



State of California—Health and Human Services Agency
Department of Health Care Services



January 2022

**ANNUAL NETWORK CERTIFICATION
ASSURANCE OF COMPLIANCE REPORT**

Table of Contents

1. Overview	2
2. Annual Network Certification	2
2.1 Senior Care Action Network Health Plan	2
3. Significant Change Network Certification	4
3.1 Mandatory Managed Care Enrollment	5
3.2 Major Organ Transplants	8
3.3 Health Plan San Mateo Dental Integration Pilot	9
4. Network Adequacy Determinations.....	11
EXHIBIT A: SCAN Network Certification Findings.....	12
EXHIBIT B: MMCE Network Certification Findings.....	18
EXHIBIT C: MOT Network Certification Findings	35
EXHIBIT D: HPSM Dental Network Certification Findings	37

1. Overview

The Department of Health Care Services (DHCS) submits its Assurance of Compliance Report (Assurance) to the federal Centers for Medicaid & Medicare Services (CMS) to demonstrate network adequacy of Medi-Cal managed care health plans (MCP) and significant changes for the January 2022 contract year.

DHCS assesses compliance with network adequacy standards in accordance with Part 438 of the Code of Federal Regulations (CFR) sections 438.68, 438.206 and 438.207 and corresponding state law and policy guidance.¹ DHCS will provide all Annual Network Certification (ANC) documentation collected by DHCS from each MCP to CMS, upon request.² DHCS' policy and compliance guidance for MCPs regarding ANC components and submission requirements are published in All Plan Letter (APL) 21-006.³

For this January 1, 2022 Assurance, DHCS demonstrates that Senior Care Action Network (SCAN) is compliant with the ANC components.

Additionally, DHCS identified significant changes to MCP networks affecting the adequacy and capacity of services including Mandatory Managed Care Enrollment through CalAIM, Major Organ Transplant benefit carve-in and Health Plan San Mateo (HPSM) Dental Integration Pilot. The impacted MCPs were designated with a "Pass with Conditions" or a "Pass" as a result of their compliance with each ANC component. For MCPs with a "Pass with Conditions" DHCS issued a Corrective Action Plan (CAP) and will monitor and continue to work with these MCPs to ensure continuing access to all medically necessary services until all findings are rectified. Further, due to Executive Order N-01-19 requiring DHCS to transition Medi-Cal pharmacy services from the managed care delivery system to the fee-for-service (FFS) delivery system, effective January 1, 2022, Medi-Cal pharmacy services are not included in the managed care delivery system contract. As a result, Time or Distance results for pharmacies are not included in this Assurance of Compliance.

2. Annual Network Certification

2.1 Senior Care Action Network Health Plan

SCAN is a Medicare Advantage Special Needs Plan that contracts with DHCS to provide Medi-Cal covered services, including home and community-based services, to members who require nursing facility-level of care and nursing home custodial care. SCAN operates in Los Angeles, San Bernardino and Riverside counties and serves a subset of the dually eligible Medicare/Medi-Cal population. Enrollment in SCAN is optional as there are full scope MCPs operating in the same service areas. SCAN members must meet the following enrollment criteria:

¹ Managed Care Final Rule, Federal Register, Vol 81, No.88; Welfare & Institutions Code (WIC) section 14197, All Plan Letter 19-001 and any subsequent revisions.

² Title 42 CFR section 438.207(e).

³ APL available at: <https://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx>

- At least 65 years of age;
- Live in SCAN's service area;
- Have Medicare Parts A and B; and
- Have full-scope Medi-Cal with no share of cost.

Individuals with end-stage renal disease are not eligible for enrollment in SCAN. SCAN's coordinates and provides covered services through a delegated model that contracts with medical groups that contract with individual providers, physician groups, and hospitals.

Based on SCAN's scope of services, population served and their specialized delivery structure, not all ANC components are applicable. However, SCAN is required to address all ANC components, which include:

- Provider to Member Ratios;
- Mental Health Provider to Member Ratios;
- Mandatory Providers Types; and
- Time or Distance Standards.

In the event SCAN was unable to meet an ANC requirement due to inapplicability, the MCP was required to submit a narrative to DHCS for review justifying the absence of specific provider types.

SCAN submitted to DHCS narratives justifying the absence of Freestanding Birthing Centers, Certified Nurse Midwives, and Licensed Midwives within their network.

SCAN also submitted for DHCS a narrative and a list of affiliated Federally Qualified Health Centers (FQHC), Rural Health Clinics (RHC) and Indian Health Facilities (IHF) through indirect contracts and downstream contracts. Additionally, SCAN submitted Long-Term Services and Supports (LTSS) policies and procedures for DHCS' review to ensure timely access to Community-Based Adult Services (CBAS), Skilled Nursing Facilities (SNF) and Intermediate Care Facilities (ICF) for its members.

Finally, SCAN submitted to DHCS for review and approval an Alternative Access Standard (AAS) request for Time or Distance requirements as described below. Upon reviewing SCAN's submission, DHCS approved the AAS for SCAN. DHCS determined SCAN's justification of the listed provider types as sufficient since SCAN does not provide these pregnancy-related services to its members who are 65 years of age or older. DHCS determined that SCAN demonstrated its delivery structure is capable of providing the appropriate level of care through its delegated delivery model and ensures access to its unique population of members.

Delivery System Alternative Access Standard Request

Welfare & Institutions Code (WIC) section 14197 authorizes DHCS to approve AAS requests for MCPs that cannot meet Time or Distance standards. Specifically, WIC

section 14197(e)(1)(B) authorizes DHCS to approve an AAS request if DHCS determines that the requesting MCP demonstrates that its delivery structure is capable of delivering the appropriate level of care and access.

Alternative Access Standard Request Process

Specialty MCPs, like SCAN, may request DHCS approval of an alternative to the required Time or Distance standards.⁴ This process allows for specialty MCPs to justify their capability to deliver the appropriate level of care and access within their specialized delivery structure. DHCS reviews the MCP's formal justification to determine if its unique delivery system can meet the needs of its members and ensure appropriate and timely access to care.

DHCS approved SCAN's AAS request because the documentation submitted demonstrated that SCAN's delivery structure is capable of delivering the appropriate level of care and access to members they serve. SCAN has a limited but comprehensive network that renders services specific to the diagnoses of the members and ensures there is care coordination and support services across the continuum of care regardless of location.

The network certification results for SCAN are set forth in **Exhibit A**.

3. Significant Change Network Certification

DHCS is required to conduct a network certification when an MCP enters into a contract with the State or when there are significant changes, including State initiatives. A significant change can occur when:

- An MCP enters into a new contract with DHCS;
- There is enrollment of a new population;
- There is a change in services or benefits;
- There is a change in geographic service areas covered by the MCP; or
- There is a change in the compositions of, or payments to, network providers.

Knox-Keene licensed MCPs are required to submit material modifications that often constitute significant changes to the MCP network, to the Department of Managed Health Care (DMHC) for approval and to DHCS for informational purposes. In some cases, a significant change to an MCP's network may require the MCP to undergo a network certification. DHCS evaluates the significant change submission to determine if a certification is necessary, in addition to the ANC process.

DHCS includes any required certification in its Assurance as part of the ANC process when a significant change occurs during the ANC reporting and validation timeframe. For this reporting period, the following significant changes are included within this Assurance:

⁴ WIC section 14197(e)(1)(B)

- Mandatory Managed Care Enrollment
- Major Organ Transplant carve-in to non-COHS MCPs
- Health Plan of San Mateo Dental Integration Pilot

3.1 Mandatory Managed Care Enrollment

Due to enrollment of a new population into managed care, DHCS conducted a network certification. As part of the California Advancing and Innovating Medi-Cal (CalAIM) initiative,⁵ the following six population groups previously enrolled in the FFS delivery system mandatorily transitioned into the Medi-Cal Managed Care program on January 1, 2022:

1. *Individuals Participating in Accelerated Enrollment*

DHCS transitioned individuals participating in accelerated enrollment this group contained individuals that were children under the age of 19 experience a delay in their Medi-Cal eligibility determinations beyond the 45-day timeframe, DHCS immediately enrolled them into temporary, full-scope FFS Medi-Cal pending final eligibility determinations. This accelerated enrollment (AE) applied to Medi-Cal applications through a single point of entry for persons likely eligible for Medi-Cal based on screening, as required by federal and State regulations. DHCS provided AE to this population directly into MCPs, rather than first having to enroll in FFS.

2. *Child Health and Disability Prevention Infant Deeming*

DHCS transitioned individuals that qualified for the Gateway Deemed Infants. Under the Gateway Deemed Infants program, an infant born to a mother eligible for and receiving Medi-Cal on the infant's date of the birth may remain eligible until age one without considering the infant's living arrangements (i.e., lives with the mother or not) or the mother's eligibility status. This program provides Medi-Cal services to infants born to mothers who were enrolled in Medi-Cal with either no share-of-cost (SOC) in the month of the infants' birth, or whose SOC was met.

3. *Pregnancy-Related Medi-Cal*

DHCS transitioned the population of pregnant women with incomes from 138% up to 213% of federal poverty level (FPL) into the managed care program. This population is currently eligible for pregnancy-related Medi-Cal coverage which include prenatal care, services for other conditions that might complicate the pregnancy, labor, delivery, postpartum care, and family planning services.

4. *American Indians*

DHCS transitioned all American Indian Medi-Cal members into the managed care program. Prior to this transition, American Indians who were Medi-Cal eligible could choose between FFS, MCPs, and Indian Health Centers. However,

⁵ CalAIM Proposal can be found at: <https://www.dhcs.ca.gov/provgovpart/Documents/CalAIM-Proposal-03-23-2021.pdf>

even though American Indian members are enrolled into the managed care program, they can still opt out and remain in the FFS delivery system.

5. *Members with Other Health Coverage.*

In County Organized Health Systems (COHS) counties, DHCS transitioned Medi-Cal eligible members with other health coverage (OHC). In non-COHS counties, FFS members with OHC are excluded from enrollment into MCPs. OHC refers to private health insurance, and may include Medicare supplemental plans (Parts C and D).

6. *Members Living in Rural ZIP Codes.*

DHCS transitioned members living in rural ZIP codes. This transition impacted members in non-COHS counties (Los Angeles [LA], Riverside [RS], San Bernardino [SB]) and Kern that reside in the following ZIP codes: 90704 (Avalon, LA), 92225 (Blythe, RS), 92226 (Blythe, RS), 92239 (Desert Center, RS), 92242 (Earp, SB), 92267 (Parker Dam, SB), 92280 (Vidal, SB), 92323 (Cima, SB), 92332 (Essex, SB), 92363 (Needles, SB), 92364 (Nipton, SB), 92366 (Mountain Pass, SB), 93562 (Trona, SB), 93558 (Red Mountain, SB), 93592 (Trona, SB), 93555 (Kern).

Consistent with APL 18-008, Continuity of Care (CoC) for Medi-Cal members who transition into managed care, MCPs are required to approve CoC for members who request it; and specifically for the transitioned populations listed above.

MCPs were required to satisfy all ANC components to meet the needs of its projected enrollment, including persons in rural ZIP codes that fall within the MCP's service area. Additionally, MCPs submitted requests to establish AAS for these ZIP codes.

MMCE Network Certification Requirements

MCPs submitted to DHCS network certification documentation to demonstrate that they had an adequate network that would have the capacity and meet the network adequacy standards for the transitioning populations.

Provider-to-Member Ratios

With the influx of transitioning members into managed care, DHCS ensured that MCPs have the capacity to serve anticipated membership. MCPs are contractually required to meet provider-to-member ratios for full-time equivalent (FTE) primary care physicians (PCPs) of one PCP to every 2,000 members, and for total network physicians of one FTE physician to every 1,200 members. Non-physician medical practitioners may be used to demonstrate a sufficient network of PCPs. However, non-physician medical practitioners are not included in the assessment of provider-to-member ratios.

DHCS calculated provider-to-member ratios by dividing each MCP's total number of network providers by the MCP's projected member enrollment for the following contract year. The FTE provider count is based on the sum of FTEs divided by 100 for all distinct

providers at the primary MCP level. Each provider has a maximum FTE of 100% for each MCP.

All impacted MCPs met the anticipated full-time FTE provider-to-member ratio and either met or exceeded the provider-to-member ratios to support 100% of its anticipated Medi-Cal enrollment in its service area. The assessment results for MMCE are set forth in **Exhibit B**.

Time or Distance

Prior to the MMCE transition of Members Living in Rural ZIP Codes, MCPs were not mandated to meet Time or Distance standards for the rural ZIP codes outlined in section 6 above. Due to the change in the MCPs' service area(s), the following MCPs that had rural ZIP codes submitted to DHCS geographic accessibility analyses and narratives to demonstrate compliance with Time or Distance standards.

- Inland Empire Health Plan
- Kern Health Systems
- LA Care Health Plan
- Health Net Community Solutions Inc.
- Molina Healthcare of California Partner Plan, Inc.

When an MCP is unable to meet Time or Distance standards based upon the geographic accessibility analysis, it must request DHCS approval for an AAS as detailed below.

Alternative Access Standards Requests

MCPs that were unable to meet Time or Distance standards and had exhausted all reasonable contracting efforts with closer providers must submit a request for an AAS to DHCS for review and approval. The AAS request is by ZIP code and provider type and must detail the specific reasons demonstrating the need for the AAS.⁶

Due to the rurality of the MMCE ZIP codes, the MCPs submitted AAS requests for ZIP codes where they were unable to meet Time or Distance standards for specific provider types. The provider types containing approved AAS requests are listed in the county-specific tables set forth in **Exhibit B**. All AAS findings are posted on the DHCS website.

Alternative Access Standard Validations

DHCS validated MCP approved AAS requests through a review of contracting efforts, verification of contract signature pages, and a review of other evidence and supporting documentation that validates the MCP's compliance with its approved AAS. MCPs that failed to provide necessary documentation or provide inaccurate information may have their approval rescinded, have a CAP imposed, and face sanctions for failures to provide necessary or accurate documentation or data. Since MCPs are required to

⁶ Health Professional Shortage Areas (HPSA) are designated by Health Resources and Services Administration (HRSA). The list of HPSA's can be found at: <https://data.hrsa.gov/tools/shortage-area/hpsa-find>.

demonstrate good faith contracting efforts before requesting an AAS, the number of AAS requests are minimized.

Corrective Action

MCPs that were unable to meet ANC requirements were designated as Pass with Conditions and face CAPs. DHCS will monitor these MCPs to assess whether they are making progress and meeting the requirements under the CAP. MCPs must correct all MCP specific ANC deficiencies within six months of the CAP start date. MCPs that fail to comply with CAP requirements, or fail to correct all ANC deficiencies within the six-month timeframe, may face an additional CAP and/or sanctions.⁷ DHCS will close a CAP after confirming that the MCP has corrected all ANC deficiencies.

3.2 Major Organ Transplants

As part of the CalAIM initiative, all MCPs are contractually required to cover all medically necessary MOT as set forth in the Medi-Cal Provider Manual, effective January 1, 2022.^{8, 9, 10} MCPs must authorize and assist in the referral and coordination in the delivery of MOTs and all medically necessary services associated with MOT, including services for both living and cadaver organ transplants.¹¹ All MCPs were required to demonstrate an adequate MOT network prior to implementation.

MOT Network Certification Requirements

MCPs must ensure that all medically necessary MOTs are provided in approved transplant programs. For purposes of network certification, DHCS only considered executed contracts with transplant programs that have been approved as a Center of Excellence (COE) for adult MOTs.

Additionally, MCPs that participate in the Whole Child Model (WCM) program must contract with Special Care Centers (SCCs) for pediatric MOTs that qualify as a California Children's Services (CCS) eligible condition. MCPs are required to contract with a minimum of one COE and/or SCC for the organs listed below:¹²

- Bone Marrow
- Heart
- Heart-Lung (SCC only)
- Liver
- Lung

⁷ WIC section 14197.7

⁸ CalAIM proposal can be found at: <https://www.dhcs.ca.gov/CalAIM/Pages/calaim.aspx>.

⁹ The Medi-Cal Provider Manual can be found here:

<https://www.dhcs.ca.gov/formsandpubs/publications/Pages/Medi-CalProviderManuals.aspx>

¹⁰ COHS MCPs currently cover MOTs but were subject to meet network certification requirements.

¹¹ APL 21-015: Benefit Standardization and Mandatory Managed Care Enrollment Provisions of the California Advancing and Innovating Medi-Cal Initiative can be found here:

<https://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx>

¹² MCPs that do not participate in the Whole Child Model (WCM) program are not required to cover pediatric MOTs which generally qualify as a CCS-eligible condition, and subsequently, were not required to contract with SCCs for network certification purposes.

- Kidney-Pancreas (COE only)

DHCS allowed MCPs to contract with COEs/SCCs outside their service areas for purposes of network certification.

Approach

MCPs submitted a Major Organ Transplant Provider Network Template consisting of their MOT network. MCPs reported executed contracts and contracting efforts, but DHCS only considered executed contracts for purposes of network certification. Additionally, DHCS verified executed contracts through the MCP's Provider File submission or contract signature pages for new contracts that were not entered in the MCP's Provider File submission.

Results and Corrective Action

MCPs unable to meet the minimum network certification requirements are designated as Pass with Conditions and have been placed under a CAP effective January 1, 2022. The assessment results for MOT are set forth in **Exhibit C**. MCPs under a CAP are required to meet the CAP mandates until network certification requirements are met.

Transitional Monitoring

DHCS will monitor and continue to provide oversight following the implementation of MOT. Transitional monitoring will consist of a quarterly collection and analysis of how the MCPs are operationalizing MOT. This may include but is not limited to:

- The number of members on the transplant waitlist per organ and population (adult/pediatric) type and current status on the transplant waitlist,
- Grievances including the date the grievance was filed, reason, status and resolution date;
- Denials including the date the MCP received the MOT request, denial reason and date that the member was informed of the denial; and
- Access to and requests for out-of-network (OON) transplant programs, including the reason and status of the OON request.

3.3 Health Plan San Mateo Dental Integration Pilot

Senate Bill (SB) 849 added Section 14184.90 to the Welfare and Institutions (W&I) Code, authorizing a dental integration pilot (DIP) program in San Mateo County as part of an effort to improve oral care access, quality, and utilization, as well as lower medical cost.¹³ As part of the DIP, dental care services are a covered benefit under the HPSM Medi-Cal managed care contract, effective January 1, 2022. HPSM was required to meet network certification requirements, including having demonstrated to DHCS that their network has the capacity to serve its members.

HPSM Dental Network Certification Requirements

¹³ SB 849 can be found at: https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201720180SB849

HPSM was required to demonstrate its capacity to provide covered Medi-Cal dental services to anticipated members by meeting the network certification requirements that include:

- Adequate number of adult and pediatric dentists;
- Adequate number of adult and pediatric dental specialists including at least one:
 - Orthodontist;
 - Endodontist;
 - Oral Surgeon
 - Periodontist;
 - Prosthodontist;
- One Federally Qualified Health Center (FQHC)

Approach

DHCS evaluated HPSM's compliance with HPSM Dental's network certification requirements. This evaluation included reviewing all MCP reported data through DHCS' Provider File and additional MCP submissions for compliance with provider to member ratios, mandatory provider types, and Time or Distance standard requirements.

Results and Corrective Action

HPSM submitted a Dental Provider Network Template consisting of its dental network. While HPSM reported contracting efforts that were in progress, DHCS only considered executed contracts for purposes of network certification. Additionally, DHCS verified executed contracts through the MCP's Provider File submission or contract signature pages for new contracts that were not yet entered in the MCP's Provider File submission.

HPSM was unable to meet the network certification requirements and has been placed under a CAP effective January 1, 2022. The assessment results for HPSM Dental are set forth in **Exhibit D**. HPSM is required to meet the CAP mandates outlined below until network certification requirements are met. While under the CAP, HPSM is obligated to abide by the following CAP mandates and also allow its members access to dental services outside of its network.

1. **Continuity of Care** – HPSM must meet the continuity of care requirements as outlined in Health and Safety Code 1373.96. In addition, as a result of the CAP, HPSM must grant all members automatic continuity of care to their existing dental providers, to the extent they have one, for all scheduled services through March 31, 2022. HPSM must coordinate with members and dental providers in or out-of-network.
2. **Authorizations** – HPSM must authorize and pay all claims for covered Medi-Cal Dental services for the CAP period, regardless of the network status of the dental provider; and
3. **Website Updates** – HPSM must update its website with a current list of contracted dental providers and dental clinics, as their contracts get executed.

Contracting information and in-network dental provider information must be updated and current as HPSM continues to build its dental network.

DHCS continues to work with HPSM during the CAP period to ensure that CAP mandates are being followed. This includes review of HPSM's website to verify newly contracted dental providers are added and review of provider contracting status and evidence of contracting efforts.

Transitional Monitoring

DHCS will monitor and continue to provide oversight following the DIP transition. Transitional monitoring includes regular collection and analysis of HPSM data, provider and member issues, grievances and complaints, other concerns/technical issues, and the coordination of services across the delivery systems. Transitional monitoring includes check-ins to monitor and provide guidance on issues related to HPSM's dental network. Additionally, starting January 1, 2022, DHCS folded HPSM Dental into ongoing monitoring activities to determine ongoing HPSM compliance with dental network adequacy standards and assess if there are access to care concerns.

4. Network Adequacy Determinations

DHCS' assessment of the MCPs' submissions resulted in final determinations that are categorized into three designations: **Pass**, **AAS Pass** or **Pass with Conditions**.

- **Pass:** A Pass designation means the standards were met and/or an alternative access standard was approved for the MCP. No further action is needed from the MCP.
- **AAS Pass:** An AAS Pass designation means the required standard was not met but an AAS was approved for the MCP or a Delivery System Alternative Access Standard was granted.
- **Pass with Conditions:** A Pass with Conditions designation means the MCP did not fully meet the standards, and as such, DHCS has imposed a temporary standard on the MCP. The temporary standard is established through a Corrective Action Plan (CAP) and imposes conditions and mandates applicable to the ANC component deficiency. MCPs placed under a CAP will continue to operate under the conditions of the temporary standard until all deficiencies specified under the CAP have been remediated and the CAP is closed.

EXHIBIT A: SCAN Network Certification Findings

MCP Name	Reporting Unit	Overall Result
SCAN Health Plan	Los Angeles County	Pass

Provider-to-Member Ratios	Results
PCP Ratio (1: 1,200)	Pass
Total Physician Ratio (1: 2,000)	Pass

Time or Distance Provider Types	Adult/Pediatric	Results
PCPs	Adult	AAS Pass
PCPs	Pediatric	N/A
OB/GYN (Primary Care)	N/A	AAS Pass
OB/GYN (Specialty Care)	N/A	AAS Pass
Cardiology/ Interventional Cardiology	Adult	AAS Pass
Dermatology	Adult	AAS Pass
Endocrinology	Adult	AAS Pass
ENT/ Otolaryngology	Adult	AAS Pass
Gastroenterology	Adult	AAS Pass
General Surgery	Adult	AAS Pass
Hematology	Adult	AAS Pass
HIV/AIDS Specialists/ Infectious Diseases	Adult	AAS Pass
Nephrology	Adult	AAS Pass
Neurology	Adult	AAS Pass
Oncology	Adult	AAS Pass
Ophthalmology	Adult	AAS Pass
Orthopedic Surgery	Adult	AAS Pass
Physical Medicine and Rehabilitation	Adult	AAS Pass
Psychiatry	Adult	AAS Pass
Pulmonology	Adult	AAS Pass
Cardiology/ Interventional Cardiology	Pediatric	N/A
Dermatology	Pediatric	N/A
Endocrinology	Pediatric	N/A
ENT/ Otolaryngology	Pediatric	N/A
Gastroenterology	Pediatric	N/A
General Surgery	Pediatric	N/A
Hematology	Pediatric	N/A
HIV/AIDS Specialists/ Infectious Diseases	Pediatric	N/A
Nephrology	Pediatric	N/A
Neurology	Pediatric	N/A
Oncology	Pediatric	N/A
Ophthalmology	Pediatric	N/A
Orthopedic Surgery	Pediatric	N/A

JANUARY 2022 ASSURANCE OF COMPLIANCE REPORT

Time or Distance Provider Types	Adult/Pediatric	Results
Physical Medicine and Rehabilitation	Pediatric	N/A
Psychiatry	Pediatric	N/A
Pulmonology	Pediatric	N/A
Mental Health Outpatient Services	Adult	AAS Pass
Mental Health Outpatient Services	Pediatric	N/A
Hospitals	N/A	AAS Pass
Pharmacies	N/A	N/A

Mandatory Provider Types	Results
Federally Qualified Health Center (FQHC)	Pass
Rural Health Clinic (RHC)	Pass
Freestanding Birthing Center (FBC)	N/A
Indian Health Facilities (IHF)	Pass
Licensed Midwife (LM)	N/A
Certified Nurse Midwife (CNM)	N/A

Long Term Supports and Services (LTSS) – Policies and Procedures	Results
Community – Based Adult Services (CBAS)	Pass
Skilled Nursing Facility (SNF)	Pass
Intermediate Care Facility (ICF)	Pass

Alternative Access Standards	Results
Alternative Access Standards Requests	AAS Pass

Provider Validations	Results
Facilities	N/A

JANUARY 2022 ASSURANCE OF COMPLIANCE REPORT

MCP Name	Reporting Unit	Overall Result
SCAN Health Plan	Riverside County	Pass

Provider-to-Member Ratios	Results
PCP Ratio (1: 1,200)	Pass
Total Physician Ratio (1: 2,000)	Pass

Time or Distance Provider Types	Adult/Pediatric	Results
PCPs	Adult	AAS Pass
PCPs	Pediatric	N/A
OB/GYN (Primary Care)	N/A	AAS Pass
OB/GYN (Specialty Care)	N/A	AAS Pass
Cardiology/ Interventional Cardiology	Adult	AAS Pass
Dermatology	Adult	AAS Pass
Endocrinology	Adult	AAS Pass
ENT/ Otolaryngology	Adult	AAS Pass
Gastroenterology	Adult	AAS Pass
General Surgery	Adult	AAS Pass
Hematology	Adult	AAS Pass
HIV/AIDS Specialists/ Infectious Diseases	Adult	AAS Pass
Nephrology	Adult	AAS Pass
Neurology	Adult	AAS Pass
Oncology	Adult	AAS Pass
Ophthalmology	Adult	AAS Pass
Orthopedic Surgery	Adult	AAS Pass
Physical Medicine and Rehabilitation	Adult	AAS Pass
Psychiatry	Adult	AAS Pass
Pulmonology	Adult	AAS Pass
Cardiology/ Interventional Cardiology	Pediatric	N/A
Dermatology	Pediatric	N/A
Endocrinology	Pediatric	N/A
ENT/ Otolaryngology	Pediatric	N/A
Gastroenterology	Pediatric	N/A
General Surgery	Pediatric	N/A
Hematology	Pediatric	N/A
HIV/AIDS Specialists/ Infectious Diseases	Pediatric	N/A
Nephrology	Pediatric	N/A
Neurology	Pediatric	N/A
Oncology	Pediatric	N/A
Ophthalmology	Pediatric	N/A
Orthopedic Surgery	Pediatric	N/A
Physical Medicine and Rehabilitation	Pediatric	N/A
Psychiatry	Pediatric	N/A
Pulmonology	Pediatric	N/A

JANUARY 2022 ASSURANCE OF COMPLIANCE REPORT

Time or Distance Provider Types	Adult/Pediatric	Results
Mental Health Outpatient Services	Adult	AAS Pass
Mental Health Outpatient Services	Pediatric	N/A
Hospitals	N/A	AAS Pass
Pharmacies	N/A	N/A

Mandatory Provider Types	Results
Federally Qualified Health Center (FQHC)	Pass
Rural Health Clinic (RHC)	Pass
Freestanding Birthing Center (FBC)	N/A
Indian Health Facilities (IHF)	Pass
Licensed Midwife (LM)	N/A
Certified Nurse Midwife (CNM)	N/A

Long Term Supports and Services (LTSS) – Policies and Procedures	Results
Community – Based Adult Services (CBAS)	Pass
Skilled Nursing Facility (SNF)	Pass
Intermediate Care Facility (ICF)	Pass

Alternative Access Standards	Results
Alternative Access Standards Requests	AAS Pass

Provider Validations	Results
Facilities	N/A

JANUARY 2022 ASSURANCE OF COMPLIANCE REPORT

MCP Name	Reporting Unit	Overall Result
SCAN Health Plan	San Bernardino County	Pass

Provider-to-Member Ratios	Results
PCP Ratio (1: 1,200)	Pass
Total Physician Ratio (1: 2,000)	Pass

Time or Distance Provider Types	Adult/Pediatric	Results
PCPs	Adult	AAS Pass
PCPs	Pediatric	N/A
OB/GYN (Primary Care)	N/A	AAS Pass
OB/GYN (Specialty Care)	N/A	AAS Pass
Cardiology/ Interventional Cardiology	Adult	AAS Pass
Dermatology	Adult	AAS Pass
Endocrinology	Adult	AAS Pass
ENT/ Otolaryngology	Adult	AAS Pass
Gastroenterology	Adult	AAS Pass
General Surgery	Adult	AAS Pass
Hematology	Adult	AAS Pass
HIV/AIDS Specialists/ Infectious Diseases	Adult	AAS Pass
Nephrology	Adult	AAS Pass
Neurology	Adult	AAS Pass
Oncology	Adult	AAS Pass
Ophthalmology	Adult	AAS Pass
Orthopedic Surgery	Adult	AAS Pass
Physical Medicine and Rehabilitation	Adult	AAS Pass
Psychiatry	Adult	AAS Pass
Pulmonology	Adult	AAS Pass
Cardiology/ Interventional Cardiology	Pediatric	N/A
Dermatology	Pediatric	N/A
Endocrinology	Pediatric	N/A
ENT/ Otolaryngology	Pediatric	N/A
Gastroenterology	Pediatric	N/A
General Surgery	Pediatric	N/A
Hematology	Pediatric	N/A
HIV/AIDS Specialists/ Infectious Diseases	Pediatric	N/A
Nephrology	Pediatric	N/A
Neurology	Pediatric	N/A
Oncology	Pediatric	N/A
Ophthalmology	Pediatric	N/A
Orthopedic Surgery	Pediatric	N/A
Physical Medicine and Rehabilitation	Pediatric	N/A
Psychiatry	Pediatric	N/A
Pulmonology	Pediatric	N/A

JANUARY 2022 ASSURANCE OF COMPLIANCE REPORT

Time or Distance Provider Types	Adult/Pediatric	Results
Mental Health Outpatient Services	Adult	AAS Pass
Mental Health Outpatient Services	Pediatric	N/A
Hospitals	N/A	AAS Pass
Pharmacies	N/A	N/A

Mandatory Provider Types	Results
Federally Qualified Health Center (FQHC)	Pass
Rural Health Clinic (RHC)	Pass
Freestanding Birthing Center (FBC)	N/A
Indian Health Facilities (IHF)	Pass
Licensed Midwife (LM)	N/A
Certified Nurse Midwife (CNM)	N/A

Long Term Supports and Services (LTSS) – Policies and Procedures	Results
Community – Based Adult Services (CBAS)	Pass
Skilled Nursing Facility (SNF)	Pass
Intermediate Care Facility (ICF)	Pass

Alternative Access Standards	Results
Alternative Access Standards Requests	AAS Pass

Provider Validations	Results
Facilities	N/A

EXHIBIT B: MMCE Network Certification Findings

MCP ¹⁴	Reporting Unit	PCP Ratio (1:2,000)	Total Physician Ratio (1:1,200)	Adult: Mental Health Outpatient Services	Pediatric: Mental Health Outpatient Services
Alameda Alliance for Health	Alameda	Pass	Pass	Pass	Pass
Aetna Better Health	Sacramento	Pass	Pass	Pass	Pass
Aetna Better Health	San Diego	Pass	Pass	Pass	Pass
Anthem Blue Cross	Alameda	Pass	Pass	Pass	Pass
Anthem Blue Cross	Contra Costa	Pass	Pass	Pass	Pass
Anthem Blue Cross	Fresno	Pass	Pass	Pass	Pass
Anthem Blue Cross	Kings	Pass	Pass	Pass	Pass
Anthem Blue Cross	Madera	Pass	Pass	Pass	Pass
Anthem Blue Cross	Region 1	Pass	Pass	Pass	Pass
Anthem Blue Cross	Region 2	Pass	Pass	Pass	Pass
Anthem Blue Cross	Sacramento	Pass	Pass	Pass	Pass
Anthem Blue Cross	San Benito	Pass	Pass	Pass	Pass
Anthem Blue Cross	San Francisco	Pass	Pass	Pass	Pass
Anthem Blue Cross	Santa Clara	Pass	Pass	Pass	Pass
Anthem Blue Cross	Tulare	Pass	Pass	Pass	Pass
Blue Shield of CA Promise Health Plan	San Diego	Pass	Pass	Pass	Pass
CalOptima	Orange	Pass	Pass	Pass	Pass
CalViva	Fresno	Pass	Pass	Pass	Pass
CalViva	Kings	Pass	Pass	Pass	Pass
CalViva	Madera	Pass	Pass	Pass	Pass

¹⁴ The table includes Provider to Member Ratios results for MCPs that were not impacted by the MMCE rural ZIP Code expansion.

JANUARY 2022 ASSURANCE OF COMPLIANCE REPORT

MCP ¹⁴	Reporting Unit	PCP Ratio (1:2,000)	Total Physician Ratio (1:1,200)	Adult: Mental Health Outpatient Services	Pediatric: Mental Health Outpatient Services
Central California Alliance for Health	Merced	Pass	Pass	Pass	Pass
Central California Alliance for Health	Monterey/Santa Cruz	Pass	Pass	Pass	Pass
Contra Costa Health Plan	Contra Costa	Pass	Pass	Pass	Pass
CenCal Health	San Luis Obispo	Pass	Pass	Pass	Pass
CenCal Health	Santa Barbara	Pass	Pass	Pass	Pass
California Health and Wellness Plan	Imperial	Pass	Pass	Pass	Pass
California Health and Wellness Plan	Region 1	Pass	Pass	Pass	Pass
California Health and Wellness Plan	Region 2	Pass	Pass	Pass	Pass
Community Health Group Partnership Plan	San Diego	Pass	Pass	Pass	Pass
Gold Coast Health Plan	Ventura	Pass	Pass	Pass	Pass
Health Net Community Solutions, Inc.	Kern	Pass	Pass	Pass	Pass
Health Net Community Solutions, Inc.	Sacramento	Pass	Pass	Pass	Pass
Health Net Community Solutions, Inc.	San Diego	Pass	Pass	Pass	Pass
Health Net Community Solutions, Inc.	San Joaquin	Pass	Pass	Pass	Pass
Health Net Community Solutions, Inc.	Stanislaus	Pass	Pass	Pass	Pass

JANUARY 2022 ASSURANCE OF COMPLIANCE REPORT

MCP ¹⁴	Reporting Unit	PCP Ratio (1:2,000)	Total Physician Ratio (1:1,200)	Adult: Mental Health Outpatient Services	Pediatric: Mental Health Outpatient Services
Health Net Community Solutions, Inc.	Tulare	Pass	Pass	Pass	Pass
Health Plan of San Joaquin	San Joaquin	Pass	Pass	Pass	Pass
Health Plan of San Joaquin	Stanislaus	Pass	Pass	Pass	Pass
Health Plan of San Mateo	San Mateo	Pass	Pass	Pass	Pass
Kaiser NorCal (KP Cal LLC)	KP North	Pass	Pass	Pass	Pass
Kaiser SoCal (KP Cal LLC)	San Diego	Pass	Pass	Pass	Pass
Kern Family Health Care	Kern	Pass	Pass	Pass	Pass
Molina Healthcare of California Partner Plan, Inc.	Imperial	Pass	Pass	Pass	Pass
Molina Healthcare of California Partner Plan, Inc.	Sacramento	Pass	Pass	Pass	Pass
Molina Healthcare of California Partner Plan, Inc.	San Diego	Pass	Pass	Pass	Pass
Partnership Health Plan of California	Northeast	Pass	Pass	Pass	Pass
Partnership Health Plan of California	Northwest	Pass	Pass	Pass	Pass
Partnership Health Plan of California	Southeast	Pass	Pass	Pass	Pass
Partnership Health Plan of California	Southwest	Pass	Pass	Pass	Pass
Santa Clara Family Health Plan	Santa Clara	Pass	Pass	Pass	Pass
San Francisco Health Plan	San Francisco	Pass	Pass	Pass	Pass
United Health Care	San Diego	Pass	Pass	Pass	Pass

JANUARY 2022 ASSURANCE OF COMPLIANCE REPORT

MCP Name	Reporting Unit	Overall Result
Health Net Community Solutions, Inc.	Los Angeles County ZIP Code: 90704	AAS Pass

Provider-to-Member Ratios	Adult/Pediatric	Results
PCP Ratio (1:2,000)	All	Pass
Total Physician Ratio (1:1,200)	All	Pass
Mental Health Outpatient Services	Adult	Pass
Mental Health Outpatient Services	Pediatric	Pass

Time or Distance Provider Types	Adult/Pediatric	Results
PCP	Adult	Pass
PCP	Pediatric	Pass
OB/GYN (Specialty Care)	N/A	AAS Pass
Cardiology/ Interventional Cardiology	Adult	AAS Pass
Dermatology	Adult	AAS Pass
Endocrinology	Adult	AAS Pass
ENT/ Otolaryngology	Adult	AAS Pass
Gastroenterology	Adult	AAS Pass
General Surgery	Adult	AAS Pass
Hematology	Adult	AAS Pass
HIV/AIDS Specialists/ Infectious Diseases	Adult	AAS Pass
Nephrology	Adult	AAS Pass
Neurology	Adult	AAS Pass
Oncology	Adult	AAS Pass
Ophthalmology	Adult	AAS Pass
Orthopedic Surgery	Adult	AAS Pass
Physical Medicine and Rehabilitation	Adult	AAS Pass
Psychiatry	Adult	Pass
Pulmonology	Adult	AAS Pass
Cardiology/ Interventional Cardiology	Pediatric	AAS Pass
Dermatology	Pediatric	AAS Pass
Endocrinology	Pediatric	AAS Pass
ENT/ Otolaryngology	Pediatric	AAS Pass
Gastroenterology	Pediatric	AAS Pass
General Surgery	Pediatric	AAS Pass
Hematology	Pediatric	AAS Pass
HIV/AIDS Specialists/ Infectious Diseases	Pediatric	AAS Pass
Nephrology	Pediatric	AAS Pass
Neurology	Pediatric	AAS Pass
Oncology	Pediatric	AAS Pass
Ophthalmology	Pediatric	AAS Pass
Orthopedic Surgery	Pediatric	AAS Pass
Physical Medicine and Rehabilitation	Pediatric	AAS Pass
Psychiatry	Pediatric	AAS Pass

JANUARY 2022 ASSURANCE OF COMPLIANCE REPORT

Time or Distance Provider Types	Adult/Pediatric	Results
Pulmonology	Pediatric	AAS Pass
Mental Health Outpatient Services	Adult	Pass
Mental Health Outpatient Services	Pediatric	Pass
Hospitals	N/A	Pass

Alternative Access Standards	Results
Alternative Access Standards Requests	AAS Pass
Telehealth	N/A

Provider Validations	Results
Alternative Access Standards Requests	Pass

JANUARY 2022 ASSURANCE OF COMPLIANCE REPORT

MCP Name	Reporting Unit	Overall Result
Inland Empire Health Plan	Riverside County ZIP Codes: 92225 & 92239	AAS Pass

Provider-to-Member Ratios	Adult/Pediatric	Results
PCP Ratio (1:2,000)	All	Pass
Total Physician Ratio (1:1,200)	All	Pass
Mental Health Outpatient Services	Adult	Pass
Mental Health Outpatient Services	Pediatric	Pass

Time or Distance Provider Types	Adult/Pediatric	Results
PCP	Adult	AAS Pass
PCP	Pediatric	AAS Pass
OB/GYN (Specialty Care)	N/A	AAS Pass
Cardiology/ Interventional Cardiology	Adult	AAS Pass
Dermatology	Adult	AAS Pass
Endocrinology	Adult	AAS Pass
ENT/ Otolaryngology	Adult	AAS Pass
Gastroenterology	Adult	AAS Pass
General Surgery	Adult	AAS Pass
Hematology	Adult	AAS Pass
HIV/AIDS Specialists/ Infectious Diseases	Adult	AAS Pass
Nephrology	Adult	AAS Pass
Neurology	Adult	AAS Pass
Oncology	Adult	AAS Pass
Ophthalmology	Adult	AAS Pass
Orthopedic Surgery	Adult	AAS Pass
Physical Medicine and Rehabilitation	Adult	AAS Pass
Psychiatry	Adult	AAS Pass
Pulmonology	Adult	AAS Pass
Cardiology/ Interventional Cardiology	Pediatric	AAS Pass
Dermatology	Pediatric	AAS Pass
Endocrinology	Pediatric	AAS Pass
ENT/ Otolaryngology	Pediatric	AAS Pass
Gastroenterology	Pediatric	AAS Pass
General Surgery	Pediatric	AAS Pass
Hematology	Pediatric	AAS Pass
HIV/AIDS Specialists/ Infectious Diseases	Pediatric	AAS Pass
Nephrology	Pediatric	AAS Pass
Neurology	Pediatric	AAS Pass
Oncology	Pediatric	AAS Pass
Ophthalmology	Pediatric	AAS Pass
Orthopedic Surgery	Pediatric	AAS Pass

JANUARY 2022 ASSURANCE OF COMPLIANCE REPORT

Time or Distance Provider Types	Adult/Pediatric	Results
Physical Medicine and Rehabilitation	Pediatric	AAS Pass
Psychiatry	Pediatric	AAS Pass
Pulmonology	Pediatric	AAS Pass
Mental Health Outpatient Services	Adult	AAS Pass
Mental Health Outpatient Services	Pediatric	AAS Pass
Hospitals	N/A	AAS Pass

Alternative Access Standards	Results
Alternative Access Standards Requests	AAS Pass
Telehealth	N/A

Provider Validations	Results
Alternative Access Standards Requests	Pass

JANUARY 2022 ASSURANCE OF COMPLIANCE REPORT

MCP Name	Reporting Unit	Overall Result
Inland Empire Health Plan	San Bernardino County ZIP Codes: 92242, 92267, 92280, 92323, 92332, 92358, 92363, 92364, 92366 & 93562	AAS Pass

Provider-to-Member Ratios	Adult/Pediatric	Results
PCP Ratio (1:2,000)	All	Pass
Total Physician Ratio (1:1,200)	All	Pass
Mental Health Outpatient Services	Adult	Pass
Mental Health Outpatient Services	Pediatric	Pass

Time or Distance Provider Types	Adult/Pediatric	Results
PCP	Adult	AAS Pass
PCP	Pediatric	AAS Pass
OB/GYN (Specialty Care)	N/A	AAS Pass
Cardiology/ Interventional Cardiology	Adult	AAS Pass
Dermatology	Adult	AAS Pass
Endocrinology	Adult	AAS Pass
ENT/ Otolaryngology	Adult	AAS Pass
Gastroenterology	Adult	AAS Pass
General Surgery	Adult	AAS Pass
Hematology	Adult	AAS Pass
HIV/AIDS Specialists/ Infectious Diseases	Adult	AAS Pass
Nephrology	Adult	AAS Pass
Neurology	Adult	AAS Pass
Oncology	Adult	AAS Pass
Ophthalmology	Adult	AAS Pass
Orthopedic Surgery	Adult	AAS Pass
Physical Medicine and Rehabilitation	Adult	AAS Pass
Psychiatry	Adult	AAS Pass
Pulmonology	Adult	AAS Pass
Cardiology/ Interventional Cardiology	Pediatric	AAS Pass
Dermatology	Pediatric	AAS Pass
Endocrinology	Pediatric	AAS Pass
ENT/ Otolaryngology	Pediatric	AAS Pass
Gastroenterology	Pediatric	AAS Pass
General Surgery	Pediatric	AAS Pass
Hematology	Pediatric	AAS Pass
HIV/AIDS Specialists/ Infectious Diseases	Pediatric	AAS Pass
Nephrology	Pediatric	AAS Pass
Neurology	Pediatric	AAS Pass
Oncology	Pediatric	AAS Pass
Ophthalmology	Pediatric	AAS Pass

JANUARY 2022 ASSURANCE OF COMPLIANCE REPORT

Time or Distance Provider Types	Adult/Pediatric	Results
Orthopedic Surgery	Pediatric	AAS Pass
Physical Medicine and Rehabilitation	Pediatric	AAS Pass
Psychiatry	Pediatric	AAS Pass
Pulmonology	Pediatric	AAS Pass
Mental Health Outpatient Services	Adult	AAS Pass
Mental Health Outpatient Services	Pediatric	AAS Pass
Hospitals	N/A	AAS Pass

Alternative Access Standards	Results
Alternative Access Standards Requests	AAS Pass
Telehealth	N/A

Provider Validations	Results
Alternative Access Standards Requests	Pass

JANUARY 2022 ASSURANCE OF COMPLIANCE REPORT

MCP Name	Reporting Unit	Overall Result
Kern Health Systems	Kern County ZIP Code: 93555	AAS Pass

Provider-to-Member Ratios	Adult/Pediatric	Results
PCP Ratio (1:2,000)	All	Pass
Total Physician Ratio (1:1,200)	All	Pass
Mental Health Outpatient Services	Adult	Pass
Mental Health Outpatient Services	Pediatric	Pass

Time or Distance Provider Types	Adult/Pediatric	Results
PCP	Adult	Pass
PCP	Pediatric	Pass
OB/GYN (Specialty Care)	N/A	Pass
Cardiology/ Interventional Cardiology	Adult	Pass
Dermatology	Adult	Pass
Endocrinology	Adult	Pass
ENT/ Otolaryngology	Adult	AAS Pass
Gastroenterology	Adult	Pass
General Surgery	Adult	Pass
Hematology	Adult	Pass
HIV/AIDS Specialists/ Infectious Diseases	Adult	AAS Pass
Nephrology	Adult	Pass
Neurology	Adult	Pass
Oncology	Adult	Pass
Ophthalmology	Adult	AAS Pass
Orthopedic Surgery	Adult	Pass
Physical Medicine and Rehabilitation	Adult	AAS Pass
Psychiatry	Adult	Pass
Pulmonology	Adult	Pass
Cardiology/ Interventional Cardiology	Pediatric	Pass
Dermatology	Pediatric	Pass
Endocrinology	Pediatric	Pass
ENT/ Otolaryngology	Pediatric	AAS Pass
Gastroenterology	Pediatric	Pass
General Surgery	Pediatric	Pass
Hematology	Pediatric	Pass
HIV/AIDS Specialists/ Infectious Diseases	Pediatric	Pass
Nephrology	Pediatric	Pass
Neurology	Pediatric	Pass
Oncology	Pediatric	Pass
Ophthalmology	Pediatric	AAS Pass
Orthopedic Surgery	Pediatric	Pass
Physical Medicine and Rehabilitation	Pediatric	AAS Pass
Psychiatry	Pediatric	Pass

JANUARY 2022 ASSURANCE OF COMPLIANCE REPORT

Time or Distance Provider Types	Adult/Pediatric	Results
Pulmonology	Pediatric	AAS Pass
Mental Health Outpatient Services	Adult	Pass
Mental Health Outpatient Services	Pediatric	Pass
Hospitals	N/A	Pass

Alternative Access Standards	Results
Alternative Access Standards Requests	AAS Pass
Telehealth	N/A

Provider Validations	Results
Alternative Access Standards Requests	Pass

JANUARY 2022 ASSURANCE OF COMPLIANCE REPORT

MCP Name	Reporting Unit	Overall Result
L.A. Care	Los Angeles County ZIP Code: 90704	AAS Pass

Provider-to-Member Ratios	Adult/Pediatric	Results
PCP Ratio (1:2,000)	All	Pass
Total Physician Ratio (1:1,200)	All	Pass
Mental Health Outpatient Services	Adult	Pass
Mental Health Outpatient Services	Pediatric	Pass

Time or Distance Provider Types	Adult/Pediatric	Results
PCP	Adult	AAS Pass
PCP	Pediatric	AAS Pass
OB/GYN (Specialty Care)	N/A	AAS Pass
Cardiology/ Interventional Cardiology	Adult	AAS Pass
Dermatology	Adult	AAS Pass
Endocrinology	Adult	AAS Pass
ENT/ Otolaryngology	Adult	AAS Pass
Gastroenterology	Adult	AAS Pass
General Surgery	Adult	AAS Pass
Hematology	Adult	AAS Pass
HIV/AIDS Specialists/ Infectious Diseases	Adult	AAS Pass
Nephrology	Adult	AAS Pass
Neurology	Adult	AAS Pass
Oncology	Adult	AAS Pass
Ophthalmology	Adult	AAS Pass
Orthopedic Surgery	Adult	AAS Pass
Physical Medicine and Rehabilitation	Adult	AAS Pass
Psychiatry	Adult	AAS Pass
Pulmonology	Adult	AAS Pass
Cardiology/ Interventional Cardiology	Pediatric	AAS Pass
Dermatology	Pediatric	AAS Pass
Endocrinology	Pediatric	AAS Pass
ENT/ Otolaryngology	Pediatric	AAS Pass
Gastroenterology	Pediatric	AAS Pass
General Surgery	Pediatric	AAS Pass
Hematology	Pediatric	AAS Pass
HIV/AIDS Specialists/ Infectious Diseases	Pediatric	AAS Pass
Nephrology	Pediatric	AAS Pass
Neurology	Pediatric	AAS Pass
Oncology	Pediatric	AAS Pass
Ophthalmology	Pediatric	AAS Pass
Orthopedic Surgery	Pediatric	AAS Pass
Physical Medicine and Rehabilitation	Pediatric	AAS Pass
Psychiatry	Pediatric	AAS Pass

JANUARY 2022 ASSURANCE OF COMPLIANCE REPORT

Time or Distance Provider Types	Adult/Pediatric	Results
Pulmonology	Pediatric	AAS Pass
Mental Health Outpatient Services	Adult	AAS Pass
Mental Health Outpatient Services	Pediatric	AAS Pass
Hospitals	N/A	AAS Pass
Pharmacies	N/A	AAS Pass

Alternative Access Standards	Results
Alternative Access Standards Requests	AAS Pass
Telehealth	N/A

Provider Validations	Results
Alternative Access Standards Requests	Pass

JANUARY 2022 ASSURANCE OF COMPLIANCE REPORT

MCP Name	Reporting Unit	Overall Result
Molina Healthcare of California Partner Plan, Inc.	Riverside County ZIP Codes: 92225 & 92239	AAS Pass

Provider-to-Member Ratios	Adult/Pediatric	Results
PCP Ratio (1:2,000)	All	Pass
Total Physician Ratio (1:1,200)	All	Pass
Mental Health Outpatient Services	Adult	Pass
Mental Health Outpatient Services	Pediatric	Pass

Time or Distance Provider Types	Adult/Pediatric	Results
PCP	Adult	AAS Pass
PCP	Pediatric	AAS Pass
OB/GYN (Specialty Care)	N/A	AAS Pass
Cardiology/ Interventional Cardiology	Adult	Pass
Dermatology	Adult	AAS Pass
Endocrinology	Adult	AAS Pass
ENT/ Otolaryngology	Adult	AAS Pass
Gastroenterology	Adult	AAS Pass
General Surgery	Adult	AAS Pass
Hematology	Adult	AAS Pass
HIV/AIDS Specialists/ Infectious Diseases	Adult	AAS Pass
Nephrology	Adult	AAS Pass
Neurology	Adult	AAS Pass
Oncology	Adult	AAS Pass
Ophthalmology	Adult	AAS Pass
Orthopedic Surgery	Adult	AAS Pass
Physical Medicine and Rehabilitation	Adult	AAS Pass
Psychiatry	Adult	AAS Pass
Pulmonology	Adult	AAS Pass
Cardiology/ Interventional Cardiology	Pediatric	Pass
Dermatology	Pediatric	AAS Pass
Endocrinology	Pediatric	AAS Pass
ENT/ Otolaryngology	Pediatric	AAS Pass
Gastroenterology	Pediatric	AAS Pass
General Surgery	Pediatric	AAS Pass
Hematology	Pediatric	AAS Pass
HIV/AIDS Specialists/ Infectious Diseases	Pediatric	AAS Pass
Nephrology	Pediatric	AAS Pass
Neurology	Pediatric	AAS Pass
Oncology	Pediatric	AAS Pass
Ophthalmology	Pediatric	AAS Pass
Orthopedic Surgery	Pediatric	AAS Pass
Physical Medicine and Rehabilitation	Pediatric	AAS Pass
Psychiatry	Pediatric	AAS Pass

JANUARY 2022 ASSURANCE OF COMPLIANCE REPORT

Time or Distance Provider Types	Adult/Pediatric	Results
Pulmonology	Pediatric	AAS Pass
Mental Health Outpatient Services	Adult	AAS Pass
Mental Health Outpatient Services	Pediatric	AAS Pass
Hospitals	N/A	AAS Pass

Alternative Access Standards	Results
Alternative Access Standards Requests	AAS Pass
Telehealth	N/A

Provider Validations	Results
Alternative Access Standards Requests	AAS Pass

JANUARY 2022 ASSURANCE OF COMPLIANCE REPORT

MCP Name	Reporting Unit	Overall Result
Molina Healthcare of California Partner Plan, Inc.	San Bernardino County ZIP Codes: 92242, 92252, 92256, 92267, 92277, 92278, 92284, 92280, 92285, 92305, 92309, 92310, 92311, 92314, 92315, 92323, 92327, 92332, 92338, 92339, 92342, 92347, 92356, 92358, 92363, 92364, 92365, 92366, 92368, 92372, 92397, 93562, 93592 & 93558	AAS Pass

Provider-to-Member Ratios	Adult/Pediatric	Results
PCP Ratio (1:2,000)	All	Pass
Total Physician Ratio (1:1,200)	All	Pass
Mental Health Outpatient Services	Adult	Pass
Mental Health Outpatient Services	Pediatric	Pass

Time or Distance Provider Types	Adult/Pediatric	Results
PCP	Adult	AAS Pass
PCP	Pediatric	AAS Pass
OB/GYN (Specialty Care)	N/A	AAS Pass
Cardiology/ Interventional Cardiology	Adult	AAS Pass
Dermatology	Adult	AAS Pass
Endocrinology	Adult	AAS Pass
ENT/ Otolaryngology	Adult	AAS Pass
Gastroenterology	Adult	AAS Pass
General Surgery	Adult	AAS Pass
Hematology	Adult	AAS Pass
HIV/AIDS Specialists/ Infectious Diseases	Adult	AAS Pass
Nephrology	Adult	AAS Pass
Neurology	Adult	AAS Pass
Oncology	Adult	AAS Pass
Ophthalmology	Adult	AAS Pass
Orthopedic Surgery	Adult	AAS Pass
Physical Medicine and Rehabilitation	Adult	AAS Pass
Psychiatry	Adult	AAS Pass
Pulmonology	Adult	AAS Pass
Cardiology/ Interventional Cardiology	Pediatric	AAS Pass
Dermatology	Pediatric	AAS Pass
Endocrinology	Pediatric	AAS Pass
ENT/ Otolaryngology	Pediatric	AAS Pass
Gastroenterology	Pediatric	AAS Pass
General Surgery	Pediatric	AAS Pass
Hematology	Pediatric	AAS Pass

JANUARY 2022 ASSURANCE OF COMPLIANCE REPORT

Time or Distance Provider Types	Adult/Pediatric	Results
HIV/AIDS Specialists/ Infectious Diseases	Pediatric	AAS Pass
Nephrology	Pediatric	AAS Pass
Neurology	Pediatric	AAS Pass
Oncology	Pediatric	AAS Pass
Ophthalmology	Pediatric	AAS Pass
Orthopedic Surgery	Pediatric	AAS Pass
Physical Medicine and Rehabilitation	Pediatric	AAS Pass
Psychiatry	Pediatric	AAS Pass
Pulmonology	Pediatric	AAS Pass
Mental Health Outpatient Services	Adult	AAS Pass
Mental Health Outpatient Services	Pediatric	AAS Pass
Hospitals	N/A	AAS Pass

Alternative Access Standards	Results
Alternative Access Standards Requests	AAS Pass
Telehealth	N/A

Provider Validations	Results
Alternative Access Standards Requests	AAS Pass

EXHIBIT C: MOT Network Certification Findings

MCP	Bone Marrow		Heart		Heart-Lung	Kidne - Pancreas	Liver		Lung	Overall Result
	COE	SCC	COE	SCC	SCC	COE	COE	SCC	COE	
Aetna Better Health	Pass with Conditions	N/A	Pass with Conditions	N/A	N/A	Pass with Conditions	Pass with Conditions	N/A	Pass with Conditions	Pass with Conditions
AIDs Health Care Foundation	Pass	N/A	Pass	N/A	N/A	Pass with Conditions	Pass	N/A	Pass	Pass with Conditions
Alameda Alliance for Health	Pass with Conditions	N/A	Pass with Conditions	N/A	N/A	Pass with Conditions	Pass with Conditions	N/A	Pass with Conditions	Pass with Conditions
Anthem Blue Cross	Pass with Conditions	N/A	Pass with Conditions	N/A	N/A	Pass with Conditions	Pass with Conditions	N/A	Pass with Conditions	Pass with Conditions
Blue Shield Promise	Pass with Conditions	N/A	Pass with Conditions	N/A	N/A	Pass with Conditions	Pass with Conditions	N/A	Pass with Conditions	Pass with Conditions
CA Health & Wellness	Pass with Conditions	N/A	Pass with Conditions	N/A	N/A	Pass with Conditions	Pass with Conditions	N/A	Pass with Conditions	Pass with Conditions
CalOptima*	Pass with Conditions	Pass	Pass with Conditions	Pass	Pass with Conditions	Pass	Pass with Conditions	Pass	Pass with Conditions	Pass with Conditions
CalViva	Pass with Conditions	N/A	Pass with Conditions	N/A	N/A	Pass with Conditions	Pass with Conditions	N/A	Pass with Conditions	Pass with Conditions
CenCal*	Pass	Pass	Pass	Pass	Pass with Conditions	Pass with Conditions	Pass	Pass	Pass	Pass with Conditions
Central CA Alliance for Health*	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass
Community Health	Pass	N/A	Pass	N/A	N/A	Pass with Conditions	Pass	N/A	Pass	Pass with Conditions
Contra Costa	Pass	N/A	Pass	N/A	N/A	Pass with Conditions	Pass	N/A	Pass	Pass with Conditions
Gold Coast	Pass	N/A	Pass	N/A	N/A	Pass with Conditions	Pass	N/A	Pass	Pass with Conditions

JANUARY 2022 ASSURANCE OF COMPLIANCE REPORT

MCP	Bone Marrow		Heart		Heart-Lung	Kidne - Pancreas	Liver		Lung	Overall Result
	COE	SCC	COE	SCC	SCC	COE	COE	SCC	COE	
Health Net	Pass with Conditions	N/A	Pass with Conditions	N/A	N/A	Pass with Conditions	Pass with Conditions	N/A	Pass with Conditions	Pass with Conditions
Health Plan San Joaquin	Pass with Conditions	N/A	Pass with Conditions	N/A	N/A	Pass with Conditions	Pass with Conditions	N/A	Pass with Conditions	Pass with Conditions
Health Plan San Mateo*	Pass	Pass	Pass	Pass	Pass with Conditions	Pass	Pass	Pass	Pass	Pass with Conditions
Inland Empire Health Plan	Pass with Conditions	N/A	Pass with Conditions	N/A	N/A	Pass with Conditions	Pass with Conditions	N/A	Pass with Conditions	Pass with Conditions
Kaiser (NorCal)	Pass	N/A	Pass	N/A	N/A	Pass	Pass	N/A	Pass	Pass
Kaiser (SoCal)	Pass	N/A	Pass	N/A	N/A	Pass	Pass	N/A	Pass	Pass
Kern	Pass	N/A	Pass	N/A	N/A	Pass with Conditions	Pass	N/A	Pass	Pass with Conditions
LA Care	Pass	N/A	Pass	N/A	N/A	Pass with Conditions	Pass	N/A	Pass	Pass with Conditions
Molina	Pass with Conditions	N/A	Pass with Conditions	N/A	N/A	Pass with Conditions	Pass with Conditions	N/A	Pass with Conditions	Pass with Conditions
Partnership*	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass
SCAN	Pass	N/A	Pass	N/A	N/A	Pass with Conditions	Pass	N/A	Pass	Pass with Conditions
San Francisco Health Plan	Pass with Conditions	N/A	Pass with Conditions	N/A	N/A	Pass with Conditions	Pass with Conditions	N/A	Pass with Conditions	Pass with Conditions
Santa Clara Family Health Plan	Pass with Conditions	N/A	Pass with Conditions	N/A	N/A	Pass with Conditions	Pass with Conditions	N/A	Pass with Conditions	Pass with Conditions
United	Pass	N/A	Pass	N/A	N/A	Pass with Conditions	Pass	N/A	Pass	Pass with Conditions

* Whole Child Model MCPs

EXHIBIT D: HPSM Dental Network Certification Findings

MCP Name	Reporting Unit	Overall Result
Health Plan of San Mateo	San Mateo County	Pass with Conditions

Provider-to-Member Ratios	Results
Dental Providers ¹⁵ (1:1,200)	Pass with Conditions

Time or Distance Provider Types	Results
Dental Providers	Pass with Conditions

Dental Specialist Types (Adult and Pediatric)*	Results
Orthodontist	Pass with Conditions
Endodontist	Pass with Conditions
Oral Surgeon	Pass with Conditions
Periodontist	Pass with Conditions
Prosthodontist	Pass with Conditions

Mandatory Provider Types	Results
Federally Qualified Health Center (FQHC)	Pass
Rural Health Clinic (RHC)	Pass
Indian Health Facilities (IHF)	Pass

Alternative Access Standards	Results
Alternative Access Standards Requests	Pass with Conditions

Provider Validations	Results
Mandatory Provider Types	Pass
Alternative Access Standards Requests	Pass with Conditions

*At least one per type

¹⁵ Consists of dental providers including specialists pursuant to WIC 14197 (b)(3).