** *Indicate below and input applicable Good Faith Contracting Efforts details in columns V-AC and Provider details in columns AF-AR*	**Is Telehealth available?** *In-Person Coverage must be ≥85% for approval.* *Indicate below and attach supporting evidence such as attestation and/or P&P indicating telehealth.*	**Are There Providers Available Within the Time or Distance Standard?** *Indicate below and input applicable Good Faith Contracting Efforts details in columns V-AC and Provider details in columns AF-AR*	**Contracted with nearest available Provider** *Indicate below and input Provider details in columns AF-AR*	**Letter of Agreement (LOA) with Nearest Provider** *Indicate below and input applicable Good Faith Contracting Efforts details in columns X-AE and Provider details in columns AF-AR*
4	*N/A*	*No*	*No*	*No*	*No*	*N/A*	*Yes*	*No*	*No*
5									
6									
7									

SUMMARY KEY | COUNTY_NETWORK ADEQUACY SUMMARY | INSTRUCTIONS | PPG ACTION PLAN

PPG Action Plan: Contracting Efforts

Columns X-AE completed by PPG

- **Column X:** indicate if contracting efforts made with a provider that meets time or distance standard or nearest available provider
  - Must be within the last 12 months
- **Columns Y, AA, AC:** indicate the date of the attempt. Minimum of three attempts.
- **Columns Z, AB, AD:** indicate the type of attempt made. This is a drop-down option
- **Column AE:** indicate the targeted completion date of contracting efforts
  - Expected date should not exceed 6 months



X	Y	Z	AA	AB	AC	AD	AE
Good Faith Contracting Efforts with Providers Meeting the Time or Distance or Nearest Available Provider							
Have Good Faith Contracting Efforts Been Made with a Provider That Meets the Time or Distance Standard or Nearest Available Provider? *Input Provider details in columns AF-AR*	Attempt 1 - Date	Attempt 1 - Type	Attempt 2 - Date	Attempt 2 - Type	Attempt 3 - Date	Attempt 3 - Type	Target Completion Date *Expected date should not exceed 6 months*
Yes	*1/1/2025*	*Email*	*2/1/2025*	*In*			*5/1/2025*

WORK ADEQUACY SUMMARY | INSTRUCTIONS | PPG ACTION PLAN

PPG Action Plan: Provider Demographics

Columns AF-AR completed by PPG

- **Column AF through AR:** indicate provider information if prior response columns P, Q, R, S, U, V or W requires provider details.
  - Include provider effective date (if applicable), name, NPI, address, time and distance analysis of provider to specified deficiency, indicate if provider information was submitted to Plan for loading or date provider information will be submitted to Plan for loading

AF	AG	AH	AI	AJ	AK	AL	AM	AN	AO	AP	AQ	AR
Provider Demographics												Additional Information for Consideration
Provider Effective Date *(if applicable)*	**Provider First Name**	**Provider Last Name**	**Provider NPI**	**Provider Street Address**	**Provider City**	**Provider State**	**Provider Zip**	**Time -** (Minutes) from Zip Code	**Distance -** (Miles) from Zip Code	**Provider Submitted to Health Net for loading** *(if applicable)*	**Date Provider Roster will be submitted to Health Net for loading** *(if applicable)*	
4/1/2025	*Jill*	*Smith*	*123456789*	*123 Main Street*	*City*	*State*	*12345*	*20*	*9*	*No*	*4/15/2025*	

SUMMARY KEY | COUNTY_NETWORK ADEQUACY SUMMARY | INSTRUCTIONS | PPG ACTION PLAN

Detailed Geo Access Results

PPG will be provided excel attachment containing the Network Adequacy Analysis for PCP and Specialist

- **Column A-D:** Geo access summary contains the access details by County, City, Zip code, Provider Type/Population served of adult or pediatric
- **Column E:** Amount of population points within standard
- **Column F:** Percentage of population points within standard
- **Column G:** Amount of population points not within standard
- **Column H:** Percentage of population points not within standard
- **Column I:** Maximum distance (miles) from that Zip code from a provider
- **Column J:** Maximum time (minutes) from that Zip code from a provider

	A	B	C	D	E	F	G	H	I	J
1	County	City	Zip Code	Provider Type	Points with Access	Pct with Access	Points without	Pct without	Max Dist	Max Tim
105	San Joaquin, CA	Lodi	95240	Dermatology	125	90.6	13	9.4	32.5	65
144	San Joaquin, CA	Lodi	95240	Dermatology - PED	125	90.6	13	9.4	32.5	65
161	Sacramento, CA	Elk Grove	95624	Endocrinology	79	98.8	1	1.2	15.1	30.2
164	Sacramento, CA	Folsom	95630	Endocrinology	74	91.4	7	8.6	16.8	33.6
195	Stanislaus, CA	Modesto	95355	Endocrinology	24	88.9	3	11.1	30.9	61.8
200	Sacramento, CA	Elk Grove	95624	Endocrinology - PED	18	22.5	62	77.5	19.4	38.8
201	Sacramento, CA	Elk Grove	95758	Endocrinology - PED	3	8.8	31	91.2	19.9	39.8
203	Sacramento, CA	Folsom	95630	Endocrinology - PED	54	66.7	27	33.3	17.9	35.8
214	Sacramento, CA	Sacramento	95822	Endocrinology - PED	15	53.6	13	46.4	16.9	33.8
215	Sacramento, CA	Sacramento	95823	Endocrinology - PED	31	81.6	7	18.4	16.3	32.6
219	Sacramento, CA	Sacramento	95831	Endocrinology - PED	0	0	23	100	19.3	38.6
221	San Joaquin, CA	French Camp	95231	Endocrinology - PED	0	0	22	100	55.9	111.8
222	San Joaquin, CA	Lodi	95240	Endocrinology - PED	0	0	138	100	45.8	91.6
223	San Joaquin, CA	Lodi	95242	Endocrinology - PED	2	1.5	134	98.5	41.5	83
224	San Joaquin, CA	Manteca	95336	Endocrinology - PED	0	0	70	100	62.8	125.6
225	San Joaquin, CA	Manteca	95337	Endocrinology - PED	0	0	88	100	67.6	135.2
226	San Joaquin, CA	Stockton	95202	Endocrinology - PED	0	0	6	100	49	98
227	San Joaquin, CA	Stockton	95204	Endocrinology - PED	0	0	19	100	48	96
228	San Joaquin, CA	Stockton	95207	Endocrinology - PED	0	0	23	100	46.5	93
229	San Joaquin, CA	Stockton	95210	Endocrinology - PED	0	0	23	100	46	92
230	San Joaquin, CA	Stockton	95219	Endocrinology - PED	0	0	46	100	50.3	100.6
231	San Joaquin, CA	Tracy	95376	Endocrinology - PED	0	0	26	100	56.6	113.2
232	San Joaquin, CA	Tracy	95377	Endocrinology - PED	0	0	54	100	59.5	119
233	Stanislaus, CA	Modesto	95350	Endocrinology - PED	0	0	31	100	74.7	149.4
234	Stanislaus, CA	Modesto	95355	Endocrinology - PED	0	0	27	100	75.6	151.2
235	Stanislaus, CA	Modesto	95356	Endocrinology - PED	0	0	49	100	71.9	143.8
239	Sacramento, CA	Elk Grove	95624	ENT Otolaryngology	41	51.2	39	48.8	18.2	36.4
271	San Joaquin, CA	Tracy	95377	ENT Otolaryngology	53	98.1	1	1.9	30.1	60.2
272	Stanislaus, CA	Modesto	95350	ENT Otolaryngology	27	87.1	4	12.9	31	62
273	Stanislaus, CA	Modesto	95355	ENT Otolaryngology	9	33.3	18	66.7	32.7	65.4
278	Sacramento, CA	Elk Grove	95624	ENT Otolaryngology - PED	19	23.8	61	76.2	19.5	39
279	Sacramento, CA	Elk Grove	95758	ENT Otolaryngology - PED	33	97.1	1	2.9	15.4	30.8
310	San Joaquin, CA	Tracy	95377	ENT Otolaryngology - PED	53	98.1	1	1.9	30.1	60.2

EXPORT

Impact of Non-Compliance with Network Adequacy Standards

Non-Compliance Implications

Member Grievances:

Inadequate provision of network adequacy may increase member grievances.

Corrective Action Plans:

Failure to meet regulatory standard metrics will result in CAPs being issued by the Plan.

Potential Sanctions:

Regulators may impose CAPs, financial penalties or sanctions to PPGs or the Plan for continued failure to meet regulatory standards.

Performance Based Incentives:

Incentives are impacted as a result of PPGs not meeting the Plan's threshold for regulatory and performance standards.

Contracting:

The Health Plan may terminate the PPG's contracts due to repetitive non-compliance.

Non-Compliance with Network Adequacy Standards

PPGs are expected to demonstrate compliance with all the network adequacy standards

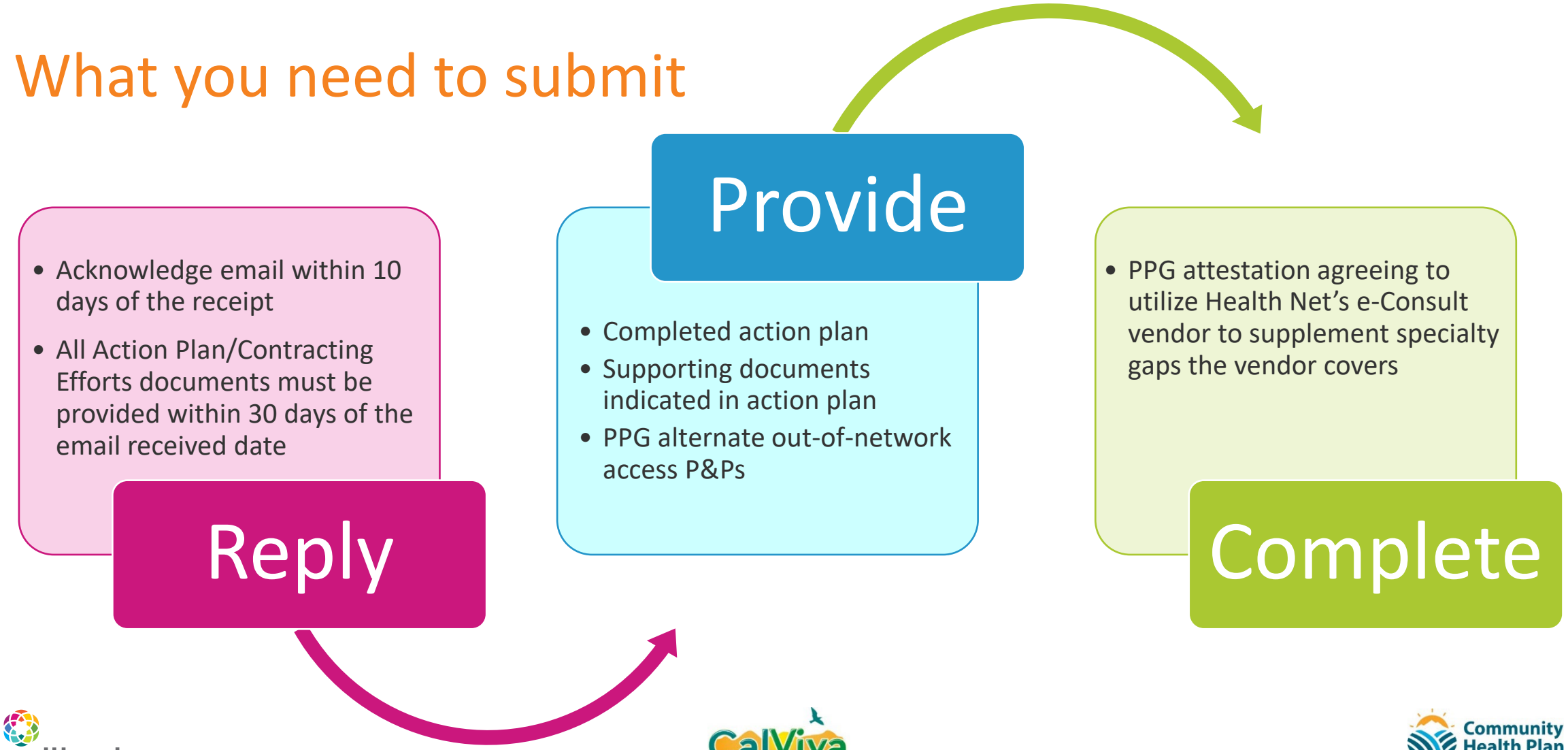
Health plans are required to submit their PPGs network's rate of compliance with all the network adequacy standards to the regulator annually

Based on the assessment results, if a PPG does not meet the network adequacy standards, the health plan will request for an **Action Plan** from the PPGs which includes:

- PPG Scorecard
- Network Adequacy Action Plan/Contracting Efforts
- Geo Access Results
- Resources

Action Plan/Contracting Efforts Requirements

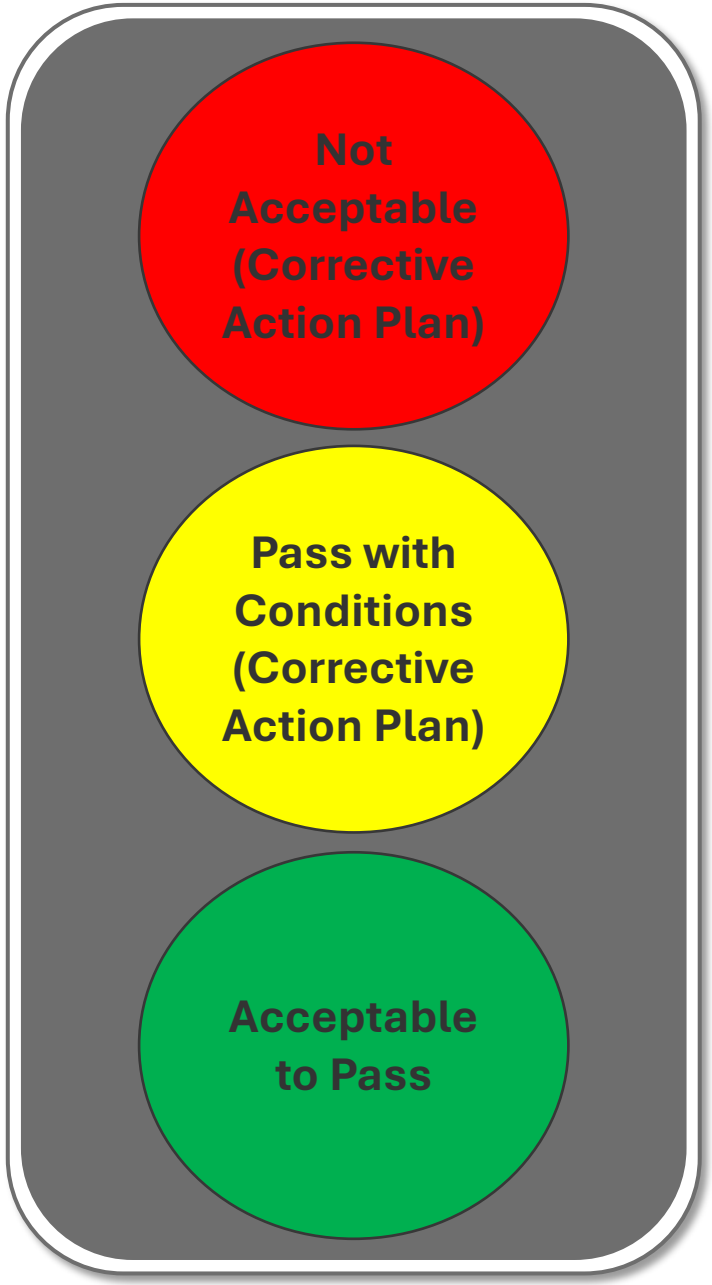
What you need to submit



Action Plan Decision Types

PNM Ops A&A reviews PPG action plan to assess whether the deficiency can be resolved.

The Health Plan assigns one of three decision types.



Action Plan Decision Review: Acceptable to Pass

DECISION	DECISION CRITERIA	PNM OPS A&A TEAM ACTION	PPG ACTION	OUTCOME
Acceptable to Pass	a. PPG Roster data showing all providers needed to reach 100% access are contracted and already submitted to Health Net for loading b. PPG Roster data showing all available providers within T/D standard that will improve access are contracted and already submitted to Health Net for loading	Notify PPG of Pass decision and close out.	N/A	N/A

Action Plan Decision Review: Pass with Conditions

DECISION	DECISION CRITERIA	PNM OPS A&A TEAM ACTION	PPG ACTION	OUTCOME
Pass with Conditions (Corrective Action Plan)	a. PPG shows proof of contracting efforts initiated with providers that would close the gap (efforts must have been within the last year) b. PPG provides proof of contracts with providers but has not submitted yet for loading in Health Net system c. PPG agrees to utilize Health Net's e-Consult vendor to supplement specialty gaps the vendor covers ❖ Telehealth can cover gaps for PCP and all specialists except for General Surgery, Orthopedic Surgery, and Physical Medicine & Rehab	CAP issued to PPG.	✓ Submit CAP details back to PNM Ops A&A team within 30 calendar days of receipt outlining PPG ensures members receive timely access to the required specialty care and their plan to address remaining deficiencies. ✓ Expected responses should include: • Details on targeted network development • P&Ps on approving Out of Network care when a specialist is not within standard and/or; • Submission of missing network provider data • Additionally, PPG must agree to use Health Net's e-consult vendor to help supplement specialty needs where available ✓ Provide monthly updates to PNM Ops A&A team by the 8th of each month ✓ CAP closure expected within 6 months of being issued	✓ PPGs who after 6 months have not taken actions sufficient to close the CAP will be referred by PNM Ops A&A team to the Plans Delegation Oversight Committee for consideration of additional sanctions, up to and including termination from the respective network. ✓ PPGs who after 6 months have taken actions sufficient will be marked Pass on SNC Scorecard and PPG notified of CAP close out.

Sample Return Scorecard: Pass with Conditions

Network Adequacy Summary tab

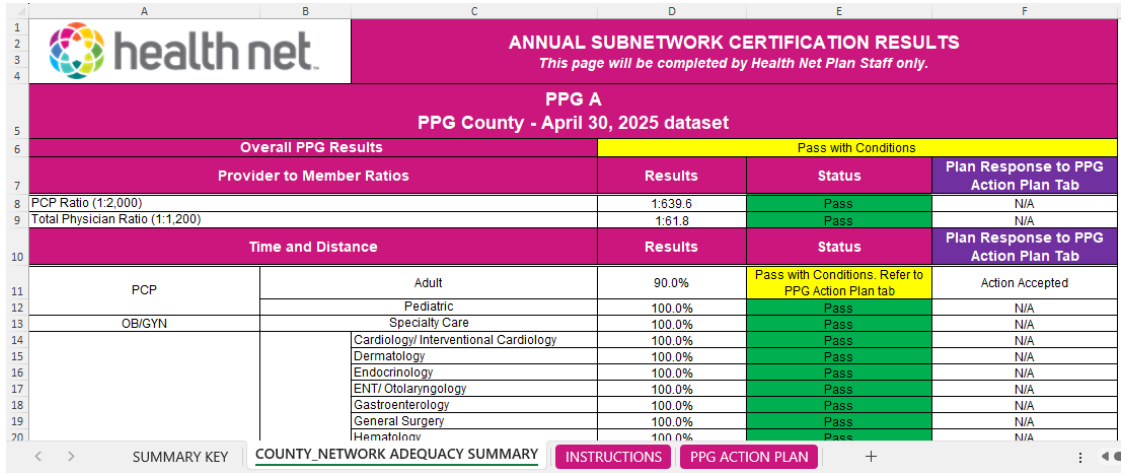
Upon review of PPG Action Item for each deficient component, Plan will revise the PPG scorecard status to reflect response back to PPG

- **Column E will be changed from Noncompliant to Pass with Conditions:** PPG action plan meets compliance standards but needs further steps to fully resolve the deficiency

- **Column F will be changed from N/A to Action Accepted:** Based on PPG response in "PPG Action Plan" tab, health plan accepted PPG response

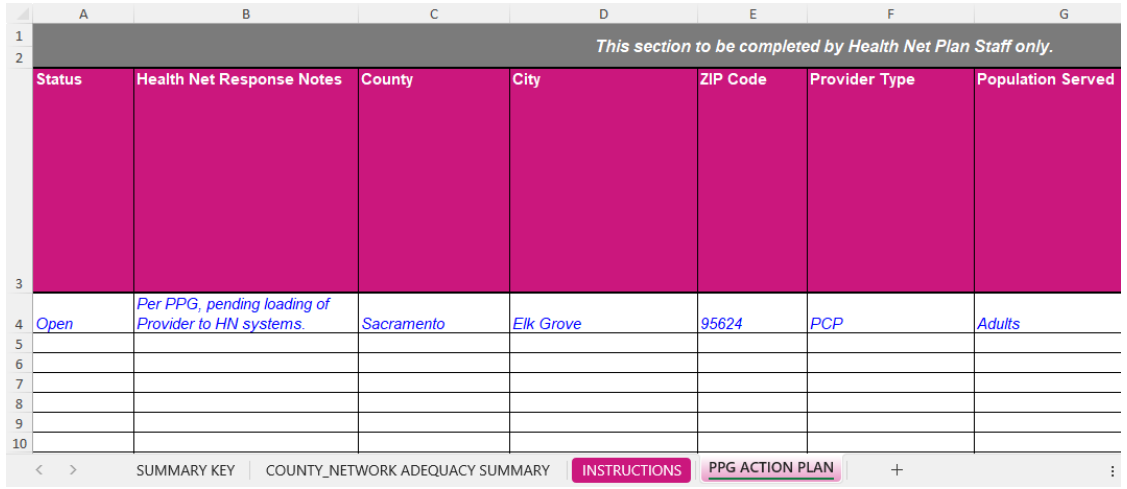
PPG Action Plan tab

- **Column A:** Status remains open until deficiency is fully resolved
- **Column B:** Includes Plan comment to open deficiency. For example to fully close this deficiency, PPG is pending roster to load PCP to Plans provider data system



health net	ANNUAL SUBNETWORK CERTIFICATION RESULTS *This page will be completed by Health Net Plan Staff only.*				
PPG A PPG County - April 30, 2025 dataset					
Overall PPG Results			Pass with Conditions		
Provider to Member Ratios			Results	Status	Plan Response to PPG Action Plan Tab
PCP Ratio (1:2,000)			1:639.6	Pass	N/A
Total Physician Ratio (1:1,200)			1:61.8	Pass	N/A
Time and Distance			Results	Status	Plan Response to PPG Action Plan Tab
PCP	Adult		90.0%	Pass with Conditions. Refer to PPG Action Plan tab	Action Accepted
	Pediatric		100.0%	Pass	N/A
OB/GYN	Specialty Care		100.0%	Pass	N/A
		Cardiology/ Interventional Cardiology	100.0%	Pass	N/A
		Dermatology	100.0%	Pass	N/A
		Endocrinology	100.0%	Pass	N/A
		ENT/ Otolaryngology	100.0%	Pass	N/A
		Gastroenterology	100.0%	Pass	N/A
		General Surgery	100.0%	Pass	N/A
		Hematology	100.0%	Pass	N/A

SUMMARY KEY | COUNTY_NETWORK ADEQUACY SUMMARY | INSTRUCTIONS | PPG ACTION PLAN



				This section to be completed by Health Net Plan Staff only.			
Status	Health Net Response Notes	County	City	ZIP Code	Provider Type	Population Served	
Open	*Per PPG, pending loading of Provider to HN systems.*	*Sacramento*	*Elk Grove*	*95624*	*PCP*	*Adults*	

SUMMARY KEY | COUNTY_NETWORK ADEQUACY SUMMARY | INSTRUCTIONS | PPG ACTION PLAN

Action Plan Decision Review: Not Acceptable

DECISION	DECISION CRITERIA	PNM OPS A&A TEAM ACTION	PPG ACTION	OUTCOME
Not Acceptable (Corrective Action Plan)	a. A specialty with zero PPG contracted provider in their roster, even if outside the time or distance standard b. PPG states no providers exist to close the gaps however Health Net confirmed there are ones available c. PPG states they have providers available but cannot officially add them to their roster d. PPG says they will work to extend contracts but provides no proof of doing so to Health Net e. PPG says they will submit roster updates but no proof of having done so	CAP issued to PPG.	✓ Submit CAP details back to PNM Ops A&A team within 30 calendar days of receipt outlining PPG ensures members receive timely access to the required specialty care and their plan to address remaining deficiencies. ✓ Expected responses should include: • Details on targeted network development • P&Ps on approving Out of Network care when a specialist is not within standard and/or; • Submission of missing network provider data • Additionally, PPG must agree to use Health Net's e-consult vendor to help supplement specialty needs where available ✓ Provide monthly updates to PNM Ops A&A team by the 8th of each month ✓ CAP closure expected within 6 months of being issued	✓ PPGs who after 6 months have not taken actions sufficient to close the CAP will be referred by PNM Ops A&A team to the Plans Delegation Oversight Committee for consideration of additional sanctions, up to and including termination from the respective network. ✓ PPGs who after 6 months have taken actions sufficient will be marked Pass on SNC Scorecard and PPG notified of CAP close out.

Sample Return Scorecard: Not Acceptable

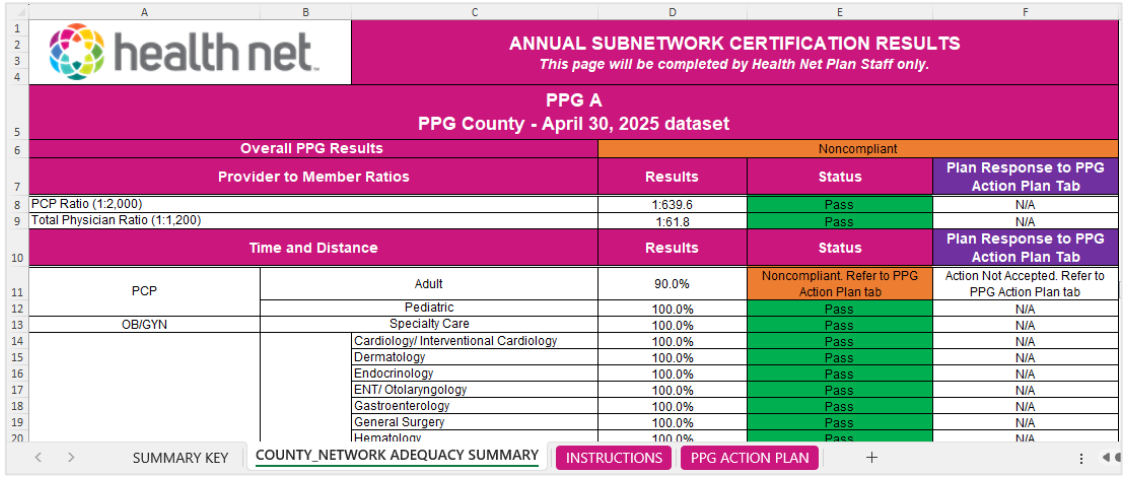
Network Adequacy Summary tab

Upon review of PPG Action Item for each deficient component, Plan will revise the PPG scorecard status to reflect response back to PPG

- **Column E will remain Noncompliant:** PPG action plan does not demonstrate compliance with standard. Additional PPG response required
- **Column F will be changed from N/A to Action Not Accepted:** Based on PPG response in “PPG Action Plan” tab, health plan did not accept PPG response

PPG Action Plan tab

- **Column A:** Status remains open until deficiency is fully resolved
- **Column B:** Includes Plan comment to open deficiency. For example to be complaint with deficiency, PPG must show good faith contracting efforts with a provider



health net

ANNUAL SUBNETWORK CERTIFICATION RESULTS

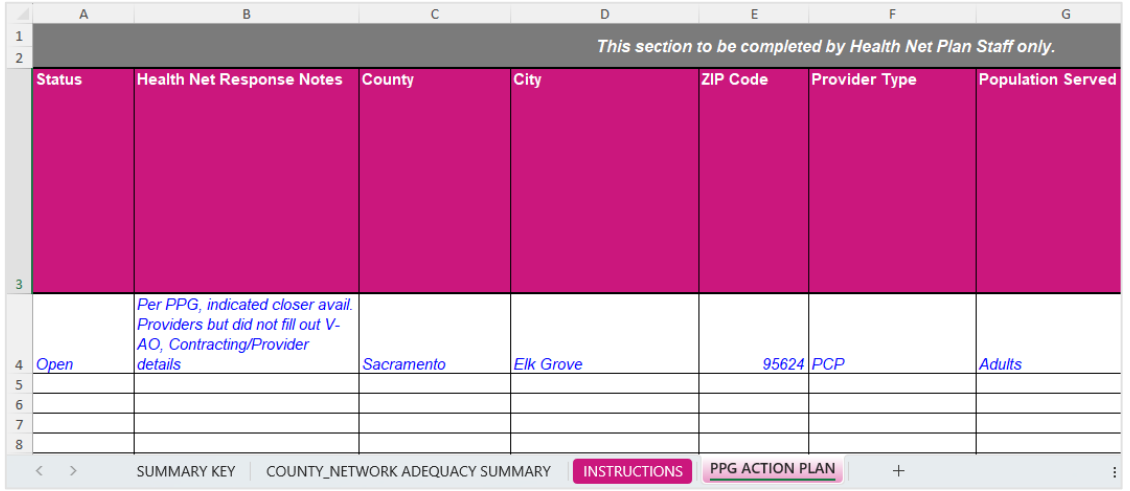
This page will be completed by Health Net Plan Staff only.

PPG A

PPG County - April 30, 2025 dataset

Overall PPG Results			Noncompliant		
Provider to Member Ratios			**Results**	**Status**	**Plan Response to PPG Action Plan Tab**
PCP Ratio (1:2,000)			1:639.6	Pass	N/A
Total Physician Ratio (1:1,200)			1:61.8	Pass	N/A
Time and Distance			**Results**	**Status**	**Plan Response to PPG Action Plan Tab**
PCP	Adult		90.0%	Noncompliant. Refer to PPG Action Plan tab	Action Not Accepted. Refer to PPG Action Plan tab
	Pediatric		100.0%	Pass	N/A
OB/GYN	Specialty Care		100.0%	Pass	N/A
		Cardiology/ Interventional Cardiology	100.0%	Pass	N/A
		Dermatology	100.0%	Pass	N/A
		Endocrinology	100.0%	Pass	N/A
		ENT/ Otolaryngology	100.0%	Pass	N/A
		Gastroenterology	100.0%	Pass	N/A
		General Surgery	100.0%	Pass	N/A
		Hematology	100.0%	Pass	N/A

SUMMARY KEY | COUNTY_NETWORK ADEQUACY SUMMARY | INSTRUCTIONS | PPG ACTION PLAN



This section to be completed by Health Net Plan Staff only.

Status	Health Net Response Notes	County	City	ZIP Code	Provider Type	Population Served
Open	*Per PPG, indicated closer avail. Providers but did not fill out V-AO, Contracting/Provider details*	*Sacramento*	*Elk Grove*	*95624*	*PCP*	*Adults*

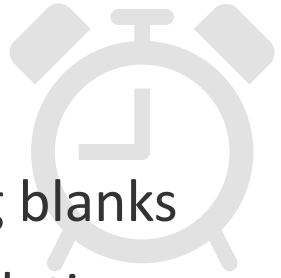
SUMMARY KEY | COUNTY_NETWORK ADEQUACY SUMMARY | INSTRUCTIONS | PPG ACTION PLAN

health net

CalViva HEALTH

Community Health Plan OF IMPERIAL VALLEY

Common Barriers to CAP Closure (and How to Avoid Them)



Quick Reminders for Successful Submission:

- ✓ Complete all required columns; if not applicable, enter N/A instead of leaving blanks
- ✓ Provide clear, specific dates where requested (submission dates, target completion dates)
- ✓ Use Column AR (Additional Information) to include any details not captured elsewhere
- ✓ Confirm whether rosters were submitted to the correct Health Net regional mailbox
- ✓ Ensure responses are complete and aligned across all fields before submission
- ✓ Send monthly progress updates on action plan contracting efforts

We appreciate the effort being made, and these small steps help avoid delays and support faster CAP closure.

Examples We Are Currently Seeing

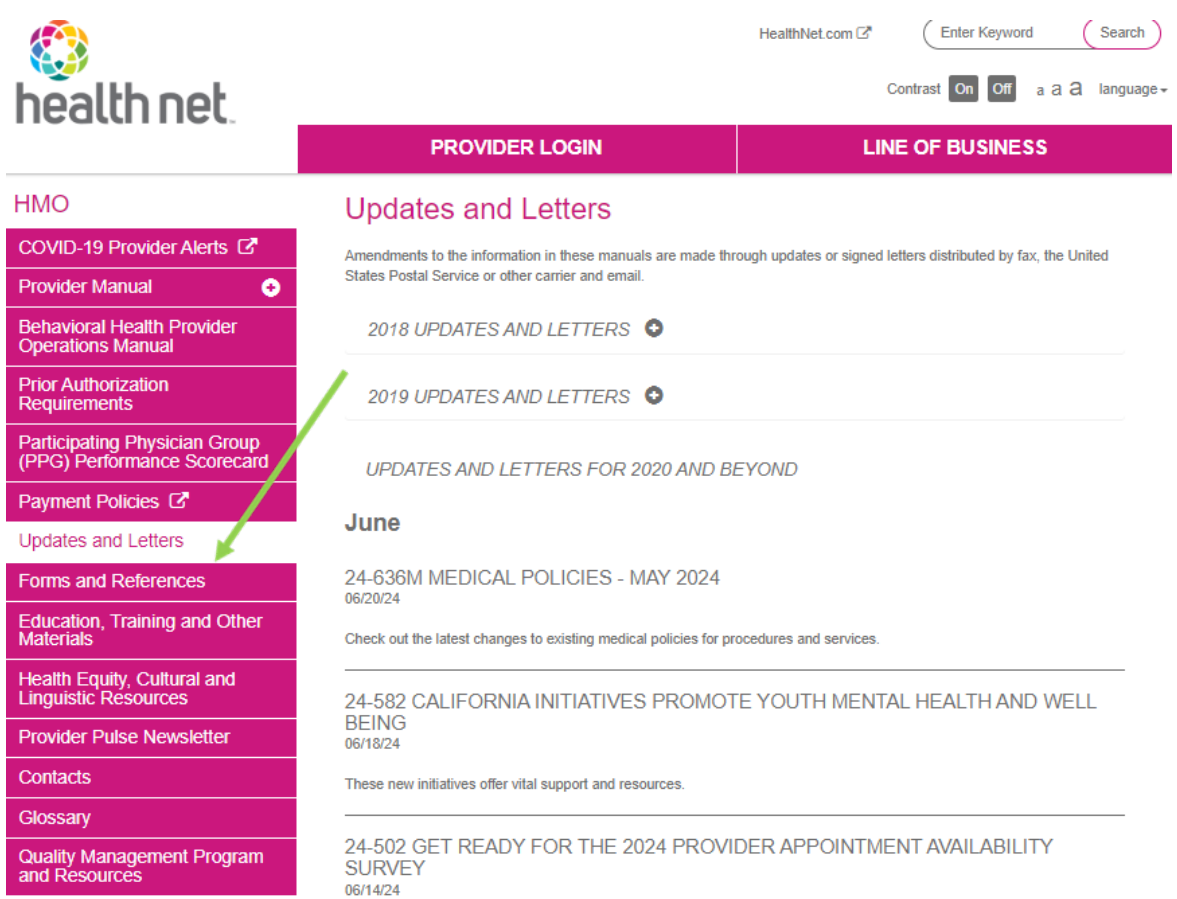
Submissions reflect key actions, such as provider identification and LOA referencing, demonstrating efforts toward compliance.

Common missing fields include incomplete AP/AQ sections, missing contracting fields, and absent target dates, which contribute to delays.

WHAT'S INDICATED	WHAT'S MISSING
Provider identified to meet adequacy, but:	Column AP (Provider Submitted) and/or Column AQ (Expected Submission Date) not completed
LOA indicated, but:	Columns X through AE not completed to show contracting status or barriers (for example rates or other constraints)
Good faith contracting efforts noted, but:	No target completion date in Column AE, or date exceeds the expected 6-month timeframe
Roster indicated as submitted, but:	Submission date in Column AP not provided
Telehealth eligible	Provider type gaps may be closed if PPG confirms telehealth availability in Column T for eligible specialties at 85% or above

Resources

Provider Communication



Provider Resource Links

Access regulatory adequacy standards from DHCS.

1. DHCS All Plan Letter (APL) 23-016, *Network Certification Requirements*, dated March 28, 2023 contains the network adequacy standards available at:
   - https://www.dhcs.ca.gov/forms-laws-publications/managed-care-all-plan-letters-1998-to-current/
2. Health Net Provider Update, *Follow Access to Care Standards to Ensure Patients Get Timely Care* dated June 12, 2026 contains the DHCS and DMHC network adequacy standards available at:
   - Health Net: https://providerlibrary.healthnetcalifornia.com/news/26-736m-follow-access-to-care-standards-to-ensure-patients-get-t.html
   - CalViva: https://providerlibrary.healthnetcalifornia.com/news/26-737m-follow-access-to-care-standards-to-ensure-patients-get-t.html
   - CHPIV: https://providerlibrary.healthnetcalifornia.com/news/26-738m-follow-access-to-care-standards-to-ensure-patients-get-t.html

Web links used to view available provider types in the Medi-Cal network. May assist to expand PPGs provider network.

3. DHCS Network Adequacy Population Points available at:
   - https://networks-gis.dhcs.ca.gov/datasets/21905da0a9eb4da0aa25a907069dc2c9_0/explore
4. DHCS list of Network Adequacy Taxonomy Codes available at:
   - https://networks-gis.dhcs.ca.gov/datasets/a3556bb927d14818a4f65607c3c84345_0/explore
5. California Health & Human Services (CHHS) provides and maintains the list of Enrolled Medi-Cal Fee for Service Providers available at:
   - https://data.chhs.ca.gov/dataset/profile-of-enrolled-medi-cal-fee-for-service-ffs-providers
6. California Health & Human Services (CHHS) provides and maintains the list of all Medi-Cal Managed Care Provider Listing available at:
   - https://data.chhs.ca.gov/dataset/medi-cal-managed-care-provider-listing

E-Consults

eConsults: Provide Access to Specialty Care

ConferMED's unique, supportive workflow substantially helps to reduce burden for busy primary care practices by:

- ❑ Providing access to CA licensed, specialty board certified specialists with NCQA level credentialing
- ❑ Customizing the referral process to native physician workflows and EMR systems
- ❑ Coordinating billing

Health Plan's supported:

- ➢ Health Net (HN)
- ➢ CalViva (CVH)
- ➢ Community Health Plan of Imperial Valley (CHPIV)

Line Of Business supported:

- ➢ MediCal (All Plans)
- ➢ Commercial (HN only)

Members do not directly interact with specialists. The **PCP** makes the referral, and the **Specialist** reviews the member's labs, images, and progress notes and responds directly to the member's PCP to provide recommendations.

What is an Electronic Consultation (eConsult)?

A provider to provider to dialogue -- sent through a secure message

1. PCP submits eConsult.

2. Specialist reviews eConsult, responds with treatment & management suggestions.

PCP

Specialist

3. PCP receives eConsult within 3 business days.

Asynchronous consultation that offer PCPs rapid access to California-licensed specialty care experts through secure, digital dialogues. PCPs use eConsults at their discretion for non-urgent, non-procedural specialty care referrals.

eConsults:

- Mitigates barriers to specialty care
- Optimizes care coordination
- Reduces health care spending related to duplicative testing & unnecessary visits

PROVEN OUTCOMES

INCREASE:

- Specialty access and network adequacy
- Patient satisfaction
- Increased referral resolution
- Quality and population health outcomes
- PCP satisfaction through the s of specialists

ConferMED Specialist Response Time

85%
Less than 24 Hours

96%
Less than 48 Hours

99%
Less than 72 Hours

REDUCE:

- Specialty care costs
- Unnecessary visits, procedures and ER use
- Unnecessary referrals and prior authorizations (75%-80% of ConferMED referrals avoid a F2F visit)
- Referral staff turnover

ConferMED
Connecting Primary Care to the Future

With eConsult, you get 250+ specialists covering 30+ adult and pediatric specialties.

- **Board Certified**: in specialty or subspecialty
- **NCQA**- level credentialing

Adult

- Allergy
- Cardiology
- Complex Primary Care
- Dermatology
- Endocrinology
- Ear, Nose and Throat (ENT)
- Gastroenterology
- General Surgery
- Geriatric Medicine
- Hematology
- Infectious Disease
- Medical Oncology
- Nephrology
- Neurology
- Neuropsych
- Neurological Surgery
- Nutrition
- Obesity Medicine
- Obstetrics/gynecology (OB/GYN)
- Orthopedics
- Pain Management
- Psychiatry
- Pulmonology
- Retinal Readings#
- Rheumatology
- Urology
- Vascular Surgery

Pediatrics

- Allergy
- Cardiology
- Dermatology
- Endocrinology
- ENT
- Gastroenterology
- Genomic Medicine*
- Urology
- Hematology
- Infectious Diseases
- Nephrology
- Neurology
- Neuropsychology
- Nutrition
- OB/GYN (Adolescents)
- Orthopedics
- Psychiatry
- Pulmonology
- Retinal Readings#
- Rheumatology*

● Specialist subject to change based on need, access and availability
* - Only available in the following Counties: Fresno, Tulare, Kings, Kern, Inyo, Madera, Merced, Stanislaus
# - Requires Specific Camera for Use with Consult

Contact Denise Miller, eConsult Program Manager at Denise.Miller3@healthnet.com to learn more

health net
CalViva HEALTH
Community Health Plan OF IMPERIAL VALLEY

eConsults: FAQs

- **Who uses it? Who bills for it? Who pays for eConsults?**
  - ✓ PCP
  - ✓ ConferMED
  - ✓ Health Net
- **Is a prior authorization required?**
  - ✓ No. A prior authorization is not required
- **How is data collected?**
  - ✓ ConferMED collects data on eConsult volume, timeliness and specialty referral areas
- **How do I get started?**
  - ✓ Contact Denise Miller at Denise.Miller3@healthnet.com to be connected to ConferMED

Q&A

It is our pleasure to support you!

An email with today's presentation will be sent to all attendees after this training.

For any Network Adequacy related questions please use the following email address: Subnetwork_Certification@healthnet.com