# *Volume 6 of 9*
# Medi-Cal Managed Care Physical Health External Quality Review Technical Report

*Contract Year 2023–24*

## *2024 Validation of Network Adequacy*

Quality and Population Health Management
California Department of Health Care Services

*April 2025*



HSAG HEALTH SERVICES ADVISORY GROUP

DHCS CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

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# Medi-Cal Managed Care Physical Health Plan Name Abbreviations

Health Services Advisory Group, Inc. (HSAG) uses the following abbreviated Medi-Cal Managed Care (MCMC) physical health plan names in this volume.

- **AAH**—Alameda Alliance for Health
- **Aetna**—Aetna Better Health of California
- **AHF**—AIDS Healthcare Foundation
- **Anthem Blue Cross**—Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan
- **Blue Shield Promise**—Blue Shield of California Promise Health Plan
- **CalOptima**—CalOptima
- **CalViva**—CalViva Health
- **CCAH**—Central California Alliance for Health
- **CCHP**—Contra Costa Health Plan
- **CenCal**—CenCal Health
- **CHG**—Community Health Group Partnership Plan
- **CHW**—California Health & Wellness Plan
- **GCHP**—Gold Coast Health Plan
- **Health Net**—Health Net Community Solutions, Inc.
- **HPSJ**—Health Plan of San Joaquin
- **HPSM**—Health Plan of San Mateo
- **IEHP**—Inland Empire Health Plan
- **Kaiser**—Kaiser Permanente
- **KHS**—Kern Health Systems, DBA Kern Family Health Care
- **L.A. Care**—L.A. Care Health Plan
- **Molina**—Molina Healthcare of California
- **Partnership**—Partnership HealthPlan of California
- **SCAN**—SCAN Health Plan
- **SCFHP**—Santa Clara Family Health Plan
- **SFHP**—San Francisco Health Plan

# Commonly Used Abbreviations and Acronyms

Following is a list of abbreviations and acronyms used throughout this report.

- **§**—section
- **AAS**—alternative access standards
- **ABS**—Automated Business System
- **AEVS**—Automated Eligibility Verification System
- **AGPA**—associate government program analyst
- **AMO**—Audits, Monitoring and Oversight
- **ANC**—annual network certification
- **API**—Application Programming Interface
- **APL**—All Plan Letter
- **APM**—Address-Per-Member
- **AVP**—assistant vice president
- **AWS**—Amazon Web Services
- **CAAS**—Containers as a Service
- **CAQH**—Council for Affordable Quality Healthcare
- **CA WIC—**California Welfare and Institutions Code
- **CFMG**—Children's First Medical Group
- **CFO**—chief financial officer
- **CFR**—Code of Federal Regulations
- **CHCA**—Certified Healthcare Effectiveness Data and Information Set (HEDIS®)[1] Compliance Auditor
- **CHCN**—Community Health Center Network
- **CHIP**—Children's Health Insurance Program
- **CHLA**—Children's Hospital Los Angeles
- **CIN**—Client Index Number
- **CIO**—chief information officer
- **CMO**—chief medical officer
- **CMS**—Centers for Medicare & Medicaid Services

[1] HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

- **COO**—chief operations officer
- **CPM**—Common Provider Master
- **CRTS**—Compliance Reporting Tracking System
- **CVO**—Credentials Verification Organization
- **DEI—**Diversity, Equity and Inclusion
- **DHCS**—California Department of Health Care Services
- **DIV**—directory information verification
- **DMHC**—California Department of Managed Health Care
- **DSAA**—Data Science & Advanced Analytics
- **DSS**—Decision Support System
- **EDI**—electronic data interchange
- **EDW—**enterprise data warehouse
- **EIM—**Enterprise Information Management
- **EQR**—external quality review
- **EQRO**—external quality review organization
- **ETL**—extract, transform, and load
- **FAME**—Fiscal Intermediary Access to Medi-Cal Eligibility
- **FEHB**—Federal Employee Health Benefit
- **FTE**—full-time equivalent
- **GIS**—geographic information system
- **GSA**—General Services Administration
- **HCP**—Health Care Plan
- **HHS**—U.S. Department of Health and Human Services
- **HICE**—Health Industry Collaboration Effort
- **HIMD**—Health Information Management Division
- **HIS**—HIS Oracle Production
- **HIV**—human immunodeficiency virus
- **HMA**—health management associates
- **HMO**—health maintenance organization
- **HSAG**—Health Services Advisory Group, Inc.
- **HPIPS**—Health Plan Information Processing Section
- **HPN**—Heritage Provider Network

- **HSC**—California Health and Safety Code
- **HSP**—Health Solutions Plus
- **IHA—**California Integrated Healthcare Association
- **IPA—**independent provider association
- **ISCA—**Information Systems Capabilities Assessment
- **ISCAT—**Information Systems Capabilities Assessment Tool
- **IT—**information technology
- **ITRM—**Information Technology Resource Management
- **ITS—**Information Technology Services
- **ITSM—**Information Technology Service Management
- **KFH/HP**—Kaiser Foundation Hospitals/Health Plan
- **LEIE—**List of Excluded Individuals and Entities
- **MCMC—**Medi-Cal Managed Care
- **MCNA**—Managed Care Network Adequacy
- **MCO**—managed care organization
- **MCP**—managed care health plan
- **MCQMD**—Managed Care Quality and Monitoring Division
- **MDC**—monthly data check
- **MDW**—Member Data Warehouse
- **MEDS**—Medi-Cal Eligibility Data System
- **MEG**—Molina Enrollment Gateway
- **MES**—Medicaid Enterprise System
- **MIS**—Management Information System
- **MPT**—mandatory provider type
- **MQSC**—Member Quality Service Committee
- **MSO**—Medical Staff Office
- **NAV**—network adequacy validation
- **NCOA**—National Change of Address
- **NCQA**—National Committee for Quality Assurance
- **NDDB**—Network Development Database
- **NET**—NCQA Network Management
- **NPI**—National Provider Identifier

- **NPPES**—National Plan and Provider Enumeration System
- **OIG**—Office of Inspector General
- **PAAS**—Provider Appointment Availability Survey
- **PACES**—Post-Adjudicated Claims and Encounters System
- **PAHP**—prepaid ambulatory health plan
- **PBOR**—Provider Book of Record
- **PCP**—primary care provider
- **PDM**—Provider Data Management
- **PDMS**—Provider Data Management System
- **PDR**—provider data repository
- **PDRD**—Program Data Reporting Division
- **PDU**—Provider Data Unit
- **PIHP**—prepaid inpatient health plan
- **PIMS**—Provider Information Management System
- **PIUF**—provider information update form
- **PMIS**—provider management information system
- **PNM**—Provider Network Management
- **PNOR**—Provider Network Operational Repository
- **PNR**—Provider Network Report
- **PPO**—preferred provider organization
- **PSP**—population-specific health plan
- **PSV**—primary source verification
- **QI**—quality improvement
- **QMRT**—Quarterly Monitoring Report Template
- **QOC**—Quality Oversight Committee
- **RAC**—Regulatory Affairs and Compliance
- **RBAC**—role-based access control
- **RPD**—Restricted Provider Database
- **SAM**—System for Award Management
- **SDC**—semiannual data check
- **SFTP**—secure file transfer protocol
- **SME**—subject matter expert

- **SNC**—Subcontract Network Certification
- **SOC**—Systems and Organization Controls
- **SPS**—Strategic Provider System
- **SSIS**—SQL Server Integration Services
- **SSMS**—SQL Server Management Studio
- **SSN**—Social Security number
- **SVP**—senior vice president
- **TFS**—Microsoft Team Foundation Server
- **TIN**—taxpayer identification number
- **UCSF**—University of California, San Francisco
- **UMQI**—Utilization Management/Quality Improvement
- **UMV**—unified member view
- **USPS**—United States Postal Service
- **WGS**—Wellpoint Group Systems
- **ZSFG—**Zuckerberg San Francisco General Hospital and Trauma Center

# Validation of Network Adequacy

## Validation Overview

The California Department of Health Care Services (DHCS) contracted with Health Services Advisory Group, Inc. (HSAG), as its external quality review organization (EQRO), to conduct network adequacy validation (NAV) for the Medi-Cal Managed Care (MCMC) physical health plans (i.e., managed care health plans [MCPs] and population-specific health plans [PSPs]). This report will sometimes collectively refer to these MCPs and PSPs as "plans." Title 42 of the Code of Federal Regulations (42 CFR) Section (§) 438.350(a) requires states that contract with managed care organizations (MCOs), prepaid inpatient health plans (PIHPs), and prepaid ambulatory health plans (PAHPs) to have a qualified EQRO perform an annual external quality review (EQR) that includes validation of network adequacy to ensure provider networks are sufficient to provide timely and accessible care to Medicaid and Children's Health Insurance Program (CHIP) beneficiaries across the continuum of services. HSAG conducted NAV, validating the systems and processes, data sources, methods, and results, according to the Centers for Medicare & Medicaid Services (CMS) EQR *Protocol 4. Validation of Network Adequacy: A Mandatory EQR-Related Activity,* February 2023 (CMS EQR Protocol 4).[2]

HSAG worked with DHCS to identify applicable quantitative network adequacy standards by provider and plan type to be validated. Information such as description of network adequacy data and documentation, information flow from plans to DHCS, prior year NAV reports, and additional supporting information relevant to network adequacy monitoring and validation were obtained from DHCS and incorporated into all phases of validation activities.

The purpose of NAV is to assess the accuracy of the state-defined network adequacy indicators reported by the plans and to evaluate the collection of provider data, reliability and validity of network adequacy data, methods used to assess network adequacy, systems and processes used, and determine the overall validation rating, which refers to the overall confidence that acceptable methodology was used for all phases of design, data collection, analysis, and interpretation of the network adequacy indicators, as established by the state. If states elect to calculate network adequacy results for each plan, the EQRO will validate the indicator level results produced by the state, as if they were calculated by the plan and validate the plan systems and processes, as well as source data provided to the state, to inform network adequacy analysis activities.

[2] Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Protocol 4. Validation of Network Adequacy: A Mandatory EQR-Related Activity*, February 2023. Available at: https://www.medicaid.gov/medicaid/quality-of-care/downloads/2023-eqr-protocols.pdf. Accessed on: Nov 18, 2024.

As the EQRO for DHCS, HSAG was responsible for conducting the contract year 2023–24 validation of network adequacy indicators, confirming DHCS and each plan's ability to collect reliable and valid network adequacy monitoring data, use sound methods to assess the adequacy of its managed care networks, and produce accurate results to support DHCS' and the plans' network adequacy monitoring efforts.

HSAG completed the following CMS EQR Protocol 4 activities to conduct the NAV:

- **Defined the scope of the validation of quantitative network adequacy standards:** HSAG obtained information from DHCS (i.e., network adequacy standards, descriptions, and samples of documentation the plans submit to DHCS, a description of the network adequacy information flow, and any prior NAV reports), then worked with DHCS to identify and define network adequacy indicators and provider types, and to establish the NAV activities and timeline.
- **Identified data sources for validation:** HSAG worked with DHCS and the plans to identify NAV-related data sources and to answer clarifying questions regarding the data sources.
- **Reviewed information systems underlying network adequacy monitoring:** HSAG reviewed any previously completed plan Information Systems Capabilities Assessments (ISCAs), then assessed processes for collecting network adequacy data that were not addressed in the ISCA, completed a comprehensive NAV ISCA by collecting an updated Information Systems Capabilities Assessment Tool (ISCAT) from DHCS and each plan, and interviewed DHCS and plan staff members or other personnel involved in production of network adequacy results.
- **Validated network adequacy assessment data, methods, and results:** HSAG used the CMS EQR Protocol 4 Worksheet 4.6 to document each plan's ability to collect reliable and valid network adequacy monitoring data, use sound methods to assess the adequacy of its networks, and produce accurate results that support DHCS' and the plans' network adequacy monitoring efforts. When evaluating DHCS and the plans for this validation step, HSAG assessed data reliability, accuracy, timeliness, and completeness; DHCS' and the plans' methods to assess network adequacy; and the validity of the network adequacy results that DHCS and the plans submitted. HSAG summarized its NAV findings, which are documented in the individual plan-specific sections of this report.
- **Communicated preliminary findings to each plan:** HSAG communicated preliminary NAV findings to DHCS and each plan that included findings, preliminary validation ratings, areas of potential concern, and recommendations for improvement. DHCS and each plan were provided the opportunity to correct any preliminary report omissions and/or errors.
- **Submitted the NAV findings to DHCS in the form of the NAV aggregate report:** HSAG used the state-approved NAV aggregate report template to document the NAV findings and submitted the draft and final NAV aggregate report according to the state-approved timeline.

Table 1 displays the plan names and State entity (i.e., DHCS) within the scope of review, review date, primary contact, and HSAG lead auditor.

### Table 1—List of Plans and State Entity in Scope of Review

*Aetna did not undergo a virtual review or system demonstration since the plan was no longer fully operational in June 2024, prior to the virtual review period.

| Plan Name/State Entity | Date | Primary Contact Name and Title | HSAG Lead Auditor |
|---|---|---|---|
| Aetna | N/A* | Laverne Brizendine | Rachael French |
| AAH | Session One: July 15, 2024 Session Two: July 17, 2024 | Katherine Goodwin, Supervisor of Health Plan Audits | Arpi Dharia |
| AHF | July 11, 2024 | Jaymi Wiley, National Director of Contracting and Provider Relations | Tamika McLaurin |
| Anthem Blue Cross | July 23, 2024 | Beth Maldonado, Director II, Compliance | Anne Gulley |
| Blue Shield Promise | July 25, 2024 | Selin Ari, Compliance Analyst | Marian Seege |
| CalOptima | July 25, 2024 | Helen Syn, Manager Quality Analytics | Arpi Dharia |
| CalViva | June 18, 2024 | Steven Si, Compliance Manager | Arpi Dharia |
| CCAH | June 7, 2024 | Jessie Dybdahl, Provider Services Director | Arpi Dharia |
| CCHP | June 20, 2024 | Chanda Gonzales, Deputy Executive Director/Compliance Officer | Tamika McLaurin |
| CenCal | June 25, 2024 | Kimberly Wallem, AMO Manager | Arpi Dharia |
| CHG | July 16, 2024 | Elizabeth Martinez, Compliance and Ethics Officer | Kerry Wycuff |
| CHW | June 12, 2024 | Maria Rodriguez, Senior Compliance Analyst | AnnAlisa Cook |

| Plan Name/State Entity | Date | Primary Contact Name and Title | HSAG Lead Auditor |
|---|---|---|---|
| GCHP | Session One: June 4,2024 Session Two: June 5, 2024 | Jeffrey Yargas, Sr. Director of Compliance | Tamika McLaurin |
| Health Net | July 18, 2024 | Maria Rodriguez, Senior Compliance Analyst | AnnAlisa Cook |
| HPSJ | July 24, 2024 | Tracy Tran, Compliance Analyst Audit & Oversight | AnnAlisa Cook |
| HPSM | July 17, 2024 | Christine Lopez, Compliance Specialist ll | Patricia Bey |
| IEHP | June 25, 2024 | Jason Lee, Manager—Healthcare informatics | Patricia Bey |
| Kaiser | July 23, 2024 | Vanessa McDonald, Compliance Consultant lll, Medicaid Compliance Health Plan | Patricia Bey |
| KHS | June 12,2024 | Deborah Murr, Chief Compliance and Fraud Prevention Officer | Patricia Bey |
| L.A. Care | July 15, 2024 | Candis Young, Compliance Advisor II | Gina DeBlois |
| Molina | July 23, 2024 | Diana Sekhon, AVP Government Contracts | Marian Seege |
| Partnership | July 18, 2024 | Kenzie Hanusiak, Senior Manager Regulatory Affairs & Compliance | Cynthia Anderson |
| SCAN | July 19, 2024 | Jill McGougan, Director Medi-Cal Compliance | Rachael French |
| SCFHP | July 10, 2024 | Daniel Quan, Compliance Officer | Patricia Bey |
| SFHP | July 8, 2024 | John Bhambra, Director-Regulatory Affairs | Patricia Bey |
| DHCS | August 6, 2024 | Allison Tans, Unit Manager | Rachael French |

# Network Adequacy Standards and Indicators Validated

States that contract with MCOs to provide Medicaid or CHIP services are required to develop quantitative network adequacy standards across a subset of provider types to set expectations for each contracted MCO provider networks. States may elect to use a variety of quantitative standards including, but not limited to, minimum provider-to-member ratios, time or distance, percentage of providers accepting new patients, and/or combinations of these quantitative measures. Based on the state-defined network adequacy standards, DHCS and the EQRO defined the network adequacy indicators, which the EQRO then validated. The indicators are metrics used to assess adherence to the quantitative network adequacy standards required and set forth by DHCS. DHCS identified network adequacy indicators to be validated for the reporting period of calendar year 2023. Table 2 through Table 4 list the network adequacy standards and the indicators HSAG validated.

### Table 2—Provider Ratios

| Provider Type | Provider Ratio |
|---|---|
| Primary Care (Adult and Pediatric) | 1:2,000 |
| Physicians (Adult and Pediatric) | 1:1,200 |

### Table 3—Mandatory Provider Types

* DHCS conducts the Cancer Center Mandatory Provider Type (MPT) validation as part of the annual network certification (ANC) to assure compliance with California Welfare and Institutions Code (CA WIC) §14197.45 requirements. The Cancer Center MPT requirement is a state-only requirement, and information regarding the Cancer Center MPT is not submitted to CMS as part of the Network Adequacy and Access Assurances Reporting requirements. Cancer Center MPT will be removed from the scope of future NAV activities.

| Provider Type | Count of Provider Type |
|---|---|
| Federally Qualified Health Centers | 1 per county (all existing providers for Local Initiative plans) |
| Rural Health Clinics | 1 per county (all existing providers for Local Initiative plans) |
| Freestanding Birth Centers | 1 per county |
| Certified Nurse Midwives | 1 per county |
| Licensed Midwives | 1 per county |
| Indian Health Care Providers | All existing providers |
| Cancer Centers* | All existing providers |

### Table 4—Time or Distance Standards

| Provider Type | Time or Distance Standard | | | |
|---|---|---|---|---|
| | **Rural County** | **Small County** | **Medium County** | **Dense County** |
| Primary Care (Adult and Pediatric) | 10 miles or 30 minutes from any member or anticipated member's residence | 10 miles or 30 minutes from any member or anticipated member's residence | 10 miles or 30 minutes from any member or anticipated member's residence | 10 miles or 30 minutes from any member or anticipated member's residence |
| Specialty Care (Adult and Pediatric) | 60 miles or 90 minutes from any member or anticipated member's residence | 45 miles or 75 minutes from any member's or anticipated member's residence | 30 miles or 60 minutes from any member or anticipated member's residence | 15 miles or 30 minutes from any member or anticipated member's residence |
| Obstetrics/ Gynecology Primary Care | 10 miles or 30 minutes from any member or anticipated member's residence | 10 miles or 30 minutes from any member or anticipated member's residence | 10 miles or 30 minutes from any member or anticipated member's residence | 10 miles or 30 minutes from any member or anticipated member's residence |
| Obstetrics/ Gynecology Specialty Care | 60 miles or 90 minutes from any member or anticipated member's residence | 45 miles or 75 minutes from any member or anticipated member's residence | 30 miles or 60 minutes from any member or anticipated member's residence | 15 miles or 30 minutes from any member or anticipated member's residence |
| Hospitals | 15 miles or 30 minutes from any member or anticipated member's residence | 15 miles or 30 minutes from any member or anticipated member's residence | 15 miles or 30 minutes from any member or anticipated member's residence | 15 miles or 30 minutes from any member or anticipated member's residence |
| Non-Specialty Mental Health Provider (Adult and Pediatric) | 60 miles or 90 minutes from any member or anticipated member's residence | 45 miles or 75 minutes from any member or anticipated member's residence | 30 miles or 60 minutes from any member or anticipated member's residence | 15 miles or 30 minutes from any member or anticipated member's residence |

# Description of Validation Activities

## Pre-Validation Strategy

Validation of network adequacy consists of activities that fall into three phases of activities: (1) planning, (2) analysis, and (3) reporting, as outlined in the CMS EQR Protocol 4. To complete validation activities for DHCS and plans, HSAG obtained all state-defined network adequacy standards and indicators.

HSAG prepared a document request packet that was submitted to DHCS and each plan outlining the activities conducted during the validation process. The document request packet included a request for documentation to support HSAG's ability to assess DHCS and the plans' information systems and processes, network adequacy indicator methodology, and accuracy in network adequacy reporting at the indicator level. Documents requested included an ISCAT, a timetable for completion, and instructions for submission. HSAG worked with DHCS and the plans to identify all data sources informing calculation and reporting at the network adequacy indicator level. Data and documentation from DHCS and the plans were obtained through a single documentation request packet provided to DHCS and each plan.

HSAG hosted webinars to provide technical assistance to DHCS and the plans to develop a greater understanding of all activities associated with NAV, standards/indicators in the scope of validation, helpful tips on how to complete the ISCAT, and a detailed review of expected deliverables with associated timelines.

Validation activities were conducted via interactive virtual review and are referred to as a "virtual review," as the activities are the same in a virtual format as in an on-site format.

## Validation Team

The HSAG validation team was composed of the lead auditor(s) and validation team members. HSAG assembled the team based on the skills required for NAV and requirements established by DHCS. Team members, including the lead auditor(s), participated in the virtual review meetings; other validation team members participated in the desk review of submitted documentation only. A full list of validation team members, their roles, and their skills and expertise are provided in Appendix A.

# Technical Methods of Data Collection and Analysis

The CMS EQR Protocol 4 identifies key activities and data sources needed for NAV. The following list describes the types of data collected and how HSAG conducted an analysis of these data:

- **Information systems underlying network adequacy monitoring:** HSAG conducted an ISCA using DHCS' and each plan's completed ISCAT and relevant supplemental documentation to understand the processes for maintaining and updating provider data, including how DHCS and the plan tracks providers over time, across multiple office locations, and through changes in participation in the plan's network. The ISCAT was used to assess the ability of DHCS' and the plan's information systems to collect and report accurate data related to each network adequacy indicator. To do so, HSAG sought to understand DHCS' and the plan's information technology (IT) system architecture, file structure, information flow, data processing procedures, and completeness and accuracy of data related to current provider networks. HSAG thoroughly reviewed all documentation, noting any potential issues, concerns, and items that needed additional clarification.
- **Validate network adequacy logic for calculation of network adequacy indicators:** HSAG required DHCS and each plan that calculated the state-defined network adequacy indicators to submit documented code, logic, or manual workflows for each indicator in the scope of the validation. HSAG completed a line-by-line review of the logic provided to ensure compliance with the state-defined indicator specifications. HSAG identified whether the required variables were in alignment with the state-defined indicators used to produce DHCS' and the plan's indicator calculations. HSAG required DHCS and each plan that did not use computer programming language to calculate the performance indicators to submit documentation describing the steps DHCS and the plan took for indicator calculation.
- **Validate network adequacy data and methods:** HSAG assessed data and documentation from DHCS and plans that included, but was not limited to, network data files or directories, provider specialty mapping, data systems and processes workflows, and/or provider and member handbooks. HSAG assessed all data files used for network adequacy calculation at the indicator level for validity and completeness.
- **Validate network adequacy results:** HSAG assessed DHCS' and the plans' ability to collect reliable and valid network adequacy monitoring data, use sound methods to assess the adequacy of its managed care networks, and produce accurate results to support DHCS' and the plans' network adequacy monitoring results. HSAG validated network adequacy reporting against state-defined indicators and against the most recent network adequacy reports to assess trending patterns and reasonability of reported indicator-level results, if available. HSAG assessed whether the results were valid, accurate, and reliable, and if the plan's interpretation of the data was accurate.
- **Supporting documentation:** HSAG requested documentation that would provide auditors with additional information to complete the validation process, including policies and procedures, file layouts, data dictionaries, system flow diagrams, system log files, and data collection process descriptions. HSAG reviewed all supporting documentation, identifying issues or areas needing clarification for further follow-up.

## Virtual Review Validation Activities

HSAG conducted a virtual review with DHCS and the plans. HSAG collected information using several methods, including interviews, system demonstrations, review of source data output files, primary source verification (PSV), observation of data processing, and review of final network adequacy indicator-level reports. The virtual review activities performed for each plan are described below:

- Opening meeting
- Review of ISCAT and supporting documentation
- Evaluation of underlying systems and processes
- Overview of data collection, integration, methods, and control procedures
- Network adequacy source data PSV and results
- Closing conference

HSAG conducted interviews with key DHCS and plan staff members who were involved with the calculation and reporting of network adequacy indicators. Appendix A lists the DHCS and plan interviewees.

**Opening meeting:** The opening meeting included an introduction of the validation team and key DHCS and plan staff members involved in the NAV activities, the review purpose, the required documentation, basic meeting logistics, and organization overview.

**Review of the ISCAT and supporting documentation:** This session was designed to be interactive with key DHCS and plan staff members so that the validation team could obtain a complete picture of all steps taken to generate responses to the ISCAT and understand systems and processes for maintaining and updating provider data and assessing DHCS' and the plan's information systems required for NAV. HSAG conducted interviews to confirm findings from the documentation review, expanded or clarified outstanding issues, and verified source data and processes used to inform data reliability and validity of network adequacy reporting.

**Evaluation of underlying systems and processes:** HSAG evaluated DHCS' and the plan's information systems, focusing on DHCS' and the plan's processes for maintaining and updating provider data; integrity of the systems used to collect, store, and process data; DHCS and plan oversight of external information systems, processes, and data; and knowledge of the staff members involved in collecting, storing, and analyzing data. Throughout the evaluation, HSAG conducted interviews with key DHCS and plan staff members familiar with the processing, monitoring, reporting, and calculation of network adequacy indicators. Key staff members included executive leadership, enrollment specialists, provider relations, business analysts, data analytics staff, claims processors, and other front-line staff members familiar with network adequacy monitoring and reporting activities.

**Overview of data collection, integration, methods, and control procedures:** The overview included discussion and observation of methods and logic used to calculate each network adequacy indicator. HSAG evaluated the integration and validation process across all source data

and how the analytics files were produced to inform network adequacy monitoring and calculation at the indicator level. HSAG also addressed control and security procedures during this session.

**Network adequacy source data PSV and results:** HSAG performed additional validation using PSV to further validate the accuracy and integrity of the source data files used to inform network adequacy monitoring and reporting at the indicator level. PSV is a review technique used to confirm that the information from the primary source information systems matches the analytic output files used for reporting. Using this technique, HSAG assessed the methods, logic, and processes used to confirm accuracy of the data and detect errors. HSAG selected key data elements within each source data output file to confirm that the primary source system maintained by DHCS and the plan or obtained through external entities matched. For example, the PSV review may detect programming logic errors resulting in further root cause analysis and corrections. HSAG reviewed indicator-level results and assessed alignment with state-defined requirements.

**Closing conference:** The closing conference included a summation of preliminary findings based on the review of the underlying systems and processes, data collection, integration, and methods used. In addition, findings from the virtual review and documentation requirements for any post-virtual review activities were shared with DHCS and the plans.

# Network Adequacy Indicator Validation Rating Determinations

HSAG evaluated DHCS' and the plans' ability to collect reliable and valid network adequacy monitoring data, use sound methods to assess the adequacy of its managed care networks, and produce accurate results to support DHCS' and the plans' network adequacy monitoring efforts.

HSAG used the CMS EQR Protocol 4 indicator-specific worksheets to generate a validation rating that reflects HSAG's overall confidence that DHCS and the plans used an acceptable methodology for all phases of design, data collection, analysis, and interpretation of the network adequacy indicators. HSAG calculated each network adequacy indicator's validation score by identifying the number of *Met* and *Not Met* elements recorded in HSAG's CMS EQR Protocol 4 Worksheet 4.6, noted in Table 5.

### Table 5—Validation Score Calculation

| Worksheet 4.6 Summary |
|---|
| A. Total number of *Met* elements |
| B. Total number of *Not Met* elements |
| Validation Score = A / (A + B) x 100% |
| Number of *Not Met* elements determined to have significant bias on the results |

Based on the results of the ISCA combined with the detailed validation of each indicator, HSAG assessed whether the network adequacy indicator results were valid, accurate, and reliable, and if DHCS' and the plan's interpretation of data was accurate. HSAG determined validation ratings for each reported network adequacy indicator. The overall validation rating refers to HSAG's overall confidence that acceptable methodology was used for all phases of data collection, analysis, and interpretation of the network adequacy indicators. The CMS EQR Protocol 4 defines validation rating designations at the indicator level, which are defined in Table 6, and assigned by HSAG once HSAG has calculated the validation score for each indicator.

### Table 6—Indicator-Level Validation Rating Categories

| Validation Score | Validation Rating |
|---|---|
| 90.0% or greater | *High Confidence* |
| 50.0% to 89.9% | *Moderate Confidence* |
| 10.0% to 49.9% | *Low Confidence* |
| Less than 10% and/or any *Not Met* element has significant bias on the results | *No Confidence* |

Table 7 and Table 8 present example validation rating determinations. Table 7 presents an example of a validation rating determination that is based solely on the validation score, as there were no *Not Met* elements that were determined to have significant bias on the results, whereas Table 8, presents an example of a validation rating determination that includes a *Not Met* element that had significant bias on the results.

### Table 7—Example Validation Rating Determination

| Worksheet 4.6 Summary | Worksheet 4.6 Result | Validation Rating Determination |
|---|---|---|
| A. Total number of *Met* elements | 16 | *Moderate Confidence* |
| B. Total number of *Not Met* elements | 3 | |
| Validation Score = A / (A + B) x 100% | 84.2% | |
| Number of *Not Met* elements determined to have significant bias on the results | 0 | |

### Table 8—Example Validation Rating Determination

| Worksheet 4.6 Summary | Worksheet 4.6 Result | Validation Rating Determination |
|---|---|---|
| A. Total number of *Met* elements | 15 | *No Confidence* |
| B. Total number of *Not Met* elements | 4 | |
| Validation Score = A / (A + B) x 100% | 78.9% | |
| Number of *Not Met* elements determined to have significant bias on the results | 1 | |

Significant bias was determined based on the magnitude of errors detected and not solely based on the number of elements *Met* or *Not Met*. HSAG determined that a *Not Met* element had significant bias on the results by:

- Requesting that DHCS and the plan provide a root cause analysis of the finding.
- Working with DHCS and the plan to quantify the estimated impact of an error, omission, or other finding on the indicator calculation.
- Reviewing the root cause, proposed corrective action, timeline for corrections, and estimated impact, within HSAG's NAV Oversight Review Committee, to determine the degree of bias.
- Finalizing a bias determination within HSAG's NAV Oversight Review Committee based on the following threshold:
  - The impact biased the reported network adequacy indicator result by more than 5 percentage points, the impact resulted in a change in network adequacy compliance (i.e., the indicator result changed from compliant to noncompliant or changed from noncompliant to compliant), or the impact was unable to be quantified and therefore was determined to have the potential for significant bias.

# Validation Results

## *Aetna Better Health of California*

### ISCA Findings and Data Validity

HSAG completed an ISCA for Aetna and presents the ISCA findings and assessment of any concerns related to data sources used in the NAV.

#### *Information Systems Data Processing Procedures and Personnel*

HSAG evaluated the information systems data processing procedures that Aetna had in place to support network adequacy indicator reporting, which included the following findings:

- Aetna used QNXT as the database management system to collect and maintain member enrollment and provider data.
- Aetna used Quickbase as the database management system for provider contract and credentialing.
- Aetna used Quest Analytics (Quest) and GeoAccess software tools to support ongoing monitoring activities with time or distance standards.

HSAG evaluated the personnel that Aetna had in place to support network adequacy indicator reporting, which included the following findings:

- Aetna had two analysts trained and capable of supporting network adequacy reporting activities. On average, the analysts had approximately nine years of experience in this field.

HSAG identified no concerns with Aetna's information systems data processing procedures and personnel.

#### *Enrollment System*

HSAG evaluated the information systems and processes used by Aetna to capture enrollment data for members to confirm that the system was capable of collecting data on member characteristics as specified by DHCS. HSAG's evaluation of Aetna's enrollment system included the following findings:

- Enrollment and eligibility data for Aetna members were maintained in the QNXT member enrollment database management system.
- Aetna received daily 834 files from DHCS. The 834 file was processed electronically through Enrollment Manager, which has built-in rule-based logic.
- The QNXT system retained all enrollment dates, so the member's initial enrollment date was always available. The system had the ability to track enrollment changes over time.

- Aetna conducted ongoing reconciliation and oversight of enrollment data, which included the following activities:
  - Aetna generated daily discrepancies reports, which were reviewed for missing Medicaid ID number, missing address, and invalid Medicaid ID numbers.
  - The plan's Enrollment Services Team had change authority and was responsible for identifying, researching, and validating exceptions along with making updates in QNXT and notifying DHCS, as required.
  - Daily automated eligibility verification was conducted to ensure accuracy in enrollment data managed in QNXT.
- QNXT captured and maintained both the system-generated ID and the DHCS-issued Medicaid ID.
- Aetna identified member demographic information through the 834 file. Demographic information was entered and tracked through the Membership module details tab in QNXT. QNXT had the ability to track members demographic changes and display both the current and historical demographic information.

HSAG identified no concerns with Aetna's documented enrollment data capture, data processing, data integration, data storage, or data reporting. The HSAG auditor assessed enrollment systems through the ISCA and supporting documentation submission. Aetna did not undergo a virtual review or system demonstration due to dissolving in June 2024, prior to the virtual review period.

## Provider Data Systems

HSAG evaluated the information systems and processes used by Aetna to capture provider data and identified the following findings:

- Aetna provided documented workflows and processes in place to ensure that data received from providers were accurate and complete by verifying the accuracy and timeliness of reported data.
- Aetna provided documented data collection processes in place to ensure completeness and consistency.
- Aetna provided documentation to support how data were collected to support the contracting and credentialing process in standardized formats.

HSAG's evaluation of Aetna's provider data system(s) included the following findings:

- Provider credentialing data were maintained in the Quickbase provider database management system.
- Provider network status data were maintained in QNXT.
- The documentation provided indicated that Aetna had the ability to capture all state-required provider types and specialties in the QNXT database management system.
- Aetna's procedures for updating and maintaining provider data included the following:

- Providers were able to verify or submit changes to provider demographic information through outreach by phone, email, or by submitting a request via the online provider portal. Upon receipt of a request to change or for verification of a provider or provider group's information, Aetna then generated an acknowledgment of receipt.
- Providers notified Aetna annually of any provider demographic changes, and Aetna reviewed change notifications and updated its provider directory annually. Individual providers not affiliated with a provider group provided Aetna with notification of demographic changes every six months.
- Aetna sent out a statement when a provider failed to respond to the notification, which may have resulted in a delay of payment or reimbursement.
- Aetna required an affirmative response from the provider or provider group acknowledging that the notification was received. The provider or provider confirmed that the information was current and accurate or updated accordingly.
- Aetna documented the receipt and outcome of each attempt to verify the information in its business application system, Quickbase. If unable to verify, Aetna notified the provider that the provider would be removed from the provider directory within 10 business days in advance of the removal.
- Aetna provided detailed system-level screen shots demonstrating how provider data were maintained in Quickbase.

HSAG identified no concerns with Aetna's documented provider data capture, data processing, data integration, data storage, or data reporting. The HSAG auditor assessed enrollment systems through the ISCA and supporting documentation submission. Aetna did not undergo a virtual audit or system demonstration since the plan was no longer fully operational in June 2024, prior to the virtual review period.

## *Delegated Entity Data and Oversight*

HSAG's assessment of Aetna's delegated entity data and oversight included the following findings:

- Aetna reported delegation to several network providers that serve Aetna's full risk population and do not contract with Aetna's independent provider associations (IPAs). Reported network provider delegated entities were as followed:
  - River City Medical Group
  - Prospect Medical Group
  - Rady Children's Health Network
  - Nivano Physicians
  - Community Care IPA
  - Hill Physicians
- Each delegated entity provided provider network contracting status, which included additions, changes, and terminations. Provider roster data were submitted and integrated into Aetna's core systems.

- Aetna indicated that if the delegate failed to meet mandatory contract requirements, the delegation oversight senior manager or department designee would contact the delegate and offer further education.
- Aetna generated a GeoAccess quarterly report for each subcontracted network and analyzed provider ratio data. Results were shared during joint operations meetings. If deficiencies were identified, Aetna provided notification of corrective action up to and including termination.
- Delegated entities must review and submit provider rosters quarterly or when a notable change occurred.
- Aetna's documentation and responses to the ISCAT did not capture adequate ongoing monitoring and oversight activities in place for its delegated network providers. In addition, the HSAG auditor was unable to extract the frequency of oversight performed and the types of corrective actions administered. Gaps were identified in the ability to understand the frequency of delegated entities' data received and integrated into the plan's provider database management systems.

## *Network Adequacy Indicator Monitoring and Reporting*

HSAG's assessment of Aetna's network adequacy indicator reporting processes included the following findings:

**Data preparation and submission to DHCS:**

- Aetna used Quest to generate indicators used for ongoing monitoring of GeoAccess standards and indicators.
- Aetna extracted data sets from QNXT via SQL stored procedures generating output files for integration into Quest.

**Ongoing monitoring activities:**

- Quarterly, Aetna reviewed and evaluated network adequacy reports, including performance monitoring to confirm compliance; identify corrective actions and improvement opportunities; and evaluate implemented practices for effectiveness, completeness, and accuracy.
- Aetna's Network Management Team reviewed the reports and performed outreach as necessary to meet adequacy requirements in accordance with the DHCS Annual Network Certification All Plan Letter (APL).
- Aetna provided documentation for ongoing monitoring and compliance across time or distance standards; however, Aetna did not provide the methodology and frequency of ongoing monitoring activities for provider ratios and mandatory provider type calculations.

HSAG identified no concerns with Aetna's documented network adequacy indicator reporting and monitoring processes, given that DHCS was responsible for the annual calculation and reporting of all standards and indicators in scope of the review period.

### *Assessment of Data Validity*

HSAG evaluated and assessed the data methods that Aetna used to calculate results generated for each network adequacy indicator in the scope of NAV. HSAG used indicator-specific worksheets to generate a validation rating that reflects HSAG's overall confidence that Aetna used an acceptable methodology for all phases of design, data collection, analysis, and interpretation of the network adequacy indicator.

Overall, HSAG determined that Aetna's **data collection procedures** were:

☒ Acceptable

☐ Not acceptable

Overall, HSAG determined that Aetna's **network adequacy methods** were:

☒ Acceptable

☐ Not acceptable

Overall, HSAG determined that Aetna's **network adequacy results** were:

☒ Acceptable

☐ Not acceptable

## Network Adequacy Indicator-Specific Validation Ratings

Based on the results of the ISCA combined with the virtual review and detailed validation of each indicator, HSAG assessed whether the network adequacy indicator results were valid, accurate, and reliable, and if the plan's interpretation of data was accurate. HSAG determined validation ratings for each reported network adequacy indicator. HSAG calculated the validation score for each indicator and determined the final indicator-specific validation ratings for each plan according to Table 9.

**Table 9—Indicator-Level Validation Rating Categories**

| Validation Score | Validation Rating |
|---|---|
| 90.0% or greater | *High Confidence* |
| 50.0% to 89.9% | *Moderate Confidence* |
| 10.0% to 49.9% | *Low Confidence* |
| Less than 10% and/or any *Not Met* element has significant bias on the results | *No Confidence* |

No identified indicators in scope of review obtained a *Low Confidence* or *No Confidence* rating determination.

## Analysis and Conclusions

HSAG assessed DHCS' submitted results and found that Aetna obtained a pass designation at the county level, which indicates that all standards and requirements for provider ratios, time or distance, and mandatory provider types were met.

## Strengths, Opportunities for Improvement, and Recommendations

By assessing Aetna's performance and NAV reporting processes, HSAG identified the following areas of strength and opportunities for improvement. Along with each area of opportunity, HSAG has also provided a recommendation to help target improvement.

### *Strengths*

- **Strength #1:** Aetna provided documentation of the ISCAT and supporting documentation in a timely manner, and all documentation was complete.

### *Opportunities for Improvement and Recommendations*

HSAG identified no specific opportunities for improvement related to the data collection and management processes Aetna had in place to inform network adequacy standard and indicator calculations.

## Progress Made from the Prior Year

This section is intentionally not completed since this is the first year a NAV audit was conducted for the plans in California. During future reporting cycles, HSAG will incorporate an evaluation of each plan's network adequacy standards progress made from the prior year.

# Alameda Alliance for Health

## ISCA Findings and Data Validity

HSAG completed an ISCA for AAH and presents the ISCA findings and assessment of any concerns related to data sources used in the NAV.

### Information Systems Data Processing Procedures and Personnel

HSAG evaluated the information systems data processing procedures that AAH had in place to support network adequacy indicator reporting, which included the following findings:

- AAH used HEALTHsuite to process and store member enrollment and provider data.
- AAH used symplr (Cactus) to manage provider credentialing data which were then loaded into HEALTHsuite.
- AAH used a proprietary provider management tool, Provider Repository, with a Microsoft Structured Query Language (SQL) Server back-end to support data extraction for network adequacy reporting.

HSAG evaluated the personnel that AAH had in place to support network adequacy indicator reporting, which included the following findings:

- AAH's Analytics department had 13 staff members who managed the SQL code for the network adequacy data extracts.
- The Analytics department programmers/analysts had over 10 years of relevant experience on average.

HSAG identified no concerns with AAH's information systems data processing procedures and personnel.

### Enrollment System

HSAG evaluated the information systems and processes used by AAH to capture enrollment data for members to confirm that the system was capable of collecting data on member characteristics as specified by DHCS. HSAG's evaluation of AAH's enrollment system included the following findings:

- Enrollment and eligibility data for AAH members were maintained in HEALTHsuite.
- AAH received daily and monthly enrollment files in the 834 file format from DHCS.
- AAH performed daily and monthly reconciliation against the enrollment/eligibility data received by DHCS to ensure completeness and accuracy.
- AAH's reconciliation and oversight of enrollment data included the following activities:

  - AAH used daily reconciliation reports to compare the 834 enrollment source file data with the membership data in HEALTHsuite. Discrepancies were corrected manually as needed.
  - AAH used bimonthly reports to show member records. Any updates to member records were added to HEALTHsuite and documented the cause for the update. These reports were sent to the county for verification of information. The county then sent the file to DHCS to process corrections. Corrected records were then observed upon receipt of the subsequent 834 file.
- AAH's HEALTHsuite system captured and maintained both the state-issued Medicaid ID and a system-generated ID. Members could only have one unexpired/active status for each ID type. If more than one account was erroneously created for a member, one of the records was deactivated and one retained. The "duplicate" ID was linked as a reference to the ID that was kept in use.
- AAH identified member demographics based on the 834 enrollment file received from DHCS. If members called into the plan, AAH had several processes in place to apply demographic data updates. Once documented, AAH staff informed the members to also call and update the county. Once the county sent the updates to DHCS, those updates or changes appeared on the daily or monthly 834 files reflecting the updates.

HSAG identified no concerns with AAH's documented enrollment data capture, data processing, data integration, data storage, or data reporting.

## *Provider Data Systems*

HSAG evaluated the information systems and processes used by AAH to capture provider data and identified the following findings:

- AAH ensured the data received from providers were accurate and complete by verifying the accuracy of the data.
- AAH screened the data for completeness, logic, and consistency.
- AAH collected data from providers in the standardized formats such as paper applications and delegated rosters, to the extent feasible and appropriate.

HSAG's evaluation of AAH's provider data system(s) included the following findings:

- Provider credentialing data were maintained in symplr (Cactus), the provider database management system.
- Provider network status data were maintained in the Provider Repository and HEALTHsuite databases.
- AAH captured all state-required provider types and specialties using the DHCS-provided taxonomy crosswalk and maintained them in HEALTHsuite.
  - AAH's mapping of provider specialties to DHCS' provider taxonomy crosswalk was reviewed by HSAG and determined to be aligned with DHCS' expectations.

- AAH's procedures for updating and maintaining provider data included the following:
  - AAH kept close communication with network providers through emails, phone calls, and service request tickets submitted via the HEALTHsuite system. Through these communications, AAH tracked providers over time, across multiple office locations, and through changes in participation in AAH's network.
  - AAH conducted provider data validation for the provider directory annually.
- Provider demographic attestation forms were sent quarterly to providers to capture any updates.
  - Quality assurance specialists conducted monthly audits of the Provider Data Entry Team.
  - AAH contracted with a National Committee for Quality Assurance (NCQA) certified Credentialing Verification Organization (CVO) to identify providers or organizations excluded from the Medicaid program each month. The CVO provided regular updates on practitioners' licenses and credentials.
  - AAH required its provider network to update provider data quarterly. Providers were made aware of this expectation via provider contract language and written policies.

HSAG identified no concerns with AAH's documented provider data capture, data processing, data integration, data storage, or data reporting.

## *Delegated Entity Data and Oversight*

HSAG's assessment of AAH's delegated entity data and oversight included the following findings:

- AAH subcontracted with Children's First Medical Group (CFMG) and Community Health Center Network (CHCN) to provide specialty provider networks.
- CFMG and CHCN provided monthly rosters and/or electronic flat files that contained provider network information to AAH. AAH ingested this information into HEALTHsuite.
- AAH maintained oversight of its delegated entities by:
  - Conducting annual validation activities to ensure information listed in the provider directory remained current and accurate.
  - Conducting an ANC process. When a deficiency was identified, AAH provided the delegates a report with the areas not met. Delegated providers were required to provide a response to any contracting efforts and/or telehealth services that may be used in areas of deficiency.
  - Collecting monthly reports in a standardized format, inclusive of contractually required data elements.
  - The Alliance Access and Availability (A&A) Committee reviewed monitoring reports to review key performance metrics and results of ongoing monitoring of delegated entity data.
- AAH did not identify any delegated entity network adequacy data-related items requiring corrective action for October 2023 data in scope of the NAV audit.

## Network Adequacy Indicator Monitoring and Reporting

HSAG's assessment of AAH's network adequacy indicator monitoring and reporting processes included the following findings:

**Data preparation and submission to DHCS:**

- AAH used Quest and SQL queries to calculate and report network adequacy indicators as part of internal monitoring.
- AAH integrated member and provider data for network adequacy indicator reporting. The plan utilized SQL queries to extract provider data from the 274 file that was submitted to DHCS. AAH extracted member data from the plan's data warehouse. Both provider and member data were saved in a Microsoft Excel (Excel) file and linked to Quest desktop software.
- AAH maintained data control procedures to ensure accuracy and completeness of data merges from the provider 274 files that are submitted to DHCS through spot checks to compare member and provider data counts loaded in Quest against the member and provider data counts in the Excel files, utilizing the statistics function in Quest to ensure accuracy.
- AAH used appropriate methodologies to assess adherence to DHCS' network adequacy standards. In the calculations for the ANC, AAH used Quest's 100 Points of Light methodology rather than actual member address data to create geographic points for members. For the Subcontract Network Certification (SNC), actual membership addresses were utilized.
- AAH conducted data reasonability checks by reviewing queries that were used to pull provider and member data to ensure accuracy. The A&A Committee reviewed the GeoAccess reports month over month.

**Ongoing monitoring activities:**

- AAH maintained network adequacy indicator reports by monthly generation of the ANC report. AAH generated the SNC report quarterly for monitoring.
- Quarterly, AAH reviewed and discussed geographic time or distance reports during AAH GeoAccess workgroup meetings that included provider services, Quality Improvement (QI), Utilization Management (UM), and Operations and Compliance to identify geographic areas potentially lacking access to specific provider types.
- AAH also had other methods of monitoring the provider network, such as timely access surveys like the Provider Appointment Availability Survey (PAAS). In addition to PAAS and GeoAccess mapping, any access-related Prevention Quality Indicators (PQIs) that were identified required confirmatory survey, tracking for resolution, and monitoring for compliance against identified standards.
- To ensure continuity of network adequacy indicator production, AAH had two back-up analysts to support network indicator production. AAH also maintained desktop procedures outlining steps for report production.

HSAG identified no concerns with AAH's documented network adequacy indicator reporting and monitoring processes, given that DHCS was responsible for the annual calculation and reporting of all standards and indicators in scope of the review period.

### *Assessment of Data Validity*

HSAG evaluated and assessed the data methods that AAH used to calculate results generated for each network adequacy indicator in the scope of NAV. HSAG used indicator-specific worksheets to generate a validation rating that reflects HSAG's overall confidence that AAH used an acceptable methodology for all phases of design, data collection, analysis, and interpretation of the network adequacy indicator.

Overall, HSAG determined that AAH's **data collection procedures** were:

☒ Acceptable

☐ Not acceptable

Overall, HSAG determined that AAH's **network adequacy methods** were:

☒ Acceptable

☐ Not acceptable

Overall, HSAG determined that AAH's **network adequacy results** were:

☒ Acceptable

☐ Not acceptable

## Network Adequacy Indicator-Specific Validation Ratings

Based on the results of the ISCA combined with the virtual review and detailed validation of each indicator, HSAG assessed whether the network adequacy indicator results were valid, accurate, and reliable, and if the plan's interpretation of data was accurate. HSAG determined validation ratings for each reported network adequacy indicator. HSAG calculated the validation score for each indicator and determined the final indicator-specific validation ratings for each plan according to Table 10.

#### Table 10—Indicator-Level Validation Rating Categories

| Validation Score | Validation Rating |
|---|---|
| 90.0% or greater | *High Confidence* |
| 50.0% to 89.9% | *Moderate Confidence* |

| Validation Score | Validation Rating |
|---|---|
| 10.0% to 49.9% | *Low Confidence* |
| Less than 10% and/or any *Not Met* element has significant bias on the results | *No Confidence* |

No identified indicators in scope of review obtained a *Low Confidence* or *No Confidence* rating determination.

## Analysis and Conclusions

HSAG assessed DHCS' submitted results and found that AAH obtained a pass designation at the county level, which indicates that all standards and requirements for provider ratios, time or distance, and mandatory provider types were met.

## Strengths, Opportunities for Improvement, and Recommendations

By assessing AAH's performance and NAV reporting processes, HSAG identified the following areas of strength and opportunities for improvement. Along with each area of opportunity, HSAG has also provided a recommendation to help target improvement.

### *Strengths*

- **Strength #1:** AAH conducted ongoing validation and oversight to ensure accuracy and completeness in the provider data collected and maintained in the Provider Repository and HEALTHsuite database management systems.

### *Opportunities for Improvement and Recommendations*

HSAG identified no specific opportunities for improvement related to the data collection and management processes AAH had in place to inform network adequacy standard and indicator calculations.

## Progress Made from the Prior Year

This section is intentionally not completed since this is the first year a NAV audit was conducted for the plans in California. During future reporting cycles, HSAG will incorporate an evaluation of each plan's network adequacy standards progress made from the prior year.

# AIDS Healthcare Foundation

## ISCA Findings and Data Validity

HSAG completed an ISCA for AHF and presents the ISCA findings and assessment of any concerns related to data sources used in the NAV.

### Information Systems Data Processing Procedures and Personnel

HSAG evaluated the information systems data processing procedures that AHF had in place to support network adequacy indicator reporting, which included the following findings:

- AHF used HEALTHsuite Advantage as the database management system to maintain provider and member enrollment data.

HSAG evaluated the personnel that AHF had in place to support network adequacy indicator reporting, which included the following findings:

- AHF utilized a third-party vendor consultant, Vincent P. O'Hara, for network adequacy indicator reporting. The average years of staff experience for this vendor was 13 years.

HSAG identified no concerns with AHFs information systems data processing procedures and personnel.

### Enrollment System

HSAG evaluated the information systems and processes used by AIDS Healthcare Foundation to capture enrollment data for members to confirm that the system was capable of collecting data on member characteristics as specified by DHCS. HSAG's evaluation of AHF's enrollment system included the following findings:

- Enrollment and eligibility data for AHF members were maintained in the enrollment database management system HEALTHsuite Advantage.
- AHF is an AIDS specialty managed care plan. Enrollment was voluntary, and AHF did not receive enrollment files in the standard 834 file from DHCS. Enrollment requests were received directly from the beneficiary. Enrollments were transmitted to the broker, Health Care Options (Maximus) daily for processing. AHF submitted a monthly enrollment file to Maximus and alerted the plan's contract manager of enrollments. DHCS and Maximus processed the enrollments and sent AHF an 834 monthly reconciliation file showing which beneficiary had been successfully enrolled.
- AHF performed monthly reconciliation between HEALTHsuite Advantage and DHCS data to ensure completeness and accuracy of enrollment data.

- AHF's reconciliation and oversight of enrollment data included the following:
  - AHF ensured that its Member Services and IT teams maintained data accuracy and integrity. AHF developed an exception report which flagged member records that differed from the 834 enrollment file. Service staff reviewed any flagged records to determine the cause for the discrepancy and applied any necessary updates in the HEALTHsuite Advantage record.
- HEALTHsuite Advantage captured and maintained both the state-issued Medicaid ID and a system-generated ID. If the Medicaid ID changed for any reason, HEALTHsuite Advantage used the system-generated ID to link enrollment history.
- AHF identified member demographic updates based on updates received from members, which were entered into HEALTHsuite Advantage and sent to DHCS for updating on the next 834 file.

HSAG identified no concerns with AHF's documented enrollment data capture, data processing, data integration, data storage, or data reporting.

## *Provider Data Systems*

HSAG evaluated the information systems and processes used by AHF to capture provider data and identified the following findings:

- AHF ensured the data received from providers were accurate and complete by verifying the accuracy and timeliness of reported data.
- AHF screened the data for completeness, logic, and consistency.
- AHF collected data from providers in standardized formats, to the extent feasible and appropriate.

HSAG's evaluation of AHF's provider data system(s) included the following findings:

- Providers network status and credentialing data were maintained in HEALTHsuite Advantage.
- AHF captured all state-required provider types and specialties in HEALTHsuite Advantage.
  - AHF used DHCS' provider taxonomy crosswalk to identify provider types in scope of NAV.
- AHF's procedures for updating and maintaining provider data included the following:
  - AHF tracked providers over time, across multiple office locations and through changes in participation in AHF's network, in the HEALTHsuite Advantage database system.
- AHF utilized a third-party subcontractor, LexisNexis, to validate provider data and to identify providers excluded from Medicaid and CHIP programs. This verification was conducted during the initial credentialing process.
- AHF required its provider network to update provider data as changes occurred and during the recredentialing process. Providers were made aware of this expectation via contract language.

HSAG identified no concerns with AHF's documented provider data capture, data processing, data integration, data storage, or data reporting.

## Delegated Entity Data and Oversight

HSAG's assessment of AHF's delegated entity data and oversight included the following findings:

- AHF maintained credentialing data for the following delegated entities:
  - Magellan—Behavioral health providers
  - USC Care—Specialist providers
  - Cedars Sinai—Specialist providers
- AHF maintained oversight of its delegated entities by:
  - Conducting quarterly provider directory validation.
  - Regularly monitoring of functional areas delegated to subcontractors, including network adequacy.
- AHF did not identify any delegated entity network adequacy data-related items requiring corrective action for the time frame in scope of the NAV audit.

## Network Adequacy Indicator Monitoring and Reporting

HSAG's assessment of AHF's network adequacy indicator reporting processes included the following findings:

**Data preparation and submission to DHCS:**

- AHF utilized an external vendor, Vincent P. O'Hara, for calculation of the time or distance standard for network adequacy indicator monitoring and reporting. Vincent P. O'Hara utilized geographic information software, MapInfo Geographic Information System (GIS), to conduct ongoing monitoring of network compliance with the time or distance standard. Calculation of the provider ratios standard was completed by AHF internally.
- AHF's vendor used provider and member data from HEALTHsuite and integrated data for MapInfo GIS calculation of time or distance network adequacy indicators. AHF's provider relations director provided the member enrollment and provider files from the most recent quarter to Vincent P. O'Hara for analysis.
- AHF conducted data reasonability checks using quarterly comparisons of performance reports for network adequacy indicators.
- Vincent P. O'Hara maintained report version control processes and conducted quality assurance checks of network adequacy indicator reports.

**Ongoing monitoring activities:**

- AHF used appropriate methodologies to assess adherence to DHCS' network adequacy standards which included assessing AHF's compliance with time or distance indicators. Provider data were based on plan's submitted 274 file and included all service areas. AHF's vendor accounted for all current and anticipated members by producing a time or distance analysis report. AHF utilized the monthly 274 file and qualified member data to calculate compliance with provider ratios indicators.

HSAG identified no concerns with AHF's documented network adequacy indicator reporting and monitoring processes, given that DHCS was responsible for the annual calculation and reporting of all standards and indicators in scope of the review period.

### *Assessment of Data Validity*

HSAG evaluated and assessed the data methods that AHF used to calculate results generated for each network adequacy indicator in the scope of NAV. HSAG used indicator-specific worksheets to generate a validation rating that reflects HSAG's overall confidence that AHF used an acceptable methodology for all phases of design, data collection, analysis, and interpretation of the network adequacy indicator.

Overall, HSAG determined that AHF's **data collection procedures** were:

☒ Acceptable

☐ Not acceptable

Overall, HSAG determined that AHF's **network adequacy methods** were:

☒ Acceptable

☐ Not acceptable

Overall, HSAG determined that AHF's **network adequacy results** were:

☒ Acceptable

☐ Not acceptable

## Network Adequacy Indicator-Specific Validation Ratings

Based on the results of the ISCA combined with the virtual review and detailed validation of each indicator, HSAG assessed whether the network adequacy indicator results were valid, accurate, and reliable, and if the plan's interpretation of data was accurate. HSAG determined validation ratings for each reported network adequacy indicator. HSAG calculated the validation score for each indicator and determined the final indicator-specific validation ratings for each plan according to Table 11.

### Table 11—Indicator-Level Validation Rating Categories

| Validation Score | Validation Rating |
|---|---|
| 90.0% or greater | *High Confidence* |
| 50.0% to 89.9% | *Moderate Confidence* |
| 10.0% to 49.9% | *Low Confidence* |
| Less than 10% and/or any *Not Met* element has significant bias on the results | *No Confidence* |

No identified indicators in scope of review obtained a *Low Confidence* or *No Confidence* rating determination.

## Analysis and Conclusions

HSAG assessed DHCS' submitted results and found that AHF obtained a pass designation at the county level, which indicates that all standards and requirements for provider ratios and mandatory provider types were met. Table 12 demonstrates DHCS' results designations for Los Angeles County, where DHCS determined compliance for the time or distance standard through AAS.

### Table 12—AHF Results—Time or Distance—Alternative Access Standards Compliance

* When AHF did not meet the standard for this indicator, DHCS provided an opportunity for the plan to submit an alternative access standards (AAS) request. Upon DHCS' approval of the AAS request, DHCS updated this indicator result from *Not Met* to *AAS Pass*. HSAG did not audit DHCS' AAS methodology or results; therefore, the determination of *AAS Pass* is reflected in the Time or Distance column of this table.

| Plan | County | Time or Distance |
|---|---|---|
| AIDS Healthcare Foundation | Los Angeles County | AAS Pass* |

## Strengths, Opportunities for Improvement, and Recommendations

By assessing AHFs performance and NAV reporting processes, HSAG identified the following areas of strength and opportunities for improvement. Along with each area of opportunity, HSAG has also provided a recommendation to help target improvement.

### Strengths

- **Strength #1:** AHF demonstrated its capability of maintaining an adequate provider network to service members, and AHF utilized a subcontractor-provided data management service, LexisNexis, to validate provider data to ensure accuracy.

### Opportunities for Improvement and Recommendations

HSAG identified no specific opportunities for improvement related to the data collection and management processes AHF had in place to inform network adequacy standard and indicator calculations.

## Progress Made from the Prior Year

This section is intentionally not completed since this is the first year a NAV audit was conducted for the plans in California. During future reporting cycles, HSAG will incorporate an evaluation of each plan's network adequacy standards progress made from the prior year.

# Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan

## ISCA Findings and Data Validity

HSAG completed an ISCA for Anthem Blue Cross and presents the ISCA findings and assessment of any concerns related to data sources used in the NAV.

### Information Systems Data Processing Procedures and Personnel

HSAG evaluated the information systems data processing procedures that Anthem Blue Cross had in place to support network adequacy indicator reporting, which included the following findings:

- Anthem Blue Cross used Strategic Provider System (SPS) as the database management system to collect and maintain provider data.
- Anthem Blue Cross used Wellpoint Group Systems (WGS) as the database management system to collect and maintain member enrollment data.

HSAG evaluated the personnel that Anthem Blue Cross had in place to support network adequacy indicator reporting, which included the following findings:

- SPS's Reporting Team included five staff members who used SQL to extract from SPS tables to report out via Quest for network adequacy reporting.
- The Reporting Team had an average of 26.4 years of experience.

HSAG identified no concerns with Anthem Blue Cross' information systems data processing procedures and personnel.

## Enrollment System

HSAG evaluated the information systems and processes used by Anthem Blue Cross to capture enrollment data for members to confirm that the system was capable of collecting data on member characteristics as specified by DHCS. HSAG's evaluation of Anthem Blue Cross' enrollment system included the following findings:

- Anthem Blue Cross maintained enrollment and eligibility data in WGS.
- Anthem Blue Cross received monthly and daily enrollment files in the 834 file format from DHCS.
- Anthem Blue Cross performed monthly reconciliation between WGS and DHCS 834 enrollment data to ensure completeness and accuracy.
- Anthem Blue Cross' reconciliation and oversight of enrollment data included the following steps:
  - Enrollment Department staff reviewed WGS system-generated reports upon 834 enrollment file processing.
  - Record counts were used to verify complete 834 enrollment file loading into WGS.
  - Fail indicators were reviewed if 834 file processing errors occurred. WGS system edits to enrollment records were limited to Enrollment Department staff. Edits were limited to enrollment data received directly from 834 processes or through DHCS communications.
- Anthem Blue Cross identified member demographic updates based on member's self-reported demographic data changes. Only member demographic data received from DHCS' 834 file were maintained in WGS 2.0. Anthem Blue Cross had a process in place to inform members who reported a demographic data change to notify their Medi-Cal county office of the change. System demonstrations verified the capability to track historic member enrollment spans, enrollee demographic data changes, and enrollment termination dates in WGS.

HSAG identified no concerns with Anthem Blue Cross' documented enrollment data capture, data processing, data integration, data storage, or data reporting.

## Provider Data Systems

HSAG evaluated the information systems and processes used by Anthem Blue Cross to capture provider data and identified the following findings:

- Anthem Blue Cross ensured that data received from contracted providers were accurate and complete by verifying the accuracy and timeliness of reported data at the point of data load into SPS. Anthem Blue Cross leveraged provider-attested data obtained from the Council for Affordable Quality Healthcare (CAQH) to ensure accuracy and conducted

credentials verification according to NCQA standards. The plan maintained certification as an NCQA certified CVO.

- The plan screened provider data for completeness, logic, and consistency.
- The plan collected data from providers in standardized formats through the SPS system, to the extent feasible and appropriate.

HSAG's evaluation of Anthem Blue Cross' provider data system(s) included the following findings:

- Provider network status data were maintained in the plan's provider data system, SPS.
- Anthem Blue Cross captured all state-required provider types and specialties in SPS.
  - Anthem Blue Cross' mapping of provider specialties to DHCS' provider crosswalk was reviewed by HSAG and determined to be aligned with DHCS' expectations.
- The plan's procedures for updating and maintaining provider data included the following:
  - To track providers over time, across multiple office locations, and through changes in participation in the network, Anthem Blue Cross maintained a dedicated team to review provider data updates in SPS. Provider data updates were integrated quarterly through roster processing. The Provider Data Team verified that changes were reflected accurately in SPS.
  - Anthem Blue Cross required its provider network to update provider data using roster processing. Network changes were updated in SPS quarterly. Providers were made aware of this expectation via provider contract. Provider data elements used for network adequacy indicator calculations were self-reported by network providers at the time of contracting. Changes to provider demographic data were initiated by the provider and integrated in SPS through roster processing. System demonstrations verified that the provider data system had the capability to track provider demographic data changes and provider spans. System demonstrations verified that provider data fields could be reviewed and edited if manual updates were needed.
- Anthem Blue Cross maintained a robust team of dedicated staff to ensure ongoing review and maintenance of provider data. The plan identified a system migration to SPS in September 2023. A dedicated support team was instated to monitor and resolve issues as part of the legacy system migration. The team remains in place to ensure provider data quality and completeness in SPS.

HSAG identified no concerns with Anthem Blue Cross' documented provider data capture, data processing, data integration, data storage, or data reporting.

## *Delegated Entity Data and Oversight*

HSAG's assessment of Anthem Blue Cross' delegated entity data and oversight included the following findings:

- Anthem Blue Cross did not subcontract any network adequacy-related services to delegated entities.

## Network Adequacy Indicator Monitoring and Reporting

HSAG's assessment of Anthem Blue Cross' network adequacy indicator reporting processes included the following findings:

**Data preparation and submission to DHCS:**

- Anthem Blue Cross used Quest and SQL queries to calculate and monitor network adequacy indicators.
- Anthem Blue Cross integrated member enrollment files from WGS and provider data from SPS. WGS member data and SPS provider data were extracted for inclusion in the plan's enterprise data warehouse (EDW). Provider and enrollment data were extracted from EDW using SQL and formatted for Quest consumption.
- Anthem Blue Cross maintained data control procedures to ensure accuracy and completeness of data merges from SPS and WGS into EDW. Data processing was completed under governance of a Quality Audit Team responsible for ensuring compliance with processing instructions, desktop protocols and business rules.
- Anthem Blue Cross used appropriate methodologies to assess adherence to DHCS' network adequacy standards. The plan extracted files from EDW to generate provider, member, and county data for integration in Quest. System demonstration verified that the necessary data elements were included in the EDW source files integrated in Quest.
- Anthem Blue Cross conducted data reasonability checks using monthly record count validations at each step in the network adequacy monitoring and reporting process, beginning with loading of enrollment and provider data in source systems through the plan's EDW integration.

**Ongoing monitoring activities:**

- Anthem Blue Cross conducted monthly monitoring of network adequacy indicators, reported at the county level. The plan used gap reports to monitor compliance for California network adequacy standards. The plan's Provider Performance Management Team reviewed the reports.
- To ensure continuity of network adequacy indicator production, Anthem Blue Cross monitored monthly data quality along the entire production pipeline for network adequacy monitoring and reporting using error reports, data quality checks, and desktop processes for issue resolution.

HSAG identified no concerns with Anthem Blue Cross' documented network adequacy indicator reporting and monitoring processes, given that DHCS was responsible for the annual calculation and reporting of all standards and indicators in scope of the review period.

## Assessment of Data Validity

HSAG evaluated and assessed the data methods that Anthem Blue Cross used to calculate results generated for each network adequacy indicator in the scope of NAV. HSAG used

indicator-specific worksheets to generate a validation rating that reflects HSAG's overall confidence that Anthem Blue Cross used an acceptable methodology for all phases of design, data collection, analysis, and interpretation of the network adequacy indicator.

Overall, HSAG determined that Anthem Blue Cross' **data collection procedures** were:

☒ Acceptable

☐ Not acceptable

Overall, HSAG determined that Anthem Blue Cross' **network adequacy methods** were:

☒ Acceptable

☐ Not acceptable

Overall, HSAG determined that Anthem Blue Cross' **network adequacy results** were:

☒ Acceptable

☐ Not acceptable

## Network Adequacy Indicator-Specific Validation Ratings

Based on the results of the ISCA combined with the virtual review and detailed validation of each indicator, HSAG assessed whether the network adequacy indicator results were valid, accurate, and reliable, and if the plan's interpretation of data was accurate. HSAG determined validation ratings for each reported network adequacy indicator. HSAG calculated the validation score for each indicator and determined the final indicator-specific validation ratings for each plan according to Table 13.

### Table 13—Indicator-Level Validation Rating Categories

| Validation Score | Validation Rating |
|---|---|
| 90.0% or greater | *High Confidence* |
| 50.0% to 89.9% | *Moderate Confidence* |
| 10.0% to 49.9% | *Low Confidence* |
| Less than 10% and/or any *Not Met* element has significant bias on the results | *No Confidence* |

No identified indicators in scope of review obtained a *Low Confidence* or *No Confidence* rating determination.

## Analysis and Conclusions

HSAG assessed DHCS' calculated results and found that Anthem Blue Cross obtained a pass designation at the county level, which indicates that all standards and requirements for provider ratios and mandatory provider types were met.

HSAG assessed DHCS' calculated results for time or distance and found that Anthem Blue Cross obtained a pass designation at the county level except for three counties. Measure compliance with the time or distance standard was based on a combination of MCMC plan county ZIP Code, provider type, and population served. Table 14 demonstrates that Anthem Blue Cross received a pass with conditions result, which indicates non-compliance due to incomplete AAS requests for counties/provider types/populations served.

### Table 14—Anthem Blue Cross Results—Time or Distance

| County | Time or Distance |
|---|---|
| Region 2—Inyo County | Pass with Conditions |
| Region 2—Tuolumne County | Pass with Conditions |
| Tulare County | Pass with Conditions |

## Strengths, Opportunities for Improvement, and Recommendations

By assessing Anthem Blue Cross' performance and NAV reporting processes, HSAG identified the following areas of strength and opportunities for improvement. Along with each area of opportunity, HSAG has also provided a recommendation to help target improvement.

### *Strengths*

- **Strength #1:** Anthem Blue Cross maintained staff dedicated to ongoing member and provider data quality assurance, supporting the overall accuracy of network adequacy monitoring.
- **Strength #2:** Anthem Blue Cross conducted gap analysis and closed gaps in provider data quality as a result of the plan's legacy system migration in 2023.
- **Strength #3:** Anthem Blue Cross conducted regular ongoing internal performance review of network adequacy reports to assess performance and close network adequacy gaps.

### *Opportunities for Improvement and Recommendations*

- **Opportunity #1:** Anthem Blue Cross used Quest for ongoing monitoring and reporting of time or distance standards while DHCS used ArcGIS. Member addresses that could not be

geocoded were excluded from time or distance indicator calculation according to guidance communicated from DHCS. This methodology may differ from identified DHCS logic using representative population points for time or distance indicator calculations.

- **Recommendation:** HSAG recommends that Anthem Blue Cross continue to work with DHCS to ensure alignment in network adequacy indicator calculation logic and methodology for network adequacy monitoring.

## Progress Made from the Prior Year

This section is intentionally not completed since this is the first year a NAV audit was conducted for the plans in California. During future reporting cycles, HSAG will incorporate an evaluation of each plan's network adequacy standards progress made from the prior year.

# Blue Shield of California Promise Health Plan

## ISCA Findings and Data Validity

HSAG completed an ISCA for Blue Shield Promise and presents the ISCA findings and assessment of any concerns related to data sources used in the NAV.

### Information Systems Data Processing Procedures and Personnel

HSAG evaluated the information systems data processing procedures that Blue Shield Promise had in place to support network adequacy indicator reporting, which included the following findings:

- Blue Shield Promise used Facets as the database management system to collect and maintain membership data.
- Blue Shield Promise used the Provider Information Management System (PIMS) and Facets as the database management system of record for contracted providers.
- Blue Shield Promise used symplr (Cactus) as the database management system for storing data related to provider credentialing.

HSAG evaluated the personnel that Blue Shield Promise had in place to support network adequacy indicator reporting, which included the following findings:

- Blue Shield Promise had two internal staff members who could modify Quest and the Microsoft Access (Access) database, and approximately three to four staff who were trained to support the network adequacy assessments using Quest, Access, and Excel. All staff had an average of seven years of experience in this field.

HSAG identified no concerns with Blue Shield Promise's information systems data processing procedures and personnel.

### Enrollment System

HSAG evaluated the information systems and processes used by Blue Shield Promise to capture enrollment data for members to confirm that the system was capable of collecting data on member characteristics as specified by DHCS. HSAG's evaluation of Blue Shield Promise's enrollment system included the following findings:

- Enrollment and eligibility data for Blue Shield Promise members were maintained in Facets.
- Blue Shield Promise received daily and monthly enrollment files in the 834 file format from DHCS.
- Blue Shield Promise performed daily and monthly reconciliation between Facets and the enrollment data received from DHCS to ensure completeness and accuracy.

- Blue Shield Promise's reconciliation and oversight of enrollment data included the following:
  - Blue Shield Promise utilized reports and queries generated from Facets to identify missing member data. Any missing member data based on 834 file rejections were returned to DHCS for review. Any corrections were included with subsequent 834 file processing in Facets.
  - Blue Shield Promise captured and maintained both the state-issued Medicaid ID and a system-generated ID. The Client Index Number (CIN) was used to identify members enrolled in the plan. Blue Shield Promise also utilizes a unique subscriber ID number created in Facets for internal identification, monitoring, and reporting.
  - Blue Shield Promise utilized the DHCS 834 file as the source of truth for member demographic updates. Members were referred to DHCS to update demographic information. Blue Shield Promise's Account Management Team worked with DHCS to address discrepancies, and DHCS addressed and submitted corrected information on the next 834 file.

HSAG identified no concerns with Blue Shield Promise's documented enrollment data capture, data processing, data integration, data storage, or data reporting.

## *Provider Data Systems*

HSAG evaluated the information systems and processes used by Blue Shield Promise to capture provider data and identified the following findings:

- Blue Shield Promise ensured the data received from providers were accurate and complete by verifying the accuracy and timeliness of reported data.
- Blue Shield Promise had adequate data collection processes in place to ensure completeness and consistency.
- Blue Shield Promise collected data from providers in standardized formats, to the extent feasible and appropriate.

HSAG's evaluation of Blue Shield Promise's provider data system(s) included the following findings:

- Provider credentialing data were maintained in the symplr (Cactus) database management system.
- Provider network status was maintained in the PIMS database, the source of truth for all contracted provider information.
- Systems demonstrations identified that Blue Shield Promise appropriately captured all state-required provider types and specialties in the PIMS and symplr (Cactus) database systems.
  - Blue Shield Promise's mapping of provider specialties to DHCS' provider crosswalk was reviewed by HSAG and determined to be in alignment with DHCS' expectations.

- Blue Shield Promise's procedures for updating and maintaining provider data included the following:
  - Provider Operations updated provider source data in the PIMS database, and the data were then moved to the Netezza (cloud storage) raw data staging layer and to the Provider Book of Record (PBOR). The PBOR was the authoritative source of core provider data that were derived from multiple data sources covering provider review, rating, demographics, relationships, and services, and the PBOR was also the source system for the plan's DHCS 274 file.
- Blue Shield Promise performed validation to identify providers excluded from the Medicaid program during the initial contracting process, during recredentialing, and monthly.
  - Blue Shield Promise required providers in its network to update provider data as changes occurred and as follows: IPA/medical groups—quarterly, hospitals—annually, and directly contracted providers—biannually.

HSAG identified no concerns with Blue Shield Promise's documented provider data capture, data processing, data integration, data storage, or data reporting.

## *Delegated Entity Data and Oversight*

HSAG's assessment of Blue Shield Promise's delegated entity data and oversight included the following findings:

- Blue Shield Promise utilized the following delegated entities for credentialing only:
  - Imperial Health Holdings Medical Group
  - Prospect San Diego
  - Rady Children's Health Network (Rady Children's Specialist of San Diego)
  - American Specialty Health Plan of California
  - Community Care IPA
  - VSP Vision Care
- Blue Shield Promise maintained oversight of its delegated entities by:
  - Conducting quarterly provider directory and template audit validation, electronic visit verification reporting, and any other ad hoc data requests required by DHCS.
  - Regularly monitoring all functional areas delegated to subcontractors. The plan was authorized to impose corrective action and/or financial sanctions on subcontractors upon discovery of non-compliance.
- Blue Shield Promise did not identify any delegated entity network adequacy data-related items requiring corrective action for the time frame in scope of the NAV audit.

## Network Adequacy Indicator Monitoring and Reporting

HSAG's assessment of Blue Shield Promise's network adequacy indicator reporting processes included the following findings:

**Data preparation and submission to DHCS:**

- Blue Shield Promise utilized Quest and SQL queries to calculate and report network adequacy indicators. Netezza was used for provider ratio and mandatory provider assessments.
- Blue Shield Promise integrated provider data from the DHCS 274 file and member data from Facets into both Quest and Netezza for network adequacy indicator monitoring and reporting.
- Blue Shield Promise maintained data control of the integration of the 274 file and a membership report. A total membership count was entered into an Excel file, and counts were reviewed by staff with manager oversight to ensure valid transfer of data. Additionally, quarterly report comparisons were used for validation.
- Blue Shield Promise used appropriate methodologies to assess adherence to DHCS' network adequacy standards utilizing the following methods: Blue Shield Promise calculated time or distance by using the DHCS standards and population points provided during ANC. Blue Shield Promise utilized Quest to integrate the DHCS 274 file. The plan used DHCS' population points for member information. Time or distance indicators were calculated for each required specialty and ZIP Code. Blue Shield Promise calculated provider ratios and mandatory provider types based on the entire provider roster as identified in the 274 files.
- Blue Shield Promise conducted data reasonability checks using quarterly and year-over-year comparisons for all network adequacy indicators. Variances exceeding 3 percent triggered investigation into the data variation.
- Blue Shield Promise maintained network adequacy indicator reports by downloading to Excel files which are labeled by date and reporting period. Documents were maintained and reviewed throughout the year for comparison.
- Blue Shield Promise conducted data quality checks by conducting review and resolution of non-compliance to determine the root cause.

**Ongoing monitoring activities:**

- To ensure continuity of network adequacy indicator production, Blue Shield Promise had several staff who were cross-trained on network adequacy report production and maintained documented procedures to ensure continuity of network adequacy report monitoring and production.

HSAG identified no concerns with Blue Shield Promise's documented network adequacy indicator reporting and monitoring processes, given that DHCS was responsible for the annual calculation and reporting of all standards and indicators in scope of the review period.

### *Assessment of Data Validity*

HSAG evaluated and assessed the data methods that Blue Shield Promise used to calculate results generated for each network adequacy indicator in the scope of NAV. HSAG used indicator-specific worksheets to generate a validation rating that reflects HSAG's overall confidence that Blue Shield Promise used an acceptable methodology for all phases of design, data collection, analysis, and interpretation of the network adequacy indicator.

Overall, HSAG determined that Blue Shield Promise's **data collection procedures** were:

☒ Acceptable

☐ Not acceptable

Overall, HSAG determined that Blue Shield Promise's **network adequacy methods** were:

☒ Acceptable

☐ Not acceptable

Overall, HSAG determined that Blue Shield Promise's **network adequacy results** were:

☒ Acceptable

☐ Not acceptable

## Network Adequacy Indicator-Specific Validation Ratings

Based on the results of the ISCA combined with the virtual review and detailed validation of each indicator, HSAG assessed whether the network adequacy indicator results were valid, accurate, and reliable, and if the plan's interpretation of data was accurate. HSAG determined validation ratings for each reported network adequacy indicator. HSAG calculated the validation score for each indicator and determined the final indicator-specific validation ratings for each plan according to Table 15.

**Table 15—Indicator-Level Validation Rating Categories**

| Validation Score | Validation Rating |
|---|---|
| 90.0% or greater | *High Confidence* |
| 50.0% to 89.9% | *Moderate Confidence* |
| 10.0% to 49.9% | *Low Confidence* |
| Less than 10% and/or any *Not Met* element has significant bias on the results | *No Confidence* |

No identified indicators in scope of review obtained a *Low Confidence* or *No Confidence* rating determination.

## Analysis and Conclusions

HSAG assessed DHCS' submitted results and found that Blue Shield Promise obtained a pass designation at the county level, which indicates all standards and requirements for provider ratios, time or distance, and mandatory provider types were met.

## Strengths, Opportunities for Improvement, and Recommendations

By assessing Blue Shield Promise's performance and NAV reporting processes, HSAG identified the following areas of strength and opportunities for improvement. Along with each area of opportunity, HSAG has also provided a recommendation to help target improvement.

### *Strengths*

- **Strength #1:** Blue Shield Promise demonstrated its capability of maintaining an adequate provider network to service members which included comprehensive contracting, provider data maintenance, and monitoring and reporting methods. Blue Shield Promise addressed any gaps in the network by submitting exception requests to DHCS and increasing contracting efforts to fill network gaps.
- **Strength #2:** Blue Shield Promise's Provider Operations department launched an improved provider portal in 2022 (preferred provider organization [PPO] practitioners, small and large groups) and added additional capabilities on July 1, 2023 (health maintenance organization [HMO] IPA's validation roster) whereby providers can log in and attest and/or update their directory data in real time, with the majority of the updates displayed in the online provider directory within 48 hours. The implementation of the improved provider portal greatly increased the timeliness and quality of Blue Shield Promise's network data.
- **Strength #3:** Blue Shield Promise maintained a very detailed, comprehensive process for documenting, capturing, and reporting network adequacy results, and ensured business continuity of the network adequacy monitoring and reporting process.

### *Opportunities for Improvement and Recommendations*

HSAG identified no specific opportunities for improvement related to the data collection and management processes Blue Shield Promise had in place to inform network adequacy standard and indicator calculations.

## Progress Made from the Prior Year

This section is intentionally not completed since this is the first year a NAV audit was conducted for the plans in California. During future reporting cycles, HSAG will incorporate an evaluation of each plan's network adequacy standards progress made from the prior year.

# CalOptima

## ISCA Findings and Data Validity

HSAG completed an ISCA for CalOptima and presents the ISCA findings and assessment of any concerns related to data sources used in the NAV.

### Information Systems Data Processing Procedures and Personnel

HSAG evaluated the information systems data processing procedures that CalOptima had in place to support network adequacy indicator reporting, which included the following findings:

- CalOptima's utilized a core system called Facets, operated by TriZetto, where all elements required for network adequacy were stored.

HSAG evaluated the personnel that CalOptima had in place to support network adequacy indicator reporting, which included the following findings:

- CalOptima's IT staff and analysts responsible for these processes utilized SQL, Access, and Quest for network adequacy extracts and analysis. The Electronic Data Interchange (EDI) department running the 274 file utilized codes written in .net and the Biztalk application to build the file. The plan had two quality analytics teams, one from Provider Data Management Services (PDMS) and one from EDI. The average relevant experience was 9.5 years.

HSAG identified no concern with CalOptima's information systems data processing procedures and personnel.

### Enrollment System

HSAG evaluated the information systems and processes used by CalOptima to capture enrollment data for members to confirm that the system was capable of collecting data on member characteristics as specified by DHCS. HSAG's evaluation of CalOptima's enrollment system included the following findings:

- Enrollment and eligibility data for CalOptima members were maintained in Cognizant/TriZetto Facets.
- CalOptima received daily incremental and monthly full enrollment files in the 834 file format from DHCS.
- The 834 daily files were received from DHCS via Xerox (FI) and processed from Tuesday through Saturday. CalOptima downloaded the file via secure file transfer protocol (SFTP) site. The 834 monthly files were received monthly, two to four days prior to the last day of the current month. The 834 file contained members with prospective eligibility and historic member eligibility spans from the prior 12 months.

- CalOptima's reconciliation and oversight of enrollment data included the following:
  - If there was a failure during the daily file load, the process stopped with an error or alert message for the programmer, who then researched the error, updated the file as necessary, and confirmed whether the file could be processed.
  - After the file loaded, Facets produced a daily Fiscal Intermediary Access to Medi-Cal Eligibility (FAME) report with discrepancies identified during the load process, The report was made available to the Enrollment and Reconciliation Team to research and resolve discrepancies.
  - CalOptima's IT Services (ITS) department generated a daily report of member discrepancies identified between Facets and the 834 eligibility file. CalOptima's Enrollment and Reconciliation Team staff reviewed, researched, and resolved discrepancies within the report.
- CalOptima utilized the members unique member identification number or CIN issued by DHCS.
- CalOptima identified member demographic updates provided by DHCS' 834 file for new enrollments. Once a member became eligible, they could contact CalOptima's customer service department or utilize the member portal to request a change of address. Files were uploaded to Facets daily with any changes generated, and manual edits were made to member files. CalOptima had monthly random audits in place for all manual edits of enrollment data to ensure data accuracy. Additionally, CalOptima contracted with a vendor to run membership through the National Change of Address (NCOA) monthly to ensure the addresses were updated when a member moved to a new residence. Facets had an audit trail to track any changes made and could track the source of an update with a date and time stamp.

HSAG identified no concern with CalOptima's documented enrollment data capture, data processing, data integration, data storage, or data monitoring and reporting.

## *Provider Data Systems*

HSAG evaluated the information systems and processes used by CalOptima to capture provider data and identified the following findings:

- CalOptima ensured that data received from providers were accurate and complete by verifying the accuracy and timeliness of data reported by the PDMS department to ensure each provider was added or any demographic changes to providers were updated completely, accurately, and in a timely manner.
- The plan screened the data for completeness, logic, and consistency.
- The plan collected data from providers in a standardized format through the CAQH application.

HSAG's evaluation of CalOptima's provider data system(s) included the following findings:

- Provider credentialing data were maintained in Cactus and were then entered into Facets.

- Provider network status data were maintained in Facets. These data were collected from the provider during contracting and credentialing processes as providers enrolled into CalOptima directly or through one of the contracted health networks.
- CalOptima captured all state-required provider types and specialties in Facets.
  - CalOptima's mapping of provider specialties to DHCS' provider crosswalk was reviewed by HSAG and determined to be aligned with DHCS' expectations.
- CalOptima's procedures for updating and maintaining provider data included the following:
  - Semiannual provider directory audits. CalOptima completed annual provider attestation to ensure provider data accuracy. In-person visits were also conducted. The Provider Relations Team would submit an updates form to the Provider Data Management Team if any updates were identified.
  - Provider location changes for the primary care provider (PCP) required facility site visits.
  - The Provider Data Team conducted outreaches to verify the change request.
  - Facets had audit trails and notes to track any change history.
  - CalOptima received monthly preclusion files from DHCS and identified providers on the sanction lists. These members were removed from the directories and their panels were closed until sanctions were removed.
  - CalOptima required providers to verify and update demographic information listed in the provider directory and web-based directory semiannually. Providers were made aware of this expectation via provider contract language and written policies.

HSAG identified no concern with CalOptima's documented provider data capture, data processing, data integration, data storage, or data reporting.

## *Delegated Entity Data and Oversight*

HSAG's assessment of CalOptima's delegated entity data and oversight included the following findings:

- CalOptima subcontracted provider contracting and credentialing services to AltaMed Health Services, AMVI Care Health Network, CalOptima Health Community Network, CHOC Health Alliance, Family Choice Health Services, Heritage Provider Network (HPN)-Regal Medical Group, Noble Community Medical Associates, Inc. of Mid-Orange County, Optum, Prospect Medical Group, and United Care Medical Network.
- The subcontracted health networks submitted data to CalOptima using a roster or an Add, Change and Term form. These formats require information that is critical for credentialing, directories, and network adequacy assessments, including provider specialties, taxonomies, locations, age range, and gender.
- CalOptima maintained oversight of its delegated entities by:
  - Conducting checks on data quality for all delegated entities such as semiannual directory audits across all entities. The Provider Data Management Team conducted audits of random provider records via an outreach call to validate information. If any deficiencies were identified, the Audit Team sent out requests for details and met with

the health network to discuss the deficiencies, which were often remediated after one meeting.
    - Health networks were required to attest to the accuracy of their data annually.
    - CalOptima runs network adequacy reports and assessments for all health networks. A status report of each health network was sent quarterly via SFTP site to each network detailing its network adequacy assessment results. Health networks were expected to review these reports and remediate the gaps to avoid receiving a corrective action plan.
- CalOptima did not identify any delegated entity network adequacy data-related items requiring corrective action during the time frame in scope of the NAV audit.

## Network Adequacy Indicator Monitoring and Reporting

HSAG's assessment of CalOptima's network adequacy indicator reporting processes included the following findings:

**Data preparation and submission to DHCS:**

- CalOptima used Quest to calculate and report network adequacy indicators.
- CalOptima used Quest software to load provider data from the 274 file and, where needed, member data extracted from Facets for network adequacy indicator monitoring and reporting.
- CalOptima maintained data control procedures to ensure accuracy and completeness of provider and member data that were merged from Facets. Data control procedures included error/discrepancy reports worked by the Provider Data Management Team to identify root causes and make necessary updates for the next submission. Comprehensive desktop procedures documented all data sources used in the report generation process, along with procedures for updating essential data for the accuracy and relevance of network adequacy reports.
- CalOptima used appropriate methodologies to assess adherence to DHCS' network adequacy standards. CalOptima established network adequacy standards in accordance with DHCS and federal law and regulations to ensure members have adequate accessibility to available services.
    - CalOptima utilized a process to submit the 274 file to DHCS every month to run network adequacy according to DHCS' guidance. Data were mapped to an X12 274 file and validated against the DHCS-provided Edifecs file. Only data that successfully passed validation were submitted to DHCS.
    - CalOptima utilized report templates that were created based on the DHCS time or distance standards and updated periodically to reflect any changes in DHCS guidelines. CalOptima utilized the 100 Points of Light mapping methodology to meet DHCS' time/ distance standards for current and assigned members. This methodology uses census data to plot 100 data points by ZIP Code in populated areas where current members live.
    - CalOptima provided each health network its accessibility analyses and mapping by provider type and ZIP Code for the entire service area. Health networks were required

to meet network adequacy standards in accordance with DHCS and federal law and regulations to ensure members have adequate accessibility to available services.

- CalOptima conducted data reasonability checks by conducting quality checks and data validation for a small sample of data and comparing the previous analysis to the current analysis for outliers, and continuing to track and trend. CalOptima's peer review ensured the accuracy of its network adequacy indicator monitoring and reporting programs.
- CalOptima maintained network adequacy indicator reports by organizing them in a structured folder system on CalOptima's secure network. Folders were categorized by year, report type, and specific health network.
- To ensure continuity of network adequacy indicator production, CalOptima maintained comprehensive desktop procedures outlining the steps required to generate the reports. The desktop procedures included programming languages and tools used to create network adequacy reports and ensured any qualified data analyst within the organization could understand and use the necessary software and codes.

HSAG identified no concerns with CalOptima's documented network adequacy indicator reporting and monitoring processes, given that DHCS was responsible for the annual calculation and reporting of all standards and indicators in scope of the review period.

## *Assessment of Data Validity*

HSAG evaluated and assessed the data methods that CalOptima used to calculate results generated for each network adequacy indicator in the scope of NAV. HSAG used indicator-specific worksheets to generate a validation rating that reflects HSAG's overall confidence that CalOptima used an acceptable methodology for all phases of design, data collection, analysis, and interpretation of the network adequacy indicator.

Overall, HSAG determined that CalOptima's **data collection procedures** were:

☒ Acceptable

☐ Not acceptable

Overall, HSAG determined that CalOptima's **network adequacy methods** were:

☒ Acceptable

☐ Not acceptable

Overall, HSAG determined that CalOptima's **network adequacy results** were:

☒ Acceptable

☐ Not acceptable

## Network Adequacy Indicator-Specific Validation Ratings

Based on the results of the ISCA combined with the virtual review and detailed validation of each indicator, HSAG assessed whether the network adequacy indicator results were valid, accurate, and reliable, and if the plan's interpretation of data was accurate. HSAG determined validation ratings for each reported network adequacy indicator. HSAG calculated the validation score for each indicator and determined the final indicator-specific validation ratings for each plan according to Table 16.

### Table 16—Indicator-Level Validation Rating Categories

| Validation Score | Validation Rating |
|---|---|
| 90.0% or greater | *High Confidence* |
| 50.0% to 89.9% | *Moderate Confidence* |
| 10.0% to 49.9% | *Low Confidence* |
| Less than 10% and/or any *Not Met* element has significant bias on the results | *No Confidence* |

No identified indicators in scope of review obtained a *Low Confidence* or *No Confidence* rating determination.

## Analysis and Conclusions

HSAG assessed DHCS' submitted results and found that CalOptima obtained a pass designation at the county level, which indicates all standards and requirements for provider ratios, time or distance, and mandatory provider types were met.

## Strengths, Opportunities for Improvement, and Recommendations

By assessing CalOptima's performance and NAV reporting processes, HSAG identified the following areas of strength and opportunities for improvement. Along with each area of opportunity, HSAG has also provided a recommendation to help target improvement.

### *Strengths*

- **Strength #1:** CalOptima had a well-defined process in place for collecting and maintaining both provider and member data in the Facets system.
- **Strength #2:** CalOptima had a comprehensive oversight process for maintaining accurate provider information received from the health networks.

- **Strength #3:** CalOptima maintained detailed process documentation for analyst creation of the network adequacy report, ensuring business continuity of the network adequacy monitoring and reporting process.

### *Opportunities for Improvement and Recommendations*

- **Opportunity #1:** Although CalOptima was conducting monitoring and oversight, CalOptima indicated challenges in aligning methodologies for calculation of network adequacy indicators to DHCS-published methodologies.
  - **Recommendation:** HSAG recommends that CalOptima evaluate the released DHCS APL and outreach to DHCS to ensure CalOptima has a clear understanding of DHCS' expectations for calculating network adequacy indicators.

## Progress Made from the Prior Year

This section is intentionally not completed since this is the first year a NAV audit was conducted for the plans in California. During future reporting cycles, HSAG will incorporate an evaluation of each plan's network adequacy standards progress made from the prior year.

# *CalViva Health*

## ISCA Findings and Data Validity

HSAG completed an ISCA for CalViva and presents the ISCA findings and assessment of any concerns related to data sources used in the NAV.

### *Information Systems Data Processing Procedures and Personnel*

HSAG evaluated the information systems data processing procedures that CalViva had in place to support network adequacy indicator reporting, which included the following findings:

- CalViva used Automated Business System (ABS) as the database management system to collect and maintain member enrollment and provider data.

HSAG evaluated the personnel that CalViva had in place to support network adequacy indicator reporting, which included the following findings:

- Programmers were trained and capable of modifying these programs. On average, programmers had four years of Quest, seven years of Access, and four years for SQL experience.

HSAG identified no concern with CalViva's information systems data processing procedures and personnel.

## Enrollment System

HSAG evaluated the information systems and processes used by CalViva to capture enrollment data for members to confirm that the system was capable of collecting data on member characteristics as specified by DHCS. HSAG's evaluation of CalViva's enrollment system included the following findings:

- Enrollment and eligibility data for CalViva members were maintained in ABS.
- CalViva received daily and monthly enrollment files in the 834 file format from DHCS.
- CalViva performed monthly reconciliation between ABS and 834 file data to ensure completeness and accuracy of enrollment data.
- CalViva's reconciliation and oversight of enrollment data included the following:
  - CalViva received daily and monthly 834 files via SFTP site. The 834 files were then translated to flat files (SRF format). ABS then picked up the SRF file; once in ABS, the new data were compared to existing data and the system would update the data as needed. During the file loading process, a fallout report was generated to capture any discrepancies. The Member Processing Team worked this report to research errors and made manual updates.
  - A manual comparison of the ABS system file to the DHCS monthly 834 member data file was made to ensure accuracy. The Membership Enrollment Team resolved any identified discrepancies.
- ABS captured and maintained both the state-issued Medicaid ID and a system-generated ID. If the Medicaid ID changed for any reason, CalViva used the system-generated ID to link enrollment history.
- CalViva identified member demographic updates based on 834 files received from DHCS. Member demographics updates were also made based on the OMNI system, which captured any member demographic updates self-reported by members. These changes were also reported to the county with the member's consent to ensure consistency on the 834 files.

HSAG identified no concern with CalViva's documented enrollment data capture, data processing, data integration, data storage, or data reporting.

## Provider Data Systems

HSAG evaluated the information systems and processes used by CalViva to capture provider data and identified the following findings:

- CalViva ensured that data received from providers were accurate and complete by verifying the accuracy and timeliness of reported data.
- The plan screened the data for completeness, logic, and consistency.
- CalViva collected data from providers in standardized formats. Providers submitted a practitioner roster (if applicable) and/or profile.

HSAG's evaluation of CalViva's provider data system(s) included the following findings:

- Provider credentialing and provider network status data were maintained in ABS.
- CalViva captured all state-required provider types and specialties in ABS.
  - CalViva's mapping of provider specialties to DHCS' provider crosswalk was reviewed by HSAG and determined to be aligned with DHCS' expectations.
- CalViva's procedures for updating and maintaining provider data included the following:
  - To track provider data over time, across multiple office locations and through changes in participation in CalViva's network, providers submitted changes by calling CalViva's provider services center, sending an email, or submitting the online profile form. Changes were reviewed and processed daily to update the provider system. The plan had an annual directory audit and quarterly attestation process in place. CalViva conducted quarterly directory accuracy audits to measure the effectiveness of its demographic and directory data integrity processes. If data discrepancies were identified, the provider was reminded of the requirement to provide advance notification of changes. CalViva updated the provider system as needed.
  - To identify providers or organizations excluded from the Medicaid and CHIP program each month, CalViva checked the CMS Preclusion List, the U.S. Department of Health and Human Services (HHS) Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE), Provider Suspended & Ineligible List (S&I List), Federal Employee Health Benefit (FEHB) Program, and the Restricted Provider Database (RPD). If the provider appeared on any of these reports with an active suspension, the provider was notified and would not become a contracted provider. CalViva verified these lists initially during contracting and then monthly.
  - CalViva required its provider network to update provider data as changes occurred via email, by calling the provider service center, or submitting an online form. Providers were made aware of this expectation by sending biannual reminders to all contracted providers to notify them 30 days in advance when demographic data change, or five days in advance of changes to accepting or not accepting new patients. Reminders were sent through email, fax, and/or mail and were posted to the provider portal.

HSAG identified no concerns with CalViva's documented provider data capture, data processing, data integration, data storage, or data reporting.

## *Delegated Entity Data and Oversight*

HSAG's assessment of CalViva's delegated entity data and oversight included the following findings:

- CalViva subcontracted all services to Health Net, which used ABS to capture all related data.
- CalViva maintained oversight of its delegated entities by:
  - Regularly reviewing key performance indicators and other data information reports.

- Holding a monthly management oversight meeting and weekly/quarterly joint workgroup meetings, including Quality Improvement, Utilization Management, Access and Availability, Appeals and Grievances, and Encounter Data meetings. The plan conducted annual audits of delegated functions.
- Requiring Health Net to provide an attestation (via a monthly data certification) to CalViva regarding the accuracy and completeness of provider data submitted in the 274 files used for network adequacy indicator monitoring and reporting.
- Using a reporting inventory which identified the reports CalViva required and the details for each report. The reporting inventory reflected the universe of reports, including the report name, a brief overview of the content, and the delivery frequency and destination.
- Requiring Health Net to provide any ad-hoc or new reports when requested by CalViva.
- Notifying Health Net of any deficiencies and requiring Health Net to provide an action plan to satisfy the deficiency.

- CalViva did not identify any delegated entity network adequacy data-related items requiring corrective action for October 2023 in scope of the NAV audit.

## *Network Adequacy Indicator Monitoring and Reporting*

HSAG's assessment of CalViva's network adequacy indicator reporting processes included the following findings:

**Data preparation and submission to DHCS:**

- CalViva used Quest to calculate and report network adequacy indicators.
- CalViva integrated provider data from the Oracle data warehouse utilizing SQL. Data were then uploaded to Access and Quest for network adequacy indicator monitoring and reporting.
- CalViva maintained data control procedures to ensure accuracy and completeness of data merges between provider and member data sources (e.g., ABS and the 834 file) and downstream systems (e.g., ABS, Oracle Data Warehouse, and Access) that were used for network adequacy reporting. Provider and member data from Access were validated for integration into Quest using record count comparisons. CalViva ensured that monthly 274 file data were submitted to DHCS accurately and in a timely manner and any deficiencies identified were resolved. CalViva also addressed findings if any in the DHCS Quarterly Monitoring Report Template (QMRT).
- CalViva used appropriate methodologies to assess adherence to DHCS' network adequacy standards.
  - For time or distance, CalViva integrated member and provider data into Quest. DHCS' population points and plan provider data were merged to create time or distance indicator reports.
  - Plan membership and provider data were merged to create provider ratio reports.
  - Each mandatory provider type indicator was reviewed to confirm adherence to standards.

- CalViva maintained historic documentation of network adequacy indicator reports by archiving program logic in report-specific department drives following revisions. Reports were labeled using revision dates and numbers.
- CalViva used peer report review to conduct data quality checks.
- To ensure continuity of network adequacy indicator production, CalViva maintained internal backup programmers for production of network adequacy reports. CalViva maintained internal desktop documentation for report production.

**Ongoing monitoring activities:**

- CalViva's Provider Network Management team completed quarterly reviews of network adequacy reports to evaluate any network gaps and development opportunities.

HSAG identified no concerns with CalViva's documented network adequacy indicator reporting and monitoring processes, given that DHCS was responsible for the annual calculation and reporting of all standards and indicators in scope of the review period.

## *Assessment of Data Validity*

HSAG evaluated and assessed the data methods that CalViva used to calculate results generated for each network adequacy indicator in the scope of NAV. HSAG used indicator-specific worksheets to generate a validation rating that reflects HSAG's overall confidence that CalViva used an acceptable methodology for all phases of design, data collection, analysis, and interpretation of the network adequacy indicator.

Overall, HSAG determined that CalViva's **data collection procedures** were:

☒ Acceptable

☐ Not acceptable

Overall, HSAG determined that CalViva's **network adequacy methods** were:

☒ Acceptable

☐ Not acceptable

Overall, HSAG determined that CalViva's **network adequacy results** were:

☒ Acceptable

☐ Not acceptable

## Network Adequacy Indicator-Specific Validation Ratings

Based on the results of the ISCA combined with the virtual review and detailed validation of each indicator, HSAG assessed whether the network adequacy indicator results were valid, accurate, and reliable, and if the plan's interpretation of data was accurate. HSAG determined validation ratings for each reported network adequacy indicator. HSAG calculated the validation score for each indicator and determined the final indicator-specific validation ratings for each plan according to Table 17.

### Table 17—Indicator-Level Validation Rating Categories

| Validation Score | Validation Rating |
|---|---|
| 90.0% or greater | *High Confidence* |
| 50.0% to 89.9% | *Moderate Confidence* |
| 10.0% to 49.9% | *Low Confidence* |
| Less than 10% and/or any *Not Met* element has significant bias on the results | *No Confidence* |

No identified indicators in scope of review obtained a *Low Confidence* or *No Confidence* rating determination.

## Analysis and Conclusions

HSAG assessed DHCS' submitted results and found that CalViva obtained a pass designation at the county level, which indicates that all standards and requirements for provider ratios, time or distance, and mandatory provider types were met.

## Strengths, Opportunities for Improvement, and Recommendations

By assessing CalViva's performance and NAV reporting processes, HSAG identified the following areas of strength and opportunities for improvement. Along with each area of opportunity, HSAG has also provided a recommendation to help target improvement.

### *Strengths*

- **Strength #1:** CalViva had a well-defined process in place for oversight of its delegated entities.

### *Opportunities for Improvement and Recommendations*

- **Opportunity #1:** CalViva reported challenges with internal monitoring of provider ratios due to uncertainty in guidelines of expected methodologies to be used. In addition, CalViva used a methodology, 100 Points of Light, for calculation of member addresses as part of internal monitoring. DHCS' guidance through APLs referenced a different methodology used by DHCS for network adequacy calculation.
  - **Recommendation:** HSAG recommends that CalViva work with DHCS to identify and clarify methodologies used by DHCS for calculation of network adequacy indicators, to ensure CalViva's efforts are meeting DHCS' expectations.

## Progress Made from the Prior Year

This section is intentionally not completed since this is the first year a NAV audit was conducted for the plans in California. During future reporting cycles, HSAG will incorporate an evaluation of each plan's network adequacy standards progress made from the prior year.

# Central California Alliance for Health

## ISCA Findings and Data Validity

HSAG completed an ISCA for CCAH and presents the ISCA findings and assessment of any concerns related to data sources used in the NAV.

### Information Systems Data Processing Procedures and Personnel

HSAG evaluated the information systems data processing procedures that CCAH had in place to support network adequacy indicator reporting, which included the following findings:

- CCAH utilized Health Solutions Plus (HSP) as the database management system for member enrollment and eligibility data.
- CCAH used symplr (eVIPS) as the database management system for provider data, and then the data were entered into the provider data repository (PDR). SQL queries were run to pull provider and member data into Quest for network adequacy monitoring and reporting.

HSAG evaluated the personnel that CCAH had in place to support network adequacy indicator reporting, which included the following findings:

- CCAH had three programmers and three report developers with an average of 10–15 years of relevant experience.

HSAG identified no concerns with CCAH's information systems data processing procedures and personnel.

### Enrollment System

HSAG evaluated the information systems and processes used by CCAH to capture enrollment data for members to confirm that the system was capable of collecting data on member characteristics as specified by DHCS. HSAG's evaluation of CCAH's enrollment system included the following findings:

- Enrollment and eligibility data were maintained in HSP.
- CCAH received daily incremental and monthly full enrollment files in the 834 file format from DHCS.
- CCAH's reconciliation and oversight of enrollment data included:
  - Daily error log(s) files populated with data that failed to load. Operations analysts worked error logs and updated member data as needed to ensure HSP membership data were accurate.

  - The membership audit reports populated each day with data that were already loaded into HSP, but these member data triggered errors such as incomplete or duplicated data, and data that conflict with load logic. Operations analysts reviewed and researched audit reports and updated HSP as needed to ensure HSP membership data were accurate.
- CCAH utilized the member's unique member identification number or CIN issued by DHCS.
- CCAH identified member demographic updates provided by DHCS' 834 file for new enrollments. CCAH ran member data through Melissa Data, which standardized address formats and confirmed whether the address could accept United States Postal Service (USPS) deliveries. Additionally, a member data configuration analyst researched, reconciled, and corrected any discrepancies for an accurate and successful load using DHCS' Medi-Cal Eligibility Data System (MEDS) as the source of truth and USPS website for verification of those addresses that were errored out due to invalid format or data entry (e.g., avenue versus street, wrong ZIP Code for city and state). Addresses were also verified when a member contacted the call center.

HSAG identified no concerns with CCAH's documented enrollment data capture, data processing, data integration, data storage, or data reporting.

## *Provider Data Systems*

HSAG evaluated the information systems and processes used by CCAH to capture provider data and identified the following findings:

- CCAH ensured that data received from providers were accurate and complete by verifying the accuracy and timeliness of reported data.
- CCAH screened the data for completeness, logic, and consistency.
- CCAH collected data from providers in standardized formats such as credential applications from providers and then entered the data into a tracking list and the PDR.

HSAG's evaluation of CCAH's provider data system(s) included the following findings:

- Provider credentialing data were maintained in symplr (eVIPS).
- Provider network status data were maintained in the CCAH PDR.
- CCAH captured all state-required provider types and specialties in the PDR.
  - CCAH's mapping of provider specialties to DHCS' provider crosswalk was reviewed by HSAG and determined to be aligned with DHCS' expectations.
- CCAH's procedures for updating and maintaining provider data included the following:
  - The initial submission of provider data required a provider information request form with basic information such as practice address, billing address, taxpayer identification number (TIN), rendering and billing National Provider Identifier (NPI), and contact information in case CCAH needed to outreach after completing PSV of the data.
  - CCAH performed PSV and validated data. The plan contacted providers if any information was missing during initial credentialing of the provider application before

entering information into the system. Every three years CCAH revalidated credentials and required providers to review and update or verify their information.
- The annual provider directory outreaches were conducted to ensure provider data were accurately reflected in the directories.
- Provider addresses were also run through Melissa Data to ensure provider address accuracy.
- CCAH staff reviewed the 274 files against prior months' files and investigated any anomalies. If any discrepancies were found, applicable teams were consulted (provider relations/credentialing/application services/provider data configuration) to identify the root cause and resolve the issue.
- CCAH required providers to submit demographic data updates on the CCAH provider Web portal. Providers notified provider relations representatives of any changes via fax, email, phone, or in-person visit.

HSAG identified no concerns with CCAH's documented provider data capture, data processing, data integration, data storage, or data reporting.

## Delegated Entity Data and Oversight

HSAG's assessment of CCAH's delegated entity data and oversight included the following findings:

- CCAH subcontracted behavior health to Carelon which submitted Excel files for all related data.
- CCAH maintained oversight of its delegated entities by:
  - Ensuring that delegates met all of CCAH's standards through a pre-delegation assessment and approval process for new delegates; ongoing annual verification of delegation; and continuous oversight, monitoring, and evaluation of delegated activities.
  - Requiring a data certification from delegated entities to be sent monthly.
  - Requiring delegated entities to attest to the accuracy of their data at a specified frequency.
- CCAH reviewed any inaccuracies as identified when submitting the 274 file monthly.
- CCAH did not identify any delegated entity network adequacy data-related items requiring corrective action for October 2023 in scope of the NAV audit.

## Network Adequacy Indicator Monitoring and Reporting

HSAG's assessment of CCAH's network adequacy indicator reporting processes included the following findings:

**Data preparation and submission to DHCS:**

- CCAH used Quest to calculate and report network adequacy indicators.

- CCAH integrated the 274 extract and membership data via SQL and DHCS' population points for network adequacy indicator reporting. Population points for ZIP Code 95343 in Merced County were included.
- CCAH maintained data control procedures to ensure accuracy and completeness of data merges from its DHCS 274 extract and HSP.
- CCAH used appropriate methodologies to assess adherence to DHCS' network adequacy standards. CCAH utilized DHCS' 100 population points to ensure all members were captured in the calculation, including homeless and PO Box addresses. CCAH maps were provided by each specialty for each location.
- CCAH conducted data reasonability checks using monthly trending of member data. CCAH compared monthly 274 extracts with prior months' data. If any anomalies were identified, applicable teams were consulted for issue resolution.
- CCAH maintained network adequacy indicator reports by saving the reports on the secure drive with an appropriate naming convention. The secure drive was restricted to role-based access.
- CCAH conducted data quality checks, and provider counts were completed by the EDI Team before the 274 files were submitted to DHCS.
- To ensure continuity of network adequacy indicator production, CCAH maintained backups for programmers who produced the network adequacy indicator reports. Work instructions and historical network adequacy reports were accessible for staff reference.

**Ongoing monitoring activities:**

- Executive leadership reviewed all standards and indicators quarterly. Network adequacy reports were trended with previous months.

HSAG identified no concerns with CCAH's documented network adequacy indicator reporting and monitoring processes, given that DHCS was responsible for the annual calculation and reporting of all standards and indicators in scope of the review period.

## *Assessment of Data Validity*

HSAG evaluated and assessed the data methods that CCAH used to calculate results generated for each network adequacy indicator in the scope of NAV. HSAG used indicator-specific worksheets to generate a validation rating that reflects HSAG's overall confidence that CCAH used an acceptable methodology for all phases of design, data collection, analysis, and interpretation of the network adequacy indicator.

Overall, HSAG determined that CCAH's **data collection procedures** were:

☒ Acceptable

☐ Not acceptable

Overall, HSAG determined that CCAH's **network adequacy methods** were:

☒ Acceptable

☐ Not acceptable

Overall, HSAG determined that CCAH's **network adequacy results** were:

☒ Acceptable

☐ Not acceptable

## Network Adequacy Indicator-Specific Validation Ratings

Based on the results of the ISCA combined with the virtual review and detailed validation of each indicator, HSAG assessed whether the network adequacy indicator results were valid, accurate, and reliable, and if the plan's interpretation of data was accurate. HSAG determined validation ratings for each reported network adequacy indicator. HSAG calculated the validation score for each indicator and determined the final indicator-specific validation ratings for each plan according to Table 18.

### Table 18—Indicator-Level Validation Rating Categories

| Validation Score | Validation Rating |
|---|---|
| 90.0% or greater | *High Confidence* |
| 50.0% to 89.9% | *Moderate Confidence* |
| 10.0% to 49.9% | *Low Confidence* |
| Less than 10% and/or any *Not Met* element has significant bias on the results | *No Confidence* |

No identified indicators in scope of review obtained a *Low Confidence* or *No Confidence* rating determination.

## Analysis and Conclusions

HSAG assessed DHCS' submitted results and found that CCAH obtained a pass designation at the county level, which indicates that all standards and requirements for provider ratios, time or distance, and mandatory provider types were met.

# Strengths, Opportunities for Improvement, and Recommendations

By assessing CCAH's performance and NAV reporting processes, HSAG identified the following areas of strength and opportunities for improvement. Along with each area of opportunity, HSAG has also provided a recommendation to help target improvement.

## *Strengths*

- **Strength #1:** CCAH conducted quarterly provider directory validation activities to ensure accurate and complete provider information was maintained.

## *Opportunities for Improvement and Recommendations*

- **Opportunity #1:** CCAH reported challenges with internal monitoring of provider ratios due to uncertainty in guidelines of expected methodologies to be used. In addition, CCAH uses a methodology, 100 Points of Light, for calculation of member addresses as part of internal monitoring. DHCS referenced a different methodology through the APLs distributed by DHCS for network adequacy calculation.
  - **Recommendation:** HSAG recommends that CCAH work with DHCS to identify and clarify methodologies used by DHCS for calculation of network adequacy indicators, to ensure CCAH's efforts are meeting DHCS' expectations.

# Progress Made from the Prior Year

This section is intentionally not completed since this is the first year a NAV audit was conducted for the plans in California. During future reporting cycles, HSAG will incorporate an evaluation of each plan's network adequacy standards progress made from the prior year.

# Contra Costa Health Plan

## ISCA Findings and Data Validity

HSAG completed an ISCA for CCHP and presents the ISCA findings and assessment of any concerns related to data sources used in the NAV.

### Information Systems Data Processing Procedures and Personnel

HSAG evaluated the information systems data processing procedures that CCHP had in place to support network adequacy indicator reporting, which included the following findings:

- CCHP used Epic Tapestry (Epic) as the database management system to collect and maintain provider and member enrollment data.
- CCHP used Provider Management Information System (PMIS) as the database management system to maintain provider credentialing data.

HSAG evaluated the personnel that CCHP had in place to support network adequacy indicator reporting, which included the following findings:

- CCHP had four staff programmers with an average of 15 years of programming experience.

HSAG identified no concerns with CCHP's information systems data processing procedures and personnel.

### Enrollment System

HSAG evaluated the information systems and processes used by CCHP to capture enrollment data for members to confirm that the system was capable of collecting data on member characteristics as specified by DHCS. HSAG's evaluation of CCHP's enrollment system included the following findings:

- Enrollment and eligibility data for CCHP members were maintained in Epic.
- CCHP received monthly enrollment files in the 834 file format from DHCS.
- CCHP performed weekly reconciliation between Epic and the DHCS 834 file to ensure completeness and accuracy of enrollment data.
- CCHP's reconciliation and oversight of enrollment data included the following:
  - CCHP used weekly Epic reports to identify any data discrepancies in loading of the DHCS 834 file. Reports were cumulative and flagged errors until resolved by the membership maintenance unit.
- Epic captured and maintained both the state-issued CIN and a system-generated ID. If the Medicaid ID changed for any reason, CCHP used the system-generated ID to link enrollment history.

- CCHP identified member demographic updates based on 834 enrollment file data. When members called the plan with updated demographics, CCHP utilized the Automated Eligibility Verification System (AEVS) to verify contact information that did not match information contained in Epic membership data.

HSAG identified no concerns with CCHP's documented enrollment data capture, data processing, data integration, data storage, or data reporting.

## Provider Data Systems

HSAG evaluated the information systems and processes used by CCHP to capture provider data and identified the following findings:

- CCHP ensured that data received from providers were accurate and complete by verifying the accuracy and timeliness of reported data.
- CCHP screened the data for completeness, logic, and consistency.
- CCHP collected data from providers in standardized formats to the extent feasible and appropriate.

HSAG's evaluation of CCHP's provider data system(s) included the following findings:

- Provider credentialing data were maintained in PMIS.
- Provider network status data were maintained in Epic.
- CCHP captured all state-required provider types and specialties in PMIS.
  - CCHP's mapping of provider specialties to DHCS' provider crosswalk was reviewed by HSAG and determined to be aligned with DHCS' expectations.
- CCHP's procedures for updating and maintaining provider data included the following:
  - Provider practice locations were stored in Epic. Provider data were updated in Epic as change notifications were received, in order to track providers over time, across multiple office locations, and through changes in participation in CCHP's network.
  - CCHP performed validations to identify providers excluded from the Medicaid program monthly and during the initial contracting process. Excluded providers were documented in PMIS and were not included in the 274 file data that were used to map provider addresses for network adequacy calculations.
  - CCHP required providers within its network to update data as changes occurred, quarterly, and every three years during recredentialing. Provider type, name, and specialty changes were required to be self-reported by the provider quarterly. Providers were notified of this requirement via contract language.

HSAG identified no concerns with CCHP's documented provider data capture, data processing, data integration, data storage, or data reporting.

## Delegated Entity Data and Oversight

HSAG's assessment of CCHP's delegated entity data and oversight included the following findings:

- CCHP subcontracted delegated credentialing to John Muir Medical Center, University of California, San Francisco (UCSF) Medical Group, Stanford Medical Center, and Lucile Packard Medical Group, which used PMIS to capture all related data.
- CCHP maintained oversight of its delegated entities by:
  - Conducting annual audits.
  - Collecting monthly reports in a standardized format, inclusive of contractually required data elements.
  - Holding quarterly joint operations committee meetings to review key performance metrics and results of ongoing monitoring of delegated entity data.
- CCHP did not identify any delegated entity network adequacy data-related items requiring corrective action for the time frame in scope of the NAV audit.

## Network Adequacy Indicator Monitoring and Reporting

HSAG's assessment of CCHP's network adequacy indicator reporting processes included the following findings:

**Data preparation and submission to DHCS:**

- CCHP utilized Quest and SQL queries to calculate and report network adequacy indicators.
- CCHP integrated data extracts based on the DHCS 274 file. Census data were used as the data source for plan membership for GeoAccess monitoring and reporting of time or distance standards.
- CCHP maintained data control procedures to ensure accuracy and completeness of data sources that were integrated into Quest. The plan utilized quality assurance checks performed as part of the 274 file submission process. The Provider Relations Team completed the review prior to DHCS submission. Additionally, there were quarterly reviews of specialty provider counts. Provider ratios were reviewed quarterly.
- CCHP used appropriate methodologies to assess adherence to DHCS' network adequacy standards. CCHP calculated time or distance indicators using the DHCS 274 file submission as the provider data source. These data were inserted into a SQL table and geocoded in Quest. According to approved guidance from DHCS, member data were based on U.S. Census data for Contra Costa County. The plan applied parameters for calculation at 25 percent of the Contra Costa County census population, enabling analysis of approximately 260,000 geographical coordinates across the county. CCHP calculated provider ratios using the plan's 274 file and membership data from Epic.
- CCHP conducted data reasonability checks using quarterly report reviews. Data were evaluated for anomalies by comparing expected results with the past quarter. The provider

relations Network Management Team and the business intelligence (BI) analyst reviewed reports.

- CCHP maintained network adequacy indicator reports by archiving and labeling reports by date. CCHP had access to view archived files and maintained a history of changes.
- CCHP's network adequacy data quality checks were performed by Quest. Quest worked with the plan's Network Management Team to review results and advised the Provider Management Team if a review was required.
- To ensure continuity of network adequacy indicator production, CCHP utilized code version control. The plan had a documented Quest process for network adequacy indicator monitoring and reporting.

**Ongoing monitoring activities:**

- CCHP's Network Management Team reviewed network adequacy reports quarterly. Data were evaluated for anomalies by comparing expected results with past quarter results.

HSAG identified no concerns with CCHP's documented network adequacy indicator reporting and monitoring processes, given that DHCS was responsible for the annual calculation and reporting of all standards and indicators in scope of the review period.

## *Assessment of Data Validity*

HSAG evaluated and assessed the data methods that CCHP used to calculate results generated for each network adequacy indicator in the scope of NAV. HSAG used indicator-specific worksheets to generate a validation rating that reflects HSAG's overall confidence that CCHP used an acceptable methodology for all phases of design, data collection, analysis, and interpretation of the network adequacy indicator.

Overall, HSAG determined that CCHP's **data collection procedures** were:

☒ Acceptable

☐ Not acceptable

Overall, HSAG determined that CCHP's **network adequacy methods** were:

☒ Acceptable

☐ Not acceptable

Overall, HSAG determined that CCHP's **network adequacy results** were:

☒ Acceptable

☐ Not acceptable

## Network Adequacy Indicator-Specific Validation Ratings

Based on the results of the ISCA combined with the virtual review and detailed validation of each indicator, HSAG assessed whether the network adequacy indicator results were valid, accurate, and reliable, and if the plan's interpretation of data was accurate. HSAG determined validation ratings for each reported network adequacy indicator. HSAG calculated the validation score for each indicator and determined the final indicator-specific validation ratings for each plan according to Table 19.

### Table 19—Indicator-Level Validation Rating Categories

| Validation Score | Validation Rating |
|---|---|
| 90.0% or greater | *High Confidence* |
| 50.0% to 89.9% | *Moderate Confidence* |
| 10.0% to 49.9% | *Low Confidence* |
| Less than 10% and/or any *Not Met* element has significant bias on the results | *No Confidence* |

No identified indicators in scope of review obtained a *Low Confidence* or *No Confidence* rating determination.

## Analysis and Conclusions

HSAG assessed DHCS' submitted results and found that CCHP obtained a pass designation at the county level, which indicates that all standards and requirements for provider ratios, time or distance, and mandatory provider types were met.

## Strengths, Opportunities for Improvement, and Recommendations

By assessing CCHP's performance and NAV reporting processes, HSAG identified the following areas of strength and opportunities for improvement. Along with each area of opportunity, HSAG has also provided a recommendation to help target improvement.

### *Strengths*

- **Strength #1:** CCHP demonstrated its capability of maintaining an adequate provider network to service its members which included comprehensive contracting, provider data maintenance, and reporting methods.

### Opportunities for Improvement and Recommendations

HSAG identified no specific opportunities for improvement related to the data collection and management processes CCHP had in place to inform network adequacy standard and indicator calculations.

## Progress Made from the Prior Year

This section is intentionally not completed since this is the first year a NAV audit was conducted for the plans in California. During future reporting cycles, HSAG will incorporate an evaluation of each plan's network adequacy standards progress made from the prior year.

# CenCal Health

## ISCA Findings and Data Validity

HSAG completed an ISCA for CenCal and presents the ISCA findings and assessment of any concerns related to data sources used in the NAV.

### Information Systems Data Processing Procedures and Personnel

HSAG evaluated the information systems data processing procedures that CenCal had in place to support network adequacy indicator reporting, which included the following findings:

- CenCal used HIS Oracle Production (HIS) as the database management system to collect and maintain member enrollment and provider data.

HSAG evaluated the personnel that CenCal had in place to support network adequacy indicator reporting, which included the following findings:

- CenCal had one trained analyst with 15–20 years of experience.

HSAG identified no concerns with CenCal's information systems data processing procedures and personnel.

### Enrollment System

HSAG evaluated the information systems and processes used by CenCal to capture enrollment data for members to confirm that the system was capable of collecting data on member characteristics as specified by DHCS. HSAG's evaluation of CenCal's enrollment system included the following findings:

- Enrollment and eligibility data for CenCal's members were maintained in HIS.

- CenCal received daily incremental and monthly full enrollment files in the 834 file format from DHCS.
- CenCal performed reconciliation between HIS and 834 file data to ensure completeness and accuracy of enrollment data on the first and 15th day of each month. Any updates or identified discrepancies were reported to the Department of Social Services (DSS) and DHCS.
- CenCal's reconciliation and oversight of enrollment data included the following:
  - CenCal utilized an automated validation process to perform real-time validation on incoming member data from the 834 file.
  - The process identified any missing, incomplete, or duplicate information. Rejected records were sent to DSS for resolution.
  - All historical enrollment data were determined by DSS, including retroactive enrollment. HIS archived all 834 file changes and stored all records over time.
- CenCal utilized the member's Medicaid ID as the member ID. DSS assigned the unique member ID number, known as a CIN. CenCal did not assign member IDs. The CIN number was used for all members who disenroll and reenroll. CenCal tracked member enrollment through the monthly 834 eligibility file. HIS recorded all history received for eligibility records for each individual member as received via the 834 files historically.
- CenCal identified member demographic updates based on 834 files and member self-reported changes made via the member portal or member's phone call. Only address, language, and race updates were made manually. Members were notified to contact their county Medi-Cal office for other data elements. Once the manual updates were made, CenCal updated bimonthly reports sent to DSS to be reflected on 834 files.

HSAG identified no concerns with CenCal's documented enrollment data capture, data processing, data integration, data storage, or data reporting.

## *Provider Data Systems*

HSAG evaluated the information systems and processes used by CenCal to capture provider data and identified the following findings:

- CenCal ensured that data received from providers were accurate and complete by verifying the accuracy and timeliness of reported data.
- The plan screened the data for completeness, logic, and consistency.
- The plan collected data from providers via a physician provider onboarding packet that included a California participating physician application or CAQH profile.

HSAG's evaluation of CenCal's provider data system(s) included the following findings:

- Provider credentialing data were maintained in HIS.
- Provider network status data were maintained in HIS.
- CenCal captured all state-required provider types and specialties in HIS.

- CenCal's mapping of provider specialties to DHCS' provider crosswalk was reviewed by HSAG and determined to be aligned with DHCS' expectations.

- CenCal's procedures for updating and maintaining provider data included the following:
  - To track providers over time, across multiple office locations and through changes in participation, the provider services data entry staff were responsible for entering all data into the provider maintenance system.
  - CenCal used provider data verification and a data cleaning process involving PSV of all provider credentials. The Data Team conducted a quality assurance review as a peer review assigned to the newly contracted provider to ensure data accuracy within two days of contracting.
  - A formal audit was conducted within five days of data entry by a provider service data auditor to ensure overall accuracy. Any errors or discrepancies were shared with the Data Entry Team to be corrected within two days. Provider updates were made as needed between credentialing cycles, with direct verification from the group or provider when necessary.
  - CenCal followed all DHCS and NCQA provider network requirements. CenCal required its provider network to update provider data as changes occurred via email and provider roster process. Providers were trained to submit updates via the plan's online provider portal as changes occurred. CenCal's provider directory included a dedicated email address, a telephone number, and an online form where existing or potential inaccuracies could be reported.
  - Both members and providers had the ability to report any provider directory discrepancies. Upon receipt of notice, CenCal investigated and made necessary updates to the provider data within 30 days. CenCal conducted monthly audits of provider data by performing provider outreach and online verification.
  - CenCal monitored the DHCS S&I list to ensure that any network provider on the list was removed from the online and print directories upon identification. This list was reviewed by CenCal at the time of initial credentialing and monthly thereafter.

HSAG identified no concerns with CenCal's documented provider data capture, data processing, data integration, data storage, or data reporting.

## *Delegated Entity Data and Oversight*

HSAG's assessment of CenCal's delegated entity data and oversight included the following findings:

- CenCal subcontracted credentialing and recredentialing to four medical groups:
  - Sansum Clinic, Children's Hospital Los Angeles (CHLA) Medical Group, UCLA Medical Group, and ChildNet captured provider data. These four medical groups submitted provider data via rosters and provider profiles for practitioners who rendered services to CenCal members.

- CenCal maintained oversight of its delegated entities by:
  - Ongoing monitoring of data accuracy and integrity for delegated functions through annual assessments, as dictated by NCQA standards for delegation oversight.
  - Delegated entities did not perform network adequacy analysis or calculations. However, delegated entities submitted provider data via rosters and profiles which were incorporated into CenCal's HIS Oracle Production system, from which CenCal performed network adequacy analysis.
  - CenCal's delegates were contractually required to submit reports consisting of complete, accurate, reasonable, and timely provider data in order for CenCal to meet its provider data reporting requirements to DHCS' network adequacy indicator monitoring and reporting.
  - CenCal monitored performance of delegated functions (credentialing and recredentialing) no less than semiannually. An annual assessment/audit of each delegate was also completed, utilizing NCQA credentialling accreditation standards. If deficiencies with delegate data were discovered, CenCal worked with the delegated provider to correct and resubmit the data via a roster or provider profile. CenCal staff reviewed the updated data to ensure the deficiencies were corrected. All corrections were made within five business days of receipt.

## *Network Adequacy Indicator Monitoring and Reporting*

HSAG's assessment of CenCal's network adequacy indicator reporting processes included the following findings:

**Data preparation and submission to DHCS:**

- CenCal used Quest to calculate and report network adequacy indicators.
- CenCal maintained data control procedures to ensure accuracy and completeness of data via monthly and daily updates to member and provider data. Data repositories were updated nightly, ensuring clean data were reported and compared during the reporting process.
- CenCal used appropriate methodologies to assess adherence to DHCS' network adequacy standards. The monthly member eligibility file and practitioner data extracted from HIS were used to calculate provider ratios. Mandatory provider types were identified from various sources provided by DHCS to ensure the plan's network met the requirements for each type. Time or distance indicators were analyzed by using member addresses and provider data extracted from HIS and calculated using Quest. Actual driving time or distance was calculated using representational data points for members, using either the 100 Points of Light methodology, or for 2023, representational points provided by DHCS, to ensure coverage of all ZIP Codes for members and potential members.
- CenCal conducted data reasonability checks using regular data comparison checks for both member and provider data.

**Ongoing monitoring activities:**

- For ANC, the provider services department manager and director completed the review. The provider services department manager and director as well as the relevant CenCal committee reviewed quarterly monitoring reports.
- Network adequacy indicators were calculated quarterly for internal monitoring. CenCal submitted network adequacy indicators to DHCS annually. CenCal conducted complex testing on network adequacy reports. Several rounds of quality assurance and data validation went into reporting development efforts.
- To ensure continuity of network adequacy indicator production, CenCal had several developers and programmers who were knowledgeable in the production of network adequacy data development. Additionally, regular cross training was completed by key staff members involved in the process.

HSAG identified no concerns with CenCal's documented network adequacy indicator reporting and monitoring processes, given that DHCS was responsible for the annual calculation and reporting of all standards and indicators in scope of the review period.

## *Assessment of Data Validity*

HSAG evaluated and assessed the data methods that CenCal used to calculate results generated for each network adequacy indicator in the scope of NAV. HSAG used indicator-specific worksheets to generate a validation rating that reflects HSAG's overall confidence that CenCal used an acceptable methodology for all phases of design, data collection, analysis, and interpretation of the network adequacy indicator.

Overall, HSAG determined that CenCal's **data collection procedures** were:

☒ Acceptable

☐ Not acceptable

Overall, HSAG determined that CenCal's **network adequacy methods** were:

☒ Acceptable

☐ Not acceptable

Overall, HSAG determined that CenCal's **network adequacy results** were:

☒ Acceptable

☐ Not acceptable

## Network Adequacy Indicator-Specific Validation Ratings

Based on the results of the ISCA combined with the virtual review and detailed validation of each indicator, HSAG assessed whether the network adequacy indicator results were valid, accurate, and reliable, and if the plan's interpretation of data was accurate. HSAG determined validation ratings for each reported network adequacy indicator. HSAG calculated the validation score for each indicator and determined the final indicator-specific validation ratings for each plan according to Table 20.

### Table 20—Indicator-Level Validation Rating Categories

| Validation Score | Validation Rating |
|---|---|
| 90.0% or greater | *High Confidence* |
| 50.0% to 89.9% | *Moderate Confidence* |
| 10.0% to 49.9% | *Low Confidence* |
| Less than 10% and/or any *Not Met* element has significant bias on the results | *No Confidence* |

No identified indicators in scope of review obtained a *Low Confidence* or *No Confidence* rating determination.

## Analysis and Conclusions

HSAG assessed DHCS' submitted results and found that CenCal obtained a pass designation at the county level, which indicates that all standards and requirements for provider ratios, time or distance, and mandatory provider types were met.

## Strengths, Opportunities for Improvement, and Recommendations

By assessing CenCal's performance and NAV reporting processes, HSAG identified the following areas of strength and opportunities for improvement. Along with each area of opportunity, HSAG has also provided a recommendation to help target improvement.

### *Strengths*

- **Strength #1:** CenCal demonstrated a comprehensive process for conducting ongoing monitoring and validation of provider information to ensure accurate, complete, and timely updates are captured.

### *Opportunities for Improvement and Recommendations*

- **Opportunity #1:** CenCal reported challenges with internal monitoring of provider ratios due to uncertainty in guidelines of expected methodologies to be used. In addition, CenCal used a methodology, 100 Points of Light, for calculation of member addresses as part of internal monitoring, which was observed to differ from the DHCS APL guidance.
  - **Recommendation:** HSAG recommends that CenCal work with DHCS to identify and clarify methodologies used by DHCS for calculation of network adequacy indicators, to ensure CenCal's efforts are meeting DHCS' expectations.

## Progress Made from the Prior Year

This section is intentionally not completed since this is the first year a NAV audit was conducted for the plans in California. During future reporting cycles, HSAG will incorporate an evaluation of each plan's network adequacy standards progress made from the prior year.

# *Community Health Group Partnership Plan*

## ISCA Findings and Data Validity

HSAG completed an ISCA for CHG and presents the ISCA findings and assessment of any concerns related to data sources used in the NAV.

### *Information Systems Data Processing Procedures and Personnel*

HSAG evaluated the information systems data processing procedures that CHG had in place to support network adequacy indicator reporting, which included the following findings:

- CHG used symplr (eVIPS) as the database management system to collect and maintain provider data.
- CHG used QNXT as the database management system to collect and maintain member enrollment data.

HSAG evaluated the personnel that CHG had in place to support network adequacy indicator reporting, which included the following findings:

- CHG's Informatics Department had three programmers trained and capable of modifying SQL and the Quest Application Programming Interface (API).
- The Informatics Department's programmers had over 14 years of experience on average.

HSAG identified no concerns with CHG's information systems data processing procedures and personnel.

## Enrollment System

HSAG evaluated the information systems and processes used by CHG to capture enrollment data for members to confirm that the system was capable of collecting data on member characteristics as specified by DHCS. HSAG's evaluation of CHG's enrollment system included the following findings:

- Enrollment and eligibility data for CHG members were maintained in QNXT.
- CHG received daily and monthly enrollment files in the 834 file format from DHCS.
- CHG performed monthly reconciliation between QNXT and DHCS data to ensure completeness and accuracy of enrollment data.
- CHG's reconciliation and oversight of enrollment data included the following:
  - After completing every monthly enrollment process, CHG ran a series of reports on common data concerns to keep track of missing, incomplete, or incorrect data. When discrepancies were discovered, the Enrollment Department looked up the member in the State and federal government systems of record.
  - CHG maintained a monthly call log with all member demographic discrepancies and sent a report to DHCS monthly with all member demographic changes that CHG made in the QNXT system.
  - Any manual edits made to member enrollment records were logged with the Enrollment Department's staff/username, date, time, and update made in QNXT audit tables.
- The QNXT system captured and maintained both the state-issued Medicaid ID and a QNXT-generated subscriber ID. If the Medicaid ID changed for any reason, CHG used the QNXT-generated subscriber ID to link enrollment history.
- CHG identified member demographic updates based on DHCS' 834 eligibility file and member-reported changes. In cases where there was a lag in the data reported via the 834 file, CHP's Enrollment Department updated the member record with the change, documented the previous information in a QNXT note, and used the updated member-reported information as the source of truth until the 834 file reflected the update.

HSAG identified no concerns with CHG's documented enrollment data capture, data processing, data integration, data storage, or data reporting.

## Provider Data Systems

HSAG evaluated the information systems and processes used by CHG to capture provider data and identified the following findings:

- CHG ensured that data received from providers were accurate and complete by verifying the accuracy and timeliness of reported data. CHG conducted PSV for initial credentialing and recredentialing processes. CHG has 16 medical groups who are delegated for the credentialing process. The delegated entities were audited by Health Industry Collaboration Effort (HICE) quarterly. Additionally, all contracted providers attested to the accuracy of their data every quarter, which included addresses and phone numbers.

- CHG screened the data for completeness, logic, and consistency.
- CHG collected data from providers in standardized formats (e.g., provider applications during initial credentialing, then every three years at recredentialing, through downloading and comparing with the monthly Medicaid Enrollment Master Data file, and quarterly provider attestations) to the extent feasible and appropriate.

HSAG's evaluation of CHG's provider data system(s) included the following findings:

- Provider credentialing data were maintained in the symplr (eVIPS) system and then manually entered in QNXT by CHG's Provider Enrollment Team.
- Provider network status data were maintained in the symplr (eVIPS) system. CHG relied on its PDR to capture all active group sites and providers. Using SQL programming script, a series of tables were created. A quality control mechanism within the PDR generated an error/warning report in the event of data errors or panel size limitations. A clean set of provider data tables were maintained for comparison. CHG ran this 274 snapshot process monthly. The 274 snapshot report data were then translated to binary code format and submitted to DHCS in a json.dat file format.
- CHG captured all state-required provider types and specialties in symplr (eVIPS).
  - CHG's mapping of provider specialties to DHCS' provider crosswalk was reviewed by HSAG and determined to be in alignment with DHCS' expectations.
- CHG's procedures for updating and maintaining provider data included the following:
  - CHG used symplr (eVIPS) to track providers over time, across multiple office locations, and through changes in participation in CHG's network.
  - Providers were required to notify CHG of any demographic updates as they occurred and at least quarterly as part of their contractual attestations.
  - CHG relied on the enrollment and screening process and results conducted by DHCS to identify providers or organizations excluded from the Medicaid and CHIP program each month (e.g., Medi-Cal Provider Enrollment file). If a provider was in the process of applying for Medicaid licensure, CHG tracked the enrollment status of these providers weekly, and when approved by DHCS, CHG would update the provider record in symplr (eVIPS).
- CHG required its provider network to update provider data quarterly. Providers were made aware of this expectation via provider contract required attestations.

HSAG identified no concerns with CHG's documented provider data capture, data processing, data integration, data storage, or data reporting.

## *Delegated Entity Data and Oversight*

HSAG's assessment of CHG's delegated entity data and oversight included the following findings:

- CHG did not subcontract any network adequacy-related services to delegated entities.

## Network Adequacy Indicator Monitoring and Reporting

HSAG's assessment of CHG's network adequacy indicator reporting processes included the following findings:

**Data preparation and submission to DHCS:**

- CHG used Quest to conduct internal monitoring and compliance of network adequacy indicators.
- CHG integrated three data sources for network adequacy indicator monitoring and reporting. CHG used SQL Server as the database management system to store data for network adequacy indicator monitoring and reporting. SQL Server Management Studio (SSMS) was utilized to access and manage the SQL Server databases. SSMS was used to query the necessary data from eVIPS for calculating and reporting provider network adequacy indicators. Subsequently the Quest API was utilized to generate network analysis/adequacy mapping and reports. Integrated data sources were:
  - Member data including member ID, demographics, address, ZIP Code, and line of business extracted directly from the QNXT enrollment and eligibility system.
  - Provider data including provider ID, specialty, location, panel capacity, and contract status extracted directly from the symplr (eVIPS) provider database system.
  - Geographic data including geographic information such as ZIP Code boundaries, driving distances, and travel times. CHG utilized Quest's built-in geographic data along with external data sources.
- CHG maintained data control procedures to ensure accuracy and completeness of data merges from QNXT and symplr (eVIPS) by:
  - Utilizing unique identifiers, such as member ID and provider ID, to match and merge data accurately across different data sources.
  - Performing data validation checks to identify any discrepancies, missing values, or inconsistencies in the merged data, which included verifying data types, formats, and referential integrity.
  - Reconciling the merged data against the source systems to ensure that all relevant records were included and that there were no duplicate or orphaned records.
  - Performing quality assurance reviews of the merged data and conducting sample testing to verify the accuracy and completeness of the data integration process.
- CHG used appropriate methodologies to assess adherence to DHCS' network adequacy standards by submitting annual reports to DHCS demonstrating its compliance with meeting all network adequacy standards.
- For the time or distance standards, CHG utilized the 4,385 latitude/longitude ArcGIS coordinates that DHCS required to represent potential membership, in addition to utilizing the 100 Points of Light methodology to capture a better representation of potential membership by utilizing census data and ZIP Code population points. If CHG was unable to meet a time or distance standard, it submitted an alternative access request to DHCS for

review and approval. For mandatory provider type standards, CHG submitted quarterly network reports to DHCS which captured all provider additions and terminations.

- CHG was able to meet all mandatory provider types except rural health center, which was unavailable in San Diego County. DHCS was aware of this provider type deficiency.
- For provider ratio standards, CHG submitted quarterly reports to the quality improvement committee, which reported up to the board of directors, to ensure there were no major drops in these ratios, prior to reporting to DHCS.
- CHG conducted data reasonability checks by:
  - Trend analysis: CHG conducted quarter-over-quarter and year-over-year comparisons of network adequacy indicators to identify any significant changes or anomalies that may have required further investigation.
  - Benchmarking: CHG compared its network adequacy results against industry benchmarks, historical performance, and regulatory standards to assess the reasonableness of the data.
  - Outlier detection: CHG used data visualization tools to identify outliers or unusual patterns in the integrated data that may have indicated data quality issues or anomalies.
  - Data audits: CHG performed regular data audits to validate the accuracy, completeness, and consistency of the integrated data used for network adequacy reporting.
- CHG maintained network adequacy indicator reports by following standardized templates and naming conventions to ensure consistency and clarity of the file contents. The reports were saved in shared network drives or the documentation management system (accessible by authorized team members) and ultimately stored on the SQL server for historical reference and/or retrieval.
- CHG conducted the following data quality checks to review the accuracy of its network adequacy indicator reporting programs:
  - Data validation rules: CHG established a comprehensive set of data validation rules and constraints within its network adequacy reporting programs. These rules ensured that the data being processed and reported met the expected format, range, and consistency requirements. Examples of data validation rules included checking for missing or null values, validating data formats, verifying the integrity of key fields, and enforcing referential integrity between related data entities. Any data that failed these validation checks were flagged, and appropriate error handling mechanisms were triggered, such as generating error logs or sending notifications to the relevant teams for investigation and resolution.
  - Data profiling and quality metrics: CHG performed regular data profiling exercises to assess the quality and integrity of the data used in network adequacy monitoring and reporting programs. Data profiling involved analyzing the structure, content, and relationships of the data to identify anomalies, inconsistencies, or patterns that may indicate quality issues.
  - Data quality dashboards and reports: CHG developed and maintained data quality dashboards and reports that provided a visual representation of the data quality metrics and trends. These dashboards highlighted any data quality issues, such as missing or incorrect values, data inconsistencies, or data integrity violations. The dashboards were

regularly reviewed by supervisory staff members, including data stewards, Quality Assurance teams, and business stakeholders, to identify and prioritize data quality improvement initiatives.

- Data reconciliation and audits: CHG performed periodic data reconciliation exercises to ensure the accuracy and consistency of the data used in network adequacy monitoring and reporting programs. CHG conducted regular audits wherein a sample of the data was manually reviewed and validated against the source systems or reference data to verify accuracy and completeness.
- Supervisory review and sign-off: Before CHG finalized and distributed the network adequacy reports, they underwent a rigorous supervisory review. Supervisory staff members, including managers, directors, subject matter experts (SMEs), and quality assurance personnel, thoroughly reviewed the reports for accuracy, completeness, and adherence to business requirements and regulatory guidelines.

- To ensure continuity of network adequacy indicator production, CHG had internal backup programmers to produce the network adequacy indicator reports. Additionally, CHG had internal policies and procedures in place to ensure continuity to produce the network adequacy indicator reports.

**Ongoing monitoring activities:**

- CHG established processes for continuous monitoring and improvement of network adequacy monitoring and reporting programs and data quality practices. CHG regularly collected feedback from stakeholders, including business users, regulatory bodies, and external auditors, to identify areas for enhancement and optimization. CHG tracked and analyzed data quality incidents, root causes, and resolution timeliness to identify patterns and implement preventive measures. Ongoing training and education programs were conducted for staff members involved in data management, monitoring, and reporting to ensure they were aware of data quality best practices and procedures.

HSAG identified no concerns with CHG's documented network adequacy indicator reporting and monitoring processes, given that DHCS was responsible for the annual calculation and reporting of all standards and indicators in scope of the review period.

## *Assessment of Data Validity*

HSAG evaluated and assessed the data methods that CHG used to calculate results generated for each network adequacy indicator in the scope of NAV. HSAG used indicator-specific worksheets to generate a validation rating that reflects HSAG's overall confidence that CHG used an acceptable methodology for all phases of design, data collection, analysis, and interpretation of the network adequacy indicator.

Overall, HSAG determined that CHG's **data collection procedures** were:

☒ Acceptable

☐ Not acceptable

Overall, HSAG determined that CHG's **network adequacy methods** were:

☒ Acceptable

☐ Not acceptable

Overall, HSAG determined that CHG's **network adequacy results** were:

☒ Acceptable

☐ Not acceptable

## Network Adequacy Indicator-Specific Validation Ratings

Based on the results of the ISCA combined with the virtual review and detailed validation of each indicator, HSAG assessed whether the network adequacy indicator results were valid, accurate, and reliable, and if the plan's interpretation of data was accurate. HSAG determined validation ratings for each reported network adequacy indicator. HSAG calculated the validation score for each indicator and determined the final indicator-specific validation ratings for each plan according to Table 21.

### Table 21—Indicator-Level Validation Rating Categories

| Validation Score | Validation Rating |
|---|---|
| 90.0% or greater | *High Confidence* |
| 50.0% to 89.9% | *Moderate Confidence* |
| 10.0% to 49.9% | *Low Confidence* |
| Less than 10% and/or any *Not Met* element has significant bias on the results | *No Confidence* |

No identified indicators in scope of review obtained a *Low Confidence* or *No Confidence* rating determination.

## Analysis and Conclusions

HSAG assessed DHCS' submitted results and found that CHG obtained a pass designation at the county level, which indicates that all standards and requirements for provider ratios and mandatory provider types were met.

HSAG assessed CHG's submitted reports for time or distance and found that CHG, at the county level, obtained a pass designation except for one county. Measure compliance with the time or distance standard was based on a combination of MCMC plan county ZIP Code, provider type, and population served. Table 22 demonstrates that CHG received a pass with

conditions result, which indicates non-compliance due to incomplete AAS requests for counties/provider types/population served.

**Table 22—Programwide Results—Time or Distance**

| MCMC Plan | County | Time or Distance |
|---|---|---|
| Community Health Group Partnership Plan | San Diego County | Pass with Conditions |

## Strengths, Opportunities for Improvement, and Recommendations

By assessing CHG's performance and NAV reporting processes, HSAG identified the following areas of strength and opportunities for improvement. Along with each area of opportunity, HSAG has also provided a recommendation to help target improvement.

### *Strengths*

- **Strength #1:** CHG established rigorous and comprehensive quality assurance checks to ensure accuracy and completeness of source data utilized for network adequacy monitoring and reporting, in addition to its data integration, reconciliation, and internal calculations processes.
- **Strength #2:** CHG met all mandatory provider types required by DHCS, except one, which was not available in the service area.

### *Opportunities for Improvement and Recommendations*

- **Opportunity #1:** CHG conducted manual data entry of provider data from symplr (eVIPS) into QNXT.
  - **Recommendation:** Although CHG had many quality assurance checks and validations in place, HSAG recommends that CHG explore options to automate data transfer from symplr (eVIPS) to QNXT.

## Progress Made from the Prior Year

This section is intentionally not completed since this is the first year a NAV audit was conducted for the plans in California. During future reporting cycles, HSAG will incorporate an evaluation of each plan's network adequacy standards progress made from the prior year.

# California Health & Wellness Plan

## ISCA Findings and Data Validity

HSAG completed an ISCA for CHW and presents the ISCA findings and assessment of any concerns related to data sources used in the NAV.

### Information Systems Data Processing Procedures and Personnel

HSAG evaluated the information systems data processing procedures that CHW had in place to support network adequacy indicator reporting, which included the following findings:

- CHW used the Microsoft Cloud unified member view (UMV) as the database management system for enrollment and eligibility data.
- CHW used Portico as the database management system for provider data.

HSAG evaluated the personnel that CHW had in place to support network adequacy indicator reporting, which included the following findings:

- CHW had four Quest programmers, seven Access programmers, and four SQL programmers. The average experience of the programmers was eight years.

HSAG identified no concerns with CHW's information systems data processing procedures and personnel.

### Enrollment System

HSAG evaluated the information systems and processes used by CHW to capture enrollment data for members to confirm that the system was capable of collecting data on member characteristics as specified by DHCS. HSAG's evaluation of CHW's enrollment system included the following findings:

- CHW stored enrollment and eligibility in UMV, its enrollment system.
- CHW received enrollment files in the 834 file format from DHCS both daily and monthly.
- CHW performed both daily and monthly reconciliation and oversight of enrollment data.
  - CHW generated error reports and manually checked missing data against DHCS' records.
  - All new data were compared to existing data in UMV system. Data identified as new were updated in the system.
  - When an error occurred in the upload of a member's enrollment data, the system added the file to the fallout report. The Member Enrollment Team reviewed the fallout reports daily, and UMV records were updated manually.
  - All manual updates were recorded in UMV and tracked by notating a job ID.

- UMV captured and maintained both the state-issued Medicaid ID and a system-generated ID. If the Medicaid ID changed for any reason, CHW used the system-generated ID to link enrollment history.
- The CHW identified member demographic updates based on changes identified to 834 file or when notified by members.

HSAG identified no concerns with CHW's documented enrollment data capture, data processing, data integration, data storage, or data reporting.

## Provider Data Systems

HSAG evaluated the information systems and processes used by CHW to capture provider data and identified the following findings:

- CHW ensured that data received from providers were accurate and complete by verifying the accuracy and timeliness of reported data. All provider data were validated against the Medical Board of California License Verification system, USPS, CAQH, and the National Plan and Provider Enumeration System (NPPES) when received. CHW verified that changes were loaded into Portico within seven calendar days and conducted quarterly provider directory audits to verify current provider information.
- CHW screened the data for completeness, logic, and consistency.
- CHW collected data from providers in standardized formats to the extent feasible and appropriate.

HSAG's evaluation of CHW's provider data system(s) included the following findings:

- CHW utilized Portico as its provider data management system.
- CHW captured all state-required provider types and specialties in Portico.
  - CHW's mapping of provider specialties to DHCS' provider crosswalk was reviewed by HSAG and determined to be aligned with DHCS' expectations.
- Changes made to provider data were tracked and monitored through CenProv, a ticketing system. The Provider Network Team reviewed all provider information, and the provider data management team completed all updates in Portico.
- Provider data change requests were validated before processed into Portico. Provider data change requests were received through an online request form, email, fax, or by phone. All requests went through CenProv to track the request until completed.
- CHW's procedures for updating and maintaining provider data included the following:
  - Notifying the provider Data Coordinator Team via email, phone, or ana online profile form. Once received, a team member verified all updated information before uploading the updates. Changes were reviewed daily.
  - Conducting biannual and annual outreach to validate provider data. Providers had 30 days to respond. If no response was received, a 15-business-day reminder was sent. If the response was not received, the provider was sent a 10-day notification of removal

from the online directory. All responses and reminder attempts were documented by CHW.

- Conducting quarterly audits of the provider directory to verify accuracy of data. If discrepancies were identified, the provider was notified and requested to submit updated provider data.

HSAG identified no concerns with CHW's documented provider data capture, data processing, data integration, data storage, or data reporting.

## Delegated Entity Data and Oversight

HSAG's assessment of CHW's delegated entity data and oversight included the following findings:

- CHW did not subcontract any network adequacy-related services to delegated entities.

## Network Adequacy Indicator Monitoring and Reporting

HSAG's assessment of CHW's network adequacy indicator reporting processes included the following findings:

**Data preparation and submission to DHCS:**

- CHW used Quest to calculate and monitor network adequacy indicators.
- CHW integrated provider data from 274 extracts for network adequacy indicator monitoring.
- CHW maintained data control procedures to ensure accuracy and completeness of data merges from 274 files to Quest by conducting manual validation of reports to ensure accuracy and completeness of data.
- CHW performed the following quality checks to review the accuracy of network adequacy monitoring and reporting:
  - Provider data extracts were manually inspected to ensure demographic information and provider types were included.
  - All imported population points were checked once in Quest to ensure all ZIP Codes and county latitude and longitude points were accounted for.
  - When parameters were set in Quest, each provider, specialty, and hospital section was checked to ensure it contained the correct provider data. Checks also included verifying that the expected number of providers were included by comparing the upload to pivot tables from the original provider data extract.
  - Report validation was conducted by both a peer and a supervisor.

**Ongoing monitoring activities:**

- CHW monitored network adequacy indicators quarterly using Quest and manual processes. CHW followed the parameters provided by DHCS for time or distance and mandatory

provider type indicators. CHW used a manual process to monitor provider ratios, which included the following:

- Pulling physician data from Portico. Data extracted included the physician's first and last name; degree code; NPI; location street address, city, ZIP Code, and county; office hours; and panel cycle status.
- Physician data were then entered into the Excel tool used to calculate the ratios.
- Total membership count was obtained from an Excel report provided by the Membership Team on CHW's Microsoft SharePoint site. Membership counts were shown by county.
- Once all required cells were entered, the provider ratio was populated for reports.
- CHW used appropriate methodologies to assess adherence to DHCS' network adequacy standards. Provider data used for indicator calculation were based on the plan's DHCS 274 file. The 274 file was developed by pulling provider data directly from Portico. The Provider Network Team reviewed 274 files for data completeness.

HSAG identified no concerns with CHW's documented network adequacy indicator reporting and monitoring processes, given that DHCS was responsible for the annual calculation and reporting of all standards and indicators in scope of the review period.

## *Assessment of Data Validity*

HSAG evaluated and assessed the data methods that CHW used to calculate results generated for each network adequacy indicator in the scope of NAV. HSAG used indicator-specific worksheets to generate a validation rating that reflects HSAG's overall confidence that CHW used an acceptable methodology for all phases of design, data collection, analysis, and interpretation of the network adequacy indicator.

Overall, HSAG determined that CHW's **data collection procedures** were:

☒ Acceptable

☐ Not acceptable

Overall, HSAG determined that CHW's **network adequacy methods** were:

☒ Acceptable

☐ Not acceptable

Overall, HSAG determined that CHW's **network adequacy results** were:

☒ Acceptable

☐ Not acceptable

## Network Adequacy Indicator-Specific Validation Ratings

Based on the results of the ISCA combined with the virtual review and detailed validation of each indicator, HSAG assessed whether the network adequacy indicator results were valid, accurate, and reliable, and if the plan's interpretation of data was accurate. HSAG determined validation ratings for each reported network adequacy indicator. HSAG calculated the validation score for each indicator and determined the final indicator-specific validation ratings for each plan according to Table 23.

### Table 23—Indicator-Level Validation Rating Categories

| Validation Score | Validation Rating |
|---|---|
| 90.0% or greater | *High Confidence* |
| 50.0% to 89.9% | *Moderate Confidence* |
| 10.0% to 49.9% | *Low Confidence* |
| Less than 10% and/or any *Not Met* element has significant bias on the results | *No Confidence* |

No identified indicators in scope of review obtained a *Low Confidence* or *No Confidence* rating determination.

## Analysis and Conclusions

HSAG assessed DHCS' submitted results and found that CHW obtained a pass designation at the county level, which indicates that all standards and requirements for provider ratios, time or distance, and mandatory provider types were met.

## Strengths, Opportunities for Improvement, and Recommendations

By assessing CHW's performance and NAV reporting processes, HSAG identified the following areas of strength and opportunities for improvement. Along with each area of opportunity, HSAG has also provided a recommendation to help target improvement.

### *Strengths*

- **Strength #1:** CHW demonstrated the capability of ensuring the accuracy of its provider network by conducting rigorous quality assurance measures which included regular outreach to providers to attest provider data and regular validation checks of provider data.
- **Strength #2:** CHW demonstrated the capability of ensuring the accuracy of network adequacy indicator calculation and reporting metrics by conducting several multi-staffed quality assurance methods to verify accuracy of data.

- **Strength #3:** CHW demonstrated the capability of maintaining an adequate provider network to service its members which included comprehensive contracting, provider data maintenance, and monitoring and reporting methods. CHW addressed gaps in its network by submitting AAS requests to DHCS and increasing contracting efforts to fill network gaps.

### *Opportunities for Improvement and Recommendations*

HSAG identified no specific opportunities for improvement related to the data collection and management processes CHW had in place to inform network adequacy standard and indicator calculations.

## Progress Made from the Prior Year

This section is intentionally not completed since this is the first year a NAV audit was conducted for the plans in California. During future reporting cycles, HSAG will incorporate an evaluation of each plan's network adequacy standards progress made from the prior year.

# *Gold Coast Health Plan*

## ISCA Findings and Data Validity

HSAG completed an ISCA for GCHP and presents the ISCA findings and assessment of any concerns related to data sources used in the NAV.

### *Information Systems Data Processing Procedures and Personnel*

HSAG evaluated the information systems data processing procedures that GCHP had in place to support network adequacy indicator reporting, which included the following findings:

- GCHP used Meditrac/HSP as the database management system to collect and maintain membership data.
- GCHP used sPayer as the database management system to collect and maintain all provider data.

HSAG evaluated the personnel that GCHP had in place to support network adequacy indicator reporting, which included the following findings:

- GCHP had three internal staff programmers with an average of 15 years of experience.

HSAG identified no concerns with GCHP's information systems data processing procedures and personnel.

## Enrollment System

HSAG evaluated the information systems and processes used by GCHP to capture enrollment data for members to confirm that the system was capable of collecting data on member characteristics as specified by DHCS. HSAG's evaluation of GCHP's enrollment system included the following findings:

- Enrollment and eligibility data for GCHP's Medicaid and CHIP members were maintained in GCHP's Meditrac/HSP information system. IKA Import (Datamart) was used to collect and maintain membership data.
- GCHP received daily and monthly enrollment files in the 834 file format from DHCS.
- GCHP performed monthly reconciliations between Meditrac/HSP and DHCS data to ensure completeness and accuracy of enrollment data. Enrollment management reviewed any missing or incomplete data. The Member Services Team worked with the county and DHCS to resolve any identified missing or incomplete data.
- GCHP's reconciliation and oversight of enrollment data included the following:
  - GCHP's enrollment management notified the Member Services Team in case of missing or incomplete data. The Member Services Team worked with DHCS and Ventura County to obtain accurate information. Member enrollment files were archived, and changes were stored in Meditrac/HSP and in the IKA Import enrollment database.
- GCHP's Meditrac/HSP system captured the state-issued Medicaid ID. If the Medicaid ID changed for any reason, GCHP used the second assigned state-issued Medicaid ID. This number was then linked to the original state-assigned ID to retain enrollment history.
- GCHP identified member demographic updates based on daily 834 enrollment files received from DHCS.

HSAG identified no concerns with GCHP's documented enrollment data capture, data processing, data integration, data storage, or data reporting.

## Provider Data Systems

HSAG evaluated the information systems and processes used by GCHP to capture provider data and identified the following findings:

- GCHP ensured that data received from providers were accurate and complete by verifying the accuracy and timeliness of reported data.
- GCHP screened the data for completeness, logic, and consistency.
- GCHP collected data from providers in standardized formats to the extent feasible and appropriate.

HSAG's evaluation of GCHP's provider data system(s) included the following findings:

- GCHP's provider credentialing data were maintained in the sPayer system.
- GCHP's provider network status data were maintained in the sPayer system.

- GCHP captured all state-required provider types and specialties in sPayer.
- GCHP used DHCS' provider crosswalk to determine provider type classifications.
- CHP's procedures for updating and maintaining provider data included the following:
  - Verification that providers were Medi-Cal enrolled. GCHP used USPS address standardization and ensured that provider NPIs were active. GCHP additionally used a third-party vendor, BetterDoc, to validate credentials. GCHP also performed a thorough verification using CAQH applications submitted by providers to validate credentials and licensures. GCHP also performed an average of 30–45 external site visits per month for all provider types. GCHP tracked providers' service locations using monthly rosters, a provider information update form (PIUF), CAQH application, BetterDoc reports, and correspondence notices. GCHP additionally performed a TIN validation every time a new provider was contracted.
  - GCHP conducted verification to identify providers or organizations excluded from the Medicaid and CHIP program monthly and during the initial contracting process. GCHP required its provider network to update provider data monthly and as changes occurred. Providers were made aware of this expectation via provider contract.

HSAG identified no concerns with GCHP's documented provider data capture, data processing, data integration, data storage, or data reporting.

## *Delegated Entity Data and Oversight*

HSAG's assessment of GCHP's delegated entity data and oversight included the following findings:

- GCHP subcontracted fully delegated credentialing to Kaiser, which used the Provider Network Database to capture all related data.
- GCHP subcontracted full delegated credentialing to America's Health, which used the Provider Network Database to capture all related data.
- GCHP maintained oversight of its delegated entities by:
  - Conducting annual audits.
  - Collecting monthly reports in a standardized format, inclusive of contractually required data elements.
  - Holding quarterly joint operations committee meetings to review key performance metrics and results of ongoing monitoring of delegated entity data.
- GCHP did not identify any delegated entity network adequacy data-related items requiring corrective action for October 2023 in scope of the NAV audit.

## Network Adequacy Indicator Monitoring and Reporting

HSAG's assessment of GCHP's network adequacy indicator reporting processes included the following findings:

**Data preparation and submission to DHCS:**

- GCHP used SQL and SQL Server Integration Services (SSIS) for data extracts to calculate and report network adequacy indicators.
- GCHP integrated Quest data, 274 files, and membership data from Conduent for network adequacy indicator monitoring and reporting.
- GCHP maintained data control procedures to ensure accuracy and completeness of data merges from member and provider data. Member data were extracted from the data warehouse using a stored procedure. Data errors caused a process fail, and automated notification was sent to IT to correct the issue and reload. A monthly comparison validation was completed between Quest and a monthly membership report. Provider data were extracted from the 274 files using a stored procedure and loaded to Quest. Extensive validation of the data was part of the 274 process, which ensured the data used to populate Quest were accurate and complete. Any inaccuracies were reviewed and corrected by the Provider Network Operations Team.
- GCHP conducted data reasonability checks by auditing provider data in sPayer nightly and utilizing an external vendor to verify provider data monthly. GCHP conducted monthly comparisons between member eligibility data and pre-programmed requirements used to produce the monthly network adequacy reports.
- GCHP maintained network adequacy indicator report history by creating a new file path each year for storing network adequacy reports. GCHP reported that it did not archive or label network adequacy reports.
- GCHP conducted data quality checks to review the accuracy of its network adequacy indicator monitoring and reporting program. A threshold of 10 percent of data matching was used to evaluate the validity of annual performance data. GCHP used FinThrive's error validation process to create monthly 274 files prior to DHCS' reporting.
- To ensure continuity of network adequacy indicator production, GCHP had a primary and backup programmer trained in network adequacy indicator reporting. State regulatory requirements were programmed in Quest and updated when changes occurred.

**Ongoing monitoring activities:**

- GCHP used appropriate methodologies to assess adherence to DHCS' network adequacy standards. GCHP calculated time or distance standards using the DHCS methodology guidance for ANC, using 274 file and membership data. The Quest desktop application used the estimated driving distance from a member's address to a provider office. Provider ratios were manually calculated utilizing provider data from Quest and membership data from an internal report provided by Conduent.

HSAG identified no concerns with GCHP's documented network adequacy indicator reporting and monitoring processes, given that DHCS was responsible for the annual calculation and reporting of all standards and indicators in scope of the review period.

### *Assessment of Data Validity*

HSAG evaluated and assessed the data methods that GCHP used to calculate results generated for each network adequacy indicator in the scope of NAV. HSAG used indicator-specific worksheets to generate a validation rating that reflects HSAG's overall confidence that GCHP used an acceptable methodology for all phases of design, data collection, analysis, and interpretation of the network adequacy indicator.

Overall, HSAG determined that GCHP's **data collection procedures** were:

☒ Acceptable

☐ Not acceptable

Overall, HSAG determined that GCHP's **network adequacy methods** were:

☒ Acceptable

☐ Not acceptable

Overall, HSAG determined that GCHP's **network adequacy results** were:

☒ Acceptable

☐ Not acceptable

## Network Adequacy Indicator-Specific Validation Ratings

Based on the results of the ISCA combined with the virtual review and detailed validation of each indicator, HSAG assessed whether the network adequacy indicator results were valid, accurate, and reliable, and if the plan's interpretation of data was accurate. HSAG determined validation ratings for each reported network adequacy indicator. HSAG calculated the validation score for each indicator and determined the final indicator-specific validation ratings for each plan according to Table 24.

**Table 24—Indicator-Level Validation Rating Categories**

| Validation Score | Validation Rating |
|---|---|
| 90.0% or greater | *High Confidence* |
| 50.0% to 89.9% | *Moderate Confidence* |
| 10.0% to 49.9% | *Low Confidence* |

| Validation Score | Validation Rating |
|---|---|
| Less than 10% and/or any *Not Met* element has significant bias on the results | *No Confidence* |

No identified indicators in scope of review obtained a *Low Confidence* or *No Confidence* rating determination.

## Analysis and Conclusions

HSAG assessed DHCS' submitted results and found that GCHP obtained a pass designation at the county level, which indicates that all standards and requirements for provider ratios, time or distance, and mandatory provider types were met.

## Strengths, Opportunities for Improvement, and Recommendations

By assessing GCHP's performance and NAV reporting processes, HSAG identified the following areas of strength and opportunities for improvement. Along with each area of opportunity, HSAG has also provided a recommendation to help target improvement.

### *Strengths*

- **Strength #1:** GCHP demonstrated the capability of maintaining an adequate provider network to service its members which included comprehensive contracting, provider data maintenance, and monitoring and reporting methods. GCHP addressed gaps in its network by submitting AAS requests to DHCS and increasing contracting efforts to fill network gaps.

### *Opportunities for Improvement and Recommendations*

HSAG identified no specific opportunities for improvement related to the data collection and management processes GCHP had in place to inform network adequacy standard and indicator calculations.

## Progress Made from the Prior Year

This section is intentionally not completed since this is the first year a NAV audit was conducted for the plans in California. During future reporting cycles, HSAG will incorporate an evaluation of each plan's network adequacy standards progress made from the prior year.

# Health Net Community Solutions, Inc.

## ISCA Findings and Data Validity

HSAG completed an ISCA for Health Net and presents the ISCA findings and assessment of any concerns related to data sources used in the NAV.

### Information Systems Data Processing Procedures and Personnel

HSAG evaluated the information systems data processing procedures that Health Net had in place to support network adequacy indicator reporting, which included the following findings:

- Health Net used ABS as the database management system to collect and maintain enrollment and provider data.

HSAG evaluated the personnel that Health Net had in place to support network adequacy indicator reporting, which included the following findings:

- Health Net maintained seven Quest programmers, 11 Access programmers, and five SQL programmers. In total, the programmers had an average of eight years of experience.

HSAG identified no concerns with Health Net information systems data processing procedures and personnel.

### Enrollment System

HSAG evaluated the information systems and processes used by Health Net to capture enrollment data for members to confirm that the system was capable of collecting data on member characteristics as specified by DHCS. HSAG's evaluation of Health Net enrollment system included the following findings:

- Enrollment and eligibility data for Health Net members were maintained in ABS.
- Health Net received daily enrollment data in the 834 file format from DHCS.
- Health Net performed monthly reconciliation between ABS and DHCS data to ensure completeness and accuracy of enrollment data.
- Health Net's reconciliation and oversight of enrollment data included the following:
  - Generating a daily fallout report of member records not processed in the enrollment system.
  - Fallout reports were sent to the Eligibility Team for review. Eligibility Team staff identified accurate data based on the 834 file and manually updated ABS to match the 834 file. The Quality Assurance Team audited manual edits. Health Net used a 99.5 percent accuracy standard for data audits. When results were less than 99.5 percent accurate, Health Net provided training and reviewed procedures and error patterns.

- Health Net's ABS system captured and maintained both the state-issued Medicaid ID and a system-generated ID. If the Medicaid ID changed for any reason, Health Net used the system-generated ID to link enrollment history.
- Health Net identified member demographic updates based on changes in 834 files and members' self-reported changes. When 834 files were received, the enrollment system compared the data to existing data. If new data were on the 834 file, ABS identified the changes and automatically added them to the records. Previous data were not deleted and were still available on the historical membership screen of the member record. Members could contact Health Net's call center to report demographic changes. Health Net used OMNI, a system connected to ABS, to make the updates requested. Call center representatives requested permission to share the updated demographic data with the county on the caller's behalf or informed the caller to notify the county to ensure the county was notified of the change.

HSAG identified no concerns with Health Net documented enrollment data capture, data processing, data integration, data storage, or data reporting.

## *Provider Data Systems*

HSAG evaluated the information systems and processes used by Health Net to capture provider data and identified the following findings:

- Health Net ensured that data received from providers were accurate and complete by verifying the accuracy and timeliness of reported data.
- The plan screened the data for completeness, logic, and consistency.
- The plan collected data from providers in standardized formats to the extent feasible and appropriate.

HSAG's evaluation of Health Net provider data system(s) included the following findings:

- Provider credentialing data were maintained in ABS.
- Provider network status data were maintained in ABS.
- Health Net captured all state-required provider types and specialties in ABS.
- Health Net's procedures for updating and maintaining provider data included the following:
  - Notifying the provider Data Coordinator Team via email, phone, or by submitting an online profile form. Once the information was received, a team member verified all updated information before inputting the updates. Changes were reviewed daily.
  - Conducting biannual and annual outreach to validate provider data. Providers had 30 days to respond; if no response was received, a 15-business-day reminder was sent. If the response was not received, the plan was sent a 10-day notification that the provider would be removed from the online directory. All responses and reminder attempts were documented by Health Net.

- Conducting quarterly audits of the provider directory to verify accuracy of data. If discrepancies were identified, the plan was notified and requested to submit updated provider data.
- Requiring its provider network to update provider data 30 days prior to the change taking place. In addition, contracted providers were contacted biannually to verify provider data were current and annually requested verified provider data from physician groups, hospitals, and ancillary providers.

HSAG identified no concerns with Health Net's documented provider data capture, data processing, data integration, data storage, or data reporting.

## Delegated Entity Data and Oversight

HSAG's assessment of Health Net's delegated entity data and oversight included the following findings:

- Health Net did not subcontract any network adequacy-related services to delegated entities.

## Network Adequacy Indicator Monitoring and Reporting

HSAG's assessment of Health Net's network adequacy indicator reporting processes included the following findings:

- Health Net used Quest to conduct ongoing monitoring across time or distance indicators.
- Health Net integrated data from ABS for network adequacy indicator monitoring and reporting.
- Health Net maintained data control procedures to ensure accuracy and completeness of data merges from 274 files to Quest by conducting manual validation of reports.
- Health Net used appropriate methodologies to assess adherence to DHCS' network adequacy standards. Health Net used parameters provided by DHCS as the methodology for time or distance calculations. Estimated driving distance from the member's location to the provider's office was the parameter used in Quest for time or distance calculation. Health Net used a manual process to monitor provider ratios which included the following:
  - Pulling physician data from ABS. Data extracted included the physician's first and last name; degree code; NPI; location street address, city, ZIP Code, and county; office hours; and panel cycle status.
  - Physician data were then entered into the Excel tool used to calculate the ratios.
  - Total membership count was obtained from an Excel report provided by the Membership Team on Health Net's Microsoft SharePoint site. Membership counts were shown by county.
  - Once all required cells were entered, the provider ratio was populated.

- Health Net performed the following data quality checks to review the accuracy of network adequacy reports:
  - Provider data extracts were manually inspected to ensure demographic information and provider types were included.
  - All imported population points were checked once in Quest to ensure all ZIP Codes and county latitude and longitude points were accounted for.
  - When parameters were set in Quest, each provider, specialty, and hospital section was checked to make sure it contained the correct provider data. Checks also included verifying the expected number of providers were included by comparing the upload to pivot tables from the original provider data extract.
  - Report validation was conducted by both a peer and a supervisor.

**Ongoing monitoring activities:**

- Health Net conducted an annual roster review produced by DHCS of all available mandatory providers to determine if the plan met mandatory provider types using Quest.
- Health Net completed ongoing monitoring of network adequacy indicators. At least quarterly, Health Net monitored network adequacy, including compliance monitoring. Monitoring activities included the identification of any corrective actions or improvement opportunities needed, and the evaluation of implemented improvement processes for effectiveness, completeness, and accuracy.

HSAG identified no concerns with Health Net's documented network adequacy indicator reporting and monitoring processes, given that DHCS was responsible for the annual calculation and reporting of all standards and indicators in scope of the review period.

## *Assessment of Data Validity*

HSAG evaluated and assessed the data methods that Health Net used to calculate results generated for each network adequacy indicator in the scope of NAV. HSAG used indicator-specific worksheets to generate a validation rating that reflects HSAG's overall confidence that Health Net used an acceptable methodology for all phases of design, data collection, analysis, and interpretation of the network adequacy indicator.

Overall, HSAG determined that Health Net's **data collection procedures** were:

☒ Acceptable

☐ Not acceptable

Overall, HSAG determined that Health Net's **network adequacy methods** were:

☒ Acceptable

☐ Not acceptable

Overall, HSAG determined that Health Net's **network adequacy results** were:

☒ Acceptable

☐ Not acceptable

## Network Adequacy Indicator-Specific Validation Ratings

Based on the results of the ISCA combined with the virtual review and detailed validation of each indicator, HSAG assessed whether the network adequacy indicator results were valid, accurate, and reliable, and if the plan's interpretation of data was accurate. HSAG determined validation ratings for each reported network adequacy indicator. HSAG calculated the validation score for each indicator and determined the final indicator-specific validation ratings for each plan according to Table 25.

### Table 25—Indicator-Level Validation Rating Categories

| Validation Score | Validation Rating |
|---|---|
| 90.0% or greater | *High Confidence* |
| 50.0% to 89.9% | *Moderate Confidence* |
| 10.0% to 49.9% | *Low Confidence* |
| Less than 10% and/or any *Not Met* element has significant bias on the results | *No Confidence* |

No identified indicators in scope of review obtained a *Low Confidence* or *No Confidence* rating determination.

## Analysis and Conclusions

HSAG assessed DHCS' submitted results and found that Health Net obtained a pass designation at the county level, which indicates that all standards and requirements for provider ratios, time or distance, and mandatory provider types were met.

## Strengths, Opportunities for Improvement, and Recommendations

By assessing Health Net's performance and NAV reporting processes, HSAG identified the following areas of strength and opportunities for improvement. Along with each area of opportunity, HSAG has also provided a recommendation to help target improvement.

### *Strengths*

- **Strength #1:** Health Net demonstrated the capability of maintaining an adequate provider network to service its members which included comprehensive contracting, provider data maintenance, and monitoring and reporting methods. Health Net addressed gaps in its network by submitting AAS requests to DHCS and increasing contracting efforts to fill network gaps.
- **Strength #2:** Health Net demonstrated the capability of ensuring the accuracy of its provider network by conducting rigorous quality assurance measures which included outbound outreach to providers to attest data, providing multiple reminders, and conducting rigorous quality assurance programs which included regular audits of randomly selected provider data updates.

### *Opportunities for Improvement and Recommendations*

- **Opportunity #1:** Although Health Net was conducting monitoring and oversight, Health Net indicated challenges in aligning methodologies for calculation of network time or distance indicators to DHCS-published methodologies.
  - **Recommendation:** HSAG recommends that Health Net evaluate the released DHCS APL and outreach to DHCS to ensure Health Net is in alignment with DHCS' expectations for calculating time or distance standards.

## Progress Made from the Prior Year

This section is intentionally not completed since this is the first year a NAV audit was conducted for the plans in California. During future reporting cycles, HSAG will incorporate an evaluation of each plan's network adequacy standards progress made from the prior year.

# Health Plan of San Joaquin

## ISCA Findings and Data Validity

HSAG completed an ISCA for HPSJ and presents the ISCA findings and assessment of any concerns related to data sources used in the NAV.

### Information Systems Data Processing Procedures and Personnel

HSAG evaluated the information systems data processing procedures that HPSJ had in place to support network adequacy indicator reporting, which included the following findings:

- HPSJ used QNXT as the database management system to maintain member enrollment data.
- HPSJ used Cactus and QNXT as the database management systems to maintain provider data.

HSAG evaluated the personnel that HPSJ had in place to support network adequacy indicator reporting, which included the following findings:

- HPSJ had five programmers with an average of 10 years of experience.

HSAG identified no concerns with HPSJ's information systems data processing procedures and personnel.

### Enrollment System

HSAG evaluated the information systems and processes used by HPSJ to capture enrollment data for members to confirm that the system was capable of collecting data on member characteristics as specified by DHCS. HSAG's evaluation of HPSJ's enrollment system included the following findings:

- Enrollment and eligibility data for HPSJ members were maintained in QNXT.
- HPSJ received daily and monthly enrollment files in the 834 file format from DHCS.
- HPSJ performed monthly reconciliation between QNXT and DHCS 834 enrollment data to ensure completeness and accuracy of enrollment data.
- HPSJ's reconciliation and oversight of enrollment data included the following:
  - HPSJ utilized a FAME exception report which was run monthly by its IT Team. From this report, records in need of remediation were identified when discrepancies existed between QNXT and the daily 834 files. Member records were changed to the address reported on the 834 file.
  - If a member self-reported a change of address to the plan, the plan directed the member to contact the county to report the change.

- QNXT captured and maintained both the state-issued Medicaid ID and a system-generated ID. If the Medicaid ID changed for any reason, HPSJ used the system-generated ID to link enrollment history.
- HPSJ identified member demographic updates based on updates to the 834 files and through member-reported changes.

HSAG identified no concerns with HPSJ's documented enrollment data capture, data processing, data integration, data storage, or data reporting.

## Provider Data Systems

HSAG evaluated the information systems and processes used by HPSJ to capture provider data and identified the following findings:

- HPSJ ensured that data received from providers were accurate and complete by verifying the accuracy and timeliness of reported data.
- The plan screened the data for completeness, logic, and consistency.
- HPSJ collected data from providers in standardized formats to the extent feasible and appropriate.

HSAG's evaluation of HPSJ's provider data system included the following findings:

- Provider credentialing data were maintained in Cactus.
- Provider network status data were maintained in QNXT and Cactus.
- HPSJ captured all state-required provider types and specialties in QNXT and Cactus.
- HPSJ's procedures for updating and maintaining provider data included the following:
  - Provider data validation forms were sent to the provider every six months to update any necessary data. Provider groups were required to provide an updated provider roster each month. Providers went through the recredentialing process every three years. Change notifications were received via email or provider portal. A service request was created to notify the Enrollment Department of the updates and track the changes. Changes were made in Cactus and QNXT and documented in a contact log. The memo section of QNXT was used to document changes made to the provider system. The memo section included the service request number and data relevant to the update.
  - To track providers over time, across multiple office locations, and through changes in participation in HPSJ's network, provider data were maintained in both Cactus and QNXT.
  - HPSJ required its provider network to update provider data every six months. Providers were made aware of this expectation via the provider data verification form sent to providers biannually.

HSAG identified no concerns with HPSJ's documented provider data capture, data processing, data integration, data storage, or data reporting.

## Delegated Entity Data and Oversight

HSAG's assessment of HPSJ delegated entity data and oversight included the following findings:

- HPSJ subcontracted to Carelon Behavioral Health, ChildNet Medical Associates, Children First Medical Group, HubMD P.C., Kaiser Foundation Health Plan, Mindpath Health, Sutter Health, Regents of the University of California, Vision Service Plan, and Shriners. All subcontractors were required to submit 274 data files monthly.
- HPSJ maintained oversight of delegated entities by conducting quality checks of data submitted by plans who did not complete their own credentialing.
  - Collecting monthly 274 file formatted reports, inclusive of contractually required data elements. HPSJ used business rules to cleanse data and ensure data adhered to HPSJ's quality standards. Any detected discrepancies flagged a record for further validation, which was withheld from processing. Flagged records were reviewed by the originating delegated entity.
  - HPSJ identified two delegated entities with challenges reporting all complete data elements. The plan actively worked with its partners to remediate these data gaps.

## Network Adequacy Indicator Monitoring and Reporting

HSAG's assessment of HPSJ's network adequacy indicator reporting processes included the following findings:

**Data preparation and submission to DHCS:**

- HPSJ used Quest to calculate and report network adequacy indicators.
- HPSJ integrated provider and member data for network adequacy indicator monitoring.
- HPSJ maintained data control procedures to ensure accuracy and completeness of data merges from QNXT to DHCS by utilizing staging layers. Business rules were applied to verify the data format before data were consolidated for Quest intake.
- HPSJ conducted data reasonability checks by spot checking member and provider records against Quest-reported time or distance calculations. HPSJ utilized Google Maps to verify actual time or distance and compared findings with Quest results. The plan verified the DHCS findings for mandatory provider types by performing its own queries of the 274 files provided to DHCS.

**Ongoing monitoring activities:**

- HPSJ maintained network adequacy indicator reports for internal monitoring. The plan's provider access reporting committee met quarterly to review access and capacity reports to ensure all network adequacy indicator requirements were met and any issues were addressed.

- HPSJ used appropriate methodologies to assess adherence to DHCS' network adequacy standards by following methodology described in the DHCS APL. HPSJ applied DHCS' guidance to report and monitor compliance with the provider ratio standard and indicators. The plan used the 274 file and calculated provider ratios using internal membership data counts and provider full-time equivalent (FTE) counts. HPSJ utilized DHCS' mandatory provider type findings for monitoring this indicator.

HSAG identified no concerns with HPSJ's documented network adequacy indicator reporting and monitoring processes, given that DHCS was responsible for the annual calculation and reporting of all standards and indicators in scope of the review period.

### *Assessment of Data Validity*

HSAG evaluated and assessed the data methods that HPSJ used to calculate results generated for each network adequacy indicator in the scope of NAV. HSAG used indicator-specific worksheets to generate a validation rating that reflects HSAG's overall confidence that HPSJ used an acceptable methodology for all phases of design, data collection, analysis, and interpretation of the network adequacy indicator.

Overall, HSAG determined that HPSJ's **data collection procedures** were:

☒ Acceptable

☐ Not acceptable

Overall, HSAG determined that HPSJ's **network adequacy methods** were:

☒ Acceptable

☐ Not acceptable

Overall, HSAG determined that HPSJ's **network adequacy results** were:

☒ Acceptable

☐ Not acceptable

## Network Adequacy Indicator-Specific Validation Ratings

Based on the results of the ISCA combined with the virtual review and detailed validation of each indicator, HSAG assessed whether the network adequacy indicator results were valid, accurate, and reliable, and if the plan's interpretation of data was accurate. HSAG determined validation ratings for each reported network adequacy indicator. HSAG calculated the validation score for each indicator and determined the final indicator-specific validation ratings for each plan according to Table 26.

### Table 26—Indicator-Level Validation Rating Categories

| Validation Score | Validation Rating |
|---|---|
| 90.0% or greater | *High Confidence* |
| 50.0% to 89.9% | *Moderate Confidence* |
| 10.0% to 49.9% | *Low Confidence* |
| Less than 10% and/or any *Not Met* element has significant bias on the results | *No Confidence* |

No identified indicators in scope of review obtained a *Low Confidence* or *No Confidence* rating determination.

## Analysis and Conclusions

HSAG assessed DHCS' submitted results and found that HPSJ obtained a pass designation at the county level, which indicates that all standards and requirements for provider ratios, time or distance, and mandatory provider types were met.

## Strengths, Opportunities for Improvement, and Recommendations

By assessing HPSJ's performance and NAV reporting processes, HSAG identified the following areas of strength and opportunities for improvement. Along with each area of opportunity, HSAG has also provided a recommendation to help target improvement.

### *Strengths*

- **Strength #1:** HPSJ demonstrated the capability of maintaining an adequate provider network to service its members which included comprehensive contracting, provider data maintenance, and monitoring and reporting methods. HPSJ addressed gaps in its network by submitting AAS requests to DHCS and increasing contracting efforts to fill network gaps.
- **Strength #2:** HPSJ demonstrated the capability of ensuring the accuracy of network adequacy indicator calculation and monitoring and reporting metrics by conducting several multi-staffed quality assurance methods to verify accuracy of data.

### *Opportunities for Improvement and Recommendations*

- **Opportunity #1:** HPSJ indicated difficulties in obtaining timely and accurate data from delegates, requiring significant oversight and management.
  - **Recommendation:** HSAG recommends continuing to work with delegated providers and establishing performance-based metrics that HPSJ can leverage to hold delegates accountable to provide more timely and complete data.

## Progress Made from the Prior Year

This section is intentionally not completed since this is the first year a NAV audit was conducted for the plans in California. During future reporting cycles, HSAG will incorporate an evaluation of each plan's network adequacy standards progress made from the prior year.

# *Health Plan of San Mateo*

## ISCA Findings and Data Validity

HSAG completed an ISCA for HPSM and presents the ISCA findings and assessment of any concerns related to data sources used in the NAV.

### *Information Systems Data Processing Procedures and Personnel*

HSAG evaluated the information systems data processing procedures that HPSM had in place to support network adequacy indicator reporting, which included the following findings:

- HPSM used HEALTHsuite Advantage as the database management system to maintain member and provider data.
- HPSM used HEALTHsuite and symplr as the database management systems for maintenance of provider credentialing data. Data received from providers through the plan's online application were ingested into symplr and HEALTHsuite. Credentialing data received from delegated providers were ingested into HEALTHsuite and flowed to symplr.

HSAG evaluated the personnel that HPSM had in place to support network adequacy indicator reporting, which included the following findings:

- HPSM had 10 programmers and developers, and three HPSM staff members were credentialed to use Quest software to support network adequacy monitoring and reporting activities. HPSM programmers and developers had between 10 and 30 years of experience.

HSAG identified no concerns with HPSM's information systems data processing procedures and personnel.

### *Enrollment System*

HSAG evaluated the information systems and processes used by HPSM to capture enrollment data for members to confirm that the system was capable of collecting data on member characteristics as specified by DHCS. HSAG's evaluation of HPSM's enrollment system included the following findings:

- Enrollment and eligibility data for HPSM members were maintained in HEALTHsuite Advantage.
- HPSM received monthly enrollment files in the 834 file format from DHCS.
- HPSM performed monthly reconciliation between HEALTHsuite and DHCS data to ensure completeness and accuracy of enrollment data.
- HPSM's reconciliation and oversight of enrollment data included the following:
  - HPSM member services received an error report for any enrollment mismatches, duplicate records, or transaction errors. A member services specialist managed the errors and performed the research to clear the error.
- HPSM's HEALTHsuite system captured and maintained both the state-issued Medicaid ID and a system-generated ID. If the Medicaid ID changed for any reason, HPSM used the system-generated ID to link enrollment history.
- HPSM identified member demographic updates based on the 834 enrollment file. HPSM retained additional address information provided by members stored as an "Address-Per-Member" (APM) in HEALTHsuite. An APM did not override the 834 enrollment file demographic information.

HSAG identified no concerns with HPSM's documented enrollment data capture, data processing, data integration, data storage, or data reporting.

## *Provider Data Systems*

HSAG evaluated the information systems and processes used by HPSM to capture provider data and identified the following findings:

- HPSM ensured that data received from providers were accurate and complete by verifying the accuracy and timeliness of reported data.
- The plan screened the data for completeness, logic, and consistency.
- The plan collected data from providers in standardized formats to the extent feasible and appropriate.

HSAG's evaluation of HPSM's provider data system(s) included the following findings:

- Provider credentialing data were maintained in symplr.
- Provider network status data were maintained in HEALTHsuite Advantage and symplr.
- HPSM captured all state-required provider types and specialties in HEALTHsuite Advantage and symplr.
  - Th HPSM's mapping of provider specialties to DHCS' provider crosswalk was reviewed by HSAG and determined to be aligned with DHCS' expectations.
- HPSM's procedures for updating and maintaining provider data included the following:
  - HPSM sent a quarterly provider change request form. If no changes occurred, the provider signed an attestation online, which was used to track providers over time,

across multiple office locations, and through changes in participation in HPSM's network.
    - HPSM annually reviewed and updated all directories.
- HPSM received a monthly exclusion checklist from the OIG. The OIG's LEIE file was used as a reference point to check the provider exclusions. Additionally, the RPD, provider S&I, and CMS Preclusion List files were used as reference points to check the provider exclusions.
- HPSM required its provider network to update provider data. Providers were made aware of this expectation via the plan's provider manual.

HSAG identified no concerns with HPSM's documented provider data capture, data processing, data integration, data storage, or data reporting.

## Delegated Entity Data and Oversight

HSAG's assessment of HPSM's delegated entity data and oversight included the following findings:

- HPSM subcontracted applied behavioral analysis services to Magellan Behavioral Health. Magellan Behavioral Health supplied monthly provider network files to the plan in the 274 file data format.
- HPSM subcontracted provider data management to Kaiser North. Kaiser North supplied monthly provider network files to the plan in the 274 file data format.
- HPSM maintained oversight of its delegated entities by:
    - Conducting annual audits.
    - Collecting monthly reports in a standardized format, inclusive of contractually required data elements.
- HPSM did not identify any delegated entity network adequacy data-related items requiring corrective action.

## Network Adequacy Indicator Monitoring and Reporting

HSAG's assessment of HPSM's network adequacy indicator reporting processes included the following findings:

**Data preparation and submission to DHCS:**

- HPSM used Quest to calculate and report network adequacy indicators.
- HPSM integrated HEALTHsuite Advantage member and provider data files to calculate and report network adequacy indicators. HPSM created a network adequacy file from member data and an extract file based on the 274 file from HEALTHsuite.
- HPSM maintained data control procedures to ensure accuracy and completeness of data. Data control procedures were applied at the member and provider data levels, ensuring source file data quality prior to Quest integrations.

- HPSM conducted data reasonability checks by using Quest's interface option to confirm accuracy of the reporting period. HPSM used Quest Enterprise comparison and analysis reports to compare current and historical data. HPSM used GeoAccess report charts to visually highlight potential outliers or trends that might require end-user attention. Data load reports and data quality audit logs generated by Quest were used to verify the accuracy and completeness of data loads.
- To ensure continuity of network adequacy indicator production, HPSM completed hourly and daily report backups. HPSM maintained backups locally for 30 days and then moved backups to the Microsoft Azure cloud where they were securely maintained with limited staff access.

**Ongoing monitoring activities:**

- HPSM used appropriate methodologies to assess adherence to DHCS' network adequacy standards. HPSM referenced its internal policy and procedure manual outlining the required and applied standards for timely access and network adequacy for all applicable HPSM lines of business.

HSAG identified no concerns with HPSM's documented network adequacy indicator reporting and monitoring processes, given that DHCS was responsible for the annual calculation and reporting of all standards and indicators in scope of the review period.

## *Assessment of Data Validity*

HSAG evaluated and assessed the data methods that HPSM used to calculate results generated for each network adequacy indicator in the scope of NAV. HSAG used indicator-specific worksheets to generate a validation rating that reflects HSAG's overall confidence that HPSM used an acceptable methodology for all phases of design, data collection, analysis, and interpretation of the network adequacy indicator.

Overall, HSAG determined that HPSM's **data collection procedures** were:

☒ Acceptable

☐ Not acceptable

Overall, HSAG determined that HPSM's **network adequacy methods** were:

☒ Acceptable

☐ Not acceptable

Overall, HSAG determined that HPSM's **network adequacy results** were:

☒ Acceptable

☐ Not acceptable

## Network Adequacy Indicator-Specific Validation Ratings

Based on the results of the ISCA combined with the virtual review and detailed validation of each indicator, HSAG assessed whether the network adequacy indicator results were valid, accurate, and reliable, and if the plan's interpretation of data was accurate. HSAG determined validation ratings for each reported network adequacy indicator. HSAG calculated the validation score for each indicator and determined the final indicator-specific validation ratings for each plan according to Table 27.

### Table 27—Indicator-Level Validation Rating Categories

| Validation Score | Validation Rating |
|---|---|
| 90.0% or greater | *High Confidence* |
| 50.0% to 89.9% | *Moderate Confidence* |
| 10.0% to 49.9% | *Low Confidence* |
| Less than 10% and/or any *Not Met* element has significant bias on the results | *No Confidence* |

No identified indicators in scope of review obtained a *Low Confidence* or *No Confidence* rating determination.

## Analysis and Conclusions

HSAG assessed DHCS' submitted results and found that HPSM obtained a pass designation at the county level, which indicates that all standards and requirements for provider ratios, time or distance, and mandatory provider types were met.

## Strengths, Opportunities for Improvement, and Recommendations

By assessing HPSM's performance and NAV reporting processes, HSAG identified the following areas of strength and opportunities for improvement. Along with each area of opportunity, HSAG has also provided a recommendation to help target improvement.

### *Strengths*

- **Strength #1:** HPSM established strong data collection procedures and processes which included data quality control measures to validate member and provider data, promoting reliable and consistent member and provider data management.
- **Strength #2:** HPSM enhanced its data management by centralizing member and provider data within one database management system. By housing data in one system, the health plan achieved more efficient reporting and easier data accessibility.

### Opportunities for Improvement and Recommendations

HSAG identified no specific opportunities for improvement related to the data collection and management processes HPSM had in place to inform network adequacy standard and indicator calculations.

## Progress Made from the Prior Year

This section is intentionally not completed since this is the first year a NAV audit was conducted for the plans in California. During future reporting cycles, HSAG will incorporate an evaluation of each plan's network adequacy standards progress made from the prior year.

# Inland Empire Health Plan

## ISCA Findings and Data Validity

HSAG completed an ISCA for IEHP and presents the ISCA findings and assessment of any concerns related to data sources used in the NAV.

### Information Systems Data Processing Procedures and Personnel

HSAG evaluated the information systems data processing procedures that IEHP had in place to support network adequacy indicator reporting, which included the following findings:

- IEHP used MediTrac as the database management system to collect and maintain member enrollment and provider data.
- IEHP used Network Development Database (NDDB) as the database management system for storing data related to provider credentialing.

HSAG evaluated the personnel that IEHP had in place to support network adequacy indicator reporting, which included the following findings:

- IEHP maintained four programmers for Microsoft Transact-SQL (T-SQL) and two programmers for Edifecs as part of the 274 file programmer staff with an average of 5 years of experience.

HSAG identified no concerns with IEHP's information systems data processing procedures and personnel.

### Enrollment System

HSAG evaluated the information systems and processes used by IEHP to capture enrollment data for members to confirm that the system was capable of collecting data on member

characteristics as specified by DHCS. HSAG's evaluation of IEHP's enrollment system included the following findings:

- Enrollment and eligibility data for IEHP members were maintained in MediTrac.
- IEHP received daily enrollment files in the 834 file format from DHCS.
- IEHP performed daily reconciliation between MediTrac and DHCS data to ensure completeness and accuracy of enrollment data.
- IEHP's reconciliation and oversight of enrollment data included the following:
  - The reconciliation process was run daily after all the eligibility files were processed in MediTrac.
  - Staff compared eligibility data from DHCS against MediTrac data to ensure updates from the source were captured correctly in MediTrac.
  - Any discrepancies were reviewed in an Excel report, and manual updates were applied in MediTrac by eligibility staff.
- The IEHP system captured and maintained both the state-issued Medicaid ID and a system-generated ID. If the Medicaid ID changed for any reason, IEHP used the system-generated ID to link enrollment history.
- IEHP identified member demographic updates based on data from the 834 files. Any changes to a member's demographic data were stored as a new record, including product line, eligibility status, and provider assignment changes. The member's original entry into MediTrac, changes in eligibility status, and/or changes in product lines over time were tracked. Continuous enrollment under the same member ID number was contingent on being able to consistently identify the same member through information provided by DHCS or through our duplicate member audits.

HSAG identified no concerns with IEHP's documented enrollment data capture, data processing, data integration, data storage, or data reporting.

## *Provider Data Systems*

HSAG evaluated the information systems and processes used by IEHP to capture provider data and identified the following findings:

- IEHP ensured that data received from providers were accurate and complete by verifying the accuracy and timeliness of reported data.
- The plan screened the data for completeness, logic, and consistency.
- The plan collected data from providers in standardized formats.

HSAG's evaluation of IEHP's provider data system(s) included the following findings:

- Provider credentialing data were maintained in NDDB
- Provider network status data were maintained in NDDB.
- IEHP captured all state-required provider types and specialties in NDDB.

  - IEHP's mapping of provider specialties to DHCS' provider crosswalk was reviewed by HSAG and determined to be aligned with DHCS' expectations.
- IEHP's procedures for updating and maintaining provider data included the following:
  - NDDB maintained a physician profile to track providers over time, across multiple office locations, and through changes in participation in IEHP's network. In NDDB, IEHP flagged active versus inactive providers.
  - IEHP required its provider network to update provider data as needed by self-reporting, and the provider confirmed provider data every six months. Providers were made aware of this expectation via the provider directory.

HSAG identified no concerns with IEHP's documented provider data capture, data processing, data integration, data storage, or data reporting.

## Delegated Entity Data and Oversight

HSAG's assessment of IEHP's delegated entity data and oversight included the following findings:

- IEHP did not subcontract any network adequacy-related services to delegated entities.

## Network Adequacy Indicator Monitoring and Reporting

HSAG's assessment of IEHP's network adequacy indicator reporting processes included the following findings:

**Data preparation and submission to DHCS:**

- IEHP used ArcGIS to monitor ongoing network adequacy indicators.
- IEHP integrated member enrollment data and provider data for network adequacy indicator monitoring and reporting.
- IEHP maintained data control procedures to ensure accuracy and completeness of data merges from its EDW and NDDB using membership and provider validation queries.
- IEHP conducted data reasonability checks by submitting a daily IEHP Network Summary report. This report included aggregated summaries of membership by product line and IPA, provider counts by product line and affiliation type, as well as provider counts by specialty and specialty category. These reports were used in IEHP's quality assurance process to ensure the network adequacy indicators were reasonable.
- To ensure continuity of network adequacy indicator production, IEHP used a High Availability (HA) physical VMware cluster, which helped prevent data loss. Data were also being replicated in real time to IEHP's data repository site. Backup data were stored onsite for 30 days; then, month-end data were sent to encrypted tapes for long-term storage at Iron Mountain. Only IEHP employees had direct access to the database which contained network adequacy data.

**Ongoing monitoring activities:**

- IEHP conducted monthly proactive monitoring reports for network adequacy that included provider ratios and referral patterns by specialty. These reports were reviewed and utilized by IEHP's provider services and the contract managers to prioritize outreach efforts.
- IEHP used appropriate methodologies to assess adherence to DHHS' network adequacy standards. IEHP used member dimensions, including member ID, name, address, city, state, and ZIP Code, to create a member table used in ArcGIS. Provider table dimensions included line of business, description (provider type), address, city, state, ZIP Code, provider name, IEHP-generated provider specialty code, time standard, distance standard, provider ID (NPI), and location ID (NDDB). A column was created to be used in the ArcGIS origin-destination (OD) cost matrix tool (OD_name = provider type code, NPI, location ID). Member and provider data from Access were geocoded to create feature classes in ArcGIS using the IEHP Geocoding Service. Member and provider demographic data were stored in a geo-database file within the ArcGIS project.

HSAG identified no concerns with IEHP's documented network adequacy indicator reporting and monitoring processes, given that DHCS was responsible for the annual calculation and reporting of all standards and indicators in scope of the review period.

## *Assessment of Data Validity*

HSAG evaluated and assessed the data methods that IEHP used to calculate results generated for each network adequacy indicator in the scope of NAV. HSAG used indicator-specific worksheets to generate a validation rating that reflects HSAG's overall confidence that IEHP used an acceptable methodology for all phases of design, data collection, analysis, and interpretation of the network adequacy indicator.

Overall, HSAG determined that IEHP's **data collection procedures** were:

☒ Acceptable

☐ Not acceptable

Overall, HSAG determined that IEHP's **network adequacy methods** were:

☒ Acceptable

☐ Not acceptable

Overall, HSAG determined that IEHP's **network adequacy results** were:

☒ Acceptable

☐ Not acceptable

## Network Adequacy Indicator-Specific Validation Ratings

Based on the results of the ISCA combined with the virtual review and detailed validation of each indicator, HSAG assessed whether the network adequacy indicator results were valid, accurate, and reliable, and if the plan's interpretation of data was accurate. HSAG determined validation ratings for each reported network adequacy indicator. HSAG calculated the validation score for each indicator and determined the final indicator-specific validation ratings for each plan according to Table 28.

### Table 28—Indicator-Level Validation Rating Categories

| Validation Score | Validation Rating |
|---|---|
| 90.0% or greater | *High Confidence* |
| 50.0% to 89.9% | *Moderate Confidence* |
| 10.0% to 49.9% | *Low Confidence* |
| Less than 10% and/or any *Not Met* element has significant bias on the results | *No Confidence* |

No identified indicators in scope of review obtained a *Low Confidence* or *No Confidence* rating determination.

## Analysis and Conclusions

HSAG assessed DHCS' submitted results and found that IEHP obtained a pass designation at the county level, which indicates that all standards and requirements for provider ratios and mandatory provider types were met.

HSAG assessed IEHP's submitted reports for time or distance and found that IEHP, at the county level, obtained a pass designation except for one county. Measure compliance with the time or distance standard was based on a combination of MCMC plan county ZIP Code, provider type, and population served. Table 29 demonstrates that IEHP received a pass with conditions result, which indicates non-compliance due to incomplete AAS requests for counties/provider types/population served.

### Table 29—Programwide Results—Time or Distance

| MCMC Plan | County | Time or Distance |
|---|---|---|
| Inland Empire Health Plan | San Bernardino County | Pass with Conditions |

## Strengths, Opportunities for Improvement, and Recommendations

By assessing IEHP's performance and NAV reporting processes, HSAG identified the following areas of strength and opportunities for improvement. Along with each area of opportunity, HSAG has also provided a recommendation to help target improvement.

### *Strengths*

- **Strength #1:** IEHP had robust procedures in place for validating members who are geocoded, such as running spatial analysis, which cleansed data and ensured the member was reported in the correct ZIP Code.
- **Strength #2:** IEHP conducted multiple discrepancy checks daily and generated reporting on member data to ensure there were no observed discrepancies.

### *Opportunities for Improvement and Recommendations*

HSAG identified no specific opportunities for improvement related to the data collection and management processes IEHP had in place to inform network adequacy standard and indicator calculations.

## Progress Made from the Prior Year

This section is intentionally not completed since this is the first year a NAV audit was conducted for the plans in California. During future reporting cycles, HSAG will incorporate an evaluation of each plan's network adequacy standards progress made from the prior year.

# Kaiser Permanente

## ISCA Findings and Data Validity

HSAG completed an ISCA for Kaiser and presents the ISCA findings and assessment of any concerns related to data sources used in the NAV.

### Information Systems Data Processing Procedures and Personnel

HSAG evaluated the information systems data processing procedures that Kaiser had in place to support network adequacy indicator reporting, which included the following findings:

- Kaiser used Foundations Systems (FS) as the database management system to collect and maintain member enrollment data.
- Kaiser used Common Provider Master (CPM) as the database management system for collecting and maintaining provider data.

HSAG evaluated the personnel that Kaiser had in place to support network adequacy indicator reporting, which included the following findings:

- Kaiser had six programmers trained and capable of supporting network adequacy monitoring and reporting activities, with five years of experience on average.

HSAG identified no concerns with Kaiser's information systems data processing procedures and personnel.

### Enrollment System

HSAG evaluated the information systems and processes used by Kaiser to capture enrollment data for members to confirm that the system was capable of collecting data on member characteristics as specified by DHCS. HSAG's evaluation of Kaiser's enrollment system included the following findings:

- Enrollment and eligibility data for Kaiser members were maintained in FS.
- Kaiser received daily and monthly enrollment files in the 834 file format from DHCS.
- Kaiser performed monthly reconciliation between FS and DHCS data to ensure completeness and accuracy of enrollment data.
- Kaiser's reconciliation and oversight of enrollment data included the following:
  - Use of an automated process for record matching between the 834 file and existing FS members. Non-matching member records were rejected from enrollment file processing and processed for manual member enrollment. Kaiser performed monthly reconciliation between its monthly member data mart and the fiscal month-end file loaded in Member Data Warehouse (MDW), which was sourced from FS.

- FS captured and maintained both the state-issued Medicaid ID and a system-generated ID. If the Medicaid ID changed for any reason, Kaiser used the system-generated ID to link enrollment history.
- Kaiser identified member demographic updates based on data on the daily 834 file.

HSAG identified no concerns with Kaiser's documented enrollment data capture, data processing, data integration, data storage, or data reporting.

## Provider Data Systems

HSAG evaluated the information systems and processes used by Kaiser to capture provider data and identified the following findings:

- Kaiser ensured that data received from providers were accurate and complete by verifying the accuracy and timeliness of reported data.
- The plan screened the data for completeness, logic, and consistency.
- The plan collected data from providers in standardized formats.

HSAG's evaluation of Kaiser's provider data system(s) included the following findings:

- Provider credentialing data were maintained in CPM.
- Provider network status data were maintained in CPM.
- Kaiser captured all state-required provider types and specialties in CPM.
  - Kaiser's mapping of provider specialties to DHCS' provider crosswalk was reviewed by HSAG and determined to be aligned with DHCS' expectations.
- Kaiser's procedures for updating and maintaining provider data included the following:
  - Self-reported data from specific provider groups were obtained monthly to support the network report DHCS 274 file submission to track providers over time, across multiple office locations, and through changes in participation in Kaiser's network. PSV was conducted to confirm education and post-graduate training, current license, board certification, clinical privileges, professional liability coverage, professional liability claims history, state and federal sanctions, exclusions and preclusions, Medicare opt-out status, Medi-Cal S&I list, DHCS' RPD list, and professional references.
- Only current active providers were used for network adequacy monitoring and reporting. Providers with any other status were excluded.
  - Kaiser required its provider network to update provider data regularly through provider outreach and during annual outreach.
  - Kaiser did not manually edit or manipulate any provider data. All provider data received from the 274 file underwent pre-production validation, and a provider data output file was produced.
  - Kaiser's provider network updated provider data monthly as the provider enrollment file was retrieved from DHCS.

HSAG identified no concerns with Kaiser's documented provider data capture, data processing, data integration, data storage, or data reporting.

## Delegated Entity Data and Oversight

HSAG's assessment of Kaiser's delegated entity data and oversight included the following findings:

- Kaiser did not subcontract any network adequacy-related services to delegated entities.

## Network Adequacy Indicator Monitoring and Reporting

HSAG's assessment of Kaiser's network adequacy indicator reporting processes included the following findings:

**Data preparation and submission to DHCS:**

- Kaiser used ArcGIS to monitor compliance on network adequacy indicators.
- Kaiser integrated member data and provider data for network adequacy indicator monitoring and reporting.
- Kaiser maintained data control procedures to ensure accuracy and completeness of data merges from member data queried from the member month data mart and provider data from the 274 file.
- Kaiser conducted data reasonability checks by comparing network adequacy percentages for each county/ZIP Code/specialty/population to the prior run, to assess changes in performance.
- Kaiser maintained network adequacy indicator reports by inputting files and noting any reporting pipeline issues in Jira. The files themselves were archived by the teams producing them.
- To ensure continuity of network adequacy indicator production, Kaiser maintained internal processes in place for cross-training programmers who produced the network adequacy indicator reports. Multiple programmers were well versed in the R programming language and the internal package that facilitated interaction with ArcGIS. In addition, the workflow was documented in Confluence to ensure continuity if backup programmers ever need to produce the reports.

**Ongoing monitoring activities:**

- Kaiser used appropriate methodologies to assess adherence to DHCS' network adequacy standards using the origin-destination (OD) cost matrix in ArcGIS. Time or distance to the nearest provider of each specialty was calculated for each of the DHCS population points falling within a Kaiser service area ZIP Code. Results were summarized for each ZIP Code/county/specialty/population combination. The summary included the minimum and maximum time or distance, as well as the percentage of points within the standard. Medi-

Cal member counts for each ZIP Code were pulled from the member month data mart and used to calculate required telehealth providers according to instructions from DHCS.

- Kaiser conducted time or distance calculations using the OD cost matrix functionality of ArcGIS. Kaiser partnered with the DHCS GIS Team to make quarterly updates to the street network dataset used by ArcGIS. To check for accuracy, Kaiser compared each report to the previous run to identify significant differences. Changes were then assessed in the context of the existing provider network to determine the root cause.

HSAG identified no concerns with Kaiser's documented network adequacy indicator reporting and monitoring processes, given that DHCS was responsible for the annual calculation and reporting of all standards and indicators in scope of the review period.

### *Assessment of Data Validity*

HSAG evaluated and assessed the data methods that Kaiser used to calculate results generated for each network adequacy indicator in the scope of NAV. HSAG used indicator-specific worksheets to generate a validation rating that reflects HSAG's overall confidence that Kaiser used an acceptable methodology for all phases of design, data collection, analysis, and interpretation of the network adequacy indicator.

Overall, HSAG determined that Kaiser's **data collection procedures** were:

☒ Acceptable

☐ Not acceptable

Overall, HSAG determined that Kaiser's **network adequacy methods** were:

☒ Acceptable

☐ Not acceptable

Overall, HSAG determined that Kaiser's **network adequacy results** were:

☒ Acceptable

☐ Not acceptable

## Network Adequacy Indicator-Specific Validation Ratings

Based on the results of the ISCA combined with the virtual review and detailed validation of each indicator, HSAG assessed whether the network adequacy indicator results were valid, accurate, and reliable, and if the plan's interpretation of data was accurate. HSAG determined validation ratings for each reported network adequacy indicator. HSAG calculated the validation score for each indicator and determined the final indicator-specific validation ratings for each plan according to Table 30.

### Table 30—Indicator-Level Validation Rating Categories

| Validation Score | Validation Rating |
|---|---|
| 90.0% or greater | *High Confidence* |
| 50.0% to 89.9% | *Moderate Confidence* |
| 10.0% to 49.9% | *Low Confidence* |
| Less than 10% and/or any *Not Met* element has significant bias on the results | *No Confidence* |

No identified indicators in scope of review obtained a *Low Confidence* or *No Confidence* rating determination.

## Analysis and Conclusions

HSAG assessed DHCS' submitted results and found that Kaiser obtained a pass designation at the county level, which indicates all standards and requirements for provider ratios and mandatory provider types were met. Table 31 demonstrates DHCS' results designations for Kaiser counties where DHCS determined compliance for the time or distance standard through AAS.

### Table 31—Kaiser Results—Time or Distance—Alternative Access Standards Compliance

* When Kaiser did not meet the standard for this indicator, DHCS provided an opportunity for the plan to submit an AAS request. Upon DHCS' approval of the AAS request, DHCS updated this indicator result from *Not Met* to *AAS Pass*. HSAG did not audit DHCS' AAS methodology or results; therefore, the determination of *AAS Pass* is reflected in the Time or Distance column of this table.

| Plan | County | Time or Distance |
|---|---|---|
| Kaiser NorCal | Amador County | AAS Pass* |
| Kaiser NorCal | El Dorado County | AAS Pass* |
| Kaiser NorCal (KP Cal LLC) | Placer County | AAS Pass* |
| Kaiser NorCal (KP Cal LLC) | Sacramento County | AAS Pass* |
| Kaiser SoCal (KP Cal LLC) | San Diego County | AAS Pass* |

## Strengths, Opportunities for Improvement, and Recommendations

By assessing Kaiser's performance and NAV reporting processes, HSAG identified the following areas of strength and opportunities for improvement. Along with each area of opportunity, HSAG has also provided a recommendation to help target improvement.

### *Strengths*

- **Strength #1:** Kaiser demonstrated streamlined processes for receipt of member and provider enrollment files, which were directly integrated into Kaiser's data warehouse for reporting network adequacy. This process centralized data ingestion and reporting activities.

### *Opportunities for Improvement and Recommendations*

HSAG identified no specific opportunities for improvement related to the data collection and management processes Kaiser had in place to inform network adequacy standard and indicator calculations.

## Progress Made from the Prior Year

This section is intentionally not completed since this is the first year a NAV audit was conducted for the plans in California. During future reporting cycles, HSAG will incorporate an evaluation of each plan's network adequacy standards progress made from the prior year.

# *Kern Health Systems, DBA Kern Family Health Care*

## ISCA Findings and Data Validity

HSAG completed an ISCA for KHS and presents the ISCA findings and assessment of any concerns related to data sources used in the NAV.

### *Information Systems Data Processing Procedures and Personnel*

HSAG evaluated the information systems data processing procedures that KHS had in place to support network adequacy indicator reporting, which included the following findings:

- KHS used QNXT as the database management system to collect and maintain member eligibility data.
- KHS used symplr, previously known as Cactus, as the database management system for collecting and maintaining provider data.

HSAG evaluated the personnel that KHS had in place to support network adequacy indicator reporting, which included the following findings:

- KHS had six internal staff programmers and BI data analysts with an average of 6 years of experience. DHCS' ANC was completed by the plan's Provider Network Management Analyst teams, overseen by the provider network analytics program manager and the deputy directory of provider network management, who both had experience in completing the plan's ANC submission. In their supervisory role, they reviewed the reporting compiled by analysts prior to submission to ensure it was appropriate.

HSAG identified no concerns with KHS' information systems data processing procedures and personnel.

## Enrollment System

HSAG evaluated the information systems and processes used by KHS to capture enrollment data for members to confirm that the system was capable of collecting data on member characteristics as specified by DHCS. HSAG's evaluation of KHS' enrollment system included the following findings:

- Enrollment and eligibility data for KHS members were maintained in QNXT.
- KHS received daily and monthly enrollment files in the 834 file format from DHCS.
- KHS performed monthly reconciliation between QNXT and DHCS data to ensure completeness and accuracy of enrollment data.
- KHS' reconciliation and oversight of enrollment data included the following:
  - KHS compared QNXT data to monthly enrollment files.
  - The plan ensured completeness and accuracy by reviewing member counts throughout the process. As data were exported from QNXT, the total member count exported was reviewed against total plan membership to ensure the file was accurate and complete.
  - As data were uploaded into Quest and geocoded, the total member count was reviewed against total plan membership to ensure data were accurate and complete.
  - After analysis was completed, total records analyzed were reviewed against total plan membership.
- QNXT captured and maintained both the state-issued Medicaid ID and a system-generated ID. If the Medicaid ID changed for any reason, KHS used the system-generated ID to link enrollment history.
- KHS identified member demographic updates based on data from the 834 file.

HSAG identified no concerns with KHS' documented enrollment data capture, data processing, data integration, data storage, or data reporting.

## Provider Data Systems

HSAG evaluated the information systems and processes used by KHS to capture provider data and identified the following findings:

- KHS ensured that data received from providers were accurate and complete by verifying the accuracy and timeliness of reported data.
- The plan screened the data for completeness, logic, and consistency.
- The plan collected data from providers in standardized formats to the extent feasible and appropriate.

HSAG's evaluation of KHS' provider data system(s) included the following findings:

- Provider credentialing and provider network status data were maintained in symplr.
- KHS captured all state-required provider types and specialties in symplr.
  - KHS' mapping of provider specialties to DHCS' provider crosswalk was reviewed by HSAG and determined to be aligned with DHCS' expectations.
- KHS' procedures for updating and maintaining provider data included the following:
  - KHS performed audits of all network provider data changes monthly. Audit logs were reviewed to ensure all modifications were accurate.
  - KHS referenced the OIG exclusion database to identify providers or organizations excluded from the Medicaid and CHIP program each month (e.g., LEIE).
  - KHS required its provider network to update provider data as changes occurred. Providers were required to submit quarterly attestations.

HSAG identified no concerns with KHS' documented provider data capture, data processing, data integration, data storage, or data reporting.

## Delegated Entity Data and Oversight

HSAG's assessment of KHS' delegated entity data and oversight included the following findings:

- KHS did not subcontract any network adequacy-related services to delegated entities.

## Network Adequacy Indicator Monitoring and Reporting

HSAG's assessment of KHS' network adequacy indicator reporting processes included the following findings:

**Data preparation and submission to DHCS:**

- KHS used Quest to monitor network adequacy indicators.

- KHS integrated member and provider data for network adequacy indicator monitoring and reporting.
- KHS maintained data control procedures to ensure accuracy and completeness of data merges from QNXT member data and 274 file-formatted provider data using count validations. Total member count integrated in Quest was compared against total plan membership. Provider data count validations and audits were completed to ensure the file was accurate and complete. After Quest analysis was complete, total records analyzed were reviewed against total plan membership and total provider counts to ensure data were accurate and complete.
- KHS conducted data reasonability checks by capturing member and provider data weekly, and KHS conducted count comparison validations to ensure data fell within expected parameters. The plan's member services department conducted data cleaning of member data as new information was provided. The plan's regulatory reports were compared to the previously submitted regulatory reports to confirm the data were within expected parameters.
- KHS maintained historic records of all network adequacy indicator reports submitted as part of all DHCS ANC submissions.
- To ensure continuity of network adequacy indicator production, system backups were conducted daily, with SQL logs every 15 minutes. Backup data were securely stored in Rubrik, both on-premises and in Azure. Mirrored environments were used to minimize data corruption risk by reducing failover delays and simplifying service redirection if a system failure or program error occurred.

**Ongoing monitoring activities:**

- KHS used appropriate methodologies to assess adherence to DHCS' network adequacy standards. KHS followed the most recent DHCS guidance, distributed via APLs, when completing network adequacy analysis in relation to ANC. In completing this work, DHCS provided plans with specific completion instructions which KHS utilized to complete the ANC submission.

HSAG identified no concerns with KHS' documented network adequacy indicator reporting and monitoring processes, given that DHCS was responsible for the annual calculation and reporting of all standards and indicators in scope of the review period.

## *Assessment of Data Validity*

HSAG evaluated and assessed the data methods that KHS used to calculate results generated for each network adequacy indicator in the scope of NAV. HSAG used indicator-specific worksheets to generate a validation rating that reflects HSAG's overall confidence that KHS used an acceptable methodology for all phases of design, data collection, analysis, and interpretation of the network adequacy indicator.

Overall, HSAG determined that KHS' **data collection procedures** were:

☒ Acceptable

☐ Not acceptable

Overall, HSAG determined that KHS' **network adequacy methods** were:

☒ Acceptable

☐ Not acceptable

Overall, HSAG determined that KHS' **network adequacy results** were:

☒ Acceptable

☐ Not acceptable

## Network Adequacy Indicator-Specific Validation Ratings

Based on the results of the ISCA combined with the virtual review and detailed validation of each indicator, HSAG assessed whether the network adequacy indicator results were valid, accurate, and reliable, and if the plan's interpretation of data was accurate. HSAG determined validation ratings for each reported network adequacy indicator. HSAG calculated the validation score for each indicator and determined the final indicator-specific validation ratings for each plan according to Table 32.

### Table 32—Indicator-Level Validation Rating Categories

| Validation Score | Validation Rating |
|---|---|
| 90.0% or greater | *High Confidence* |
| 50.0% to 89.9% | *Moderate Confidence* |
| 10.0% to 49.9% | *Low Confidence* |
| Less than 10% and/or any *Not Met* element has significant bias on the results | *No Confidence* |

No identified indicators in scope of review obtained a *Low Confidence* or *No Confidence* rating determination.

## Analysis and Conclusions

HSAG assessed DHCS' submitted results and found that KHS obtained a pass designation at the county level, which indicates that all standards and requirements for provider ratios, time or distance, and mandatory provider types were met.

## Strengths, Opportunities for Improvement, and Recommendations

By assessing KHS' performance and NAV reporting processes, HSAG identified the following areas of strength and opportunities for improvement. Along with each area of opportunity, HSAG has also provided a recommendation to help target improvement.

### *Strengths*

- **Strength #1:** KHS implemented an audit process to review member counts at each stage of data extraction from multiple sources, ensuring accuracy and consistency in member enrollment data.

### *Opportunities for Improvement and Recommendations*

HSAG identified no specific opportunities for improvement related to the data collection and management processes KHS had in place to inform network adequacy standard and indicator calculations.

## Progress Made from the Prior Year

This section is intentionally not completed since this is the first year a NAV audit was conducted for the plans in California. During future reporting cycles, HSAG will incorporate an evaluation of each plan's network adequacy standards progress made from the prior year.

# *L.A. Care Health Plan*

## ISCA Findings and Data Validity

HSAG completed an ISCA for L.A. Care and presents the ISCA findings and assessment of any concerns related to data sources used in the NAV.

### *Information Systems Data Processing Procedures and Personnel*

HSAG evaluated the information systems data processing procedures that L.A. Care had in place to support network adequacy indicator reporting, which included the following findings:

- L.A. Care used TriZetto QNXT as the database management system to maintain comprehensive demographic and eligibility information for members.
- L.A. Care used Provider Data Unit (PDU) as the provider database management system to store provider data.

HSAG evaluated the personnel that L.A. Care had in place to support network adequacy indicator reporting, which included the following findings:

- L.A. Care had eight programmers (seven lead SQL report developers and one senior business intelligence analyst) that were trained to support network adequacy indicator monitoring and reporting. On average, these programmers had approximately 8–10 years of experience.

HSAG identified no concerns with L.A. Care's information systems data processing procedures and personnel.

## Enrollment System

HSAG evaluated the information systems and processes used by L.A. Care to capture enrollment data for members to confirm that the system was capable of collecting data on member characteristics as specified by DHCS. HSAG's evaluation of L.A. Care's enrollment system included the following findings:

- Enrollment and eligibility data for L.A. Care members were maintained in the member enrollment database management system, QNXT.
- L.A. Care received both daily and monthly enrollment files in the 834 flat file format from DHCS, referred to as the Medi-Cal 834.
- Incoming member data received via the Medi-Cal 834 were reconciled to data in QNXT using custom matching logic defined by the L.A. Care Enrollment Services Team.
- L.A. Care had processes in place to prevent missing or incomplete member data:
  - When data discrepancies were caused by validation failure, L.A. Care had custom reprocessing tools to complete the transaction load. When discrepancies were caused by technical failures, L.A. Care had dedicated IT staff who handled reprocessing and remediation.
- L.A. Care assigned a unique member ID to each member using the QNXT application, which used a configured ID sequence. Matching logic was used to merge different external IDs (e.g., the CIN received in the Medi-Cal 834) into one internal ID.
- L.A. Care identified member demographic updates based on data from the Medi-Cal 834. L.A. Care retained all Medi-Cal 834 data received in an Oracle database.

HSAG identified no concerns with L.A. Care's documented enrollment data capture, data processing, data integration, data storage, or data reporting.

## Provider Data Systems

HSAG evaluated the information systems and processes used by L.A. Care to capture provider data and identified the following findings:

- L.A. Care had adequate data collection processes in place to ensure completeness and accuracy.
- L.A. Care ensured that data received from providers were accurate and complete.

- L.A. Care collected data from providers in standardized formats to the extent feasible and appropriate.

HSAG's evaluation of L.A. Care's provider data system(s) included the following findings:

- Provider credentialing and provider network status data were maintained in PDU.
- L.A. Care captured all state-required provider types and specialties in PDU.
- L.A. Care's mapping of provider specialties to DHCS' provider crosswalk was reviewed by HSAG and determined to be aligned with DHCS' expectations.
- L.A. Care ensured the data received from providers were accurate and complete by doing the following:
  - To track providers over time, across multiple office locations, and through changes in participation, L.A. Care's Provider Data Management (PDM) department conducted quarterly outreach to verify the accuracy of provider data information in the provider directory. This outreach included verification of provider taxonomy, service location address, and service location telephone number. L.A. Care's PDU department verified provider data upon receipt of newly contracted and existing provider address changes. L.A. Care also relied on facility site reviews to perform outreach to the provider sites via phone, email, and fax to confirm address and other provider contact information.
  - L.A. Care performed sanction checks to identify providers or organizations excluded from the Medicaid and CHIP program each month (e.g., OIG/General Services Administration (GSA) Exclusion List and the Medi-Cal Suspended and Ineligible List).
- L.A. Care required its provider network to update provider data quarterly by submitting an attestation to attest that the provider information contained in the roster was complete, accurate, and provided the specific changes to be made (e.g., address change, provider group change) In the attestation, the provider would select "N" if no change to the record, "C" for a change to the record, "A" for added record, or "T" for termination of record. The changes, additions, and terminations kicked off a workflow process to correct data in the system. HSAG identified no concerns with L.A. Care's documented provider data capture, data processing, data integration, data storage, or data reporting.

## *Delegated Entity Data and Oversight*

HSAG's assessment of L.A. Care's delegated entity data and oversight included the following findings:

- L.A. Care subcontracted with Carelon for mental health services.
- L.A. Care had contractual requirements for delegated entities to address data accuracy, completeness, and timely responses to data requests.
- L.A. Care performed validation against the delegate's submission of the network adequacy reporting against L.A. Care's network submission and provided feedback to the delegate.

## Network Adequacy Indicator Monitoring and Reporting

HSAG's assessment of L.A. Care's network adequacy indicator reporting processes included the following findings:

**Data preparation and submission to DHCS:**

- L.A. Care used the Provider Network Operational Repository (PNOR) and Quest to process, manage, and calculate the network adequacy indicators.
- L.A. Care integrated data from the PDM System for partners to retrieve data for calculating and reporting network adequacy indicators. Data were extracted from the provider data systems, QNXT and PDM, to create data sets. Files were also received from the vendors to be merged into PNOR.
- L.A. Care maintained data control procedures to ensure accuracy and completeness of data merges from member data queried from QNXT and provider data from the 274 file. L.A. Care used Microsoft Team Foundation Server (TFS) for version control for the data used to create the network adequacy reports.
- L.A. Care conducted data reasonability checks and data quality checks to review network adequacy reporting programs. Reports were tested against previous runs to identify variances between the runs. Spot checks were conducted to evaluate for any provider data gaps upon data load.
- To ensure continuity of network adequacy indicator production, L.A. Care had backup analysts who could run the network adequacy indicator monitoring and reporting process. There were provisioning and deprovisioning procedures in place; database security was controlled by role-based access control (RBAC) and least privilege access methodology with authentication controlled by Active Directory. The database that hosted the PNOR data was hosted on an "always-on" SQL server cluster for high availability. Appropriate security agents were installed to generate alerts for any suspicious or unauthorized actions. Additionally, the physical and cybersecurity methods in place (e.g., hosted computer systems in a secure third-party datacenter) were Systems and Organization Controls 2 (SOC 2) compliant and audited regularly.

**Ongoing monitoring activities:**

- L.A. Care had a comprehensive process for monitoring network compliance with timely access standards and for implementing interventions and strategies for remediation when these standards were not met.
- The Quality Improvement Department produced an annual Timely Access to Care Report presented to the Quality Oversight Committee (QOC) and the Member Quality Service Committee (MQSC). These committees brought forth suggestions on how to best improve timely access to services for members.
- The Operational Assurance Team prepared and presented a quarterly access and availability report to the internal MQSC, who reviewed the report and offered suggestions on how to improve members' access and availability to providers.

- L.A. Care used appropriate methodologies to assess adherence to DHCS' network adequacy standards such as following DHCS' guidance upon completing the ANC process, which involved submission of all required ANC exhibits through the DHCS SFTP site.

HSAG identified no concerns with L.A. Care's documented network adequacy indicator reporting and monitoring processes, given that DHCS was responsible for the annual calculation and reporting of all standards and indicators in scope of the review period.

### *Assessment of Data Validity*

HSAG evaluated and assessed the data methods that L.A. Care used to calculate results generated for each network adequacy indicator in the scope of NAV. HSAG used indicator-specific worksheets to generate a validation rating that reflects HSAG's overall confidence that L.A. Care used an acceptable methodology for all phases of design, data collection, analysis, and interpretation of the network adequacy indicator.

Overall, HSAG determined that L.A. Care's **data collection procedures** were:

☒ Acceptable

☐ Not acceptable

Overall, HSAG determined that L.A. Care's **network adequacy methods** were:

☒ Acceptable

☐ Not acceptable

Overall, HSAG determined that L.A. Care's **network adequacy results** were:

☒ Acceptable

☐ Not acceptable

## Network Adequacy Indicator-Specific Validation Ratings

Based on the results of the ISCA combined with the virtual review and detailed validation of each indicator, HSAG assessed whether the network adequacy indicator results were valid, accurate, and reliable, and if the plan's interpretation of data was accurate. HSAG determined validation ratings for each reported network adequacy indicator. HSAG calculated the validation score for each indicator and determined the final indicator-specific validation ratings for each plan according to Table 33.

### Table 33—Indicator-Level Validation Rating Categories

| Validation Score | Validation Rating |
|---|---|
| 90.0% or greater | *High Confidence* |
| 50.0% to 89.9% | *Moderate Confidence* |
| 10.0% to 49.9% | *Low Confidence* |
| Less than 10% and/or any *Not Met* element has significant bias on the results | *No Confidence* |

No identified indicators in scope of review obtained a *Low Confidence* or *No Confidence* rating determination.

## Analysis and Conclusions

HSAG assessed DHCS' submitted results and found that L.A. Care obtained a pass designation at the county level, which indicates that all standards and requirements for provider ratios and mandatory provider types were met.

HSAG assessed L.A. Care's submitted reports for time or distance and found that L.A. Care, at the county level, obtained a pass designation except for one county. Measure compliance with the time or distance standard was based on a combination of MCMC plan county ZIP Code, provider type, and population served. Table 34 demonstrates that L.A. Care received a pass with conditions result, which indicates non-compliance due to incomplete AAS requests for counties/provider types/population served.

### Table 34—Programwide Results—Time or Distance

| MCMC Plan | County | Time or Distance |
|---|---|---|
| L.A. Care Health Plan | Los Angeles County | Pass with Conditions |

## Strengths, Opportunities for Improvement, and Recommendations

By assessing L.A. Care's performance and NAV reporting processes, HSAG identified the following areas of strength and opportunities for improvement. Along with each area of opportunity, HSAG has also provided a recommendation to help target improvement.

### *Strengths*

- **Strength #1:** L.A. Care demonstrated the ability to maintain accurate and complete provide information through an attestation process with its provider network.

### *Opportunities for Improvement and Recommendations*

HSAG identified no specific opportunities for improvement related to the data collection and management processes L.A. Care had in place to inform network adequacy standard and indicator calculations.

## Progress Made from the Prior Year

This section is intentionally not completed since this is the first year a NAV audit was conducted for the plans in California. During future reporting cycles, HSAG will incorporate an evaluation of each plan's network adequacy standards progress made from the prior year.

# Molina Healthcare of California

## ISCA Findings and Data Validity

HSAG completed an ISCA for Molina and presents the ISCA findings and assessment of any concerns related to data sources used in the NAV.

### Information Systems Data Processing Procedures and Personnel

HSAG evaluated the information systems data processing procedures that Molina had in place to support network adequacy indicator reporting, which included the following findings:

- Molina used QNXT as the database management system to collect and maintain member and provider data.

HSAG evaluated the personnel that Molina had in place to support network adequacy indicator reporting, which included the following findings:

- Molina had over 25 internal and external programmers, and all personnel had 10 or more years of experience in the field.

HSAG identified no concerns with Molina's information systems data processing procedures and personnel.

### Enrollment System

HSAG evaluated the information systems and processes used by Molina to capture enrollment data for members to confirm that the system was capable of collecting data on member characteristics as specified by DHCS. HSAG's evaluation of Molina's enrollment system included the following findings:

- Enrollment and eligibility data for Molina's members were maintained in the QNXT member database system.
- Molina received daily and monthly enrollment files in the 834 file format from DHCS. Files were loaded into the Molina Enrollment Gateway (MEG) staging database, then loaded into the QNXT membership database.
- Molina performed monthly reconciliation between the 834 enrollment data and QNXT enrollment data to ensure completeness and accuracy of data.
- Molina's reconciliation and oversight of enrollment data included the following:
  - Molina utilized reports generated from QNXT to identify missing member data. Enrollment file rejections were sent to an exception management queue where agents reviewed information and made manual updates in QNXT if applicable. If information could not be verified based on internal records, it was verified through DHCS' AEVS or returned to DHCS for potential review and correction.

- Molina captured and maintained both a state-issued Medicaid ID and system-generated ID to link enrollment history. The CIN, or Medicaid ID number, was assigned by DHCS and used to identify members enrolled in the plan. Molina also utilized a unique subscriber ID generated by QNXT used for internal identification and reporting.
- DHCS' 834 enrollment data served as the source of truth, and Molina referred members to DHCS to update demographic information. Molina worked with DHCS to address discrepancies, and DHCS included corrected information on the next 834 file update.

HSAG identified no concerns with Molina's documented enrollment data capture, data processing, data integration, data storage, or data reporting.

## Provider Data Systems

HSAG evaluated the information systems and processes used by Molina to capture provider data and identified the following findings:

- Molina ensured the data received from providers were accurate and complete by verifying the accuracy and timeliness of reported data.
- Molina had adequate data collection processes in place to ensure completeness, logic, and consistency.
- Molina collected data from providers in standardized formats to the extent feasible and appropriate.

HSAG's evaluation of Molina's provider data system(s) included the following findings:

- Provider credentialing data were maintained in the Cactus provider data management system.
- Provider network status data were maintained in the QNXT database management system, and QNXT was the source of truth for all provider information. Molina utilized a third-party vendor, HiLabs, to scrub provider data for missing information using artificial intelligence (AI).
- Molina captured all state-required provider types and specialties in QNXT and Cactus database systems and demonstrated logic on how Molina identified provider types appropriately.
  - Molina's mapping of provider specialties to DHCS' provider crosswalk was reviewed by HSAG and determined to be in alignment with DHCS' expectations.
- Molina's procedures for updating and maintaining provider data included the following:
  - To track provider data over time and across multiple office locations, and through changes in participation in Molina's network, the plan obtained and verified provider information upon contracting, and quarterly, through roster submissions of updated data. Molina utilized the California Integrated Healthcare Association (IHA) Symphony provider directory to conduct routine outreach and validate Molina's provider data. Verified updates were applied in QNXT. Molina enrolled providers in the CAQH program for quarterly provider data attestation. Molina performed outbound call campaigns for

providers that did not attest during each quarterly cycle. Molina performed a quarterly secret shopper evaluation for each plan.

- Molina checked the OIG exclusion database during the initial contracting process and monthly to identify providers or organizations excluded from the Medicaid and CHIP program.
- Molina required its provider network to update provider data as changes occurred and quarterly. Providers were made aware of this expectation via provider contract language and the provider portal. Molina reviewed the NPPES reports for inactive NPIs and removed providers without an active NPI.

HSAG identified no concerns with Molina's documented provider data capture, data processing, data integration, data storage, or data reporting.

## Delegated Entity Data and Oversight

HSAG's assessment of Molina's delegated entity data and oversight included the following findings:

- Molina did not rely on external delegated entity data for network adequacy indicator monitoring and reporting during the reporting period in scope of review.

## Network Adequacy Indicator Monitoring and Reporting

HSAG's assessment of Molina's network adequacy indicator reporting processes included the following findings:

**Data preparation and submission to DHCS:**

- Molina integrated data extracts based on the DHCS 274 file and member data from QNXT into Quest for network adequacy monitoring and reporting.
- Molina maintained data control procedures to ensure accuracy and completeness of data merges from Quest, 274 files, and QNXT by verifying information and running SQL queries to confirm the accuracy of the data.
- Network adequacy reports were run quarterly to assure that Molina was meeting network adequacy standards. Molina notified DHCS when standards were not met and filed an AAS request.
- Molina conducted data reasonability checks of network adequacy reports using functional area SME testing during the report development process and upon project completion. Errors were resolved throughout the development process. Molina's provider data quality assurance program performed daily audits of randomly sampled provider data entry updates.
- Molina maintained network adequacy indicator reports by utilizing Microsoft Azure DevOps/Git for version tracking and source control of source code. Source code and data files for each reporting period were stored in separate files and labeled by date.

- To ensure continuity of network adequacy indicator production, all Molina Enterprise Information Management (EIM) team members were cross-trained and maintained qualifications to produce network adequacy indicator reports. A standard operating procedure was maintained to ensure continuity of monitoring and reporting.

**Ongoing monitoring activities:**

- Molina used appropriate methodologies to assess adherence to DHCS' network adequacy standards. Molina calculated time or distance indicators using DHCS' standards and population points methodology provided during ANC. Provider data inputted in Quest used location information as reported on the Medi-Cal DHCS 274 file and the DHCS population points for member information. The plan calculated time or distance for each required specialty provider and ZIP Code. Molina calculated provider ratios using data contained in the 274 file and GeoAccess reports to determine capacity ratio requirements.
- Molina used Quest and SQL queries to calculate and report network adequacy indicators.

HSAG identified no concerns with Molina's documented network adequacy indicator reporting and monitoring processes, given that DHCS was responsible for the annual calculation and reporting of all standards and indicators in scope of the review period.

## *Assessment of Data Validity*

HSAG evaluated and assessed the data methods that Molina used to calculate results generated for each network adequacy indicator in the scope of NAV. HSAG used indicator-specific worksheets to generate a validation rating that reflects HSAG's overall confidence that Molina used an acceptable methodology for all phases of design, data collection, analysis, and interpretation of the network adequacy indicator.

Overall, HSAG determined that Molina's **data collection procedures** were:

☒ Acceptable

☐ Not acceptable

Overall, HSAG determined that Molina's **network adequacy methods** were:

☒ Acceptable

☐ Not acceptable

Overall, HSAG determined that Molina's **network adequacy results** were:

☒ Acceptable

☐ Not acceptable

## Network Adequacy Indicator-Specific Validation Ratings

Based on the results of the ISCA combined with the virtual review and detailed validation of each indicator, HSAG assessed whether the network adequacy indicator results were valid, accurate, and reliable, and if the plan's interpretation of data was accurate. HSAG determined validation ratings for each reported network adequacy indicator. HSAG calculated the validation score for each indicator and determined the final indicator-specific validation ratings for each plan according to Table 35.

### Table 35—Indicator-Level Validation Rating Categories

| Validation Score | Validation Rating |
|---|---|
| 90.0% or greater | *High Confidence* |
| 50.0% to 89.9% | *Moderate Confidence* |
| 10.0% to 49.9% | *Low Confidence* |
| Less than 10% and/or any *Not Met* element has significant bias on the results | *No Confidence* |

No identified indicators in scope of review obtained a *Low Confidence* or *No Confidence* rating determination.

## Analysis and Conclusions

HSAG assessed DHCS' submitted results and found that Molina obtained a pass designation at the county level, which indicates that all standards and requirements for provider ratios and mandatory provider types were met.

HSAG assessed Molina's submitted reports for time or distance and found that Molina, at the county level, obtained a pass designation except for one county. Measure compliance with the time or distance standard was based on a combination of MCMC plan county ZIP Code, provider type, and population served. Table 36 demonstrates that Molina received a pass with conditions result in one county, which indicates non-compliance due to incomplete AAS requests for counties/provider types/population served.

### Table 36—Programwide Results—Time or Distance

| MCMC Plan | County | Time or Distance |
|---|---|---|
| Molina Healthcare of California | San Bernardino County | Pass with Conditions |

## Strengths, Opportunities for Improvement, and Recommendations

By assessing Molina's performance and NAV reporting processes, HSAG identified the following areas of strength and opportunities for improvement. Along with each area of opportunity, HSAG has also provided a recommendation to help target improvement.

### *Strengths*

- **Strength #1:** Molina demonstrated the capability of maintaining an adequate provider network to service its members which included comprehensive contracting, provider data maintenance, and monitoring and reporting methods. Molina addressed gaps in its network by submitting AAS requests to DHCS and increasing contracting efforts to fill network gaps.
- **Strength #2:** Molina demonstrated the capability of ensuring the accuracy of its provider network by conducting rigorous quality assurance measures which included conducting outbound call outreach to providers that did not attest during their quarterly cycle, conducting secret shopper surveys, and maintaining a rigorous quality assurance program which included daily audits of randomly selected provider data updates.
- **Strength #3**: Molina demonstrated the capability of ensuring the accuracy of network adequacy indicator calculation and monitoring and reporting metrics by maintaining several multi-staffed quality assurance methods to verify accuracy of data.

### *Opportunities for Improvement and Recommendations*

HSAG identified no specific opportunities for improvement related to the data collection and management processes Molina had in place to inform network adequacy standard and indicator calculations.

## Progress Made from the Prior Year

This section is intentionally not completed since this is the first year a NAV audit was conducted for the plans in California. During future reporting cycles, HSAG will incorporate an evaluation of each plan's network adequacy standards progress made from the prior year.

# Partnership HealthPlan of California

## ISCA Findings and Data Validity

HSAG completed an ISCA for Partnership and presents the ISCA findings and assessment of any concerns related to data sources used in the NAV.

### Information Systems Data Processing Procedures and Personnel

HSAG evaluated the information systems data processing procedures that Partnership had in place to support network adequacy indicator reporting, which included the following findings:

- After receiving data from the state-provided 834 files, Partnership used its claims system, Amisys, to store and manage member data.
- Provider data were stored in Partnership's SugarCRM provider systems database and were used to create the 274 network file submitted monthly to DHCS as well as to create the provider directories.

HSAG evaluated the personnel that Partnership had in place to support network adequacy indicator reporting, which included the following findings:

- Two individuals used Quest to produce reports. On average, the programmers had about seven years of experience.

HSAG identified no concerns with Partnership's information systems data processing procedures and personnel.

### Enrollment System

HSAG evaluated the information systems and processes used by Partnership to capture enrollment data for members to confirm that the system was capable of collecting data on member characteristics as specified by DHCS. HSAG's evaluation of Partnership's enrollment system included the following findings:

- Enrollment and eligibility data for Partnership's members were maintained in Amisys.
- Partnership received daily and monthly enrollment files in the 834 file format from DHCS. If a member was granted Medi-Cal and assigned to Partnership, and Partnership had not yet received the member's enrollment via the 834 file, member services confirmed the member's eligibility and Partnership enrollment in DHCS' eligibility system and added the member manually, if necessary.
- Partnership performed monthly reconciliation between Amisys and DHCS data to ensure completeness and accuracy of enrollment data.
- Partnership's reconciliation and oversight of enrollment data included the following:

  - Files were auto-retrieved from DHCS' SFTP site. The files were loaded into tables and then provided to Amisys.
  - Partnership used an automated overnight process that provided notification to the team if a problem was found. Data errors were resolved in real time by authorized staff who logged in to fix the issue and allowed the process to continue.
- All members had at least two ID numbers, as assigned by DHCS, which were all linked to Partnership's internal record number. Partnership received the member's CIN and check digit and the member's MEDS ID from DHCS' 834 file. While Partnership created an internal member number, vendors identified members using the member's CIN. In addition to the CIN assigned by DHCS, Partnership created an Amisys member number.
- Partnership identified member demographic updates based on DHCS' 834 eligibility file and member-reported changes. In cases involving a lag in the data reported via 834, Partnership's Member Services/Enrollment teams could update the Partnership-hosted member record once information was validated against real-time DHCS eligibility systems. Updates may have included adding a member to the system or terminating a member in the system. The Member Services/Enrollment teams also added newborn records in order to process claims or authorizations. Newborn eligibility and Partnership enrollment was based on the mother's record until the child received his or her own Medi-Cal record from DHCS.

HSAG identified no concerns with Partnership's documented enrollment data capture, data processing, data integration, data storage, or data reporting.

## *Provider Data Systems*

HSAG evaluated the information systems and processes used by Partnership to capture provider data and identified the following findings:

- Partnership ensured that data received from providers were accurate and complete by verifying the accuracy and timeliness of reported data, including an audit of all contracted providers who completed the credentialing process to ensure the reported data were accurate; in addition; once the data were added to Amisys and SugarCRM, another audit was completed to ensure accurate data entry into both systems.
- The plan screened the data for completeness, logic, and consistency.
- The plan collected data from providers in standardized formats through its SugarCRM database to the extent feasible and appropriate.

HSAG's evaluation of Partnership's provider data system(s) included the following findings:

- Provider credentialing data were maintained in Intelli and then entered into Amisys and SugarCRM.
- Provider network status data were maintained in SugarCRM.
- Partnership captured all state-required provider types and specialties in SugarCRM.

  - Partnership's mapping of provider specialties to DHCS' provider crosswalk was reviewed by HSAG and determined to be aligned with DHCS' expectations.
- Partnership's procedures for updating and maintaining provider data included the following:
  - Partnership used SugarCRM to track providers over time, across multiple office locations, and through changes in participation in Partnership's network. Partnership's Audit Team performed quality control and accuracy oversight of the provider systems and conducted regular audits of these data systems and the provider directory. Additionally, Provider Relations visited PCP offices 10 times per year and had offices sign off that provider directory information was accurate. This sign-off was also completed several times per year for specialists and at least annually for ancillary providers.
  - Partnership queried the following sites to identify providers or organizations excluded from the Medicaid and CHIP program each month (e.g., LEIE):
    - DHCS: Medi-Cal S&I List
    - System for Award Management (SAM) exclusions from U.S. government programs
    - CMS: Exclusions from Medicare and Medicaid.
    - OIG: Exclusions from federally funded programs
    - National Practitioner Data Bank
  - Partnership required its provider network to update provider data annually. Providers were made aware of this expectation through provider contract language and written policies.

HSAG identified no concerns with Partnership's documented provider data capture, data processing, data integration, data storage, or data reporting.

## *Delegated Entity Data and Oversight*

HSAG's assessment of Partnership's delegated entity data and oversight included the following findings:

- Partnership subcontracted select provider services to Carelon, Kaiser, and Woodland Medical Group. These subcontractors submitted their information to Partnership in either the 274 file format or in a flat file that was then converted to the DHCS 274 data file format.
- Partnership maintained oversight of its delegated entities by:
  - Requiring delegated entities to create and submit to Partnership an ANC report in accordance with the most current DHCS APL using the required DHCS reporting forms. Partnership reviewed the delegated report for accuracy and completeness before including it in the full ANC submission to DHCS.
  - Conducting annual audits in accordance with DHCS standards.
  - Holding quarterly joint operations committee meetings to review key performance metrics and results of ongoing monitoring of delegated entity data.
- Partnership did not identify any delegated entity network adequacy data-related items requiring corrective action during the time frame in scope of the audit.

## Network Adequacy Indicator Monitoring and Reporting

HSAG's assessment of Partnership's network adequacy indicator reporting processes included the following findings:

**Data preparation and submission to DHCS:**

- Partnership used Quest to conduct internal monitoring of network adequacy indicators.
- Partnership maintained data control procedures and data quality checks as follows:
  - For provider data reporting to DHCS, a team of three people ran edits of the data and compared the results to previous reports. Provider Relations made needed corrections.
  - To help maintain provider data accuracy, Partnership's Audit Team performed quality control and accuracy oversight of the provider data systems for credentialing (Intelli) and provider data (SugarCRM), and provider contract payment information maintained in Amisys. Additionally, the provider directory was internally audited twice a year in accordance with California's Senate Bill No. 137 (SB 137) and annually in accordance with NCQA Network Management (NET) 5 standard, Continued access to care.
- Partnership conducted data reasonability checks, performed by IT, Provider Relations, and Finance.
- Partnership conducted data quality checks to review the accuracy of its network adequacy indicator monitoring and reporting programs.
  - For enrollment data management, membership counts per county were performed to ensure no members were lost.
- To ensure continuity of network adequacy indicator production, Partnership's production environment was backed up daily to a secured data center. Additionally, archiving was performed using another secure backup system, and the plan had cold storage backup with Amazon Web Services (AWS).

**Ongoing monitoring activities:**

- For internal monitoring, Partnership used Quest to merge a provider data file and a member data file. Rather than geocoding actual member address locations, Quest was set up to use a methodology that Partnership referred to as 100 Points of Light, which used census data to distribute points representing the population per ZIP Code in habitable areas to account for current members, as well as the farthest points of the ZIP Code where an anticipated member could potentially live. The geographic points were generated by Quest.
- Partnership used appropriate methodologies to assess adherence to DHCS' network adequacy standards. When Partnership received the network adequacy analysis from DHCS indicating whether DHCS agreed with the data reported by the plan, Partnership ran an internal analysis again to identify discrepancies. When new guidance was received from DHCS, Provider Relations reviewed and applied updated processes.

- Partnership indicated that receiving clean provider data from DHCS has been a pain point. For example, DHCS' failure to update provider changes, such as removing providers, in a timely manner resulted in recurring differences in analyses.
  - Partnership indicated that challenges related to accurate internal monitoring of provider ratios can result due to a difference in DHCS' published logic and the logic it was using internally for calculations.

HSAG identified no concerns with Partnership's documented network adequacy indicator reporting and monitoring processes, given that DHCS was responsible for the annual calculation and reporting of all standards and indicators in scope of the review period.

### *Assessment of Data Validity*

HSAG evaluated and assessed the data methods that Partnership used to calculate results generated for each network adequacy indicator in the scope of NAV. HSAG used indicator-specific worksheets to generate a validation rating that reflects HSAG's overall confidence that Partnership used an acceptable methodology for all phases of design, data collection, analysis, and interpretation of the network adequacy indicator.

Overall, HSAG determined that Partnership's **data collection procedures** were:

☒ Acceptable

☐ Not acceptable

Overall, HSAG determined that Partnership's **network adequacy methods** were:

☒ Acceptable

☐ Not acceptable

Overall, HSAG determined that Partnership's **network adequacy results** were:

☒ Acceptable

☐ Not acceptable

## Network Adequacy Indicator-Specific Validation Ratings

Based on the results of the ISCA combined with the virtual review and detailed validation of each indicator, HSAG assessed whether the network adequacy indicator results were valid, accurate, and reliable, and if the plan's interpretation of data was accurate. HSAG determined validation ratings for each reported network adequacy indicator. HSAG calculated the validation score for each indicator and determined the final indicator-specific validation ratings for each plan according to Table 37.

### Table 37—Indicator-Level Validation Rating Categories

| Validation Score | Validation Rating |
|---|---|
| 90.0% or greater | *High Confidence* |
| 50.0% to 89.9% | *Moderate Confidence* |
| 10.0% to 49.9% | *Low Confidence* |
| Less than 10% and/or any *Not Met* element has significant bias on the results | *No Confidence* |

No identified indicators in scope of review obtained a *Low Confidence* or *No Confidence* rating determination.

## Analysis and Conclusions

HSAG assessed DHCS' submitted results and found that Partnership obtained a pass designation at the county level, which indicates that all standards and requirements for provider ratios, time or distance, and mandatory provider types were met.

## Strengths, Opportunities for Improvement, and Recommendations

By assessing Partnership's performance and NAV reporting processes, HSAG identified the following areas of strength and opportunities for improvement. Along with each area of opportunity, HSAG has also provided a recommendation to help target improvement.

### *Strengths*

- **Strength #1:** Partnership had a well-defined process in place for contracting with providers and entering data into SugarCRM.
- **Strength #2:** Partnership had a comprehensive vetting process for maintaining accurate provider information.

### *Opportunities for Improvement and Recommendations*

- **Opportunity #1:** Although it was conducting internal monitoring and oversight, Partnership indicated challenges with internal monitoring of provider ratios due to uncertainty in guidelines of expected methodologies to be used and potential differences relative to the methodologies that DHCS was applying in its calculations. In addition, Partnership mentioned using a methodology, 100 Points of Light, in calculating member addresses as part of internal monitoring for time or distance, which was not a methodology referenced in the APL 23-001.

- **Recommendation:** HSAG recommends that Partnership evaluate the released DHCS APL and outreach to DHCS to ensure Partnership has a clear understanding of DHCS' expectations for calculating network adequacy indicators.

## Progress Made from the Prior Year

This section is intentionally not completed since this is the first year a NAV audit was conducted for the plans in California. During future reporting cycles, HSAG will incorporate an evaluation of each plan's network adequacy standards progress made from the prior year.

# *SCAN Health Plan*

## ISCA Findings and Data Validity

HSAG completed an ISCA for SCAN and presents the ISCA findings and assessment of any concerns related to data sources used in the NAV.

### *Information Systems Data Processing Procedures and Personnel*

HSAG evaluated the information systems data processing procedures that SCAN had in place to support network adequacy indicator reporting, which included the following findings:

- SCAN used ikaGateway—Advantasure Systems as the database management system to collect and maintain member enrollment data.
- SCAN used ikaSystems as the database management system for collecting and maintaining provider data.

HSAG evaluated the personnel that SCAN had in place to support network adequacy indicator reporting, which included the following findings:

- The SCAN Application Team consisted of seven application programmers with a combined average of 11 years of experience.

HSAG identified no concerns with SCAN's information systems data processing procedures and personnel.

### *Enrollment System*

HSAG evaluated the information systems and processes used by SCAN to capture enrollment data for members to confirm that the system was capable of collecting data on member characteristics as specified by DHCS. HSAG's evaluation of SCAN's enrollment system included the following findings:

- Enrollment and eligibility data for SCAN members were maintained in ikaGateway.

- SCAN received monthly 834 enrollment files from DHCS.
- SCAN's monthly reconciliation and oversight of enrollment data included the following activities:
  - The Member Enrollment Team followed a validation process to ensure the Medi-Cal member data were in alignment with the DHCS 834 file.
  - ikaGateway generated reports and the Member Enrollment Team completed manual resolution in case of data errors identified during Medi-Cal enrollment processing.
- ikaGateway captured and maintained both the state-issued Medicaid ID and a system-generated ID. If the Medicaid ID changed for any reason, SCAN used the system-generated ID to link enrollment history.
- SCAN identified member demographic updates based on the DHCS 834 file.

HSAG identified no concerns with SCAN's documented enrollment data capture, data processing, data integration, data storage, or data reporting.

## *Provider Data Systems*

HSAG evaluated the information systems and processes used by SCAN to capture provider data and identified the following findings:

- SCAN ensured that data received from providers were accurate and complete by verifying the accuracy and timeliness of reported data. Newly contracted providers and changes to existing provider data were loaded into ikaSystems by a dedicated provider data analyst. SCAN's Analyst Oversight Team validated updates to provider data. This team conducted provider data quality checks upon change initiation and ensured the system configuration accurately reflected the network changes initiated by roster processing.
- SCAN screened the data for completeness, logic, and consistency.
- SCAN collected data from providers in standardized formats to the extent feasible and appropriate.

HSAG's evaluation of SCAN's provider data system(s) included the following findings:

- Provider credentialing data were maintained in the ikaSystems provider database management system.
- Provider network status data were maintained in the ikaSystems provider database management system.
- SCAN captured all state-required provider types and specialties in ikaSystems.
  - SCAN's mapping of provider specialties to DHCS' provider crosswalk was reviewed by HSAG and determined to be aligned with DHCS' expectations.
- SCAN's procedures for updating and maintaining provider data included the following:
  - SCAN used quarterly roster update processing to track providers over time, across multiple office locations, and through changes in participation in SCAN's network.

- SCAN identified providers or organizations excluded from the Medicaid and CHIP program each month (e.g., LEIE).
- SCAN required its provider network to update provider data quarterly.
- SCAN ensured that data received from providers were accurate and complete by verifying the accuracy and timeliness of reported data.

HSAG identified no concerns with SCAN's documented provider data capture, data processing, data integration, data storage, or data reporting.

## Delegated Entity Data and Oversight

HSAG's assessment of SCAN's delegated entity data and oversight included the following findings:

- SCAN contracted with delegated providers. Delegated provider demographic data were updated in ikaSystems through roster processing. Delegates were required to self-report specialty information and notified SCAN of any changes through quarterly roster processing.
- SCAN had one provider contract for the American Indian population. SCAN did not track network adequacy for this population.

## Network Adequacy Indicator Monitoring and Reporting

HSAG's assessment of SCAN's network adequacy indicator reporting processes included the following findings:

**Data preparation and submission to DHCS:**

- SCAN completed the DHCS ANC process. The plan did not consolidate data to calculate network adequacy.
- SCAN prepared and submitted the 274 data file and indicated any exceptions when requirements did not align based on SCAN's plan type.
- Data were extracted using SQL from SCAN's EDW.

**Ongoing monitoring activities:**

- SCAN conducted quarterly ongoing monitoring of time or distance relative to CMS standards and requirements.
- SCAN reported that, given that DHCS conducted the calculations for network adequacy standards on behalf of the plans, SCAN did not conduct ongoing monitoring outside of time or distance in keeping with CMS requirements.

HSAG identified no concerns with SCAN's documented network adequacy indicator reporting and monitoring processes, given that DHCS was responsible for the annual calculation and reporting of all standards and indicators in scope of the review period.

### *Assessment of Data Validity*

HSAG evaluated and assessed the data methods that SCAN used to calculate results generated for each network adequacy indicator in the scope of NAV. HSAG used indicator-specific worksheets to generate a validation rating that reflects HSAG's overall confidence that SCAN used an acceptable methodology for all phases of design, data collection, analysis, and interpretation of the network adequacy indicator.

Overall, HSAG determined that SCAN's **data collection procedures** were:

☒ Acceptable

☐ Not acceptable

Overall, HSAG determined that SCAN's **network adequacy methods** were:

☒ Acceptable

☐ Not acceptable

Overall, HSAG determined that SCAN's **network adequacy results** were:

☒ Acceptable

☐ Not acceptable

## Network Adequacy Indicator-Specific Validation Ratings

Based on the results of the ISCA combined with the virtual review and detailed validation of each indicator, HSAG assessed whether the network adequacy indicator results were valid, accurate, and reliable, and if the plan's interpretation of data was accurate. HSAG determined validation ratings for each reported network adequacy indicator. HSAG calculated the validation score for each indicator and determined the final indicator-specific validation ratings for each plan according to Table 38.

**Table 38—Indicator-Level Validation Rating Categories**

| Validation Score | Validation Rating |
|---|---|
| 90.0% or greater | *High Confidence* |
| 50.0% to 89.9% | *Moderate Confidence* |
| 10.0% to 49.9% | *Low Confidence* |
| Less than 10% and/or any *Not Met* element has significant bias on the results | *No Confidence* |

No identified indicators in scope of review obtained a *Low Confidence* or *No Confidence* rating determination.

## Analysis and Conclusions

HSAG assessed DHCS' submitted results and found that SCAN obtained a pass designation at the county level, which indicates that all standards and requirements for provider ratios and mandatory provider types were met. Table 39 demonstrates DHCS' results designations for SCAN counties where DHCS determined compliance for the time or distance standard through AAS.

### Table 39—SCAN Results—Time or Distance—Alternative Access Standards Compliance

* When SCAN did not meet the standard for this indicator, DHCS provided an opportunity for the plan to submit an AAS request. Upon DHCS' approval of the AAS request, DHCS updated this indicator result from *Not Met* to *AAS Pass*. HSAG did not audit DHCS' AAS methodology or results; therefore, the determination of *AAS Pass* is reflected in the Time or Distance column of this table.

| Plan | County | Time or Distance |
|---|---|---|
| Senior Care Action Network | Los Angeles County | AAS Pass* |
| Senior Care Action Network | Riverside County | AAS Pass* |
| Senior Care Action Network | San Bernardino County | AAS Pass* |

## Strengths, Opportunities for Improvement, and Recommendations

By assessing SCAN's performance and NAV reporting processes, HSAG identified the following areas of strength and opportunities for improvement. Along with each area of opportunity, HSAG has also provided a recommendation to help target improvement.

### *Strengths*

- **Strength #1:** SCAN had robust processes in place to ensure ongoing accuracy and completeness across delegated provider groups by outreaching every 90 days to gather any changes.

### *Opportunities for Improvement and Recommendations*

- **Opportunity #1:** Although SCAN was conducting monitoring activities for time or distance according to CMS requirements, HSAG observed that SCAN was not conducting ongoing monitoring activities relative to DHCS requirements for the network adequacy standards in scope of review.

- **Recommendation:** HSAG recommends that SCAN work with DHCS to ensure clear understanding and expectations of monitoring activities and methodologies to ensure alignment.

## Progress Made from the Prior Year

This section is intentionally not completed since this is the first year a NAV audit was conducted for the plans in California. During future reporting cycles, HSAG will incorporate an evaluation of each plan's network adequacy standards progress made from the prior year.

# Santa Clara Family Health Plan

## ISCA Findings and Data Validity

HSAG completed an ISCA for SCFHP and presents the ISCA findings and assessment of any concerns related to data sources used in the NAV.

### Information Systems Data Processing Procedures and Personnel

HSAG evaluated the information systems data processing procedures that SCFHP had in place to support network adequacy indicator reporting, which included the following findings:

- SCFHP used QNXT as the database management system to collect and maintain member enrollment data.
- SCFHP used symplr (eVIPS) as the database management system to collect and maintain provider data.

HSAG evaluated the personnel that SCFHP had in place to support network adequacy indicator reporting, which included the following findings:

- SCFHP had two internal programmers trained in supporting network adequacy reporting activities with an average of five years of experience.

HSAG identified no concerns with SCFHP's information systems data processing procedures and personnel.

### Enrollment System

HSAG evaluated the information systems and processes used by SCFHP to capture enrollment data for members to confirm that the system was capable of collecting data on member characteristics as specified by DHCS. HSAG's evaluation of SCFHP's enrollment system included the following findings:

- Enrollment and eligibility data for SCFHP members were maintained in QNXT.
- SCFHP received daily enrollment files in the 834 file format from DHCS.
- SCFHP performed daily reconciliation between QNXT and DHCS data to ensure completeness and accuracy of enrollment data.
- SCFHP's reconciliation and oversight of enrollment data included:
  - Running a comparison report and reconciling data between QNXT and the 834 file.
- SCFHP's QNXT system captured and maintained both the state-issued Medicaid ID and a system-generated ID. If the Medicaid ID changed for any reason, SCFHP used the system-generated ID to link enrollment history.
- SCFHP identified member demographic updates based on the 834 daily files.

HSAG identified no concerns with SCFHP's documented enrollment data capture, data processing, data integration, data storage, or data reporting.

## Provider Data Systems

HSAG evaluated the information systems and processes used by SCFHP to capture provider data and identified the following findings:

- SCFHP ensured that data received from providers were accurate and complete by verifying the accuracy and timeliness of reported data.
- The plan screened the data for completeness, logic, and consistency.
- The plan collected data from providers in standardized formats.

HSAG's evaluation of SCFHP's provider data system(s) included the following findings:

- Provider credentialing data were maintained in symplr (eVIPS) and QNXT.
- Provider network status data were maintained in symplr (eVIPS) and QNXT.
- SCFHP captured all state-required provider types and specialties in QNXT.
  - SCFHP's mapping of provider specialties to DHCS' provider crosswalk was reviewed by HSAG and determined to be aligned with DHCS' expectations.
- SCFHP's procedures for updating and maintaining provider data included the following:
  - SCFHP flagged active and inactive providers to track providers over time, across multiple office locations, and through changes in participation in SCFHP's network. Providers reported any changes via email or fax and were asked to attest that information was accurate.
  - SCFHP used rosters and data in symplr (eVIPS) to identify providers or organizations excluded from the Medicaid and CHIP program each month. Data analysts scrubbed data and reviewed a list of excluded individuals or entities prior to further processing of provider data for network adequacy reporting.
  - SCFHP required its provider network to update provider data quarterly.

HSAG identified no concerns with SCFHP's documented provider data capture, data processing, data integration, data storage, or data reporting.

## Delegated Entity Data and Oversight

HSAG's assessment of SCFHP's delegated entity data and oversight included the following findings:

- SCFHP subcontracted credentialing to the following delegated entities, which provided data files to SCFHP.
  - Lucile Packard Children's Hospital
  - North East Medical Services

  - Palo Alto Medical Foundation
  - Physicians Medical Group
  - Premier Care
  - Stanford Health
  - Valley Health Plan
- SCFHP maintained oversight of its delegated entities by:
  - Conducting biannual subcontractor network certification in accordance with DHCS' requirements and methodology. Subcontractors submitted AAS requests to SCFHP when they were unable to demonstrate compliance with time or distance standards and were not utilizing telehealth, or when a significant change in their network occurred and they no longer met time or distance standards.
  - Delegate rosters were audited by database analysts for missing data elements and format. The rosters were scrubbed and posted to a folder for data entry. SCFHP utilized a delegate report quality review process.

## *Network Adequacy Indicator Monitoring and Reporting*

HSAG's assessment of SCFHP's network adequacy indicator reporting processes included the following findings:

**Data preparation and submission to DHCS:**

- SCFHP integrated member data from QNXT and provider data from symplr (eVIPS) for network adequacy indicator monitoring and reporting. SCFHP transformed the plan's submitted DHCS 274 file to Excel format. A network access member report from the plan's membership report portal was transformed to Excel file format. The provider data and member Excel files were both integrated into Quest.
- SCFHP conducted data reasonability checks based on an internal NCQA report review. The report review included annual trending of network adequacy measures.
- SCFHP maintained network adequacy indicator reports by archiving and labeling reports with the applicable network adequacy period. SCFHP monitored network adequacy compliance biannually and on an ad hoc basis.
- SCFHP conducted data quality checks by the program manager and provider database analysts to review the accuracy of its network adequacy indicator monitoring and reporting programs.

**Ongoing monitoring activities:**

- SCFHP used appropriate methodologies to assess adherence to DHCS' network adequacy standards.
- To ensure continuity of network adequacy indicator production, SCFHP utilized Rubrik for standard system nightly backup. System backups were saved locally and in the Rubrik cloud for off-site storage.

- SCFHP used Quest to calculate and monitor network adequacy indicators.

HSAG identified no concerns with SCFHP's documented network adequacy indicator reporting and monitoring processes, given that DHCS was responsible for the annual calculation and reporting of all standards and indicators in scope of the review period.

### *Assessment of Data Validity*

HSAG evaluated and assessed the data methods that SCFHP used to calculate results generated for each network adequacy indicator in the scope of NAV. HSAG used indicator-specific worksheets to generate a validation rating that reflects HSAG's overall confidence that SCFHP used an acceptable methodology for all phases of design, data collection, analysis, and interpretation of the network adequacy indicator.

Overall, HSAG determined that SCFHP's **data collection procedures** were:

☒ Acceptable

☐ Not acceptable

Overall, HSAG determined that SCFHP's **network adequacy methods** were:

☒ Acceptable

☐ Not acceptable

Overall, HSAG determined that SCFHP's **network adequacy results** were:

☒ Acceptable

☐ Not acceptable

## Network Adequacy Indicator-Specific Validation Ratings

Based on the results of the ISCA combined with the virtual review and detailed validation of each indicator, HSAG assessed whether the network adequacy indicator results were valid, accurate, and reliable, and if the plan's interpretation of data was accurate. HSAG determined validation ratings for each reported network adequacy indicator. HSAG calculated the validation score for each indicator and determined the final indicator-specific validation ratings for each plan according to Table 40.

#### Table 40—Indicator-Level Validation Rating Categories

| Validation Score | Validation Rating |
|---|---|
| 90.0% or greater | *High Confidence* |
| 50.0% to 89.9% | *Moderate Confidence* |

| Validation Score | Validation Rating |
|---|---|
| 10.0% to 49.9% | *Low Confidence* |
| Less than 10% and/or any *Not Met* element has significant bias on the results | *No Confidence* |

No identified indicators in scope of review obtained a *Low Confidence* or *No Confidence* rating determination.

## Analysis and Conclusions

HSAG assessed DHCS' submitted results and found that SCFHP obtained a pass designation at the county level, which indicates that all standards and requirements for provider ratios, time or distance, and mandatory provider types were met.

## Strengths, Opportunities for Improvement, and Recommendations

By assessing SCFHP's performance and NAV reporting processes, HSAG identified the following areas of strength and opportunities for improvement. Along with each area of opportunity, HSAG has also provided a recommendation to help target improvement.

### *Strengths*

- **Strength #1:** At least annually, SCFHP conducted an analysis to identify gaps within Santa Clara County by demographic area (ZIP Code) and provider type (e.g., endocrinology, human immunodeficiency virus [HIV]/infectious disease), When gaps were identified, an analysis was performed to identify potential providers who are not currently in network, and outreach was conducted to evaluate interest in becoming a contracted provider.
- **Strength #2:** SCFHP required delegates to report their contracting efforts status to close gaps for the identified potential providers.

### *Opportunities for Improvement and Recommendations*

HSAG identified no specific opportunities for improvement related to the data collection and management processes SCFHP had in place to inform network adequacy standard and indicator calculations.

## Progress Made from the Prior Year

This section is intentionally not completed since this is the first year a NAV audit was conducted for the plans in California. During future reporting cycles, HSAG will incorporate an evaluation of each plan's network adequacy standards progress made from the prior year.

# San Francisco Health Plan

## ISCA Findings and Data Validity

HSAG completed an ISCA for SFHP and presents the ISCA findings and assessment of any concerns related to data sources used in the NAV.

### Information Systems Data Processing Procedures and Personnel

HSAG evaluated the information systems data processing procedures that SFHP had in place to support network adequacy indicator reporting, which included the following findings:

- SFHP used QNXT as the database management system to collect and maintain member enrollment and provider data.

HSAG evaluated the personnel that SFHP had in place to support network adequacy indicator reporting, which included the following findings:

- SFHP had 20 programmers who supported network adequacy reporting with approximately five to 10 years of experience.

HSAG identified no concerns with SFHP's information systems data processing procedures and personnel.

### Enrollment System

HSAG evaluated the information systems and processes used by SFHP to capture enrollment data for members to confirm that the system was capable of collecting data on member characteristics as specified by DHCS. HSAG's evaluation of SFHP's enrollment system included the following findings:

- Enrollment and eligibility data for SFHP members were maintained in QNXT.
- SFHP received daily and monthly enrollment files in the 834 file format from DHCS.
- SFHP performed monthly reconciliation between QNXT and DHCS data to ensure completeness and accuracy of enrollment data.
- SFHP's reconciliation and oversight of enrollment data included the following:
  - The Member Eligibility Management Team reviewed a set of enrollment reconciliation reports to validate daily and monthly eligibility files. When a member's record was missing, SFHP referred to the 834 files from DHCS and applied manual updates to the member records, as needed.
- SFHP's QNXT system captured and maintained both the state-issued Medicaid ID and a system-generated ID. If the Medicaid ID changed for any reason, SFHP used the system-generated ID to link enrollment history.

- SFHP identified member demographic updates based on demographic data from the 834 files received from DHCS.

HSAG identified no concerns with SFHP's documented enrollment data capture, data processing, data integration, data storage, or data reporting.

## Provider Data Systems

HSAG evaluated the information systems and processes used by SFHP to capture provider data and identified the following findings:

- SFHP ensured that data received from providers were accurate and complete by verifying the accuracy and timeliness of reported data.
- SFHP screened the data for completeness, logic, and consistency.
- SFHP collected data from providers in standardized formats.

HSAG's evaluation of SFHP's provider data system(s) included the following findings:

- Provider credentialing data were maintained in QNXT.
- Provider network status data were maintained in QNXT.
- SFHP captured all state-required provider types and specialties in QNXT.
  - SFHP's mapping of provider specialties to DHCS' provider crosswalk was reviewed by HSAG and determined to be aligned with DHCS' expectations.
- SFHP's procedures for updating and maintaining provider data included the following:
  - Staff flagged active versus inactive providers in QNXT and performed a monthly audit of the provider directory to track providers over time, across multiple office locations, and through changes in participation in SFHP's network.
  - SFHP required its provider network to update provider data as needed. Providers were made aware of this expectation via the provider manual.

HSAG identified no concerns with SFHP's documented provider data capture, data processing, data integration, data storage, or data reporting.

## Delegated Entity Data and Oversight

HSAG's assessment of SFHP's delegated entity data and oversight included the following findings:

- SFHP subcontracted credentialing to the following delegated entities:
  - All American Medical Group
  - Brown & Toland Physicians
  - Carelon Behavioral Health
  - Hill Physicians Medical Group

- Jade Health Care Medical Group
- North East Medical Services
- San Francisco Health Network/Zuckerberg San Francisco General Hospital and Trauma Center (ZSFG)
- UCSF Medical Group
- Teladoc
- American Specialty Health (ASH)
- VSP Vision
- Kaiser Permanente

- Delegated entities completed contracting and credentialing, and they regularly conveyed the network additions, changes, and terminations to SFHP. SFHP did not rely on any delegate for indicator calculation.
- SFHP maintained oversight of its delegated entities by:
  - Conducting annual audits.
  - Performing manual verification of suspicious data at the time of roster reconciliation.
  - Performing sample-based quality checks on its entire provider directory each month and maintaining an inaccuracy-resolution process in compliance with California Health and Safety Code (HSC) §1367.27.
  - Collecting monthly reports in a standardized format, inclusive of contractually required data elements.

## *Network Adequacy Indicator Monitoring and Reporting*

HSAG's assessment of SFHP's network adequacy indicator reporting processes included the following findings:

**Data preparation and submission to DHCS:**

- Member/Provider links were configured in QNXT and did not need to be merged between systems.
- DHCS processed raw network data for the calculation of network adequacy indicators and provided the plan with feedback on the reasonableness of the data according to DHCS' Monthly Data Check and the Semiannual Data Check quality standards.
- SFHP maintained network adequacy indicator reports by ensuring reported results were archived and labeled with the applicable network adequacy period.
- To ensure continuity of network adequacy indicator production, SFHP's data security system performed full daily database backups and log backups every 15 minutes. Daily incremental server backups, incremental backups, and monthly full rollup backups which were stored on Rubrik Appliance and Azure Cloud were completed for QNXT data.

**Ongoing monitoring activities:**

- SFHP used appropriate methodologies to assess adherence to DHCS' network adequacy standards.
- SFHP used Quest to calculate time or distance indicators quarterly for its own review and in anticipation of possible DHCS findings for network adequacy indicators.
- SFHP integrated member and provider data for network adequacy indicator monitoring and reporting.

HSAG identified no concerns with SFHP's documented network adequacy indicator reporting and monitoring processes, given that DHCS was responsible for the annual calculation and reporting of all standards and indicators in scope of the review period.

### *Assessment of Data Validity*

HSAG evaluated and assessed the data methods that SFHP used to calculate results generated for each network adequacy indicator in the scope of NAV. HSAG used indicator-specific worksheets to generate a validation rating that reflects HSAG's overall confidence that SFHP used an acceptable methodology for all phases of design, data collection, analysis, and interpretation of the network adequacy indicator.

Overall, HSAG determined that SFHP's **data collection procedures** were:

☒ Acceptable

☐ Not acceptable

Overall, HSAG determined that SFHP's **network adequacy methods** were:

☒ Acceptable

☐ Not acceptable

Overall, HSAG determined that SFHP's **network adequacy results** were:

☒ Acceptable

☐ Not acceptable

## Network Adequacy Indicator-Specific Validation Ratings

Based on the results of the ISCA combined with the virtual review and detailed validation of each indicator, HSAG assessed whether the network adequacy indicator results were valid, accurate, and reliable, and if the plan's interpretation of data was accurate. HSAG determined validation ratings for each reported network adequacy indicator. HSAG calculated the validation score for each indicator and determined the final indicator-specific validation ratings for each plan according to Table 41.

### Table 41—Indicator-Level Validation Rating Categories

| Validation Score | Validation Rating |
|---|---|
| 90.0% or greater | *High Confidence* |
| 50.0% to 89.9% | *Moderate Confidence* |
| 10.0% to 49.9% | *Low Confidence* |
| Less than 10% and/or any *Not Met* element has significant bias on the results | *No Confidence* |

No identified indicators in scope of review obtained a *Low Confidence* or *No Confidence* rating determination.

## Analysis and Conclusions

HSAG assessed DHCS' submitted results and found that SFHP obtained a pass designation at the county level, which indicates that all standards and requirements for provider ratios, time or distance, and mandatory provider types were met.

## Strengths, Opportunities for Improvement, and Recommendations

By assessing SFHP's performance and NAV reporting processes, HSAG identified the following areas of strength and opportunities for improvement. Along with each area of opportunity, HSAG has also provided a recommendation to help target improvement.

### *Strengths*

- **Strength #1:** SFHP had a well-defined process in place for collecting and maintaining both provider and member data in its source systems.

### *Opportunities for Improvement and Recommendations*

HSAG identified no specific opportunities for improvement related to the data collection and management processes SFHP had in place to inform network adequacy standard and indicator calculations.

## Progress Made from the Prior Year

This section is intentionally not completed since this is the first year a NAV audit was conducted for the plans in California. During future reporting cycles, HSAG will incorporate an evaluation of each plan's network adequacy standards progress made from the prior year.

# Department of Health Care Services

## ISCA Findings and Data Validity

HSAG completed an ISCA for DHCS and presents the ISCA findings and assessment of any concerns related to data sources used in the NAV.

### Information Systems Data Processing Procedures and Personnel

HSAG evaluated the information systems data processing procedures that DHCS had in place to support network adequacy indicator monitoring and reporting, which included the following findings:

- Management Information System/Decision Support System (MIS/DSS) was the subsystem of the California Medicaid Enterprise System (MES) and served as DHCS' Medi-Cal data warehouse.
- MEDS was the source system of record for enrollment information.
- Post-Adjudicated Claims and Encounters System (PACES) was the source system of record for plans' provider network information.
- The Managed Care Network Adequacy (MCNA) Business Intelligence Module connected to MIS/DSS and compiled provider network and enrollment information available for network adequacy indicator calculation and monitoring and reporting.
- ArcGIS Time or Distance Analysis Provider Mart in AWS SQL Server provided geocoding data and time or distance calculation data.
- Time or Distance Analysis and Alternative Access Standards Request and Approval Microsoft Access Database (AAS Database) was used to store data for monitoring and reporting network adequacy indicators related to time or distance and AAS requests.

HSAG evaluated the personnel that DHCS had in place to support network adequacy indicator reporting, which included the following findings:

- DHCS hosted a large team of analysts, health program specialists, researchers, data specialists, and information technology staff. More than 10 staff members in each aspect had the ability to support the various systems and components of network adequacy monitoring and reporting.
- On average, staff members' years of experience ranged from approximately four years to more than 20 years based on the different components and systems.

HSAG identified no concerns with DHCS' information systems data processing procedures and personnel.

## Enrollment System

HSAG evaluated the information systems and processes used by DHCS to capture enrollment data for members to confirm that the system was capable of collecting data on member characteristics as specified by DHCS. HSAG's evaluation of DHCS' enrollment system included the following findings:

- Enrollment and eligibility data for DHCS members were maintained in the member enrollment database management system, MEDS.
- MEDS was the source system of record for enrollment and disenrollment.
- Enrollment data were obtained through the Medi-Cal application process, which generated a unique member ID in the form of a CIN, which was tied to the MEDS-ID, also known as the members Social Security number (SSN).
- MEDS maintained members' current enrollment and the prior 12 months of history. The enrollment broker processed the enrollment or disenrollment and then data were sent to MEDS as the system of record.
- DHCS conducted ongoing reconciliation and oversight of enrollment data, which included the following activities:
  - MEDS had programming logic that prevented a Medi-Cal transaction from being accepted if the minimum required information was not provided. DHCS did not apply any manual workarounds or processes to address any data discrepancies coming into MEDS.
  - Data were loaded "as is" from MEDS to the MIS/DSS weekly and monthly with no data transformation. Optum Extract Transform and Load (ETL) produced a weekly loading report. The weekly loading report validated the expected versus actual control totals for the files loaded to MIS/DSS.
- DHCS identified member demographic information and any demographic changes through the Medi-Cal application process. Changes to demographic information could be reported to counties directly or through plans'-reported address changes.
- Members who reported not having a mailing address were requested to provide any addresses by which they were able to receive mail, including a family member, friend, local shelter, etc. If the member did not have an address to provide for mailing or residence, each county determined which address to use within the system. Some members used the county office when an address was unavailable, and other counties had a general delivery program within the county that could be used to send mail.

HSAG identified no concerns with DHCS' documented enrollment data capture, data processing, data integration, data storage, or data reporting.

## Provider Data Systems

HSAG evaluated the information systems and processes used by DHCS to capture provider data and identified the following:

- DHCS obtained monthly 274 data file submissions directly from plans and integrated them into PACES, which was DHCS' source system of record for plan provider network information.
- DHCS had adequate processes in place to ensure timely, complete, and consistent receipt of plans' 274 provider data file submissions.

HSAG's evaluation of DHCS' provider data system(s) included the following:

- DHCS maintained procedures to ensure accuracy and completeness in the receipt of the 274 data files and integration into the PACES system. DHCS conducted several data quality checks as outlined below:
  - Upon intake of the 274 file, phone number, address, and NPI were validated. NPPES, which refers to the system integration with the CMS NPPES registry, was checked during file processing for the report period and NPI supplied. A warning message would populate a result in a response file message, but the file was accepted, and a Provider Network Data File was generated, if there were no other errors in the submitted file. Checks in the data file included:
    - Required character length and values for address and telephone and NPI numbers.
    - NPI at the group, site, and provider levels, and ensuring that the provider could be located through NPPES and active during the reporting period.
- DHCS established a threshold base assessment of the monthly 274 data files submitted by plans to DHCS. This assessment was conducted monthly, referred to as the monthly data check (MDC) and semiannually, referred to as the semiannual data check (SDC). The SDC reviewed whether the plans corrected and resubmitted deficiencies flagged in prior MDCs. The MDC assessment was sent to plans monthly and within five business days of the reporting period due date. The SDC was sent to plans in July and January.
  - The MDC and SDC assessed the quality of 274 I data across 17 data quality measures. Each of these measures captured the data quality through various dimensions including completeness, accuracy, reasonability, and timeliness. Each of the measures compared the plans' reported data against a variance threshold. If the reported data were outside of the measurement's variance threshold, the plan would receive a "FAIL" score for that data quality measure. The MDC and SDC provided the plans with a Summary page denoting the overall PASS/FAIL score for each of the 17 data quality measures.
  - If a plan received a FAIL score for any of the data quality measures, the plan was required to respond within 10 business days of receipt the MDC/SDC report and provide a written justification or reason for the FAIL score. The Data Quality Reporting Team worked with the plans to ensure the deficiencies in data quality were understood and developed a plan to address them in future submissions. The SDC was used to

determine whether the plan made corrections to the data quality deficiencies or continued to submit low-quality 274 medical data.

- DHCS' Data Quality Team conducted 100 percent review of all reported NPIs against NPPES.

HSAG identified no concerns with DHCS' documented provider data capture, data processing, data integration, data storage, or data reporting.

## Delegated Entity Data and Oversight

HSAG's assessment of DHCS' delegated entity data and oversight included the following findings:

- DHCS did not rely on any external delegated entity data for network adequacy indicator reporting during the reporting period in scope of review.

## Network Adequacy Indicator Reporting

HSAG's assessment of DHCS' network adequacy indicator reporting processes included the following findings:

- DHCS used SQL query language to generate data file extracts and inform calculation and monitoring and reporting of provider ratios.
- DHCS used manual processes and workflows to calculate the mandatory provider types. DHCS created validation templates by identifying all mandatory provider types utilizing several resources.
- DHCS used Esri's ArcGIS Pro GIS software to calculate and report time or distance network adequacy indicators, using anticipated member enrollment methodology.
- DHCS integrated membership enrollment and provider data for network adequacy indicator reporting.
- DHCS maintained data control procedures to ensure accuracy and completeness of data merges. DHCS combined current month enrollment and FTE data from MCNA tables in an Excel workbook to calculate provider ratios. Calculations were completed for each plan's county-level provider networks and enrollment counts. For time or distance analysis, enrollment data were not used as DHCS utilized the California Department of Managed Health Care (DMHC) population points data along with geocoded provider data as separate inputs. For mandatory provider types, only provider data were used in the analysis, and no data were merged.
- DHCS used appropriate methodologies to assess adherence to network adequacy standards. DHCS maintained and distributed the logic and methodology used for calculation and reporting of all standards and indicators through an APL.
- DHCS labeled network adequacy data files and reports according to the applicable network adequacy period.

- DHCS conducted internal data quality checks to ensure accuracy in the reported results across all indicators in scope of review. The following outlines the data quality checks performed by standard:
  - Provider Ratios:
    - The Provider Ratios report was peer reviewed internally to validate data counts, SAS[3] codes, and data pulls from MCNA tables. Any issues with the data were flagged and reported to Health Information Management Division (HIMD), Program Data Reporting Division (PDRD), and Managed Care Quality and Monitoring Division (MCQMD). MCQMD also checked multiple months of provider data to ensure there were no significant differences to the plans' network data from month to month. Additionally, MCQMD performed spot checks comparing provider and FTE counts to an FTE traceability analysis generated by HIMD using the plans' 274 provider file.
  - Time or Distance:
    - Time or distance checks were given a visual check to determine whether the distance and time made sense; for example, a crow's flight distance of five miles but a drive of 50 miles would cause a flag. Spot checks against Google or similar maps were completed.
  - Mandatory Provider Types:
    - The Mandatory Provider Type Validation Template/Reports were peer reviewed by MCQMD staff and reviewed by MCQMD management.
- To ensure continuity of network adequacy indicator production, DHCS had adequate backup procedures and documentation of network adequacy indicator report production logic and methodology.
- HSAG assessed documented manual processes and programming language used to inform indicator-specific calculation of provider ratios, mandatory provider types, and time or distance, which demonstrated alignment with DHCS-defined calculation and reporting requirements.

HSAG identified no concerns with DHCS' network adequacy indicator reporting processes.

## *Assessment of Data Validity*

HSAG evaluated and assessed the data methods that DHCS used to calculate results generated for each network adequacy indicator in the scope of NAV. HSAG used indicator-specific worksheets to generate a validation rating that reflects HSAG's overall confidence that DHCS used an acceptable methodology for all phases of design, data collection, analysis, and interpretation of the network adequacy indicator.

[3] SAS and all other SAS Institute Inc. product or service names are registered trademarks of SAS Institute Inc. in the United States and other countries.

Overall, HSAG determined that DHCS' **data collection procedures** were:

☒ Acceptable

☐ Not acceptable

Overall, HSAG determined that DHCS' **network adequacy methods** were:

☒ Acceptable

☐ Not acceptable

Overall, HSAG determined that DHCS' **network adequacy results** were:

☒ Acceptable

☐ Not acceptable

## Strengths, Opportunities for Improvement, and Recommendations

By assessing DHCS' performance and NAV reporting processes, HSAG identified the following areas of strength and opportunities for improvement. Along with each area of opportunity, HSAG has also provided a recommendation to help target improvement.

### *Strengths*

- **Strength #1:** DHCS had robust processes in place to ensure accuracy in MCP and PSP data submissions used to inform network adequacy calculations and reporting.

### *Opportunities for Improvement and Recommendations*

- **Opportunity #1:** HSAG observed that documented workflows and logic used to inform network adequacy calculation was not inclusive of newly required provider types in the scope of the MPT review.
  - **Recommendation:** HSAG recommends that DHCS build in additional checks and validation steps to ensure documented workflows are updated when DHCS makes changes to required standards and indicators or methodology used to inform network adequacy calculations.
  - **Note:** DHCS has since updated internal policies and procedures to clearly document the requirements and process for assessing the MCPs' compliance with the MPT network adequacy standards in the scope of review.

# Programwide Results

## *Analysis and Conclusions*

Based on the results of the NAV audit combined with the detailed validation of each indicator, HSAG determined that all MCPs and PSPs achieved a *High Confidence* validation rating, which refers to HSAG's overall confidence that the MCPs and PSPs used an acceptable methodology for all phases of design, data collection, analysis, and interpretation of the network adequacy indicator.

HSAG assessed DHCS' submitted results and found that all plans obtained a pass designation at the county level, which indicates that all standards and requirements for provider ratios and mandatory provider types were met. Table 42 demonstrates MCMC plan result designations by standard.

**Table 42—Programwide Results—Provider Ratios, Mandatory Provider Types**

| MCMC Plan | Provider Ratios | Mandatory Provider Types |
|---|---|---|
| Aetna | Pass | Pass |
| AAH | Pass | Pass |
| AHF | Pass | Pass |
| Anthem Blue Cross | Pass | Pass |
| Blue Shield Promise | Pass | Pass |
| CalOptima | Pass | Pass |
| CalViva | Pass | Pass |
| CCAH | Pass | Pass |
| CCHP | Pass | Pass |
| CenCal | Pass | Pass |
| CHG | Pass | Pass |
| CHW | Pass | Pass |
| GCHP | Pass | Pass |
| Health Net | Pass | Pass |
| HPSJ | Pass | Pass |
| HPSM | Pass | Pass |
| IEHP | Pass | Pass |

| MCMC Plan | Provider Ratios | Mandatory Provider Types |
|---|---|---|
| Kaiser | Pass | Pass |
| KHS | Pass | Pass |
| L.A. Care | Pass | Pass |
| Molina | Pass | Pass |
| Partnership | Pass | Pass |
| SCAN | Pass | Pass |
| SCFHP | Pass | Pass |
| SFHP | Pass | Pass |

HSAG assessed DHCS' submitted results for time or distance and found that all plans obtained a pass designation at the county level except for five plans. Measure compliance with the time or distance standard was based on a combination of MCMC plan county ZIP Code, provider type, and population served. MCPs and PSPs are eligible to petition DHCS to consider exceptions to the time or distance standard. When the MCP or PSP did not meet the standard for this indicator, the plan must submit an AAS request documenting that its delivery structure is capable of delivering the appropriate level of care and access or that the plan has exhausted all other reasonable options to obtain providers to meet the applicable standard. Plans that fail to achieve compliance with the applicable standard outright and fail to achieve AAS approval receive a pass with conditions result. Table 43 demonstrates that the following MCMC plan counties received a pass with conditions result, which indicates non-compliance due to incomplete AAS requests for counties/provider types/population served.

### Table 43—Programwide Results—Time or Distance

| MCMC Plan | County | Time or Distance |
|---|---|---|
| Anthem Blue Cross | Region 2—Inyo County | Pass with Conditions |
| Anthem Blue Cross | Region 2—Tuolumne County | Pass with Conditions |
| Anthem Blue Cross | Tulare County | Pass with Conditions |
| CHG | San Diego County | Pass with Conditions |
| IEHP | San Bernardino County | Pass with Conditions |
| L.A. Care | Los Angeles County | Pass with Conditions |
| Molina | San Bernardino County | Pass with Conditions |

# Strengths, Opportunities for Improvement, and Recommendations

By assessing statewide performance and NAV reporting processes, HSAG identified the following areas of strength and opportunities for improvement. Along with each area of opportunity, HSAG has also provided a recommendation to help target improvement.

## Strengths

- **Strength #1:** HSAG observed that MCPs and PSPs had robust processes in place to collect, maintain, and validate accuracy and completeness of provider data, including provider type classification, servicing locations, and valid licensure. MCPs and PSPs routinely solicited requests for any known provider demographic changes or updates through various platforms and systematic methods.

## Opportunities for Improvement and Recommendations

- **Opportunity #1:** HSAG observed variation in MCPs' and PSPs' understanding of expectations relative to conducting ongoing monitoring activities across all standards in scope of review, when DHCS is responsible for the calculations.
  - **Recommendation:** HSAG recommends that DHCS provide additional clarification to MCPs and PSPs on the expectation of performing ongoing monitoring activities and the methodology plans are required to use.
- **Opportunity #2:** HSAG observed that MCPs and PSPs were leveraging an outdated methodology for calculating time or distance standards with several references to a Quest 100 Points of Light proprietary methodology, which is no longer reflected in the DHCS APL communication that plans receive.
  - **Recommendation:** HSAG recommends that DHCS host a training for all MCPs and PSPs on the methodology DHCS applies to all network adequacy calculations and provide documented process and methodologies used through APL communication to ensure plans have a full understanding of the methodology and expectations. These actions will minimize variation and/or reported differences in plan versus DHCS calculated results.
  - **Note:** The use of ArcGIS and the underlying methodology to identify populations using USPS and U.S. Census Bureau American Community Survey census data to analyze the MCPs' compliance with time or distance standards was a process change for ANC 2023. DHCS made the updated population points available to MCPs; however, not all MCPs operationalized the new framework in their systems and analyses. DHCS continues to work with MCPs to maximize alignment across DHCS and MCP processes.

# Progress Made from the Prior Year

This section is intentionally not completed since this is the first year a NAV audit was conducted for DHCS and the plans in California. During future reporting cycles, HSAG will incorporate an evaluation of programwide network adequacy standards progress made from the prior year.

# Appendix A. HSAG Validation Team and List of Interviewees

Table A.1 lists the AAH staff members interviewed by the HSAG validation team.

### Table A.1—List of AAH Interviewees

| Interviewee Name | Title |
|---|---|
| Sasikumar Karaiyan | Chief Information Officer (CIO) & Chief Security Officer |
| Tami Lewis | Executive Director (ED) of Operations |
| Richard Golfin III, FACHE, JD, MBA | Chief Compliance Officer & Chief Privacy Officer |
| Tiffany Cheang | Chief Analytics Officer |
| Michelle Stott | Senior (Sr.) Director of Quality |
| Darryl Crowder | Director, Provider Services and Provider Contracting |
| Julia Kim | Sr. Manager, Analytics |
| Kathy Gordon | Sr. Lead Business Analyst |
| Cecilia Gomez | Sr. Manager, Provider Services |
| Jasmine Cornn | Provider Data Quality Assurance (QA) Specialist |
| Gobi Madivanan | Director, Applications Management, Quality & Process Improvement |
| Bonnie Simpraseuth | Healthcare Analyst |
| Samuel Gustas | Director, Data Exchange and Interoperability |
| Elsa Farsi | Supervisor, Data Network Validation |
| Malissa Vance | Manager, Networks and Contracting |
| Adrian Mora | EDI Software Developer |
| Marie Broadnax | Manager, Regulatory Affairs & Compliance |
| Lisha Reamer-Robinson | Manager, Compliance Audits and Investigations |
| Katherine Goodwin | Supervisor, Health Plan Audits |

| Interviewee Name | Title |
|---|---|
| Megan Hickman | Compliance Auditor |
| Jasmine Azratzada | Compliance Auditor |
| Sophia Noplis | Regulatory Compliance Specialist |
| Fiona Quan | QI Project Specialist I |
| Daniel McKay | Systems & Security Engineer |
| Donna Ceccanti | Sr. Manager, Peer Review and Credentialing |
| Priya Parameswaran | Data Integration Manager |

Table A.2 lists the AHF staff members interviewed by the HSAG validation team.

### Table A.2—List of AHF Interviewees

| Interviewee Name | Title |
|---|---|
| Sandra Holzner | Compliance Officer |
| Carol Figueroa | Lead Compliance Specialist |
| Jeffry Proctor | Solutions Architect |
| Michael O'Malley | Health Plan Administrator |
| Natalya Adeli | Associate Director of Data & Information Architecture |
| Renee Barker | Director of Medical Staff Office (MSO) & Credentialing |
| Melissa Ramos | Director of Member Services |
| Victoria Narezhnaya | Director of Data Management |
| Michael Rowles | Manager of Provider Data Management |
| Xing Liu | Associate Director of Data Analytics & EDI |
| Jaymi Wiley | National Director of Contracting & Provider Relations |
| Sandy Johansson | Sr. Contracts Manager |
| Jose Brindas | Manager of MSO and Credentialing |
| Mimi Mihaylov | Sr. Director Finance & Claims Operation |
| Ararat Kirakosyan | Sr. Director of IT Infrastructure & Security |
| Vince Paulo | GeoAccess Consultant |

Table A.3 lists the Anthem Blue Cross staff members interviewed by the HSAG validation team.

### Table A.3—Anthem Blue Cross Interviewees

| Interviewee Name | Title |
|---|---|
| Beth Maldonado | Director, Compliance |
| Stephen Smythe | Compliance Director |
| Teresa Cortez | Compliance Manager |
| Susanne Ruiz | Manager, Enrollment |
| Joanne Middleton | Enrollment Data Analyst |
| Diann Villareal | Business Consultant |
| Yvette Moreno | Business Analyst |
| Karla Lawson | Director, Program Management |
| Christopher Johnson | Provider Data Analyst |
| Latoya Vaughn | Production Support |
| Armando Millan | Director, Program/Project Management |
| David Lavine | Program Manager |
| JoEllen Scheid | Manager, Credentialing |
| Abhilash Reddy Pilla | Engineer Lead |
| Courtney Matsushima-Razo | Compliance Manager |
| Cindy Metcho | Compliance Manager |
| Evan Escobar | Compliance Manager |
| Karime Decker | Account Management Advisor |
| Erik Sanchez | Compliance Manager |

Table A.4 lists the Blue Shield Promise staff members interviewed by the HSAG validation team.

### Table A.4—List of Blue Shield Promise Interviewees

| Interviewee Name | Title |
|---|---|
| Jennifer Schirmer | Vice President (VP), Medi-Cal Growth |
| Yasamin Hafid | Promise Chief Compliance Officer |
| Ava Anvari | Sr. Manager, Compliance Audit Services |
| Selin Ari | Compliance Analyst, Senior |
| April Gonzalez | Compliance Audit Services Specialist, Consultant |
| Jesica Sathy | Compliance Audit Services Specialist, Consultant |
| Michelle Nix | Sr. Director, Information Security |
| Alicia Domecus | Information Security Risk and Governance Specialist, Consultant |
| Jordan Alves | Director, IT Product Management |
| Craig Lucero | Sr. Director, Operations |
| Erica Mitchell | Sr. Manager, Operations |
| Cully Massey | Configuration Analyst, Consultant |
| Antonia Brown | Product Manager, Experienced |
| Jennifer Alves | Operations Specialist, Consultant |
| Elisa Banuelos | Program Manager, Principal |
| Melinda Kjer | Director, Provider Contracting |
| Sandra Foy | Director, Provider Services—Network |
| Angela Dorsey | Director, Clinical Quality |
| Steve Romero | IT Governance, Risk, Compliance Specialist, Principal |
| Ashvin Prasad | Sr. Manager, Corporate Security |
| Kay Singhal | Sr. Manager, IT Product Management |
| Barbara Castanon | Enrollment Processor, Advanced |
| Nikki Nelson | Business Analyst, Experienced |
| Carmen Martinez | Enrollment Processor, Specialist |
| Gabriela Claytor | QA Auditor, Sr. |
| Trisha Coulter | Data Analyst—Health, Sr. |

| Interviewee Name | Title |
|---|---|
| Dharma Djajadi | Data Analyst—Health, Principal |
| Tessah Montoya | Product Manager, Principal |
| Lavalle Houser | IT Product Manager, Principal |
| Lisa Flores | Manager, Provider Services—Network |
| George Chadwell | Application Developer, Principal |

Table A.5 lists the CalOptima staff members interviewed by the HSAG validation team.

### Table A.5—List of CalOptima Interviewees

| Interviewee Name | Title |
|---|---|
| Quynh Nguyen | Director, Provider Data Management Services |
| Michael Gomez | ED, Network Operations |
| Albert Cardenas | Director, Customer Service |
| Anita Garcia | Manager, Customer Service |
| Mike Hoang | Technical Analyst, Sr., ITS |
| Tory Vazquez | Director, Contracting |
| Marsha Choo | Director, QI |
| Johnson Lee | Sr. Manager, Provider Data Management Services |
| Rick Quinones | Manager, QI |
| Silvia Peralta | Manager, Provider Data Audit and Oversight |
| Mahmoud Elaraby | QA Analyst |
| James Steele | Sr. Director, ITS Cyber Security |
| Brian Price | ITS Developer Advisor, ITS Enterprise Data and Systems Integrations |
| George Jeries | Sr. Manager, Provider Data Management Services |
| Clare Xia | Manager, ITS Infrastructure |
| Michael Wilson | Director, Operational Management |
| Helen Syn | Manager, Quality Analytics |
| Lori Stiffler | Program Manager, Sr. |
| Cathy dela Cruz | Program Manager, Sr. |

Table A.6 lists the CalViva staff members interviewed by the HSAG validation team.

### Table A.6—List of CalViva Interviewees

| Interviewee Name | Title |
|---|---|
| Mary Lourdes Leone | CalViva Health—Chief Compliance Officer |
| Steven Si | CalViva Health—Compliance Manager |
| Sangeetha Madhavan | Health Net—Business Analyst II |
| Komsan Ong | Health Net—Director, Provider Network Management (PNM) Operations/Network Adequacy Subject Matter Expert (SME) |
| Kristina Rodriguez | Health Net—Director, PNM Operations/Provider Data Processing SME |
| Koy Saechao | Health Net—Supervisor, Data Analytics & Reporting/IS Demonstration SME |
| Sandeep Mukherjee | Health Net—Lead Data Engineer, IT/ Network Adequacy Data Preproduction Process and Data Warehouse/Repository SME |
| Ricky Cordero | Health Net—Lead Business Systems Analyst, IT/Network Adequacy Data Preproduction Process and Data Warehouse/Repository SME |
| Allison von Horn | Health Net—Sr. Manager, Compliance/ Data Security and Back-Up Process SME |
| Shannon Vose | Health Net—Supervisor, PNM Operations/Presentation Facilitator for Network Adequacy Methodology and Reporting sections |
| Scott Duong | Health Net—Business Analyst IV, PNM Operations/Network Adequacy SME |
| Jinu Roy | Health Net—Business Analyst IV, PNM Operations/Network Adequacy SME |
| Armando Robledo | Health Net—Director, Reporting and Business Analytics |
| Francesca Douglas | Health Net—Sr. Manager, Enrollment |

Table A.7 lists the CCAH staff members interviewed by the HSAG validation team.

### Table A.7—List of CCAH Interviewees

| Interviewee Name | Title |
|---|---|
| Kim McNeely | EDI Manager |
| Chris Vendelin | Software Developer III |
| Rachaelle Schultze | Operations Business Analysis Manager |
| Paul Mealiffe | IT Manager |
| Melissa Kelly-Ortega | Business Analyst II |
| Arti Sinha | Application Services Director |
| Jessie Dybdahl | Provider Services Director |
| Veronica Martinez | Member Data Supervisor |
| JR Sarmiento | EDI Analyst III |
| Kate Knutson | Compliance Manager |
| Janet Kruppner | Provider Data Manager |
| Crystal Kerr | Provider Services Credentialing Supervisor |
| Ryan Markley | Compliance Director |

Table A.8 lists the CCHP staff members interviewed by the HSAG validation team.

### Table A.8—List of CCHP Interviewees

| Interviewee Name | Title |
|---|---|
| Chanda Gonzales | Deputy Executive Director/Compliance Officer |
| Sonia Escobar | Director of Reporting and Analysis |
| Beth Hernandez | Quality Director |
| Terri Leider | Director of Provider Relations, Contracts and Credentialing |
| Suzanne Tsang | Director of Member Services |
| Ates Temeltas | Assistant IT of Epic Implementation |
| Matthew White | Office of IS Data Group |
| Don Novo | Health Management Associates (HMA) Consultant |
| Ronda Arends | Director of Compliance and Government Relations |

| Interviewee Name | Title |
|---|---|
| Erin Mellas | HMA Consultant |
| Cindy Choi | Senior Program Manager |
| Belkys Teutle | Manager of Member Services |
| Heather Peang | Provider Relations, Network Management |
| John Moral | Secretary |
| Alycia Rubio | Health Services IT Manager—Tapestry |
| Shelly Cain | Health Services Information System Specialist |
| Jerry Najdowski | IT Program Manager |
| Teri Williams | Health Services Information System Specialist |
| Dag Richards | Information Security Specialist |
| Dirk Tombaugh | Information Security Specialist |
| Megan Bell | Chief Information Security Officer |
| Jeff Cameron | Assistant CIO Health Specialist |
| Erik Nybo | Medical Services Information Systems Specialist |
| Ben Shaver | Health Services Information System Services Programmer |

Table A.9 lists the CenCal staff members interviewed by the HSAG validation team.

### Table A.9—List of CenCal Interviewees

| Interviewee Name | Title |
|---|---|
| Kimberly Wallem | Audits, Monitoring and Oversight (AMO) Manager |
| Puja Shah, Esq. | AMO Director |
| Karen Kim, JD, MPH | Chief Compliance Officer |
| David Legge, GISP | Information Security Manager |
| Jai Raisinghani | Deputy CIO |
| Eric Buben | Director, Member Services |
| Erik Juarez | Data Analyst |
| Van Do-Reynoso, MPH, PhD | Chief Customer Experience Officer, Chief Health Equity Officer |

| Interviewee Name | Title |
|---|---|
| Rossy Rojas | Regulatory Liaison, Member Services |
| Carlos Hernandez | Executive Quality & Population Health Officer |
| Sophie Zeng | Associate Director of Data Analytics |
| Luis Somoza | Director of Provider Services |
| Melisa Gleason | Regulatory Liaison, Provider Services |
| Nancy Vasquez, MPA | Provider Services Operations Manager |
| Jordan Turetsky | Chief Operations Officer (COO) |
| Dr. Emily Fonda, MD, MMM, CHCQM | Chief Medical Officer (CMO) |
| Bobby Blessing | Healthcare Business Analyst |
| Nicole Barrett | Credentialing Specialist Supervisor |

Table A.10 lists the CHG staff members interviewed by the HSAG validation team.

### Table A.10—List of CHG Interviewees

| Interviewee Name | Title |
|---|---|
| Heidi Arndt | Sr. Compliance and Fraud Prevention Officer and Director of Diversity, Equity and Inclusion (DEI) |
| Adam Hancock | EDI Application Manager |
| Allan Sombillo | CIO |
| Elizabeth Martinez | Compliance and Ethics Officer |
| Francisca Chavez | Sr. Director of Operations |
| Josey Trujillo Morales | Contract Development Manager |
| Judith Fernandez | Enrollment Manager |
| Lupita Alvarado | Provider QA Analyst |
| Oliver Sigala | Network Adequacy and Access Analyst |
| Phil Steffek | Director of Informatics |
| Salim French | Director of Contract Administration |
| Sandra Coleman (Virtual) | Credentialing Services Manager |
| Tatsani Flora | Director of IS |
| Walter Carr | Informatics Data Analyst |
| Nolyn Payawal | Informatics Data Analyst |
| Johanna Duran | Credentialing Services Supervisor |

| Interviewee Name | Title |
|---|---|
| Kenneth Lapurga | Systems Manager |
| Ana Lopez | Compliance Manager |
| Dr. Alan J Conrad | CMO |
| Guillermo Guzman | Compliance Audit Manager |
| Adrian Arce | Director of Claims Administration/Member Services |

Table A.11 lists the CHW staff members interviewed by the HSAG validation team.

### Table A.11—List of CHW Interviewees

| Interviewee Name | Title |
|---|---|
| Komsan Ong | Director, Provider Data & Analytics |
| Kristina Rodriguez | Director, PNM Operations |
| Shannon Vose | Supervisor, Provider Data Management |
| Scott Duong | Business Analyst IV |
| Jinu Roy | Business Analyst IV |
| Armando Robledo | Director, Reporting & Business Analytics |
| Lisa Schuetz | External Consultant |
| Gerri Turnipseed | Eligibility Representative II |
| Francesca Douglas | Sr. Manager, Enrollment |
| Allison von Horn | Sr. Manager, Compliance |
| LouKisha Ruff | Principal IT Assurance Analyst |
| Denise Gunn | Sr. IT Assurance Analyst |
| Dan Kamerman | Principal Data Analyst |
| Jun B. Lee | Sr. Solutions Architect |
| Sangeetha Madhavan | Business Analyst II |
| Tony Stephenson | Sr. Application Architect |
| Yobahana Infante | Manager, Provider Data Management & Credentialing |
| Christy Bosse | Sr. VP & CA Compliance Officer |
| Deanna Eaves | Sr. Director, Ethics & Compliance |
| Maria Rodriguez | Sr. Compliance Analyst |
| Shelly Sullivan | Compliance Coordinator |

Table A.12 lists the GCHP staff members interviewed by the HSAG validation team.

### Table A.12—List of GCHP Interviewees

| Interviewee Name | Title |
|---|---|
| Jeffrey Yarges | Sr. Director—Compliance Audit Lead/Contact |
| Vicki Wrighster | Sr. Director—Network Operations |
| Carolyn Harris | Sr. Manager—Provider Network Operations |
| Amber Allen | Manager—Operations Enrollment |
| Thomas Cooper | Sr. Manager—Claims Operations |
| Anna Sproule | ED—Operations |
| Veronica Esparza | Provider Relations Operations Lead |
| Karen Bandy | Sr. Business Systems Analyst |
| Dale Adrion | Encounter Data Analyst |
| Dominique Asuncion | Sr. Developer |
| Rachel Ponce | Manager—QI Credentialing |
| Jasmine Bailey | Credentialing Specialist III |
| Robert Franco | Chief Compliance Officer |

Table A.13 lists the Health Net staff members interviewed by the HSAG validation team.

### Table A.13—List of Health Net Interviewees

| Interviewee Name | Title |
|---|---|
| Kristina Rodriguez | Director, PNM Operations |
| Regina Medina | Director, Provider Data & Analytics |
| Susan Godfrey | Sr. Manager, PNM |
| Armando Robledo | Director, Reporting & Business Analytics |
| Lisa Schuetz | External Consultant |
| Francesca Douglas | Sr. Manager, Enrollment |
| Allison von Horn | Sr. Manager, Compliance |
| Sangeetha Madhavan | Business Analyst II |
| Koy Saechao | Supervisor, Data Analytics & Reporting |
| Sandeep Mukherjee | Lead Data Engineer |
| Jason Kalar | Sr. Manager, Operations |

| Interviewee Name | Title |
|---|---|
| Christy Bosse | Sr. VP & CA Compliance Officer |
| Deanna Eaves | Sr, Director, Ethics & Compliance |
| Maria Rodriguez | Sr. Compliance Analyst |
| Shelly Sullivan | Compliance Coordinator |

Table A.14 lists the HPSJ staff members interviewed by the HSAG validation team.

### Table A.14—List of HPSJ Interviewees

| Interviewee Name | Title |
|---|---|
| Lizeth Granados | CEO |
| Michelle Tetreault | Chief Financial Officer (CFO) |
| Liz Le | COO |
| Victoria Worthy | CIO |
| Evert Hendrix | Chief Administrative Officer |
| Lakshmi Dhanvanthari | CMO |
| Betty Clark | Chief Legal and General Counsel |
| Sunny Cooper | Chief Compliance Officer |
| Tamara Hayes | Director, Compliance (Medi-Cal Regulatory Affairs & Communications) |
| Reshonah Hunte | Director, Compliance (Audit & Oversight) |
| Sheela Srinivasan | Controller |
| Clarence Rao | Director, Data Services & Solutions |
| Jonathan Melton | Director, Corporate Analytics |
| Helen Bayerian | Director, Provider Contracting |
| Dale Standfill | Director, Customer Service |
| Mohammed Abbas | Director, Technology Operations & Security |
| Ana Aranda | Director, Delegate & Provider Relations |
| Yam Sam | Lead Eligibility Clerk |
| Sylvia Thompson | Configuration Intermediate Auditor |
| Jessica Silva | Manager, Customer Service |
| Scott Huang | Corporate Data Senior Analyst |
| Mae Cayetano | Lead Credentialing Specialist |

| Interviewee Name | Title |
|---|---|
| Raman Kaur | Manager, Quality Management |
| Tracy Tran | Compliance Analyst (Audit & Oversight) |
| Jennifer Lagorio | Compliance Analyst (Audit & Oversight) |
| Laura Davis | Compliance Program Manager (Audit & Oversight) |
| Arantxa Garcia Patino | Manager, Compliance (Clinical Audit & Oversight) |
| Karina Soto | Database Coordinator |
| David Emerson | Manager, Enterprise Architecture |
| Michael Chaffee | Sr. Software Engineer |
| Pavan K. Tirumalasetty | Director, Business Intelligence |
| Toni White | Director, Compliance Operations |

Table A.15 lists the HPSM staff members interviewed by the HSAG validation team.

### Table A.15—List of HPSM Interviewees

| Interviewee Name | Title |
|---|---|
| Luarnie Bermudo | Director of Provider Services |
| Terry Chan | Data Integration Manager |
| Scott Fogle | Manager of Strategic Network Investments |
| Christine Lopez | Compliance Specialist II |
| Karla Mendoza-Pina | Member Services Manager |
| Nina Nguyen | Provider Services Operations Manager |
| Dheeraj Reddy | IT Contractor |
| Kiesha Williams | Director of Member Services |

Table A.16 lists the IEHP staff members interviewed by the HSAG validation team.

### Table A.16—List of IEHP Interviewees

| Interviewee Name | Title |
|---|---|
| Jarrod McNaughton | CEO |
| Susie White | COO |
| Dr. Edward Juhn | Chief Quality Officer |
| Debbie Canning | Director—Healthcare Informatics |
| Brittney Vanegas | Analyst I—Healthcare Informatics |
| Jason Lee | Manager—Healthcare Informatics |
| Ashlee Haas | Analyst I—Healthcare Informatics |
| Leo Beth Grantos | Analyst I—Healthcare Informatics |
| Freddy Ochoa | Manager—Healthcare Informatics |
| Eric Dick | Informaticist III—Healthcare Analytics |
| Brian Keith | Supervisor—Healthcare Informatics |
| Vincent Gonzales | Supervisor—Healthcare Informatics |
| Vincent Gonzales | Healthcare Data Analyst III—Healthcare Informatics |
| Ray Lim | Director—Business Systems & Transportation |
| Andrea Schmidt | Manager—Eligibility Data in Business Systems & Transformation |
| Kirk Fermin | Director—Provider Network |
| Coline Ingalla | Manager—Provider Network |
| Cindy Chaleekul-Sanabria | Manager—Credentialing |
| Saroj Rath | Sr. Director—Data & Analytics |
| Allen Zhang | Director—Technology—Risk & Compliance |
| Jose Lopez | Director—Technology Production Support |
| Robert Brito | Manager—Compute & Collaboration Services |
| Adam Gregory | Manager—Information Security Operations |
| Ananth Parthasarathi | Manager—Data Engineering |
| Elizabeth Ruano | Analyst III—Compliance |

Table A.17 lists the Kaiser staff members interviewed by the HSAG validation team.

### Table A.17—List of Kaiser Interviewees

| Interviewee Name | Title |
|---|---|
| Chris Laidley | Sr. Manager, Process Improvement, Medicaid Charitable Coverage |
| Michele O'Neal | Consultant II, Medicaid Charitable Coverage |
| Douglas Carter | Consultant IV, Medicaid Charitable Coverage |
| Ahmed Al-dulaimi | Senior Director, Data Reporting and Analytics, National Provider Contracting |
| Regan Hutson | Consultant IV, National Provider Contracting |
| Yasuyo Makido | Data Reporting and Analytics Consultant IV, National Provider Contracting |
| Philip Orlando | Data Reporting and Analytics Consultant V, National Provider Contracting |
| Padma Addagada | Senior Manager, Data Reporting and Analytics |
| Shannon Minor | Director, Managerial Consulting, Hospital Administration—QI |
| Irene Tsai | Managing Director, Outside Medical Contracts; Regional Manager Administration—Contracting |
| Enzo Resta | Director, Project Strategic Implementation; Regional Manager, Administration—Network Manager |
| Didio Cheng | Director, Medical Services Contracting; Regional Manager, Administration—Contracting |
| Monique Ferguson | Sr. Director, Regional Credentialing; Regional Manager, Administration—Credentialing |
| Michele Bencomo | Assistant Director, Regional Credentialing; Regional Manager, Administration—Credentialing |
| Shannon Pearcy | Manager, Medical Staff Services; Regional Human Resources (HR)—Credentials—MDs |
| Danya Perrilliat | Sr. Contracts Manager, Regional Manager, Administration—Contracting |

| Interviewee Name | Title |
|---|---|
| Sandhya Radgava | Director, Information Technology Resource Management (ITRM) Containers as a Service (CAAS), Compliance Privacy and Security |
| Artee Prasad | Director, Compliance, Medicaid Compliance Health Plan |
| Tori Gill | Sr. Manager, Compliance, Medicaid Compliance Health Plan |
| Angela Nedeljkovic | Program Manager III, Medicaid Compliance Health Plan |
| Vanessa McDonald | Compliance Consultant III, Medicaid Compliance Health Plan |
| Sarah Kim | Consultant III, Medicaid Compliance Health Plan |
| Shahzad Dhanani | Regional Director, Medicaid; Regional President—Medical Strategy |
| Christina Recendiz | Director, Medical Staff Office (Kaiser Foundation Hospitals/Health Plan [KFH/HP]), Regional Health Plan Quality |
| Lakshmiprasanna Chadala | Business Process Consultant—Regional Manager Administration—Contracting |

Table A.18 lists the KHS staff members interviewed by the HSAG validation team.

### Table A.18—List of KHS Interviewees

| Interviewee Name | Title |
|---|---|
| Deborah Murr | Chief Compliance and Fraud Prevention Officer |
| Jeff Pollock | Regulatory and Government Program Manager |
| Sandeep Dhaliwal | Compliance Manager, Audits and Investigations |
| Heather Fowler | Compliance Manager |
| James Winfrey | Deputy Director of Provider Network |
| Greg Panero | Provider Network Analytics Program Manager |

| Interviewee Name | Title |
|---|---|
| Nate Scott | Sr. Director of Member Services |
| Cesar Delgado | Sr. Director of Business Intelligence |
| Ed Kim | Director of Development |
| Yolanda Herrera | Credentialing Manager |
| Amy Sanders | Member Services Manager |
| Jake Hall | Sr. Director of Contracting and Quality Performance |
| Marilu Rodriguez | Sr. Health Equity Analyst |
| Elena VeVea | Database Manager |

Table A.19 lists the L.A. Care staff members interviewed by the HSAG validation team.

### Table A.19—List of L.A. Care Interviewees

| Interviewee Name | Title |
|---|---|
| Angie Lageson | Director, Provider Contracts and Relationship Management |
| Tasharee White | Director, Credentialing, Provider Data Management |
| Aurora Cabrera Cabellon | Director, Customer Solution Center Enrollment Services |
| Christine Salary | Manager, Provider Data Management |
| Candis Young | Compliance Advisor II, Regulatory Audits |
| AJ Lopez | Director, Provider Contracts and Relationship Management, PNM |
| Amanda Wolarik | Director, Medi-Cal Plan Partner Administration, Medi-Cal Product Management |
| Angelica Ortiz | Compliance Advisor III, Regulatory Audits |
| Dwayne Broussard | Sr. Manager, Medicare Enrollment |
| Eva Benitez | Quality Improvement Project Manager II |
| Graham Floro | Compliance Advisor III, Regulatory Audits |
| Keith Lewis | Manager, Provider Data Services, Provider Data Management |
| Leah Lowe | Contracting and Relationship Management Advisor II, PNM |

| Interviewee Name | Title |
|---|---|
| Lisa Pasillas-Le | Manager, Regulatory Audits |
| Loree Vandenberg RGP | Outsourcing—Business Processes—1150 Regulatory Compliance Support, Compliance |
| Lorena Raynoso | Manager, Customer Solution Center Enrollment Services |
| Mai Quach | Director, Provider Contracts and Relationship Management, PNM |
| Marion Maron | —Sr. Business Intelligence Analyst, Provider Data Management |
| Mikeya Summerville | Sr. Manager, Provider Network and Data Strategy, Provider Data Management |
| Pricilla Lopez | Manager, QI Accreditation, QI |
| Raffie Barsamian | Director, Provider Contracts and Relationship Management, PNM |
| Richard Zawaski | Sr. Director II, IT Operations Infrastructure and Security, IT Executive Administration |
| Vijay Muthupillai | Lead Enterprise Architect, IT Enterprise Architecture |
| Angel Garcia | Compliance Advisor II |
| Greg Lonsdale | Technical Applications Manager II, IT Solutions Delivery |
| Anton Karl Sarmenta | QI Specialist I, QI |
| Kerstin Minass | Director, Provider Contracts and Relationship Management, PNM |
| Jessica Maldonado | Compliance Advisor II, Compliance |
| Taleen Honanian | QI Project Manager II, QI |
| Rohit Nandan | InfoSys |

Table A.20 lists the Molina staff members interviewed by the HSAG validation team.

### Table A.20—List of Molina Interviewees

| Interviewee Name | Title |
|---|---|
| Jordan Yamashita | Compliance Officer |
| Michael Weber | Associate Vice President, New Markets Network Development |
| Abbie Totten | Plan President |
| Jonathan Adkins | Director, Provider Management and Analytics |
| John Kotal | COO |
| Matthew Levin | VP, Government Contracts |
| Carl Breining | Compliance Manager |
| Diana Sekhon | AVP, Government Contracts |
| Diana Sanchez (Magdaleno) | Manager, Government Contracts |
| Jamie Dudgeon | Director, Enrollment |
| Angelica Vargas | Data Analyst, Health Plan Operations |
| Kathryn Mendoza | IT Sr. Business Relationship Manager |
| Ryan Boe | Director, Provider Data Management |
| Paul Ferrara | Director, Provider Network Admin |
| Carriane Dockter | Director of Credentialing |
| Tanner Johnson | Credentialing Manager |

Table A.21 lists the Partnership staff members interviewed by the HSAG validation team.

### Table A.21—List of Partnership Interviewees

| Interviewee Name | Title |
|---|---|
| Kenzie Hanusiak | Sr. Manager of Regulatory Affairs and Compliance (RAC) |
| Ajee'lon Boyd Davis | RAC Program Analyst |
| Thennarasu Subramanian | Sr. Director, EIM, IT |
| Jeremy Frick | Sr. Business Decision Analyst |
| Mary Enos | Member Services Director |
| Heidi Lee | Senior Provider Relations Manager |
| Alex Covarrubias | RAC Analyst |

| Interviewee Name | Title |
|---|---|
| Megan Gordon-Gilmore | Sr. EDI Application Developer |
| Maile Houghtailing | Provider Relations Lead |
| Dave Hosford | Director, Data Governance |
| Matt Kerlin | Sr. Manager, Business Decisions & Analysis |
| Cody West | Data Warehouse Analyst |
| Arun Saligame | Director of Data Warehouse |
| Priscila Ayala | Associate Director of Provider Relations |
| Johana Madrid | Provider Relations Senior Provider Network Analyst |
| Erika Roach | Program Manager |
| Brian Buckley | Manager of IT Operations |
| Ben Jones | Associate Director of Amisys Application Development |

Table A.22 lists the SCAN staff members interviewed by the HSAG validation team.

### Table A.22—List of SCAN Interviewees

| Interviewee Name | Title |
|---|---|
| Jessica Fasavalu | Regulatory Audits & Monitoring Specialist |
| Kirsten Mendoza | Regulatory Audit Lead |
| Lena Perelman | VP, Product Operations |
| Chandra Nangineni | Sr. Director Shared Services |
| Christa Han | Project Manager Associate, Regulatory Affairs |
| Eric Thacker | Product Development Analyst |
| Hung Vu | Project Manager Associate, Regulatory Affairs |
| Irene Gongora Lozano | Manager, Enrollment Operations |
| Irina Masharova | EDI Developer, Sr. |
| Jason Hu | Director, Provider Delegation Oversight |
| Jill McGougan | Director, Dual Operations |
| Joann Martinez | Manager, QA & Premium Billing |
| Elizabeth Cordova | Sr. Director, Medicare Compliance Officer |

| Interviewee Name | Title |
|---|---|
| Ramesh Kadiam | Manager, Data Warehouse |
| Sajid Chaudhary | Director, Analytics Technology & Architecture |
| Sandra Chavez-Sanchez | Regional Contracts Manager |
| Sharrah White | Director, Regulatory Affairs |
| Simone Luyt | Sr. Director, Regional Network Management |
| Vincent Coronel | Director, Enrollment & Reconciliation |
| Sirisha Surapaneni | Director, IT Service Delivery |
| Hiram Rivera | Compliance Specialist, Sr. |
| Kelly Tabatabaeepour | Supervisor, Provider Data Management |
| Thao Tran | Sr. Director, Provider Data Management |
| Neelima Irava Venkata | Business Analyst Shared Services |
| Elizabeth Raboy | Director, Customer Services |

Table A.23 lists the SCFHP staff members interviewed by the HSAG validation team.

### Table A.23—List of SCFHP Interviewees

| Interviewee Name | Title |
|---|---|
| Daniel Quan | Compliance Officer |
| Anna Vuong | Manager, Compliance |
| Christine Tuner | COO |
| Mauro Oliveira | Director, Operations |
| Randee Reid | Interim Manager, Credentialing, Provider Data, and Reporting |
| Catherine Almogela | Credentialing Coordinator |
| Claudia Graciano | Provider Access Program Manager |
| Daniel Park | Provider Database Analyst |
| Jane Jiang | Provider Data Coordinator |
| Lawrence Li | Provider Database Analyst |
| Phuong Luu | Provider Database Coordinator |
| Stevi Young | Provider Database Coordinator |
| Janet Gambatese | Director, Provider Network Operations |
| Christine Nguyen | Manager, Enrollment and Eligibility |
| Daniel Welch | Director, IT Business Integration |

Table A.24 lists the SFHP staff members interviewed by the HSAG validation team.

### Table A.24—List of SFHP Interviewees

| Interviewee Name | Title |
|---|---|
| John Bhambra | Director, Regulatory Affairs |
| Nina Maruyama | Chief Compliance & Regulatory Affairs Officer |
| Sean Dongre | Director, Provider Network Operations |
| Dina Paulos | Provider Data Coordinator |
| Tony Ambrose | Application Architect |
| Leslie Huang | Manager, Member Data |
| Paul Velasco | Director- Systems Development Infrastructure |
| Florence Lo | Regulatory Affairs Analyst |
| Tamika Lawson | Audit Analyst |

Table A.25 lists the DHCS staff members interviewed by the HSAG validation team.

### Table A.25—List of DHCS Interviewees

| Interviewee Name | Title |
|---|---|
| Allison Tans | EQRO Unit Chief |
| Amanda Torres Mariano | EQRO Associate Government Program Analyst (AGPA) |
| Vanessa Sanchez | EQRO Section Chief |
| EQRO Team: Diana Garza, Anthony Shephard, and Maylynn Lee | EQRO AGPAs |
| Eugene Stevenson | Program Data Reporting Division (PDRD) Chief |
| Jesse King | Geographic Information Systems Programmer III—Data Visualization Unit |
| Kirk Noe | Senior Technical Lead/Database Administrator |
| Srini Venkataramani | Business Intelligence Chief |
| Alvin Bautista | Research Data Specialist II |
| Guoyong Wang | Research Scientist Manager (Epidemiology/Biostatistics) |

| Interviewee Name | Title |
|---|---|
| Mike Yuan | Research Scientist Supervisor I (Epidemiology/Biostatistics) |
| Sean Barber | MCQMD Chief |
| Emil Lumbang | MCQMD Staff Services Manager II |
| Amy Halim | Staff Services Manager II, Program Review Branch, Medi-Cal Eligibility Division (MCED) |
| Harold Higgins | Staff Services Manager III, Program Review Branch, MCED |
| Ted Nguyen | Information Technology Specialist II |
| Richard Green | Information Technology Manager I |
| John Stevens | Cloud Technology Product Owner/PACES/ Health Plan Information Processing Section (HPIPS) |

Table A.26 lists the HSAG validation team members, their roles, and their skills and expertise.

### Table A.26—HSAG Validation Team

| Name and Title | Role |
|---|---|
| Elisabeth Hunt, MHA, CHCA<br>*Executive Director, Data Science & Advanced Analytics (DSAA)* | Certified Healthcare Effectiveness Data and Information Set (HEDIS) Compliance Auditor (CHCA); multiple years of auditing experience with expertise in data integration, information systems, provider data, NAV, and performance measure development and reporting. |
| Rachael French, CHCA<br>*Director, Audits, DSAA*<br>*Project Task Lead/Lead Auditor* | CHCA; subject matter expertise in managed care, quality measure reporting, quality improvement (QI), performance measure knowledge, data integration, systems review and analysis, provider data, and NAV. Multiple years of auditing experience. |
| Gina DeBlois, MSHCM<br>*Manager III, Audits, DSAA*<br>*Lead Auditor* | Subject matter expertise in managed care, quality measure reporting, QI, performance measure knowledge, data integration, systems review and analysis, and NAV. |

| Name and Title | Role |
|---|---|
| Cynthia Anderson, MPH<br>*Manager III, Audits, DSAA*<br>*Lead Auditor* | Subject matter expertise in managed care, quality measure reporting, QI, performance measure knowledge, data integration, systems review and analysis, and NAV. |
| Arpi Dharia, MBA<br>*Auditor III, Audits, DSAA*<br>*Lead Auditor* | Subject matter expertise in managed care, quality measure reporting, QI, performance measure knowledge, data integration, systems review and analysis, and NAV. |
| Tamika McLaurin<br>*Auditor I, Audits, DSAA*<br>*Lead Auditor* | Knowledge in managed care, quality measure reporting, data integration, systems review and analysis, and NAV. |
| Kerry Wycuff, BS<br>*Auditor I, Audits, DSAA*<br>*Lead Auditor* | Knowledge in managed care, quality measure reporting, data integration, systems review and analysis, and NAV. |
| Patricia Bey, MBA<br>*Auditor I, Audits, DSAA*<br>*Lead Auditor* | Knowledge in managed care, quality measure reporting, data integration, systems review and analysis, and NAV. |
| AnnAlisa Cook, MHA<br>*Auditor I, Audits, DSAA*<br>*Lead Auditor* | Knowledge in managed care, quality measure reporting, data integration, systems review and analysis, and NAV. |
| Marian Seege, MS<br>*Auditor I, Audits, DSAA*<br>*Lead Auditor* | Knowledge in managed care, quality measure reporting, data integration, systems review and analysis, and NAV. |
| Anne Gulley, MPH<br>*Senior Auditor, DSAA*<br>*Lead Auditor* | Subject matter expertise in managed care, quality measure reporting, QI, performance measure knowledge, data integration, systems review and analysis, and NAV. |