Attachment B: Annual Network Certification Checklist

Purpose:
Department of Health Care Services (DHCS) will review, validate and certify Medi-Cal managed care health plans (MCP) provider networks in each service area to ensure adequate access to appropriate service providers in accordance with Title 42, Code of Federal Regulations, Sections 438.207, 438.68 and 438.206 (c)(1). DHCS will certify each MCP’s provider network, using the MCP’s submitted information, and will subsequently provide the information to the federal Centers for Medicare & Medicaid Services (CMS) to demonstrate compliance.

Submission Overview:
MCPs must prepare and submit documents pertaining to the provider network in accordance with the exhibits outlined below:

- Submit documents for certification using the subject title “Annual Network Certification Exhibit [...].”
- Clearly distinguish the name of the MCP and the Service Area on all documents submitted.
- Submit certification documents to DHCS via Secure File Transfer (SFTP) using the MCP’s specific Provider Network File subfolder.
- **Timing:** Submissions shall be submitted to DHCS no later than 105 days before the start of the contract year.

MCP shall submit the Annual Network Certification with the following exhibits:

**Exhibit A- Annual Network Certification Reporting Template**
- Exhibit A-1 Provider Counts and Ratios
- Exhibit A-2 Mandatory Provider Types
- Exhibit A-3 Behavioral Health Treatment
- Exhibit A-4 Telehealth and Mail Order Pharmacy Providers

**Exhibit B- Geographic Access**
- Exhibit B-1: Service Area Overview Map
- Exhibit B-2: Service Area Overview Map with Enrollees
- Exhibit B-3: Primary Care Providers (PCPs)
- Exhibit B-4: Specialists
- Exhibit B-5: OB/GYNs
- Exhibit B-6: Hospitals
- Exhibit B-7: Mental Health Providers
- Exhibit B-8: Pharmacies

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1 Title 42, Code of Federal Regulations, Sections 438.207, 438.68 and 438.206(c)(1) can be found at: [https://www.ecfr.gov/cgi-bin/text-idx?SID=7edf2ff9bbcb77d617805bca451a96a&mc=true&node=pt42.4.438&rgn=div5](https://www.ecfr.gov/cgi-bin/text-idx?SID=7edf2ff9bbcb77d617805bca451a96a&mc=true&node=pt42.4.438&rgn=div5)
Exhibit A: Annual Network Certification Reporting Template
MCP shall complete the Annual Network Certification Reporting Template found in Attachment C. The template will be used to ensure the MCP has an appropriate provider network to meet federal and state requirements. DHCS will review submissions to determine compliance.

Exhibit A-1: Provider Counts and Ratios
☐ Complete Attachment C, Exhibit A-1 to reflect each provider network. Instructions are outlined in Attachment C.

Exhibit A-2: Mandatory Provider Types
☐ Complete Attachment C, Exhibit A-2 to reflect FQHC/RHC/FBC/IHF/Midwifery Service Providers in each provider network. Instructions are outlined in Attachment C.

Exhibit A-3: Behavioral Health Treatment (BHT) Provider Network
☐ Complete Attachment C, Exhibit A-3 to reflect each BHT provider network. Instructions are outlined in Attachment C.

Exhibit A-4: Telehealth Providers/Mail Order Pharmacy (if applicable)
☐ If the MCP is using telehealth or mail order pharmacy providers, the MCP shall complete Attachment C, Exhibit A-4. Instructions are outlined in Attachment C.
Exhibit B: Geographic Access
MCPs shall create Geographic Access maps, accessibility charts and access summaries and submit them as Exhibit B, which will be used to ensure that the MCP has met time or distance standards in each service area\(^2\) for each provider type.\(^3\) Time or distance standards vary, depending on provider type and county size; see Attachment A for county classifications, and see the instructions below for time or distance standards. MCPs shall submit separate documentation for each provider type and label them as Exhibits B-3 through B-8, as outlined below. DHCS will review submissions to determine compliance.

All Geographic Access Maps shall include:
- Name of the Exhibit (B-1 through B-8)
- Name of the MCP
- Name of the Service Area
- Service Area Border Line is Bolded
- Key
- Distance Standard (Miles)

- **Exhibit B-1:** Submit an overview map of the entire service area which delineates boundaries and zip codes. Note: If the MCP’s reporting unit includes counties with different population densities, the MCP shall provide geographic access maps and/or accessibility charts and access summaries separated by county instead of service area to delineate the different time or distance standards.

- **Exhibit B-2:** Submit an overview map of the entire service area, including the same information as Exhibit B-1, showing the location of all enrollees.

- **Exhibits B-3 through B-8:** For each provider type/subtype (e.g., adult and pediatric subtypes), submit geographic access maps or accessibility analyses that cover the entire service area.

**Distance Standards:**
Submit geographic access maps for each provider type/subtype, as outlined below, for the entire service area. MCPs shall indicate the location of each contracted provider and use the radius field function (e.g., the ability to show by use of color a certain mile radius around a provider) to demonstrate that distance standards are met.

**Time Standards:**
Submit an accessibility chart and access summary for each provider type/subtype, as outlined below, for the entire service area. The document shall outline zip codes that are not able meet the distance standards. The MCP report shall be submitted in PDF and Excel formats and shall address the following information:

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\(^2\) For the purpose of these instructions, the MCP’s service area is the MCP’s reporting unit. Reporting units are outlined in Attachment C.
\(^3\) For information about which providers to report for each provider type, please see Attachment C: Taxonomy Crosswalk.
# Attachment B: Annual Network Certification Checklist

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<thead>
<tr>
<th><strong>Accessibility Charts</strong></th>
<th><strong>Access Summaries</strong></th>
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<tr>
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<td>Name of the MCP</td>
<td>How did the Plan measure their radius?</td>
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<td>Access Standard (Minutes)</td>
<td>From the center of the zip code or service area?</td>
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<tr>
<td>Name of the Service Area</td>
<td>Center of most populated area of zip code or service area?</td>
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<tr>
<td>Name of the City</td>
<td>From Provider?</td>
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## Exhibit B-3: PCPs

Time or distance standards for PCPs (adult and pediatric) are 10 miles or 30 minutes from the beneficiary’s residence.

- Provide one map showing contracted adult PCPs. Provide another map showing contracted pediatric PCPs. If necessary, include contracted PCPs in neighboring service areas to meet distance standards.
  - OR
- Submit an accessibility chart and access summary to demonstrate that time standards are met.

<sup>4</sup> For the purpose of these instructions, travel time shall be calculated using peak traffic times.
Exhibit B-4: Core Specialists

Time or distance standards for Core Specialists are based on county population size as follows:

- Rural Counties: 60 miles or 90 minutes from the beneficiary’s residence
- Small Counties: 45 miles or 75 minutes from the beneficiary’s residence
- Medium Counties: 30 miles or 60 minutes from the beneficiary’s residence
- Dense Counties: 15 miles or 30 minutes from the beneficiary’s residence

☐ Provide maps showing all contracted adult and pediatric core specialists\(^5\) in the entire service area per specialty. If a provider serves both adults and children for a particular specialty, they can be included on both maps for that specialty. If necessary, include contracted core specialists in neighboring service areas to meet distance standards.

OR

☐ Submit an accessibility chart and access summary to demonstrate that time standards are met.

Exhibit B-5: OB/GYNs

OB/GYN time or distance standards are determined by beneficiary access to the OB/GYN provider as a primary care provider or as a specialist.

Time or distance standards for OB/GYN Primary Care are 10 miles or 30 minutes from beneficiary’s residence.

Time or distance standards for OB/GYN Specialty Care are based on county population size as follows:

- Rural Counties: 60 miles or 90 minutes from the beneficiary’s residence
- Small Counties: 45 miles or 75 minutes from the beneficiary’s residence
- Medium Counties: 30 miles or 60 minutes from the beneficiary’s residence
- Dense Counties: 15 miles or 30 minutes from the beneficiary’s residence

☐ Provide one map showing contracted Primary Care OB/GYNs. Provide another map showing contracted Specialty Care OB/GYNs. If necessary, include contracted OB/GYNs in neighboring service areas to meet distance standards.

OR

☐ Submit an accessibility chart and access summary to demonstrate that time standards are met.

Exhibit B-6: Hospitals

Time or distance standards for hospitals are 15 miles or 30 minutes from the beneficiary’s residence.

☐ Provide a map of all the contracted hospitals in the entire service area. If necessary, include contracted hospitals in neighboring service areas to meet distance standards.

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\(^5\) Core specialists are outlined in Attachment A.
Attachment B: Annual Network Certification Checklist

OR

☐ Submit an accessibility chart and access summary to demonstrate if the time standards are met.

Exhibit B-7: Mental Health Providers

Time or distance standards for Mental Health Providers are based on county population size as follows:

- Rural Counties: 60 miles or 90 minutes from the beneficiary’s residence
- Small Counties: 45 miles or 75 minutes from the beneficiary’s residence
- Medium Counties: 30 miles or 60 minutes from the beneficiary’s residence
- Dense Counties: 15 miles or 30 minutes from the beneficiary’s residence

☐ Provide a map of all the contracted mental health providers in the entire service area. The MCP is only required to include providers that are psychologists, licensed clinical social workers (LCSWs), and licensed marriage and family therapists (LMFTs). Note that psychiatrists are considered core specialists. If necessary, include contracted mental health providers in neighboring service areas to meet distance standards.

OR

☐ Submit an accessibility chart and access summary to demonstrate that time standards are met.

Exhibit B-8: Pharmacies

Time or distance standards for pharmacies are 10 miles or 30 minutes from the beneficiary’s residence.

☐ Provide a map of all the contracted pharmacies in the entire service area, including pharmacies located in hospital settings. If necessary, include contracted pharmacies in neighboring service areas to meet distance standards.

OR

☐ Submit an accessibility chart and access summary to demonstrate that time standards are met.

Alternative Access Standards

If neither time nor distance standards are met for any of the specific provider types outlined in Exhibits B-3 through B-8, the MCP shall submit an Alternative Access Standards Request. Instructions on how to file an Alternative Access Standards Request are outlined in Attachment F.

For questions concerning this checklist or the APL attachments, please contact your Managed Care Operations Division Contract Manager.