



# Annual Network Certification Checklist Attachment B

## Purpose:

This checklist details the specific data and information submission requirements that Medi-Cal managed care health plans (MCPs) must submit to the Department of Health Care Services (DHCS) for their Annual Network Certification (ANC). MCPs must enter the data specifically into the 274 file submission as described below in order for the Network Provider and/or facility to be counted for the ANC. Refer to the 274 Provider Directory Companion Guide for further details on the data elements.<sup>1</sup>

## DHCS Review Process:

DHCS will review, validate and certify MCP's networks in each service area to ensure that members have adequate access to appropriate service providers in accordance with Title 42 of the Code of Federal Regulations (CFR), Sections 438.207, 438.68 and 438.206(c)(1).<sup>2</sup>

DHCS will review the 274 file submissions in this specific hierarchical order:

- Provider Group Network Role Code (3G, 3E)
- Licensure Type Code (MD, LCSW, LMFT, NP)
- 274 File Format Indicator (Sees Children, HIV/AIDS Specialist or CBAS)
- Facility Type Code
- Institutional Facility Type Code
- Taxonomy

For MCPs with a State fiscal year contract period (July to June), DHCS will utilize the January 274 file submission to determine Network Providers and calculate the contractual provider to member ratios. For MCPs with a calendar year contract period (January to December), DHCS will utilize the July 274 file submission. DHCS may utilize 274 file submissions after the submission date if necessary.

## Submission Overview:

MCPs must prepare and submit documents pertaining to the MCP's network in accordance with the exhibits outlined below:

- Submit ANC documents using the subject title "**ANC Exhibit [...]**".
- Indicate MCP name and service area on all documents submitted.
- Submit ANC documents to DHCS via Secure File Transfer Protocol (SFTP) using the MCP's specific Provider Network File subfolder.
- Timing:** All ANC documents must be submitted to DHCS **no later than 105 days before the start of the contract year.**

### Exhibit A- Network Providers

- Exhibit A-1 Network Providers
- Exhibit A-2 Mandatory Providers

<sup>1</sup> For further information regarding the 274 file submission, see APL 16-019. APLs are available at: <https://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx>. The DHCS 274 Provider Directory Companion Guide is available upon request.

<sup>2</sup> 42 CFR, Part 438 is available at: <https://www.ecfr.gov/cgi-bin/text-idx?SID=7edf2ff9bbcb77d617805bc9451a96a&mc=true&node=pt42.4.438&rgn=div5>



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- Exhibit A-3 Telehealth and Mail Order Pharmacy Providers

## Exhibit B- Time and Distance

- Exhibit B-1 Overview Map
- Exhibit B-2 Adult & Pediatric Primary Care Providers (PCPs)
- Exhibit B-3 Adult & Pediatric Core Specialists
- Exhibit B-4 OB/GYN PCPs & Specialists
- Exhibit B-5 Hospitals
- Exhibit B-6 Adult & Pediatric Mental Health Outpatient Providers
- Exhibit B-7 Pharmacies

## Exhibit A: Network Providers

To be considered for the ANC, MCPs must enter Network Providers<sup>3</sup> in the 274 file submission following the guidance below:

- Must include Network Providers who provide Medi-Cal covered and medically necessary services to beneficiaries regardless of where the provider or facility is located. Providers who practice outside of the MCPs' service areas should still be included in the 274 file submissions as long as they are, by definition, Network Providers.
- Must include Network Providers with any of the following subcontracting arrangements, except providers who are under single case agreements such as letter of agreements and continuity of care agreements:<sup>4</sup>
  - Full Scope Network Provider – Provides all services to all members
  - Limited Service Network Provider – Provides a subset of services to all members
  - Limited Member Network Provider – Provides all services to a subset of members
  - Limited Service/Limited Member Network Provider – Provides a subset of services to a subset of members
- Must include taxonomies that reflect the services the Network Provider performs for the MCP.
- May include Network Providers that serve both adult and pediatric populations. Those providers will count in the "Both" category.
- May include Network Providers that have more than one specialty type. They can be counted in multiple specialty provider types as long as they are categorized following the instructions below.

## Exhibit A-1 Network Providers

- PCPs (Adult, Pediatric or Both):** Enter adult, pediatric and, if applicable, PCPs that treat both adult and pediatric populations in the 274 file submission following the instructions below. If applicable, enter any supervising PCPs. Even if the member is assigned to a Federally

<sup>3</sup> For further information regarding Network Providers, see APL 19-001.

<sup>4</sup> This does not apply to the provider directory. See provider directory mandates in the MCP contract. MCP contracts are available at: <https://www.dhcs.ca.gov/provgovpart/Pages/MMCDBoilerplateContracts.aspx>



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Qualified Health Center (FQHC), Rural Health Clinic (RHC), or Indian Health Service Facility (IHF), enter all PCPs at the clinic in the 274 file submission.

- Adult PCPs:** Enter “3E” for the individual’s Provider Group Network Role Code and identified with a MD licensure type and an appropriate adult taxonomy code.
- Pediatric PCPs:** Enter “3E” for the individual’s Provider Group Network Role Code and identified with a MD licensure type and enter “Yes” for the Sees Children 274 file format indicator and only an appropriate pediatric taxonomy.
- Both Adult and Pediatric PCPs:** Enter “3E” for the individual’s Provider Group Network Role Code and identified with a MD licensure type and enter “Yes” for the Sees Children 274 file format indicator
- Supervising Adult or Pediatric PCPs:** Enter “3E” for the individual’s Provider Group Network Role Code and identified with a MD licensure type and enter “Yes” for the Sees Children 274 file format indicator. If a PCP is also a supervising physician of Nurse Practitioners (NP), Physician Assistants (PA), and Certified Nurse Midwives (CNM), enter data into the prov\_affiliation\_type and prov\_affiliated\_NPI fields with the NPIs of the NPs, PAs, or CNMs they supervise. Each PCP may only supervise the ratios allowed within the contract.<sup>5</sup>
  
- Physician Extenders:** Enter physician extenders in the 274 file submission following the instructions below.
  - Nurse Practitioners (NP)/Physician’s Assistant (PA):** Enter licensure type NPA: Nurse Practitioner/Physician Assistant/Advanced/Masters RN and associate physician extenders with an adult or pediatric PCP previously identified. The affiliation must be submitted with the physician extender’s data. A physician extender is associated with a physician through the prov\_affiliation\_type and prov\_affiliated\_NPI fields.
  
- OB/GYNs Primary and Specialty Care:** Enter primary, specialty care and if applicable, both in the 274 file submission following the instructions below. If applicable, enter any supervising OB/GYNs following the instructions below.
  - OB/GYN Specialty Care:** Enter “3G” for the individual’s Provider Group Network Role Code and identified with a MD licensure type and an appropriate taxonomy.<sup>6</sup>
  - OB/GYN Primary Care:**<sup>7</sup> Enter “3E” for the individual’s Provider Group Network Role Code and identified with a MD licensure type and an appropriate taxonomy.
  - Supervising OB/GYNs:** Enter “3E” for the individual’s Provider Group Network Role Code and identified with a MD licensure type and an appropriate taxonomy. If an OB/GYN is also a supervising physician of Nurse Practitioners (NP), Physician Assistants (PA), and Certified Nurse Midwives (CNM), MCPs must enter data into the prov\_affiliation\_type and prov\_affiliated\_NPI fields with the NPIs of the NPs, PAs, or

<sup>5</sup> MCP Contract, Exhibit A, Attachment 6, Physician Supervisor to Non-Physician Medical Practitioner Ratios.

<sup>6</sup> The Taxonomy Crosswalk is available to MCPs upon request.

<sup>7</sup> Only required to be reported if an OB/GYN is assignable.



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CNMs they supervise. Each physician may only supervise the ratios allowed in the MCP's contract.<sup>8</sup>

- Core Specialists (Adult, Pediatric or Both):**<sup>9</sup> Enter adult, pediatric and, if applicable, core specialists that treat both adult and pediatric populations in the 274 file submission following the instructions below.
  - Adult Core Specialists:** Enter “3G” for the individual’s Provider Group Network Role Code and identified with a MD licensure type and an appropriate adult taxonomy. For a specialist to be counted as an HIV/AIDS specialist, the MCP must indicate they have completed additional qualifications in the HIV/AIDS qualification list and enter “Y” for the HIV/AIDS 274 file format indicator.<sup>10</sup>
  - Pediatric Core Specialists:** Enter “3G” for the individual’s Provider Group Network Role Code and enter “Yes” for Sees Children 274 file format indicator and identified with a MD licensure type and an appropriate pediatric taxonomy. For a specialist to be counted as an HIV/AIDS specialist, the MCPs must indicate they have completed additional qualifications in the HIV/AIDS qualification list and enter “Y” for the HIV/AIDS 274 file format indicator.
  - Both Adult and Pediatric Core Specialists:** Enter “3G” for the individual’s Provider Group Network Role Code and enter “Yes” for Sees Children 274 file format indicator and identified with a MD licensure type and an appropriate taxonomy. For a specialist to be counted as an HIV/AIDS specialist, the MCPs must indicate they have completed additional qualifications in the HIV/AIDS qualification list and enter “Y” for the HIV/AIDS 274 file format indicator.
- Mental Health Outpatient Providers (Adult or Pediatric):** Enter adult and pediatric mental health outpatient providers into the 274 file submission following the instructions below. Only include State Plan-approved providers: psychologists, licensed clinical social workers (LCSWs), licensed marriage and family therapists (LMFTs) and, if applicable, LCSW and LMFT interns.
  - Adult Psychologists, LCSW and LMFT’s:** Enter in the 274 file submission an appropriate taxonomy and licensure type using the codes below.

Licensure Type Code:

- Adult Psychologists, LCSW and LMFT’s:** Enter “Yes” for Sees Children 274 file format indicator and an appropriate taxonomy and licensure type using the codes below.
  - MFT: Marriage and Family Therapist/Licensed Marriage and Family Therapist;
  - CSW: Master of Social Work/Licensed Clinical Social Worker; or
  - PSY: Psychologist- PHD- Level

<sup>8</sup> MCP Contract, Exhibit A, Attachment 6, Physician Supervisor to Non-Physician Medical Practitioner Ratios.

<sup>9</sup> The list of core specialist types is available in Attachment A.

<sup>10</sup> The HIV/AIDS qualification list is available in the DHCS 274 Provider Directory Companion Guide.



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### Licensure Type Code:

- MFT: Marriage and Family Therapist/Licensed Marriage and Family Therapist;
- CSW: Master of Social Work/Licensed Clinical Social Worker; or
- PSY: Psychologist- PHD- Level

- Facilities:** Enter hospitals, pharmacies and, if applicable, community based adult service facilities (CBAS) into the 274 file submission following the instructions below.

- Hospitals:** Enter the facility type code and institutional facility type code.

### Facility Type Code:

- 27: Hospital Units or
- 28: Hospitals

### Institutional Facility Type Code:

- 11: Hospital Inpatient (Including Medicare Part A)
- 12: Hospital Inpatient (Medicare Part B only) or
- 85: Critical Access Hospital

- Pharmacies:** Enter the facility type code.

### Facility Type Code:

- 3P: Pharmacy

- CBAS:** Enter “Y” for the CBAS provider 274 file format indicator.

- Ancillary Providers:** Enter the following ancillary providers into the 274 file submission following the instructions below:

- Physical Therapists:** Enter an appropriate taxonomy.
- Mammography Providers:** Enter an appropriate taxonomy.
- MRI Providers:** Enter an appropriate taxonomy.

- Managed Long Term Services and Supports (MLTSS):** Enter if applicable, Skilled Nursing Facilities (SNF) and Intermediate Care Facilities (ICF) following the instructions below.

- SNF:** Enter an appropriate facility type code and one of the institutional facility type codes using one of the codes below in the 274 file submission.

### Institutional Facility Type Code:

- 21: SNF Inpatient (Including Medicare Part A)
- 22: SNF Inpatient (Medicare Part B only)
- 23: SNF Outpatient
- 28: SNF Swing Beds



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- ICF:** Enter an appropriate facility type code and one of the institutional facility type codes using one of the codes below in the 274 file submission.

Institutional Facility Type Code:

- 65: Intermediate Care - Level I
- 66: Intermediate Care - Level II

### Exhibit A-2 Mandatory Providers

If the MCP DOES NOT have a contract with at least one Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC), Freestanding Birthing Center (FBC), Certified Nurse Midwife (CNM), Licensed Midwife (LM) or Indian Health Service Facility (IHF) or there is not one within the service area, the MCP must submit a narrative to DHCS justifying the absence of the provider through the MCP's SFTP site in the Provider Network subfolder.

- The narrative document shall include one of the following scenarios if applicable;
  - No mandatory provider types within the service area;
  - Unable to contract with the mandatory provider and explain the reason why (i.e. provider was unwilling to accept the higher of the MCP's contract rates or the Medi-Cal fee-for-service rates or refused to contract with MCP for another reason);
  - Provider does not meet MCP's professional standards or has disqualifying quality of care issues (i.e., MCP has documented concerns with the provider's quality of care); or
  - Other – provide a detailed description of the scenario.

If the MCP DOES have a contract with at least one FQHC, RHC, FBC, CNM, LM or IHF the MCP must submit the 274 file submission as outlined below for the Mandatory Provider.

- FQHC:** Enter a facility type code and the institutional facility code in the 274 file submission.

Facility Type Code

- 17: Non-individual-Other service providers

Institutional Facility Type Code:

- 77: Clinic- Federally Qualified Health Center (FQHC)

- RHC:** Enter a facility type code and the institutional facility code in the 274 file submission.

Facility Type Code

- 17: Non-individual-Other service providers

Institutional Facility Type Code:

- 71: Clinic- Rural Health

- FBC:** Enter a facility type code and the institutional facility code in the 274 file submission.

Facility Type Code

- 17: Non-individual-Other service providers



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Institutional Facility Type Code:

- 84: Free Standing Birthing Center

- Midwifery Providers:** Enter an appropriate taxonomy based on provider type in the 274 file submission.
  - CNM:** Enter an appropriate taxonomy and CNM's must be associated with a provider previously identified as a physician and the affiliation must be submitted with the CNM's data. A CNM is associated with a provider through the prov\_affiliation\_type and prov\_affiliated\_NPI fields.
  - LM:** Enter an appropriate taxonomy.
- IHF:** Enter a facility code and the institutional facility code in the 274 file submission.

Facility Type Code

- 17: Non-individual-Other service providers

Institutional Facility Type Code:

- 70: Clinic - Indian Health Services Facility

- MCPs must offer to contract each IHF in each of their reporting units and must submit documentation to notify DHCS of any and all efforts to contract with IHFs, especially in cases where the MCP is unable to contract with each IHF.

### Exhibit A-3 Telehealth Providers/Mail Order Pharmacy (if applicable)

MCPs are permitted to utilize telehealth and mail order pharmacies to meet the network standard for time and distance. Before including telehealth providers and mail order pharmacies in their network, MCPs must make all reasonable attempts to contract with pharmacies with physical locations and in-person providers within time or distance standards. If the MCP decides to utilize these modalities to meet the network standards, follow the instructions below.

#### Telehealth

- Enter individual providers into the 274 by entering "Yes" for the 274 file format telehealth indicator and 99 for Site County Code if the telehealth provider is outside of California.
- Submit a narrative including the providers that includes the name of the telehealth company and the geographical area the provider will serve.

#### Mail Order Pharmacy

- Enter the site in 274 file submission and "99" for Site County Code if the mail order pharmacy is outside of California.
- Submit a narrative that includes the company name of the mail order pharmacy and the geographical area the pharmacy will serve.
- Submit policies and procedures to ensuring timely delivery of any medications that cannot be sent through the mail.



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## Exhibit B: Geographic Access

MCPs must submit a geographic access map for Exhibit B-1 and accessibility analyses for Exhibits B-3 through B-7 to demonstrate that the MCP has met time or distance standards<sup>11</sup> in each service area<sup>12</sup> for each provider type.<sup>13</sup> MCPs must separate documentation for each provider type and label them as Exhibits B-1 through B-7, as outlined below.

All geographic access maps and accessibility analysis charts must include:

- Name of the Exhibit (B-1 through B-7)
- Name of the MCP
- Name of the Service Area
- Service Area Border Line is Bolded (Geographic access maps only)
- Key (Geographic access maps only)
- Distance Standard (Miles) or Time Standard (Minutes)
- Exhibit B-1:** Submit a geographic access map of the entire service area which delineates boundaries, ZIP codes, carved out ZIP codes, and non-ZIP coded area.<sup>14</sup>

Note: If the MCP’s reporting unit includes counties with different population densities, the MCP must provide geographic access maps, accessibility charts, and access summaries separated by county instead of service area to delineate the different time or distance standards.

- Exhibits B-2 through B-7:** Submit an accessibility analysis that shows coverage of the entire service area for each provider type as entered in the 274 file submission.

### Time and Distance Standards:

Submit an accessibility chart and access summary for each provider type/subspecialist, as outlined below, for the entire service area. All ZIP codes must be accounted for at 100%. The document must outline ZIP codes using time and distance standards to show that either time or distance is met. The MCP accessibility charts and access summaries must be submitted in PDF and Excel formats and must address the following information:

Accessibility Charts	Access Summaries
Name of the Exhibit	Logic of the Measurement

<sup>11</sup> Time and distance standards vary depending on provider type and county size; see Attachment A for county classifications.

<sup>12</sup> For the purpose of these instructions, the MCP’s service area is the MCP’s reporting unit. Reporting units are outlined in this document.

<sup>13</sup> For information about which providers to report for each provider type, see the Taxonomy Crosswalk.

<sup>14</sup> If the overview map cannot show carved out zip codes, the MCP must provide a narrative or accessibility analysis stating that the MCP is not responsible for time and distance standards in these zip codes.





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Accessibility Charts	Access Summaries
Name of the MCP	How did the Plan measure their radius?
Access Standard (Minutes)	From the center of the ZIP code or service area?
Name of the Service Area	Center of most populated area of ZIP code or service area?
Name of the City	From Provider?
ZIP Codes in which distance was not met	From Member?
Number of Members	
Number of Providers	
Specialty Type	
Number of Members with Access	
Percentage of Members with Access	
Travel distance to one (1) Provider	
Travel time <sup>15</sup> to one (1) Provider	
Number of Members without Access	
Percentage of Members without Access	
Travel distance to one (1) Provider	
Travel time to one (1) Provider	

### Exhibit B-2 Adult and Pediatric PCPs

Time and distance standards are 10 miles or 30 minutes from the member's residence.

Provide an accessibility analysis showing adult and pediatric PCPs. If necessary, include PCPs in neighboring service areas to meet time and distance standards.

- Adult PCPs
- Pediatric PCPs

### Exhibit B-3 Adult and Pediatric Core Specialists<sup>16</sup>

Time and distance standards are based on county population size as follows:

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

<sup>15</sup> For the purpose of these instructions, travel times are calculated using peak traffic times.

<sup>16</sup> Adult and Pediatric Core specialists are outlined in Attachment A.



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Provide an accessibility analysis showing adult and pediatric core specialists per specialty. If a core specialist serves both adults and pediatric for a particular specialty, they can be included on both accessibility analyses for that specialty. If necessary, include core specialists in neighboring service areas to meet time and distance standards.

- Adult Core Specialist by specialty type
- Pediatric Core Specialist by specialty type

### **Exhibit B-4 Primary and Specialty Care OB/GYNs**

Time and distance standards are determined by member access to the OB/GYN for primary or specialty care.

- Time and distance standards for Primary Care are 10 miles or 30 minutes from member's residence.
- Time and distance standards for Specialty Care are based on county population size as follows:
  - Rural Counties: 60 miles or 90 minutes from the member's residence
  - Small Counties: 45 miles or 75 minutes from the member's residence
  - Medium Counties: 30 miles or 60 minutes from the member's residence
  - Dense Counties: 15 miles or 30 minutes from the member's residence

Provide an accessibility analysis showing Specialty Care OB/GYNs and, if applicable Primary Care OB/GYNs.<sup>17</sup> If necessary, include OB/GYNs in neighboring service areas to meet time and distance standards.

- Primary Care OB/GYN (if applicable)
- Specialty Care OB/GYN

### **Exhibit B-5 Hospitals**

Time and distance standards are 15 miles or 30 minutes from the member's residence.

Provide an accessibility analysis of hospitals. If necessary, include hospitals in neighboring service areas to meet time and distance standards.

- Hospitals

### **Exhibit B-6 Adult and Pediatric Mental Health Outpatient Providers**

Time and distance standards are based on county population size as follows:

- Rural Counties: 60 miles or 90 minutes from the member's residence
- Small Counties: 45 miles or 75 minutes from the member's residence
- Medium Counties: 30 miles or 60 minutes from the member's residence

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<sup>17</sup> Only provide an accessibility analysis if the MCP assigns members to OB/GYNs as PCPs.



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- Dense Counties: 15 miles or 30 minutes from the member's residence

Provide an accessibility analysis of adult and pediatric State Plan approved mental health providers.<sup>18</sup> If necessary, include mental health providers in neighboring service areas to meet time and distance standards.

Note: Psychiatrists are considered core specialists and cannot be included for this category.

- Adult Mental Health Outpatient Providers
- Pediatric Mental Health Outpatient Providers

### **Exhibit B-7 Pharmacies**

Time and distance standards are 10 miles or 30 minutes from the member's residence.

Provide an accessibility analysis of pharmacies, including pharmacies located in hospital settings. If necessary, include pharmacies in neighboring service areas to meet time and distance standards.

- Pharmacies

### **Alternative Access Standards (AAS)**

If neither time nor distance standards are met for any of the specified provider types outlined in Exhibits B-2 through B-7, the MCP must submit an AAS Request. Instructions on how to file an AAS Request are outlined in Attachment C (previously Attachment F).

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

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<sup>18</sup> The State Plan approved mental health providers include psychologists, licensed clinical social workers (LCSWs), and licensed marriage and family therapists (LMFTs).



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MCP Name	Reporting Unit
<b>Aetna Better Health</b>	<b>Sacramento County</b>
<b>Aetna Better Health</b>	<b>San Diego County</b>
<b>AIDS Healthcare Foundation</b>	<b>Los Angeles County</b>
<b>Alameda Alliance for Health</b>	<b>Alameda County</b>
<b>Anthem Blue Cross Partnership Plan</b>	<b>Alameda County</b>
<b>Anthem Blue Cross Partnership Plan</b>	<b>Contra Costa County</b>
<b>Anthem Blue Cross Partnership Plan</b>	<b>Fresno County</b>
<b>Anthem Blue Cross Partnership Plan</b>	<b>Kings County</b>
<b>Anthem Blue Cross Partnership Plan</b>	<b>Madera County</b>
<b>Anthem Blue Cross Partnership Plan</b>	<b>Region 1: Butte, Colusa, Glenn, Plumas, Sierra, Sutter and Tehama Counties</b>
<b>Anthem Blue Cross Partnership Plan</b>	<b>Region 2: Alpine, Amador, Calaveras, El Dorado, Inyo, Mariposa, Mono, Nevada, Placer, Tuolumne and Yuba Counties</b>
<b>Anthem Blue Cross Partnership Plan</b>	<b>Sacramento County</b>
<b>Anthem Blue Cross Partnership Plan</b>	<b>San Benito County</b>
<b>Anthem Blue Cross Partnership Plan</b>	<b>San Francisco County</b>
<b>Anthem Blue Cross Partnership Plan</b>	<b>Santa Clara County</b>
<b>Anthem Blue Cross Partnership Plan</b>	<b>Tulare County</b>
<b>CalOptima</b>	<b>Orange County</b>
<b>CalViva</b>	<b>Fresno County</b>
<b>CalViva</b>	<b>Kings County</b>
<b>CalViva</b>	<b>Madera County</b>
<b>California Health &amp; Wellness Plan</b>	<b>Imperial County</b>
<b>California Health &amp; Wellness Plan</b>	<b>Region 1: Butte, Colusa, Glenn, Plumas, Sierra, Sutter and Tehama Counties</b>
<b>California Health &amp; Wellness Plan</b>	<b>Region 2: Alpine, Amador, Calaveras, El Dorado, Inyo, Mariposa, Mono, Nevada, Placer, Tuolumne and Yuba Counties</b>
<b>Care1st Partner Plan</b>	<b>San Diego County</b>
<b>CenCal Health</b>	<b>San Luis Obispo County</b>
<b>CenCal Health</b>	<b>Santa Barbara County</b>
<b>Central California Alliance for Health</b>	<b>Merced County</b>
<b>Central California Alliance for Health</b>	<b>Monterey/Santa Cruz Counties</b>
<b>Community Health Group Partnership Plan</b>	<b>San Diego County</b>
<b>Contra Costa Health Plan</b>	<b>Contra Costa County</b>
<b>Family Mosaic</b>	<b>San Francisco County</b>
<b>Gold Coast Health Plan</b>	<b>Ventura County</b>



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MCP Name	Reporting Unit
Health Net Community Solutions, Inc.	Kern County
Health Net Community Solutions, Inc.	Los Angeles County
Health Net Community Solutions, Inc.	Sacramento County
Health Net Community Solutions, Inc.	San Diego County
Health Net Community Solutions, Inc.	San Joaquin County
Health Net Community Solutions, Inc.	Stanislaus County
Health Net Community Solutions, Inc.	Tulare County
Health Plan of San Joaquin	San Joaquin County
Health Plan of San Joaquin	Stanislaus County
Health Plan of San Mateo	San Mateo County
Inland Empire Health Plan	Riverside/San Bernardino Counties
Kaiser NorCal (KP Cal LLC)	KP North: Amador, El Dorado, Placer and Sacramento Counties
Kaiser SoCal (KP Cal LLC)	San Diego County
Kern Family Health Care	Kern County
LA Care Health Plan	Los Angeles County
Molina Healthcare of California Partner Plan, Inc.	Imperial County
Molina Healthcare of California Partner Plan, Inc.	Riverside/San Bernardino Counties
Molina Healthcare of California Partner Plan, Inc.	Sacramento County
Molina Healthcare of California Partner Plan, Inc.	San Diego County
Partnership Health Plan of California	Northeast: Lassen, Modoc, Shasta, Siskiyou and Trinity Counties
Partnership Health Plan of California	Northwest: Del Norte and Humboldt Counties
Partnership Health Plan of California	Southeast: Napa, Solano, Yolo Counties
Partnership Health Plan of California	Southwest: Lake, Marin, Mendocino, and Sonoma Counties
Rady Children's Hospital	San Diego County
San Francisco Health Plan	San Francisco County
Santa Clara Family Health Plan	Santa Clara County
SCAN Health Plan	Los Angeles County
SCAN Health Plan	Riverside County
SCAN Health Plan	San Bernardino County
United Healthcare	San Diego County