| Contractor/MCP Name   | Subcontractor ID #   | Subcontractor Name  | Type of Subcontractor   | Applicable County(ies)        | Subcontractor Key Personnel<br>(Previously Compliance Officer)                             | Subcontractor Key Personnel<br>Contact Information<br>(Previously Compliance<br>Contact Information)                                 |
|---|--|---|---|-------------------------------|--|--|
| Name of the Managed Care<br>Plan with whom the<br>Subcontractor has an<br>Agreement | Assign each Subcontractor a different number using the format S#. Begin with S1 and proceed in numerical order (e.g. S2, S3, etc.) | Name of the Subcontractor with whom<br>Contractor has a Subcontractor Agreement | Fully Delegated Subcontractor,<br>Partially Delegated<br>Subcontractor, Administrative<br>Subcontractor | County in which Subcontractor | Name for each of Subcontractor's key personnel who is responsible for ensuring compliance. | Contact information for each of Subcontractor's key personnel who is responsible for ensuring compliance (Email & Telephone Number). |
| San Francsico Health Plan   | S1   | Vision Service Plans (VSP)  | Partially Delegated Subcontractor   | San Francisco                 | Christine Foote  | christine.foote@vsp.com  |
| San Francsico Health Plan   | S2   | University California San Francisco (UCSF)                                      | Partially Delegated Subcontractor   | San Francisco                 | Michael Delane   | delanem@ucsfmq.ucsf.edu  |
| San Francsico Health Plan   | S3   | Teladoc   | Partially Delegated Subcontractor   | San Francisco                 | Jack Rose  | <u>irose@teladochealth.com</u>   |
| San Francsico Health Plan   | S4   | San Francisco Health Network (SFHN)   | Partially Delegated Subcontractor   | San Francisco                 | Stella Cao   | stella.cao@sfdph.org   |
| San Francsico Health Plan   | S5   | Jade Healthcare Medical Group (JADE)  | Partially Delegated Subcontractor   | San Francisco                 | Allen Chen   | allchen@networkmedicalmanage<br>ment.com   |
| San Francsico Health Plan   | S6   |   | Partially Delegated Subcontractor   | San Francisco                 | David Joyner, CEO  | david.joyner@hpmg.com  |
| San Francsico Health Plan   | S7   | Hill Physicians (Hill)  | Partially Delegated Subcontractor   | San Francisco                 | Shelly Copeland  | Sherry.Copeland@carelon.com  |
| San Francsico Health Plan   | S8   |   | Partially Delegated Subcontractor   | San Francisco                 | Magda Lenartowicz, MD  |  |
| San Francsico Health Plan   | S9   | Brown and Toland Physicians (BTP)   | Partially Delegated<br>Subcontractor  | San Francisco                 | Hannah Wojtala   | hannahw@ashn.com   |
| San Francsico Health Plan   | S10  |   | Partially Delegated<br>Subcontractor  | San Francisco                 |  | allchen@networkmedicalmanage<br>ment.com   |
| San Francsico Health Plan   | S11  | All American Medical Group (AAMG)  North East Medical Services                  | Partially Delegated<br>Subcontractor  | San Francisco                 | Carin Szeto  | <u>carin.szeto@nems.org</u>  |

| Subcontractor Name  | (Previously on  | Delegated Function(s)<br>e field. Now split into three differ  | rent columns)  | Address1                       | Address2                       | City                    | ZIP Code        |
|---|---|--|--|--------------------------------|--------------------------------|-------------------------|-----------------|
| Name of the Subcontractor with whom<br>Contractor has a Subcontractor Agreement | Clinical Functions  The clinical function(s) Contractor is delegating to Subcontractor. Please select all delegated functions from the drop-down list.  If a Subcontractor is delegated different functions in different counties, please duplicate the Subcontractor entry but specify in each row which functions are delegated in each county. | Administrative Functions The administrative function(s) Contractor is delegating to Subcontractor. Please select all delegated functions from the drop down list.  If a Subcontractor is delegated different functions in different counties, please duplicate the Subcontractor entry but specify in each row which functions are delegated in each county. | If 'Other' was selected in<br>Column I, please describe. | The address                    | for location of the perfo      | ormance of Subcontracto | or's functions. |
| Vision Service Plans (VSP)  |   | Claims, Credentialing, Cultural<br>and Linguistics and New<br>Provider Training  |  | 3333 Quality Drive             |                                | Rancho Cordova          | 95670           |
| University California San Francisco (UCSF)                                      | Utlization management   | Credentialing and New Provider<br>Training.  |  | 3333 California St             | \$1-10                         | San Francisco           | 94118           |
| Teladoc   | Utlization management   | Credentialing and New Provider<br>Training.  |  | 1250 Hancock St                | Suite 501N                     | Quincy, MA              | 2169            |
| San Francisco Health Network (SFHN)   | Utlization management   | Credentialing and New Provider<br>Training.  |  | 995 Potrero Ave                |                                | San Francisco           | 93110           |
|   | Utlization management   | Claims, Utilization Management,<br>Credentialing, Case<br>Management, Cultural and<br>Linguistic Services (CLS) and<br>New Provider Training.  |  | 1600 Corporate<br>Center Drive |                                | Monterey Park, CA       | 91754           |
| Jade Healthcare Medical Group (JADE)  | Utlization management   | Claims, UM, Credentialing, Care<br>Management, CLS, and New<br>Provider Training.  |  | 24069 Camino Ramon<br>Rd       |                                | San Ramon, CA           | 94583           |
| Hill Physicians (Hill)  Carelon   | Utlization management   | Non-Specialty Mental Health<br>(NSMH) provider. Carelon is<br>delegated for Claims, UM,<br>Credentialing, Care<br>Management, Cultural Linguistic<br>Services. Carelon is responsible<br>for responding to and<br>investigating Grievances;<br>However, all grievance resolution<br>letters must be approved by<br>SFHP prior to sending.                    |  | 5665 Plaza Drive               | Suite 400                      | Cypress, CA             | 90630           |
|   | Utlization management   | Claims, UM, Credentialing, Care<br>Management, Cultural and<br>Linguistics, and New Provider<br>training.  |  | 1221 Broadway                  | Ste 700                        | Oakland, CA             | 94612           |
|   | Utlization management   | Claims, Utilization Management,<br>Cultural and Linguistics, and<br>Credentialing, as it relates to<br>Chiropractic services, for all<br>SFHP members, regardless of<br>assigned network.  |  | 10221 Wateridge<br>Circle      |                                | San Diego, CA           | 92121           |
| American Specialty Health (ASH)  All American Medical Group (AAMG)              | Utlization management   | Claims, Utilization Management,<br>Credentialing, Care<br>Management, and Cultural and<br>Linguistics.   |  |                                | 1600 Corporate<br>Center Drive | Monterey Park, CA       | 91754           |
|   | Utlization management   | Claims, Utilization Management,<br>Credentialing, Care<br>Management, and Cultural and<br>Linguistics.   |  |                                | 1710 Gilbreth Road             | Burlingame, Ca          | 941010          |

| Subcontractor Name  | % of Total Medi-Cal<br>Managed Care<br>Members Assigned   | Proportion of<br>Capitated Rates at<br>Risk  | Justification of Subcontractor Agreement<br>or Downstream Subcontractor<br>Agreement   | Pre-Existing Relationships  | Sub-Delegation  |
|---|---|--|--|---|---|
| Name of the Subcontractor with whom<br>Contractor has a Subcontractor Agreement | Percentage of the total<br>Medi-Cal Members<br>assigned to the<br>Subcontractor if<br>applicable. | Proportion of total capitated rates for which the Subcontractor is at risk, if applicable. | Describe the purpose and the justification of the Subcontractor Agreement or Downstream Subcontractor Agreement.   | Describe any pre-existing relationship, including any affiliation, parent entity, or prior existing contract between Contractor and Subcontractor, or Subcontractor and Downstream Subcontractor including the duration of such pre-existing relationship.                    | Indicate if Subcontractor or Downstream Subcontractor is permitted to sub-delegate any functions. If so, describe how <u>Contractor</u> will maintain oversight over delegated functions to Subcontractors and Downstream Subcontractors. Provide citations to provisions in the Subcontractor Agreement and Downstream Subcontractor Agreement to support Contractor's assertions.   |
| Vision Service Plans (VSP)  | 100%  |  | VSP is the delegated vision provider. VSP is<br>delegated for Claims, Credentialing, Cultural and<br>Linguistics and New Provider Training.  | VSP has been the delegated vision provider since February 1999.   | Delegate is not able to sub-delegate any SFHP-delegated activities without written permission from SFHP. Currently, none of the delegated functions are sub-delegated. If there came a time where sub-delegation was necessary and approved by SFHP, the delegate will be responsible for oversight of that activity, and SFHP maintains the risk for that activity. SFHP conducts annual audits of all delegated and contractually-required activities and, if any activities were sub-delegated, SFHP would include a review of the delegate's oversight in the SFHP review of that delegated function.   |
| University California San Francisco (UCSF)                                      | >1%   |  | UCSF is delegated for Credentialing and New Provider Training.   | UCSF has been a delegate since October 200  | Delegate is not able to sub-delegate any SFHP-delegated activities without written permission from SFHP. Currently, none of the delegated functions are sub-delegated. If there came a time where sub-delegation was necessary and approved by SFHP, the delegate will be responsible for oversight of that activity, and maintains the risk for that activity. SFHP conducts annual audits of all delegated and contractually-required activities and, if any activities were sub-delegated, SFHP would include a review of the delegate's oversight in the SFHP review of that delegated function.  |
| Teladoc   | 100%  |  | Teledoc is the Plan's Telehealth Provider.<br>Teledoc is delegated for Credentialing and<br>New Provider Training.   | Teledoc has been a delegate since 2018.   | Delegate is not able to sub-delegate any SFHP-delegated activities without written permission from SFHP. Currently, none of the delegated functions are sub-delegated. If there came a time where sub-delegation was necessary and approved by SFHP, the delegate will be responsible for oversight of that activity, and maintains the risk for that activity. SFHP conducts annual audits of all delegated and contractually-required activities and, if any activities were sub-delegated, SFHP would include a review of the delegates's oversight in the SFHP review of that delegated function.   |
| San Francisco Health Network (SFHN)   | 32%   |  | SFHN is delegated for Credentialing and New<br>Provider Training   | SFHN has been a delegate of SFHP since 1994. Prior to 2022, SFHN was fully delegated and SFHP was the Third party Administrator for Claims and UM. SFHN is now Fee-or-Service and maintains delegation for credentialing and new provider training only.                      | Delegate is not able to sub-delegate any SFHP-delegated activities without written permission from SFHP. Currently, none of the delegated functions are sub-delegated. If there came a time where sub-delegation was necessary and approved by SFHP, the delegate will be responsible for oversight of that activity, and maintains the risk for that activity. SFHP conducts annual audits of all delegated and contractually-required activities and, if any activities were sub-delegated, SFHP would include a review of the delegate's oversight in the SFHP review of that delegated function.  |
| Jade Healthcare Medical Group (JADE)  | >1%   |  | Jade is delegated for Claims, Utilization<br>Management, Credentialing, Cultural and<br>Linguistic Services (CLS) and New Provider<br>Training.  | Jade has been a delegated subcontractor of SFHP since 2016, when Jade and Chinese Community Health Care Association (CCHCA) split into separate entities. Jade was purchased by their previous MSO, Network Medical Management, owned by the Apollo group, in September 2022. | Delegate is not able to sub-delegate any SFHP-delegated activities without written permission from SFHP. Currently, none of the delegated functions are sub-delegated. If there came a time where sub-delegation was necessary and approved by SFHP, the delegate will be responsible for oversight of that activity, and SFHP maintains the risk for that activity. SFHP conducts annual audits of all delegated and contractually-required activities and, if any activities were sub-delegated, SFHP would include a review of the delegate's oversight in the SFHP review of that delegated function.   |
|   | >1%   |  | Hill is delegated for Claims, UM,<br>Credentialing, CLS, and New Provider  |   | Delegate is not able to sub-delegate any SFHP-delegated activities without written permission from SFHP. Currently, none of the delegated functions are sub-delegated, however, Hill has outsourced mailroom/claims clearinghouse/print functions to WCEDI. Inc. SFHP reviews mailroom process during the annual audit. If there came a time where sub-delegation was necessary and approved by SFHP, the delegate will be responsible for oversight of that activity, and SFHP maintains the risk for that activity. SFHP conducts annual audits of all delegated and contractually- required activities and, if any activities were sub-delegated, SFHP would include a review of the delegate's oversight in the SFHP review of that delegated |
| Hill Physicians (Hill)  Carelon   | 100%  |  | However, all grievance resolution letters  | Hill has been a contracted delegate of SFHP s  Carelon, formerly known as Beacon Health Strategies, has been the NSMH delegate for SFHP since 2014.   | Delegate is not able to sub-delegate any SFHP-delegated activities without written permission from SFHP. Currently, none of the delegated functions are sub-delegated. If there came a time where sub-delegation was necessary and approved by SFHP, the delegate will be responsible for oversight of that activity, and SFHP maintains the risk for that activity. SFHP conducts annual audits of all delegated and contractually-required activities and, if any activities were sub-delegated, SFHP would include a review of the delegate's oversight in the SFHP review of that delegated function.   |
| Brown and Toland Physicians (BTP)   | >1%   |  | BTP is delegated for Claims, UM,<br>Credentialing, Cultural and Linguistics, and<br>New Provider training.   | BTP has been a delegate of SFHP since Sept  | Delegate is not able to sub-delegate any SFHP-delegated activities without written permission from SFHP. Currently, none of the delegated functions are sub-delegated. If there came a time where sub-delegation was necessary and approved by SFHP, the delegate will be responsible for oversight of that activity, and maintains the risk for that activity. SFHP conducts annual audits of all delegated and contractually-required activities and, if any activities were sub-delegated, SFHP would include a review of the delegate's oversight in the SFHP review of that delegated function.  |
| American Specialty Health (ASH)   | 100%  |  | American Specialty Health is a specialty health plan contracted with SFHP for Chiropractic services. ASH is delegated for Claims, Utilization Management, Cultural and Linguistics, and Credentialing, as it relates to Chiropractic services, for all SFHP members, regardless of assigned network. |   | Delegate is not able to sub-delegate any SFHP-delegated activities without written permission from SFHP. Currently, none of the delegated functions are sub-delegated. If there came a time where sub-delegation was necessary and approved by SFHP, the delegate will be responsible for oversight of that activity, and maintains the risk for that activity. SFHP conducts annual audits of all delegated and contractually-required activities and, if any activities were sub-delegated, SFHP would include a review of the delegate's oversight in the SFHP review of that delegated function.  |
| All American Medical Group (AAMG)   | >1%   |  | AAMG is delegated for Claims, Utilization<br>Management, Credentialing, and Cultural<br>and Linguistics.   | AAMG was purchased by Astrana Health in March 2023. Apollo purchased the previous Chinese Community Health Care Association (CCHCA) Medi-Cal Contract at that time. Prior to that, CCHCA has been a contracted delegate of SFHP since 1996.                                   | Delegate is not able to sub-delegate any SFHP-delegated activities without written permission from SFHP. Currently, none of the delegated functions are sub-delegated. If there came a time where sub-delegation was necessary and approved by SFHP, the delegate will be responsible for oversight of that activity, and maintains the risk for that activity. SFHP conducts annual audits of all delegated and contractually-required activities and, if any activities were sub-delegated, SFHP would include a review of the delegate's oversight in the SFHP review of that delegated function.  |
| North East Medical Services   | 30%   |  | NEMS is delegated for Claims, Utilization<br>Management, Credentialing, and Cultural<br>and Linguistics.   | NEMS has been a delegate of SFHP since<br>April 2000.   | Delegate is not able to sub-delegate any SFHP-delegated activities without written permission from SFHP. Currently, none of the delegated functions are sub-delegated. If there came a time where sub-delegation was necessary and approved by SFHP, the delegate will be responsible for oversight of that activity, and maintains the risk for that activity. SFHP conducts annual audits of all delegated and contractually-required activities and, if any activities were sub-delegated, SFHP would include a review of the delegate's oversight in the SFHP review of that delegated function.  |

| Subcontractor Name  | Impact on Contractor   | Contractor's Administrative Capacity to<br>Oversee and Monitor Subcontractor and<br>Downstream Subcontractor   | Subcontractor's and Downstream<br>Subcontractor's Administrative<br>Capacity  |
|---|--|--|---|
| Name of the Subcontractor with whom<br>Contractor has a Subcontractor Agreement | Describe the impact and benefit, if any, the Subcontractor Agreement or Downstream Subcontractor Agreement will have on Contractor's operations, administrative capacity, and financial viability. | Describe Contractor's administrative capacity to oversee and monitor Subcontractor and Downstream Subcontractor as applicable.   | Describe Subcontractor's and Downstream Subcontractor's administrative capacity to perform each delegated function, including but not limited to Subcontractor's and Downstream Subcontractor's capacity to perform quality monitoring and community engagement, if applicable. |
| Vision Service Plans (VSP)  | SFHP is responsible for oversight of all delegated functions via audits and report monitoring as described in the delegation agreement and reports Deliverable Index (RDI).                        | The Compliance and Oversight Department conducts annual audits of all delegated functions, in addition to monitoring all delegates on a monthly, quarterly, and semi-annual basis via report submission. If the delegate fails in any critical function, they will be placed on quarterly auditing for that function. The department is appropriately staffed. | Capacity for Administrative and Financial functions is reviewed at least annually.  |
| University California San Francisco (UCSF)                                      | SFHP is responsible for oversight of all delegated functions via audits and report monitoring as described in the delegation agreement and reports Deliverable Index (RDI).                        | The Compliance and Oversight Department conducts annual audits of all delegated functions, in addition to monitoring all delegates on a monthly, quarterly, and semi-annual basis via report submission. If the delegate fails in any critical function, they will be placed on quarterly auditing for that function. The department is appropriately staffed. | Capacity for Administrative and Financial functions is reviewed at least annually.  |
| Teladoc   | Contractor is responsible for oversight of all delegated functions via audits and report monitoring as described in the delegation agreement and reports Deliverable Index (RDI).                  | The Compliance and Oversight Department conducts annual audits of all delegated functions, in addition to monitoring all delegates on a monthly, quarterly, and semi-annual basis via report submission. If the delegate fails in any critical function, they will be placed on quarterly auditing for that function. The department is appropriately staffed. | A pre-delegation audit was conducted prior to the contracting with Teladoc. Capacity for Administrative and Financial functions is reviewed at least annually.  |
| San Francisco Health Network (SFHN)   | SFHP is responsible for oversight of all delegated functions via audits and report monitoring as described in the delegation agreement and reports Deliverable Index (RDI).                        | The Compliance and Oversight Department conducts annual audits of all delegated functions, in addition to monitoring all delegates on a monthly, quarterly, and semi-annual basis via report submission. If the delegate fails in any critical function, they will be placed on quarterly auditing for that function. The department is appropriately staffed. | Capacity for Administrative and Financial functions is reviewed at least annually.  |
| Jade Healthcare Medical Group (JADE)  | SFHP is responsible for oversight of all delegated functions via audits and report monitoring as described in the delegation agreement and reports Deliverable Index (RDI).                        | The Compliance and Oversight Department conducts annual audits of all delegated functions, in addition to monitoring all delegates on a monthly, quarterly, and semi-annual basis via report submission. If the delegate fails in any critical function, they will be placed on quarterly auditing for that function. The department is appropriately staffed. | A pre-delegation audit was conducted prior to the contracting with Jade under the new ownership in September 2022. Capacity for Administrative functions and is reviewed at least annually.   |
| Hill Physicians (Hill)  | SFHP is responsible for oversight of all delegated functions via audits and report monitoring as described in the delegation agreement and reports Deliverable Index (RDI).                        | The Compliance and Oversight Department conducts annual audits of all delegated functions, in addition to monitoring all delegates on a monthly, quarterly, and semi-annual basis via report submission. If the delegate fails in any critical function, they will be placed on quarterly auditing for that function. The department is appropriately staffed  | A pre-delegation audit was conducted prior to the contracting with Hill. Capacity for Administrative and Financial functions is reviewed at least annually. Financial oversight occurs on a quarterly basis.  |
| Carelon   | SFHP is responsible for oversight of all delegated functions via audits and report monitoring as described in the delegation agreement and reports Deliverable Index (RDI).                        | The Compliance and Oversight Department conducts annual audits of all delegated functions, in addition to monitoring all delegates on a monthly, quarterly, and semi-annual basis via report submission. If the delegate fails in any critical function, they will be placed on quarterly auditing for that function. The department is appropriately staffed  | A pre-delegation audit was conducted prior to the contracting with Carelon. Capacity for Administrative functions is reviewed at least annually.  |
| Brown and Toland Physicians (BTP)   | SFHP is responsible for oversight of all delegated functions via audits and report monitoring as described in the delegation agreement and reports Deliverable Index (RDI).                        | The Compliance and Oversight Department conducts annual audits of all delegated functions, in addition to monitoring all delegates on a monthly, quarterly, and semi-annual basis via report submission. If the delegate fails in any critical function, they will be placed on quarterly auditing for that function. The department is appropriately staffed  | A pre-delegation audit was conducted prior to the contracting with Carelon. Capacity for Administrative functions is reviewed at least annually.  |
| American Specialty Health (ASH)   | Contractor is responsible for oversight of all delegated functions via audits and report monitoring as described in the delegation agreement and reports Deliverable Index (RDI).                  | The Compliance and Oversight Department conducts annual audits of all delegated functions, in addition to monitoring all delegates on a monthly, quarterly, and semi-annual basis via report submission. If the delegate fails in any critical function, they will be placed on quarterly auditing for that function. The department is appropriately staffed. | A complete pre-delegation audit was conducted prior to contracting with ASH. Capacity for Administrative and Financial functions is reviewed at least annually. Financial oversight occurs on a quarterly basis.  |
| All American Medical Group (AAMG)   | Contractor is responsible for oversight of all delegated functions via audits and report monitoring as described in the delegation agreement and reports Deliverable Index (RDI).                  | The Compliance and Oversight Department conducts annual audits of all delegated functions, in addition to monitoring all delegates on a monthly, quarterly, and semi-annual basis via report submission. If the delegate fails in any critical function, they will be placed on quarterly auditing for that function. The department is appropriately staffed. | A pre-delegation audit was conducted prior to the purchase of CCHCA. Capacity for Administrative and Financial functions is reviewed at least annually. Financial oversight occurs on a quarterly basis.  |
| North East Medical Services   | Contractor is responsible for oversight of all delegated functions via audits and report monitoring as described in the delegation agreement and reports Deliverable Index (RDI).                  | The Compliance and Oversight Department conducts annual audits of all delegated functions, in addition to monitoring all delegates on a monthly, quarterly, and semi-annual basis via report submission. If the delegate fails in any critical function, they will be placed on quarterly auditing for that function. The department is appropriately staffed. | A complete pre-delegation audit was conducted prior to contracting with ASH. Capacity for Administrative and Financial functions is reviewed at least annually. Financial oversight occurs on a quarterly basis.  |

| Subcontractor Name  | Subcontractor's and Downstream Subcontractors' Compliance with Applicable Contractual Provisions  | Contractor's Oversight Policy and Procedures   | Financial Arrangement   | Other Information   |
|---|---|--|---|---|
| Name of the Subcontractor with whom<br>Contractor has a Subcontractor Agreement | Detail how the Subcontractor Agreement and Downstream Subcontractor Agreement complies with, and ensures compliance, with all provisions of the Contract applicable to the delegated functions, including appropriate citations to the provisions in the Subcontractor Agreement and Downstream Subcontractor Agreement. Please complete Template C (Contract Requirements Grid) in Exhibit J to indicate which provisions are included in the Subcontractor Agreements and Downstream Subcontractor Agreements, as applicable for each Agreement.  | and procedures.  | Contractor must include description of any financial arrangements it has with Subcontractor and Downstream Subcontractor.   | Include any other information that would assist DHCS in its review of Contractor's delegated structure. |
| Vision Service Plans (VSP)  | Delegate's compliance with contract requirements are reviewed on an annual basis, via the annual oversight audit, and on a quarterly basis via the quarterly performance guarantee claims audit. Reports are reviewed on a monthly, quarterly, semi-annual, and annual basis. Program updates and guidance is distributed to providers via Provider Newsletters, emails, and Joint Administrative Meetings (JAMs) which occur at least semi-annually. Any new program requirements may require an attestation and/or evidence of implementation from the delegate. This process is managed in the Compliance and Oversight Department | he Delegation Agreement, approved by DHCS, provides the foundation for the requirements. In addition to the Contract, Delegation Agreement, and Reports Deliverable Index (RDI), specific details about implementation of program requirements, including the Provider Manual and other SFHP- issued guidance, can be found at www.sfhp.org within the "Provider Resource" Section. Specific Delegation Oversight activities are detailed in SFHP Policies DO-01 Delegation Oversight Charter and DO-02 Oversight of Delegated Functions.  | VSP is paid a capitation per<br>member.   |   |
| University California San Francisco (UCSF)                                      | Delegate's compliance with contract requirements are reviewed at least on an annual basis, via the annual oversight audit. Reports are reviewed on a monthly, quarterly, semi-annual, and annual basis. Program updates and guidance is distributed to providers via Provider Newsletters, emails, and Joint Administrative Meetings (JAMs) which occur at least semi-annually. Any new program requirements may require an attestation and/or evidence of implementation from the delegate. This process is managed in the Compliance and Oversight Department.  | The Delegation Agreement, approved by DHCS, provides the foundation for the requirements. In addition to the Contract, Delegation Agreement, and Reports Deliverable Index (RDI), specific details about implementation of program requirements, including the Provider Manual and other SFHP- issued guidance, can be found at www.sfhp.org within the "Provider Resource" Section. Specific Delegation Oversight activities are detailed in SFHP Policies DO-01 Delegation Oversight Charter and DO-02 Oversight of Delegated Functions. | SFHP pays UCSF an administrative fee per member per month. Claims are paid by SFHP on a Feefor-Service basis.   |   |
| Teladoc   | Delegate's compliance with contract requirements are reviewed at least on an annual basis, via the annual oversight audit. Reports are reviewed on a monthly, quarterly, semi-annual, and annual basis. Program updates and guidance is distributed to providers via Provider Newsletters, emails, and Joint Administrative Meetings (JAMs) which occur at least semi-annually. Any new program requirements may require an attestation and/or evidence of implementation from the delegate. This process is managed in the Compliance and Oversight Department.  | The Delegation Agreement, approved by DHCS, provides the foundation for the requirements. In addition to the Contract, Delegation Agreement, and Reports Deliverable Index (RDI), specific details about implementation of program requirements, including the Provider Manual and other SFHP- issued guidance, can be found at www.sfhp.org within the "Provider Resource" Section. Specific Delegation Oversight activities are detailed in SFHP Policies DO-01 Delegation Oversight Charter and DO-02 Oversight of Delegated Functions. | SFHP pays Teladoc an administrative fee per member per month. Claims are paid by SFHP on a Feefor-Service basis.  |   |
| San Francisco Health Network (SFHN)   | Delegate's compliance with contract requirements are reviewed at least on an annual basis, via the annual oversight audit. Reports are reviewed on a monthly, quarterly, semi-annual, and annual basis. Program updates and guidance is distributed to providers via Provider Newsletters, emails, and Joint Administrative Meetings (JAMs) which occur at least semi-annually. Any new program requirements may require an attestation and/or evidence of implementation from the delegate. This process is managed in the Compliance and Oversight Department.  Delegate's compliance with contract requirements are reviewed on an | The Delegation Agreement, approved by DHCS, provides the foundation for the requirements. In addition to the Contract, Delegation Agreement, and Reports Deliverable Index (RDI), specific details about implementation of program requirements, including the Provider Manual and other SFHP- issued guidance, can be found at www.sfhp.org within the "Provider Resource" Section. Specific Delegation Oversight activities are detailed in SFHP Policies DO-01 Delegation Oversight Charter and DO-02 Oversight of Delegated Functions. | SFHN receives an administrative fee per month, per member. Claims are reimbursed by SFHP on a Fee-for-Service basis.  |   |
| Jade Healthcare Medical Group (JADE)  | annual basis, via the annual oversight audit, and on a quarterly basis via the quarterly performance guarantee claims audit. Reports are reviewed on a monthly, quarterly, semi-annual, and annual basis. Program updates and guidance is distributed to providers via Provider Newsletters, emails, and Joint Administrative Meetings (JAMs) which occur at least quarterly. Any new program requirements may require an attestation and/or evidence of implementation from the delegate. This process is managed in the Compliance and Oversight Department.  | The Delegation Agreement, approved by DHCS, provides the foundation for the requirements. In addition to the Contract, Delegation Agreement, and Reports Deliverable Index (RDI), specific details about implementation of program requirements, including the Provider Manual and other SFHP- issued guidance, can be found at www.sfhp.org within the "Provider Resource" Section. Specific Delegation Oversight activities are detailed in SFHP Policies DO-01 Delegation Oversight Charter and DO-02 Oversight of Delegated Functions. | Jade is paid a monthly<br>capitation rate per member  |   |
| Hill Physicians (Hill)  | Delegate's compliance with contract requirements are reviewed at least on an annual basis, via the annual oversight audit. Reports are reviewed on a monthly, quarterly, semi-annual, and annual basis. Program updates and guidance is distributed to providers via Provider Newsletters, emails, and Joint Administrative Meetings (JAMs) which occur at least semi-annually. Any new program requirements may require an attestation and/or evidence of implementation from the delegate. This process is managed in the Compliance and Oversight Department.  | The Delegation Agreement, approved by DHCS, provides the foundation for the requirements. In addition to the Contract, Delegation Agreement, and Reports Deliverable Index (RDI), specific details about implementation of program requirements, including the Provider Manual and other SFHP- issued guidance, can be found at www.sfhp.org within the "Provider Resource" Section. Specific Delegation Oversight activities are detailed in SFHP Policies DO-01 Delegation Oversight Charter and DO-02 Oversight of Delegated Functions. | Hill and SFHP have entered into a Split-Division of Financial responsibility (DOFR) arrangement. Hill is provided a monthly capitation payment for each assigned member and is responsible for outpatient professional services. SFHP maintains responsibility for inpatient and facility services. |   |
| Carelon   | Delegate's compliance with contract requirements are reviewed on an annual basis, via the annual oversight audit, and on a quarterly basis via the quarterly performance guarantee claims audit. Reports are reviewed on a monthly, quarterly, semi-annual, and annual basis. Program updates and guidance is distributed to providers via Provider Newsletters, emails, and Joint Administrative Meetings (JAMs) which occur at least quarterly. Any new program requirements may require an attestation and/or evidence of implementation from the delegate. This process is managed in the Compliance and Oversight Department.    | The Delegation Agreement, approved by DHCS, provides the foundation for the requirements. In addition to the Contract, Delegation Agreement, and Reports Deliverable Index (RDI), specific details about implementation of program requirements, including the Provider Manual and other SFHP- issued guidance, can be found at www.sfhp.org within the "Provider Resource" Section. Specific Delegation Oversight activities are detailed in SFHP Policies DO-01 Delegation Oversight Charter and DO-02 Oversight of Delegated Functions. | Carelon is paid a monthly administrative fee per member. Carelon is responsible for processing and paying claims, on behalf of SFHP. SFHP reimburses actual claims expense via a monthly reconciliation process.  |   |
| Brown and Toland Physicians (BTP)   | Delegate's compliance with contract requirements are reviewed at least on an annual basis, via the annual oversight audit. Reports are reviewed on a monthly, quarterly, semi-annual, and annual basis. Program updates and guidance is distributed to providers via Provider Newsletters, emails, and Joint Administrative Meetings (JAMs) which occur at least semi-annually. Any new program requirements may require an attestation and/or evidence of implementation from the delegate. This process is managed in the Compliance and Oversight Department.  | The Delegation Agreement, approved by DHCS, provides the foundation for the requirements. In addition to the Contract, Delegation Agreement, and Reports Deliverable Index (RDI), specific details about implementation of program requirements, including the Provider Manual and other SFHP- issued guidance, can be found at www.sfhp.org within the "Provider Resource" Section. Specific Delegation Oversight activities are detailed in SFHP Policies DO-01 Delegation Oversight Charter and DO-02 Oversight of Delegated Functions. | BTP and SFHP have entered into a Split-Division of Financial responsibility (DOFR) arrangement. BTP is provided a monthly capitation payment for each assigned member and is responsible for outpatient professional services. SFHP maintains responsibility for inpatient and facility services.   |   |
| American Specialty Health (ASH)   | Delegate's compliance with contract requirements are reviewed at least on an annual basis, via the annual oversight audit. Reports are reviewed on a monthly, quarterly, semi-annual, and annual basis. Program updates and guidance is distributed to providers via Provider Newsletters, emails, and Joint Administrative Meetings (JAMs) which occur at least semi-annually. Any new program requirements may require an attestation and/or evidence of implementation from the delegate. This process is managed in the Compliance and Oversight Department. Please review Template C Contract Requirements Grid in Exhibit J.    | and DO-02 Oversight of Delegated Functions.  | ASH is provided a monthly capitation per member.  |   |
| All American Medical Group (AAMG)   | Delegate's compliance with contract requirements are reviewed at least on an annual basis, via the annual oversight audit. Reports are reviewed on a monthly, quarterly, semi-annual, and annual basis. Program updates and guidance is distributed to providers via Provider Newsletters, emails, and Joint Administrative Meetings (JAMs) which occur at least semi-annually. Any new program requirements may require an attestation and/or evidence of implementation from the delegate. This process is managed in the Compliance and Oversight Department.  | The Delegation Agreement, approved by DHCS, provides the foundation for the requirements. In addition to the Contract, Delegation Agreement, and Reports Deliverable Index (RDI), specific details about implementation of program requirements, including the Provider Manual and other SFHP- issued guidance, can be found at www.sfhp.org within the "Provider Resource" Section. Specific Delegation Oversight activities are detailed in SFHP Policies DO-01 Delegation Oversight Charter and DO-02 Oversight of Delegated Functions. | Delegate is provided a<br>monthly capitation payment<br>per assigned member on a<br>monthly basis.  |   |
| North East Medical Services   | Delegate's compliance with contract requirements are reviewed at least on an annual basis, via the annual oversight audit. Reports are reviewed on a monthly, quarterly, semi-annual, and annual basis. Program updates and guidance is distributed to providers via Provider Newsletters, emails, and Joint Administrative Meetings (JAMs) which occur at least semi-annually. Any new program requirements may require an attestation and/or evidence of implementation from the delegate. This process is managed in the Compliance and Oversight Department. Please review Template C Contract Requirements Grid in Exhibit J.    | The Delegation Agreement, approved by DHCS, provides the foundation for the requirements. In addition to the Contract, Delegation Agreement, and Reports Deliverable Index (RDI), specific details about implementation of program requirements, including the Provider Manual and other SFHP- issued guidance, can be found at www.sfhp.org within the "Provider Resource" Section. Specific Delegation Oversight activities are detailed in SFHP Policies DO-01 Delegation Oversight Charter and DO-02 Oversight of Delegated Functions. | Delegate is provided a monthly capitation payment per assigned member on a monthly basis.   |   |

| Subcontractor Name  | Previously Approved Documents  |
|---|--|
| Name of the Subcontractor with whom<br>Contractor has a Subcontractor Agreement | (Applicable to annual submissions only) If Contractor has previously submitted documentation to DHCS in connection with the Subcontractor Agreement or Downstream Subcontractor Agreement, either through the Request for Proposal (RFP) process or during the term of this Contract, Contractor must provide any such documentation.  Please submit any previously approved supplemental documentation with this completed Exhibit. Below, please indicate the title of the supplemental file along with a brief description of its contents. |
| Vision Service Plans (VSP)  |  |
| University California San Francisco (UCSF)                                      |  |
| Teladoc   |  |
| San Francisco Health Network (SFHN)   |  |
| Jade Healthcare Medical Group (JADE)  |  |
| Hill Physicians (Hill)  |  |
| Carelon   |  |
| Brown and Toland Physicians (BTP)   |  |
| American Specialty Health (ASH)   |  |
| All American Medical Group (AAMG)   |  |
| North East Medical Services   |  |

|  |  |                      |                     |                               |                | 1.1 Plan      | Organization and Ad          | ministration       |                              |
|--|--|----------------------|---------------------|-------------------------------|----------------|---------------|------------------------------|--------------------|------------------------------|
|  |  |                      |                     |                               |                |               |                              |                    |                              |
| Subcontractor or<br>Downstream                 | Subcontractor or Downstream  |                      |                     |                               |                |               |                              |                    |                              |
| Subcontractor ID #                             | Subcontractor Name   |                      |                     |                               |                |               |                              |                    |                              |
|  |  |                      |                     |                               |                |               |                              |                    |                              |
|  |  |                      |                     | 1.1.3 Conflict of             |                |               |                              |                    |                              |
|  |  | 1.1.1 Legal Capacity | 1.1.2 Key Personnel | Interest – Current            | 1.1.4 Contract | 1.1.5 Medical | 1.1.6 Medical                | 1.1.7 Chief Health | 1.1.8 Key Personnel          |
|  |  |                      | Disclosure Form     | and Former State<br>Employees | Performance    | Decisions     | Director                     | Equity Officer     | Changes                      |
|  |  |                      |                     |                               |                |               |                              |                    |                              |
|  |  |                      |                     |                               |                |               |                              |                    |                              |
| Fau Cultura at ana una                         |  |                      |                     |                               |                |               |                              |                    |                              |
| For Subcontractors, use the same # assigned in |  |                      |                     |                               |                |               |                              |                    |                              |
| Template A1, Column B.                         | Name of the Subcontractor or Downstream                                  |                      |                     |                               |                |               |                              |                    |                              |
| IFOR DOWNSTRAAM                                |  | Select "Yes" or "No" |                     |                               |                |               |                              | Must not be        | Select "Yes" or "No"         |
| Subcontractors, use a                          | Subcontractor Agreement, or with whom the Subcontractor has a Downstream | -                    |                     | for each delegated function.  |                | _             | for each delegated function. | delegated          | for each delegated function. |
| combination of the #s assigned in Template A2, | Subcontractor agreement.   |                      |                     |                               |                |               |                              |                    |                              |
| Columns A and B (e.g.                          |  |                      |                     |                               |                |               |                              |                    |                              |
| S1DS2).<br>S1                                  | Vision Service Plans (VSP)   | No                   | No                  | No                            | No             | Yes           | No                           | No                 | no                           |
| S2   | University California San Francisco (UCSF                                |                      | No                  | No                            | No             | No            | No                           | No                 | no                           |
| S3   | Teladoc  | No                   | No                  | No                            | No             | No            | No                           | No                 | No                           |
| S4   | , ,  | No                   |                     |                               |                |               |                              |                    | No                           |
| S5   | ,  | No                   |                     | No                            | No             | Yes           | Yes                          | No                 | No                           |
| S6   | ,  | No                   |                     | No                            | No             |               |                              | No                 | No                           |
| S7   |  | No                   |                     | No                            | Yes            |               |                              | No                 | No                           |
| S8   | , ,  | No                   |                     | No                            | No             | Yes           |                              | No                 | No                           |
| S9   | . , ,  | No                   | No                  | No                            | No             | Yes           | Yes                          | No                 | No                           |
|  | ,  | No                   |                     |                               |                |               | Yes                          | No                 | No                           |
| S11  | NorthEast Medical Services   | No                   | No                  | No                            | No             | Yes           | Yes                          | No                 | no                           |

|  | 1.0 Organization                                       |                                 |  |   |  |   |   |                                   |                                   |   |  |
|--|--|---------------------------------|--|---|--|---|---|-----------------------------------|-----------------------------------|---|--|
| Subcontractor or Downstream<br>Subcontractor Name  |  |                                 |  |   | 1.2 Financial Information                                |   |   |                                   |                                   |   |  |
|  | 1.1.9<br>Administrative<br>Duties/Responsibili<br>ties | 1.1.10 Member<br>Representation | 1.1.11 Diversity,<br>Equity, and<br>Inclusion Training | 1.2.1 Financial<br>Viability and<br>Standards<br>Compliance | 1.2.2 Contractor's<br>Financial Reporting<br>Obligations | 1.2.3 Independent<br>Financial Audit<br>Reports         | 1.2.4 Cooperation<br>with DHCS'<br>Financial Audits     | 1.2.5 Medical Loss<br>Ratio (MLR) | 1.2.6 Contractor's<br>Obligations | 1.2.7 Community<br>Reinvestment Plan<br>and Report      |  |
| Name of the Subcontractor or Downstream Subcontractor with whom Contractor has a Subcontractor Agreement, or with whom the Subcontractor has a Downstream Subcontractor agreement. | for each delegated                                     |                                 | for each delegated                                     | for each delegated  | _  | Select "Yes" or "No"<br>for each delegated<br>function. | Select "Yes" or "No"<br>for each delegated<br>function. | Must not be delegated             | _                                 | Select "Yes" or "No"<br>for each delegated<br>function. |  |
| Vision Service Plans (VSP)   | Yes  | No                              | No   | No  | No   | No  | No  | No                                | Yes                               | no  |  |
| University California San Francisco (UCSF  |  | No                              | No   |   |  | No  | No  |                                   | Yes                               | no  |  |
| Teladoc  | Yes  | No                              | No   |   |  | No  | No  |                                   | Yes                               | No  |  |
|  |  |                                 |  |   |  | No  |   |                                   |                                   | No  |  |
| . ` ,  | Yes  | No                              | No   |   |  | No  | No  |                                   | Yes                               | No  |  |
| Hill Physicians (Hill)   | Yes  | No                              | No   |   |  | No  | No  |                                   |                                   | No  |  |
| Carelon  | Yes  | No                              |  |   |  | No  | No  |                                   |                                   | No  |  |
| Brown and Toland Physicians (BTP)  | Yes  | No                              |  |   |  | No  | No  |                                   |                                   | No  |  |
| · · · · · · · · · · · · · · · · · · ·  | Yes  | No                              |  |   |  | No  |   |                                   |                                   | No  |  |
|  | Yes  |                                 |  |   |  | No  |   |                                   |                                   | No  |  |
| NorthEast Medical Services   | Yes  | No                              | No   | No  | No   | no  | No  | No                                | Yes                               | No  |  |

| Subcontractor or Downstream<br>Subcontractor Name  |                             | 1.3 Program Integrity and Compliance Program |   |   |   |   |  |  |                                   |  |
|--|-----------------------------|--|---|---|---|---|--|--|-----------------------------------|--|
|  | 1.3.1 Compliance<br>Program | 1.3.2 Fraud<br>Prevention<br>Program         | 1.3.3 Provider Screening, Enrolling, and Credentialing/Recr edentialing | 1.3.4 Contractor's Obligations Regarding Suspended, Excluded, and Ineligible Providers and Ineligible Providers | 1.3.5 Disclosures                                       | 1.3.6 Treatment of<br>Overpayment<br>Recoveries | 1.3.7 Federal False<br>Claims Act<br>Compliance and<br>Support | 2.1.1 Management<br>Information System<br>Capability | 2.1.2 Encounter<br>Data Reporting | 2.1.3 Participation<br>in the State Drug<br>Rebate Program |
| Name of the Subcontractor or Downstream Subcontractor with whom Contractor has a Subcontractor Agreement, or with whom the Subcontractor has a Downstream Subcontractor agreement. |                             | for each delegated                           |   | for each delegated  | Select "Yes" or "No"<br>for each delegated<br>function. |   | Select "Yes" or "No"<br>for each delegated<br>function.        | for each delegated                                   | for each delegated                | Select "Yes" or "No"<br>for each delegated<br>function.    |
| Vision Service Plans (VSP)   | no                          | no   | Yes   | Yes   | No  | No  | no   | no   | yes                               | no   |
| University California San Francisco (UCSI  |                             |  |   |   | No  | no  | no   |  | No                                | no   |
|  | No                          |  | Yes   |   |   |   | No   |  | No                                | No   |
| ` '  | No                          |  |   |   |   |   |  |  |                                   | No   |
| ,  | No                          |  |   |   | No  |   | No   |  |                                   | No   |
| ` '  | No                          |  |   |   |   |   |  |  |                                   | No   |
|  | No                          |  |   |   |   |   |  |  |                                   | No   |
|  | No                          |  |   |   |   |   | No   |  | No                                | No   |
| . , , ,  | No                          |  |   |   |   |   | No   |  | No                                | No   |
| ,  | No                          |  |   |   |   |   | No   |  | No                                | No   |
| NorthEast Medical Services   | No                          | no   | Yes   | Yes   | No  | No  | No   | No   | No                                | No   |

|   |   |                                 |                                  |                          |                                  |  |   |                          |                          | 2   |
|---|---|---------------------------------|----------------------------------|--------------------------|----------------------------------|--|---|--------------------------|--------------------------|---|
| Subcontractor or Downstream<br>Subcontractor Name |   | 2.1 Management II               |                                  |                          |                                  |  |   |                          |                          |   |
|   | 2.1.4 Network<br>Provider Data<br>Reporting | 2.1.5 Program Data<br>Reporting | 2.1.6 Template<br>Data Reporting | 2.1.7 MIS/Data<br>Audits | 2.1.8 MIS/Data<br>Correspondence | 2.1.9 Tracking and<br>Submitting<br>Alternative Format<br>Selections | 2.1.10 Interoperability Application Programming Information System Requirements | 2.2.1 QIHETP<br>Overview | 2.2.2 Governing<br>Board | 2.2.3 QIHEC   |
| Subcontractor Agreement, or with whom the         | for each delegated                          |                                 |                                  |                          | for each delegated               |  | for each delegated  | for each delegated       |                          | Select "Yes" or "No"<br>for each delegated<br>function. |
| ` '   |   |                                 | No                               | No                       | no                               |  | No  |                          | no                       | no  |
| University California San Francisco (UCSF         |   |                                 | No                               | No<br>No                 |                                  |  | No  | no                       | no<br>N -                | no  |
|   | yes   |                                 | No.                              | No<br>No                 |                                  |  | No  |                          | No                       | No<br>No  |
| , ,   |   |                                 | No<br>No                         | No<br>No                 |                                  |  |   |                          | No<br>No                 | No  |
| . ` '   | •   |                                 | No                               | No                       |                                  |  |   |                          | No                       | No  |
| ` /   |   |                                 | No                               | No                       |                                  |  |   |                          | No                       | No  |
|   |   |                                 | No                               | No                       |                                  |  |   |                          | No                       | No  |
| • ` ` '   |   |                                 | No                               | No                       |                                  |  |   |                          | No                       | No  |
|   |   |                                 | No                               | No                       |                                  |  |   |                          | No                       | No  |
| - ' ' '   | •   |                                 | No                               | No                       |                                  |  |   |                          | No                       | No  |

|  | .0 Systems and Proc             | D Systems and Processes   |  |  |                             |   |                                     |  |   |   |  |  |
|--|---------------------------------|---|--|--|-----------------------------|---|-------------------------------------|--|---|---|--|--|
| Subcontractor or Downstream<br>Subcontractor Name  |                                 | 2.2 Quality Improvement and Health Equity Transformation Program        |  |  |                             |   |                                     |  |   |   |  |  |
|  | 2.2.4 Provider<br>Participation | 2.2.5 Subcontractor<br>and Downstream<br>Subcontractor QI<br>Activities | 2.2.6 QIHETP<br>Policies and<br>Procedures | 2.2.7 Quality<br>Improvement and<br>Health Equity<br>Annual Plan | 2.2.8 NCQA<br>Accreditation | 2.2.9 External<br>Quality Review<br>(EQR)<br>Requirements | 2.2.10 Quality Care<br>for Children | 2.2.11 Skilled<br>Nursing Facilities -<br>Long-Term Care | 2.2.12 Disease<br>Surveillance                          | 2.2.13<br>Credentialing and<br>Recredentialing          |  |  |
| Name of the Subcontractor or Downstream Subcontractor with whom Contractor has a Subcontractor Agreement, or with whom the Subcontractor has a Downstream Subcontractor agreement. |                                 | Select "Yes" or "No"<br>for each delegated<br>function.                 | for each delegated                         | Select "Yes" or "No"<br>for each delegated<br>function.          | Must not be delegated       | Select "Yes" or "No"<br>for each delegated<br>function.   | for each delegated                  | Select "Yes" or "No"<br>for each delegated<br>function.  | Select "Yes" or "No"<br>for each delegated<br>function. | Select "Yes" or "No"<br>for each delegated<br>function. |  |  |
| Vision Service Plans (VSP)   | no                              | no  | no   | no   | no                          | no  | no                                  | no   | no  | yes   |  |  |
| University California San Francisco (UCS   |                                 | no  | no   | no   | no                          | no  |                                     | no   | no  | yes   |  |  |
| Teladoc  |                                 | No  | No   | No   | No                          | No  | No                                  | No   | No  | Yes   |  |  |
|  |                                 | No  | No   | No   | No                          | No  | No                                  | No   | No  | Yes   |  |  |
| . ` ,  | No                              | No  |  | No   | No                          | No  | No                                  | No   | No  | Yes   |  |  |
| Hill Physicians (Hill)   | No                              | No  |  | No   | No                          | No  |                                     | No   | No  | Yes   |  |  |
| Carelon  | No                              | No  | Yes  | Yes  | No                          | No  |                                     | No   | No  | Yes   |  |  |
| Brown and Toland Physicians (BTP)  | No                              | No  |  | No   | No                          | No  |                                     | No   | No  | Yes   |  |  |
| American Specialty Health (ASH)  | No                              | No  |  | No   | No                          | No  |                                     | No   | No  | Yes   |  |  |
| All American Medical Group (AAMG)  | No                              | No  |  | No   | No                          | No  |                                     | No   | No  | Yes   |  |  |
| NorthEast Medical Services   | No                              | No  | No   | No   | No                          | No  | No                                  | No   | No  | Yes   |  |  |

| Subcontractor or Downstream<br>Subcontractor Name |  | 2.3 Utilization Mai                              | nagement Program  |                                   | 3.1 Network Provider Agreements, Subcontractor Agreements, Downs |   |  |                       |   |   |  |
|---|--|--|---|-----------------------------------|--|---|--|-----------------------|---|---|--|
|   | 2.3.1 Prior<br>Authorizations and<br>Review Procedures | 2.3.2 Timeframes<br>for Medical<br>Authorization | 2.3.3 Review of<br>Utilization Data                     | 2.3.4 Delegating<br>UM Activities | 3.1.1 Overview of Contractor's Duties and Obligations            | 3.1.2 DHCS Approval of Network Provider Agreements, Subcontractor Agreements, and Downstream Subcontractor Agreements | 3.1.3 Contractor's Duty to Disclose All Delegated Relationships and to Submit a "Delegation, Oversight, and Compliance Plan" |                       | 3.1.5 Requirements for Network Provider Agreements, Subcontractor Agreements, and Downstream Subcontractor Agreements | 3.1.6 Financial Viability of Subcontractors, Downstream Subcontractors, and Network Providers |  |
| Subcontractor Agreement, or with whom the         | _  | for each delegated                               | Select "Yes" or "No"<br>for each delegated<br>function. | for each delegated                | for each delegated   | for each delegated  | Select "Yes" or "No"<br>for each delegated<br>function.  | Must not be delegated | _   | Select "Yes" or "No"<br>for each delegated<br>function.                                       |  |
| Vision Service Plans (VSP)                        | Yes  | Yes  | yes   | No                                | No   | No  | No   | No                    | Yes   | No  |  |
| University California San Francisco (UCSF         | no   |  | no  | no                                | No   | No  | No   | No                    | Yes   | No  |  |
| Teladoc   | No   |  | No  | No                                |  | No  | No   | No                    |   | No  |  |
|   |  |  |   |                                   |  |   |  |                       |   | No  |  |
| ,   | Yes  |  | No  | No                                |  |   | No   | No                    |   | No  |  |
|   | Yes  |  | No  | No                                |  |   |  | No                    | Yes   | No  |  |
|   | Yes  |  | No  | No                                | No   |   |  | No                    | Yes   | No  |  |
| · · · · ·   | Yes  |  | No  | No                                | No   |   | No   | No                    | Yes   | No  |  |
|   | Yes  |  | No  | No                                | No   |   | No   | No                    | Yes   | No  |  |
| . ` '   | Yes  |  | No  | No                                | No   |   | No   | No                    | Yes   | No  |  |
| NorthEast Medical Services                        | Yes  | Yes  | No  | No                                | No   | No  | No   | No                    | Yes   | No  |  |

| Subcontractor or Downstream  | eam Subcontractor /   | Agreements, and Con | tractor's Oversight D  | uties   |                          |                               |                   |   |  | 3.2 Provide   |
|--|---|---------------------|--|---|--------------------------|-------------------------------|-------------------|---|--|---|
| Subcontractor Name   | 3.1.7 Network Provider Agreements, Subcontractor Agreements, and Downstream Subcontractor Agreements with Federally Qualified Health Centers and Rural Health Clinics |                     | 3.1.9 Network Provider Agreements, Subcontractor Agreements, and Downstream Subcontractor Agreements with Local Health Departments | 3.1.10<br>Nondiscrimination<br>in Provider<br>Contracts | 3.1.11 Public<br>Records | 3.1.12 Requirement<br>to Post | 3.2.1 Exclusivity | 3.2.2 Provider<br>Dispute Resolution<br>Mechanism | 3.2.3 Out-of-<br>Network Provider<br>Relations | 3.2.4 Contractor's<br>Provider Manual                   |
| Name of the Subcontractor or Downstream Subcontractor with whom Contractor has a Subcontractor Agreement, or with whom the Subcontractor has a Downstream Subcontractor agreement. |   | _                   |  |   |                          |                               |                   | for each delegated                                |  | Select "Yes" or "No"<br>for each delegated<br>function. |
| Vision Service Plans (VSP)   | No  |                     | No   |   |                          |                               | No                |   | No   | No  |
| University California San Francisco (UCSF  |   |                     | No   |   |                          |                               | No                | No  | No   | No  |
| Teladoc  | No  | No                  | No   |   | No                       |                               | No                |   | No   | No  |
| . ,  | No  |                     | No   |   |                          |                               |                   |   | No   | No  |
| . ,  | No  |                     | No   |   |                          |                               |                   | · -   | No   | No  |
| Hill Physicians (Hill)   | No  |                     | No   |   |                          |                               |                   | · -   | No<br>No                                       | No<br>No  |
| Carelon  | No  |                     | No   |   |                          |                               |                   | •   | No   | No  |
| Brown and Toland Physicians (BTP)  | No<br>No  |                     | No   |   |                          |                               |                   | · -   | No   | No  |
| American Specialty Health (ASH)  | No  |                     | No   |   |                          |                               |                   | •   | No   | No  |
| All American Medical Group (AAMG)  | No  |                     | No   |   |                          |                               |                   | •   | No   | No  |
| NorthEast Medical Services   | No  | No                  | No   | No  | No                       | No                            | No                | yes   | No   | No  |

|  |                                    | 3.0 Provider,                              | . Network Providers,   | Subcontractors, and                                 | Downstream Subcon  | itractors                        |   |   |                            |   |
|--|------------------------------------|--|--|---|--|----------------------------------|---|---|----------------------------|---|
| Subcontractor or Downstream  | r Relations                        |  |  |   |  |                                  |   |   |                            |   |
| Subcontractor Name   | 3.2.5 Network<br>Provider Training | 3.2.6 Emergency<br>Department<br>Protocols | 3.2.7 Prohibited<br>Punitive Action<br>Against the<br>Provider | 3.2.8 Submittal of<br>Inpatient Days<br>Information | 3.3.1<br>Compensation and<br>Value Based<br>Arrangements | 3.3.2 Capitation<br>Arrangements | 3.3.3 Provider<br>Financial Incentive<br>Program Payments | 3.3.4 Identification<br>of Responsible<br>Payor | 3.3.5 Claims<br>Processing | 3.3.6 Prohibited<br>Claims                              |
| Name of the Subcontractor or Downstream<br>Subcontractor with whom Contractor has a<br>Subcontractor Agreement, or with whom the<br>Subcontractor has a Downstream<br>Subcontractor agreement. |                                    | _  |  |   |  |                                  |   | for each delegated                              |                            | Select "Yes" or "No"<br>for each delegated<br>function. |
| ` ,  | Yes                                | No   | No   | no  | no   | no                               | no  | Yes   | yes                        | yes   |
| University California San Francisco (UCSF  |                                    | No   | No   |   | No   | no                               | no  | no  | no                         | no  |
|  | Yes                                | No   | No   |   |  | No                               | No  | No  | No                         | No  |
| , ,  | Yes                                |  | No   |   |  | No                               |   |   | No                         | No  |
| . ` '  | Yes                                |  | No   |   |  | No                               |   |   | Yes                        | Yes   |
|  | Yes                                |  | No   |   |  | No                               |   |   | Yes                        | Yes   |
|  | Yes                                |  | No   |   |  | No                               |   |   | Yes                        | Yes   |
| •  | Yes                                |  | No   |   |  | No                               |   |   | Yes                        | Yes   |
|  | Yes                                |  | No   |   |  | No                               |   |   | Yes                        | Yes   |
|  | Yes                                |  | No   |   |  | No<br>No                         |   |   | Yes                        | Yes   |
| NorthEast Medical Services   | Yes                                | No   | No   | No  | No   | No                               | No  | Yes   | Yes                        | Yes   |

## 3.3 Provider Compensation Arrangements **Subcontractor or Downstream Subcontractor Name** 3.3.8 Non-3.3.7 Federally Contracting **Qualified Health Certified Nurse** 3.3.16 Emergency Center (FQHC), Midwife (CNM), 3.3.13 Community 3.3.9 Non-3.3.10 Sexually 3.3.11 HIV Testing 3.3.12 3.3.14 Major Organ 3.3.15 Long-Term **Services and Post-Rural Health Center Certified Nurse Contracting Family** Transmitted **Based Adult Stabilization Care** and Counseling **Immunizations Transplants Care Services** (RHC), and Indian Practitioner (CNP) **Planning Providers** Disease (STD) Services (CBAS) Services and Licensed Health Service (IHS) **Facilities** Midwife (LN) **Providers** Name of the Subcontractor or Downstream Select "Yes" or "No" |Select "Yes" or "No" | Subcontractor with whom Contractor has a Subcontractor Agreement, or with whom the for each delegated function. function. function. function. function. function. function. Subcontractor has a Downstream function. function. function. Subcontractor agreement. Vision Service Plans (VSP) No University California San Francisco (UCSINo no Teladoc No No No No No No No No San Francisco Health Network (SFHN) No Jade Healthcare Medical Group (JADE) No Yes Yes Yes Yes No No No Yes Yes Hill Physicians (Hill) No Yes Yes Yes Yes Yes No No No Yes Yes Carelon No No Yes Yes Yes Yes No No Yes Brown and Toland Physicians (BTP) No Yes Yes Yes Yes Yes No No No Yes American Specialty Health (ASH) No All American Medical Group (AAMG) No Yes No No Yes Yes Yes Yes No Yes NorthEast Medical Services No Yes Yes Yes Yes Yes No No No Yes

|   |  |  |   |  |                         | I                 |                     |   |   |   |
|---|--|--|---|--|-------------------------|-------------------|---------------------|---|---|---|
| Subcontractor or Downstream<br>Subcontractor Name   |  |  |   | 4.1 Ma   | rketing                 | 4.2 Enrollments a | nd Disenrollments   |   |   |   |
| Subcontractor Name  | 3.3.17 Provider-<br>Preventable<br>Conditions (PPCs) | 3.3.18 Prohibition<br>Against Payment to<br>Excluded Providers | 3.3.19 Compliance<br>with Directed<br>Payment Initiatives<br>and Related<br>Reimbursement<br>Requirements | 4.1.1 Training and<br>Certification of<br>Marketing<br>Representatives | 4.1.2 Marketing<br>Plan | 4.2.1 Enrollment  | 4.2.2 Disenrollment | 4.3.1 Population<br>Health<br>Management<br>(PHM) Program<br>Requirements | 4.3.2 Population<br>Needs Assessment<br>(PNA) | 4.3.3 Data<br>Integration and<br>Exchange               |
| Subcontractor Agreement, or with whom the Subcontractor has a Downstream Subcontractor agreement. | for each delegated                                   | for each delegated   | for each delegated  | for each delegated   | for each delegated      | _                 | for each delegated  | for each delegated  | for each delegated                            | Select "Yes" or "No"<br>for each delegated<br>function. |
| Vision Service Plans (VSP)  | no   | yes  | •   | no   | no                      | no                | no                  |   | no  | no  |
| University California San Francisco (UCSI   |  | No   | No  | No   | No<br>No                | No                | No<br>No            |   | No  | No  |
|   | No   | No   |   | No   | No                      | No                | No                  |   | No  | No  |
| ,   | No<br>No   |  |   | No<br>No   |                         |                   |                     |   |   | No<br>No  |
|   |  |  | •   |  | No<br>No                | No<br>No          |                     |   |   |   |
| , ,   | No.  |  |   |  | No<br>No                |                   |                     |   |   | No.   |
|   | No.  |  |   |  | No<br>No                |                   |                     |   |   | No  |
| ,   | No   |  | _   |  | No<br>No                |                   |                     |   |   | No  |
|   | No<br>No   |  |   |  |                         |                   |                     |   |   | No  |
|   | No   |  |   |  |                         |                   |                     |   |   | No  |
| NorthEast Medical Services  | No   | yes  | yes   | No   | No                      | No                | No                  | No  | No  | No  |

|  |                   |   |                                 |                                      | Exhibit A, Attachmen                           | t III  |                                      |  |                                  |   |
|--|-------------------|---|---------------------------------|--------------------------------------|--|--|--------------------------------------|--|----------------------------------|---|
|  |                   |   |                                 |                                      |  |  |                                      |  |                                  |   |
| Subcontractor or Downstream  |                   |   |                                 |                                      |  |  |                                      | 4.3 Population Heal                                  | th Management and                | Coordination of Care                                    |
| Subcontractor Name   | 4.3.4 PHM Service | 4.3.5 Population<br>Risk Stratification<br>Segmentation (RSS)<br>and Risk Tiering | 4.3.6 Screening and Assessments | 4.3.7 Care<br>Management<br>Programs | 4.3.8 Basic<br>Population Health<br>Management | 4.3.9 Other<br>Population Health<br>Requirements for<br>Children | 4.3.10 Transitional<br>Care Services | 4.3.11 Targeted<br>Case Management<br>(TCM) Services | 4.3.12 Mental<br>Health Services | 4.3.13 Alcohol and SUD Treatment Services               |
| Name of the Subcontractor or Downstream<br>Subcontractor with whom Contractor has a<br>Subcontractor Agreement, or with whom the<br>Subcontractor has a Downstream<br>Subcontractor agreement. |                   |   |                                 |                                      |  | for each delegated   | for each delegated                   |  |                                  | Select "Yes" or "No"<br>for each delegated<br>function. |
| Vision Service Plans (VSP)   | no                | no  | no                              | no                                   | no   | no   | no                                   | no   | no                               | no  |
| University California San Francisco (UCS   |                   | No  | No                              |                                      | No   | No   |                                      | No   | No                               | No  |
| Teladoc  |                   |   |                                 |                                      | No   | No   |                                      |  | No                               | No  |
| San Francisco Health Network (SFHN)  |                   | No  | No                              |                                      | No   | No   |                                      |  | No                               | No  |
| Jade Healthcare Medical Group (JADE)   |                   | No  | No                              |                                      | No   | No   |                                      | No   | No                               | No  |
| Hill Physicians (Hill)   |                   | No  | No                              |                                      | No   | No   | Yes                                  | No   | No                               | No  |
| Carelon  |                   | No  | No                              | No                                   | No   | No   | Yes                                  | No   | Yes                              | No  |
| Brown and Toland Physicians (BTP)  | No                | No  | No                              | No                                   | No   | No   | Yes                                  | No   | No                               | No  |
|  | NO                | NO  | INO                             | NO                                   | NO   | 110  | . 65                                 | 110  |                                  |   |
| American Specialty Health (ASH)  |                   |   | No                              |                                      | No   |  |                                      |  | No                               | No  |
| American Specialty Health (ASH) All American Medical Group (AAMG) NorthEast Medical Services   | No                |   |                                 | No                                   |  |  | No                                   | No   |                                  |   |

| Subcontractor or Downstream  |   |  |                                  |                    |   |  |                                |                    |                                  |   |
|--|---|--|----------------------------------|--------------------|---|--|--------------------------------|--------------------|----------------------------------|---|
| Subcontractor Name   | 4.3.14 California<br>Children's Services<br>(CCS) | 4.3.15 Services for<br>Persons with DD | 4.3.16 School-<br>Based Services | 4.3.17 Dental      | 4.3.18 Direct Observed Therapy (COT) for Treatment of Tuberculosis (TB) | 4.3.19 Women,<br>Infants, and<br>Children (WIC)<br>Supplemental<br>Nutrition Program | 4.3.20 HCBS Waiver<br>Programs | 4.3.21 IHSS        | 4.3.22 Indian<br>Health Services | 4.3.23 Justice<br>Involved Reentry<br>Coordination      |
| Name of the Subcontractor or Downstream Subcontractor with whom Contractor has a Subcontractor Agreement, or with whom the Subcontractor has a Downstream Subcontractor agreement. |   |  | for each delegated               | for each delegated | for each delegated  | for each delegated   | for each delegated             | for each delegated | for each delegated               | Select "Yes" or "No"<br>for each delegated<br>function. |
| , ,  |   | no                                     | no                               | no                 | no  | no   | no                             | no                 | no                               | no  |
| University California San Francisco (UCSI  |   | No                                     | No                               | No                 | No  | No   | No                             |                    | No                               | No  |
| Teladoc  | No  | No                                     | No                               | No                 | No  | No   |                                |                    |                                  | No  |
| , ,  |   | no                                     |                                  | No                 |   |  |                                |                    |                                  | No  |
| . , ,  | Yes   | Yes                                    |                                  | No                 |   | No   |                                |                    |                                  | No  |
|  |   | Yes                                    |                                  |                    |   |  |                                |                    |                                  | No  |
| Carelon Brown and Toland Physicians (BTP)  |   | Yes                                    |                                  |                    | Yes   | No   |                                |                    |                                  | No  |
| · · · · · ·  |   |  |                                  |                    | Yes   | No   |                                |                    |                                  | No  |
|  |   |  |                                  |                    | No  |  |                                |                    |                                  | No<br>No  |
| NorthEast Medical Services   |   |  |                                  |                    |   |  |                                |                    |                                  | No  |
| INOTHILAST MEDICAL DELVICES  | 163   | 163                                    | 163                              | טויו               | 163   | טאון   | INO                            | טויו               | INO                              | INU   |

|  |  |                                    |                        |                                |                              | 4.0 M                                     | ember                                |  |                                     |   |
|--|--|------------------------------------|------------------------|--------------------------------|------------------------------|---|--------------------------------------|--|-------------------------------------|---|
| Subcontractor or Downstream  |  |                                    |                        |                                |                              |   |                                      | 4.4 Enhanced Ca                        | are Management                      |   |
| Subcontractor Name   | 4.4.1 Contractor's<br>Responsibilities for<br>Administration of<br>ECM | 4.4.2 Populations of Focus for ECM | 4.4.3 ECM<br>Providers | 4.4.4 ECM Provider<br>Capacity | 4.4.5 Model of Care<br>(MOC) | 4.4.6 Member<br>Identification for<br>ECM | 4.4.7 Authorizing<br>Members for ECM | 4.4.8 Assignment to<br>an ECM Provider | 4.4.9 Initiating<br>Delivery of ECM | 4.4.10<br>Discontinuation of<br>ECM                     |
| Name of the Subcontractor or Downstream Subcontractor with whom Contractor has a Subcontractor Agreement, or with whom the Subcontractor has a Downstream Subcontractor agreement. | for each delegated   | for each delegated                 |                        |                                |                              | for each delegated                        | _                                    | for each delegated                     | for each delegated                  | Select "Yes" or "No"<br>for each delegated<br>function. |
| Vision Service Plans (VSP)   | no   | no                                 | no                     | no                             | no                           | no  | no                                   | No                                     | No                                  | No  |
| University California San Francisco (UCSF  |  |                                    | No                     | No                             | No                           |   | No                                   |  | No                                  | No  |
| Teladoc  | No   | No                                 | No                     | No                             | No                           | No  | No                                   | No                                     | No                                  | No  |
|  |  |                                    | No                     | No                             | No                           |   |                                      | No                                     | No                                  | No  |
| ,  | No   | No                                 | No                     | No                             | No                           |   | No                                   | No                                     | No                                  | No  |
| · ,  | No   |                                    | No                     | No                             | No                           |   |                                      | No                                     | No                                  | No  |
|  | No   |                                    | No                     | No                             |                              |   |                                      |  | No                                  | No  |
| ` ` '  | No   |                                    | No                     | No                             |                              |   |                                      |  | No                                  | No  |
| . , ,  | No   |                                    | No                     | No                             |                              |   |                                      |  | No                                  | No  |
|  | No   |                                    | No                     | No                             |                              |   |                                      |  |                                     | No  |
| NorthEast Medical Services   | No   | No                                 | No                     | No                             | No                           | No  | No                                   | No                                     | No                                  | No  |

| Subcontractor or Downstream  |   |   |                                   |                                 |                                 |  |  |  |                                       |   |
|--|---|---|-----------------------------------|---------------------------------|---------------------------------|--|--|--|---------------------------------------|---|
| Subcontractor Name   | 4.4.11 Core Service<br>Components of<br>ECM | 4.4.12 Data System Requirements and Data Sharing to Support ECM | 4.4.13 Oversight of ECM Providers | 4.4.14 Payment of ECM Providers | 4.4.15 DHCS<br>Oversight of ECM | 4.4.16 ECM Quality<br>and Performance<br>Incentive Program | 4.5.1 Contractor's<br>Responsibility for<br>Administration of<br>Community<br>Supports | 4.5.2 DHCS Pre-<br>Approved<br>Community<br>Supports | 4.5.3 Community<br>Supports Providers | 4.5.4 Community<br>Supports Provider<br>Capacity        |
| Name of the Subcontractor or Downstream Subcontractor with whom Contractor has a Subcontractor Agreement, or with whom the Subcontractor has a Downstream Subcontractor agreement. | for each delegated                          | for each delegated  | for each delegated                | for each delegated              | for each delegated              | _  | for each delegated   | for each delegated                                   | for each delegated                    | Select "Yes" or "No"<br>for each delegated<br>function. |
| Vision Service Plans (VSP)   |   |   |                                   |                                 | No                              |  |  |  |                                       | No  |
| University California San Francisco (UCSI  |   | No  |                                   | No                              | No                              | No   | No   |  | No                                    | No  |
| Teladoc San Francisco Health Network (SFHN)  | No<br>No                                    | No<br>No  |                                   | No<br>No                        | No<br>No                        | No<br>No   | No<br>No   |  | No<br>No                              | No<br>No  |
|  |   | No  |                                   | No                              | No                              | No   |  |  |                                       | No  |
| · ` ` '  | No  |   |                                   | No                              | No                              | No   |  |  |                                       | No  |
| Carelon  | No  |   |                                   |                                 | No                              | No   |  |  |                                       | No  |
|  | No  |   |                                   |                                 | No                              | No   |  |  |                                       | No  |
| . ,  | No  |   |                                   |                                 | No                              | No   |  |  |                                       | No  |
| All American Medical Group (AAMG)  | No  |   |                                   | No                              | No                              | No   |  |  |                                       | No  |
| NorthEast Medical Services   | No  | No  | No                                | No                              | No                              | No   | No   | No   | No                                    | No  |

## 4.5 Community Supports **Subcontractor or Downstream Subcontractor Name** 4.5.7 Authorizing 4.5.11 Delegation 4.5.8 Referring 4.5.9 Data System Members for of Community Requirements and Members to 4.5.6 Identifying 4.5.13 DHCS 4.5.14 Community Community 4.5.10 Oversight of 4.5.5 Community **Supports** 4.5.12 Payment of Members for **Data Sharing to** Oversight of **Supports Quality** Community **Supports Model of Supports and** Community **Administration to** Community Community **Supports Providers** and Performance Support Community Care (MOC) Communication of Supports Providers | Subcontractors and | Supports Providers Supports for Community Community Supports **Incentive Program** Authorization **Downstream** Supports Supports Status Subcontractors Name of the Subcontractor or Downstream |Select "Yes" or "No" Subcontractor with whom Contractor has a Subcontractor Agreement, or with whom the for each delegated function. function. function. function. function. function. Subcontractor has a Downstream function. function. function. function. Subcontractor agreement. Vision Service Plans (VSP) No University California San Francisco (UCSINo No Teladoc No No No No No No No No San Francisco Health Network (SFHN) No Jade Healthcare Medical Group (JADE) No Hill Physicians (Hill) No Carelon No No No No Nο No Nο No No Brown and Toland Physicians (BTP) No American Specialty Health (ASH) No All American Medical Group (AAMG) No NorthEast Medical Services No No No No No No No No No No

| Subcontractor or Downstream  |   |                            |                                       | 4.6 Membo                 | er Grievance and App    | peal System                                       |  |   |   |   |
|--|---|----------------------------|---------------------------------------|---------------------------|-------------------------|---|--|---|---|---|
| Subcontractor Name   | 4.6.1 Grievance and<br>Appeal Program<br>Requirements | 4.6.2 Grievance<br>Process | 4.6.3<br>Discrimination<br>Grievances | 4.6.4 Notice of<br>Action | 4.6.5 Appeal<br>Process | 4.6.6<br>Responsibilities in<br>Expedited Appeals | 4.6.7 State Fair<br>Hearings and<br>Independent<br>Medical Reviews | 4.6.8 Continuation<br>of Services Until<br>Appeal and State<br>Fair Hearing Rights<br>Are Exhausted | 4.6.9 Grievance and<br>Appeal Reporting<br>and Data     | 5.1.1 Members<br>Rights and<br>Responsibilities         |
| Name of the Subcontractor or Downstream Subcontractor with whom Contractor has a Subcontractor Agreement, or with whom the Subcontractor has a Downstream Subcontractor agreement. |   | _                          |                                       |                           |                         |   | for each delegated   |   | Select "Yes" or "No"<br>for each delegated<br>function. | Select "Yes" or "No"<br>for each delegated<br>function. |
| Vision Service Plans (VSP)   | No  |                            | No                                    |                           |                         |   |  | No  | No  | Yes   |
| University California San Francisco (UCSI  |   | No                         | No                                    |                           |                         |   |  | No  | No  | No  |
| Teladoc  | No  |                            | No                                    |                           |                         | No  |  | No  | No  | No  |
| , ,  | No  |                            | No                                    |                           |                         |   |  |   | No  | No  |
| ,  | No  |                            | No                                    |                           |                         |   |  | No  | No  | No  |
| Hill Physicians (Hill)   | No  |                            | No                                    |                           |                         |   |  | No  | No  | No  |
| Carelon  | No  |                            | No                                    |                           |                         |   |  | No  | No  | No  |
| Brown and Toland Physicians (BTP)  | No  |                            | No                                    |                           |                         |   |  | No  | No  | No  |
| American Specialty Health (ASH)  | No  |                            | No                                    |                           |                         |   | No   | No  | No  | No  |
|  | No  |                            | No                                    |                           |                         |   |  | No  | No  | No  |
| NorthEast Medical Services   | No  | No                         | No                                    | No                        | No                      | No  | No   | No  | No  | No  |

|  |                                | 5.1 Member Services                     |                           |                                 |                               |                           |                           |                         |                           |                                 |
|--|--------------------------------|---|---------------------------|---------------------------------|-------------------------------|---------------------------|---------------------------|-------------------------|---------------------------|---------------------------------|
|  |                                |   |                           |                                 |                               |                           |                           |                         |                           |                                 |
| Subcontractor or Downstream  |                                |   |                           |                                 |                               |                           |                           |                         |                           |                                 |
| Subcontractor Name   |                                |   |                           |                                 |                               |                           |                           |                         |                           |                                 |
|  |                                |   |                           |                                 |                               |                           |                           |                         |                           |                                 |
|  |                                |   |                           | 5.1.5 Notices of                |                               |                           |                           |                         |                           |                                 |
|  |                                |   | 5.1.4 Primary Care        | Action for Denial,              | 5.2.1 Access to               |                           |                           |                         | 5.2.5 Network             | 5.2.6 Access to                 |
|  | 5.1.2 Member<br>Services Staff | 5.1.3 Member<br>Information             | Service Provider          | Deferral, or<br>Modification of | Network Providers and Covered | 5.2.2 Network<br>Capacity | 5.2.3 Network Composition | 5.2.4 Network<br>Ratios | Adequacy                  | Emergency Service Providers and |
|  | Services Starr                 | information                             | Selection                 | Prior Authorization             | Services                      | Capacity                  | Composition               | Natios                  | Standards                 | Emergency Services              |
|  |                                |   |                           | Requests                        |                               |                           |                           |                         |                           |                                 |
|  |                                |   |                           |                                 |                               |                           |                           |                         |                           |                                 |
|  |                                |   |                           |                                 |                               |                           |                           |                         |                           |                                 |
|  |                                |   |                           |                                 |                               |                           |                           |                         |                           |                                 |
|  |                                |   |                           |                                 |                               |                           |                           |                         |                           |                                 |
| Name of the Subcontractor or Downstream  | Calaat IIVaallaa IINlall       | Calaat IIVaall au IINlall               | Calaat IIVaall au IINIall | Calast IIVasii au IINIaii       | Calaat IIVaall an IINIall     | Calaat "Vaa" au "Nau"     | Calast Wash as Walsh      | Calast Wash as UNISH    | Calaat IIVaali aa IINIali | Calast IIVaali an IINlali       |
| Subcontractor with whom Contractor has a Subcontractor Agreement, or with whom the |                                | Select "Yes" or "No" for each delegated |                           |                                 |                               |                           |                           |                         |                           | for each delegated              |
| Subcontractor has a Downstream   | function.                      | _                                       | _                         | -                               | function.                     | function.                 | function.                 | -                       | function.                 | function.                       |
| Subcontractor agreement.   |                                |   |                           |                                 |                               |                           |                           |                         |                           |                                 |
|  |                                |   |                           |                                 |                               |                           |                           |                         |                           |                                 |
| Vision Comice Plans (VOD)  |                                |   |                           | W                               | W                             | N -                       |                           |                         |                           |                                 |
| Vision Service Plans (VSP) University California San Francisco (UCSF               | no<br>No                       |   |                           |                                 | Yes<br>yes                    | No<br>yes                 | no<br>yes                 | no<br>yes               | no<br>yes                 | no<br>yes                       |
| Teladoc  | No                             | No                                      |                           |                                 | Yes                           | Yes                       | Yes                       | Yes                     | Yes                       | No                              |
|  | No                             |   |                           |                                 |                               |                           |                           |                         | No                        | No                              |
|  | No                             |   |                           |                                 |                               | No                        | No                        |                         | No                        | No                              |
| Hill Physicians (Hill)   | No                             |   |                           |                                 |                               | No                        |                           |                         | No                        | No                              |
| Carelon  | No                             |   |                           |                                 |                               | No                        |                           |                         | No                        | No                              |
|  | No                             |   |                           |                                 |                               | No                        |                           |                         | No                        | No                              |
|  | No                             |   |                           |                                 |                               | No                        |                           |                         | No                        | No                              |
| All American Medical Group (AAMG)  | No                             |   |                           |                                 |                               | No                        |                           |                         | No                        | No                              |
| NorthEast Medical Services   | No                             | No                                      | No                        | No                              | No                            | No                        | No                        | No                      | No                        | No                              |

| P)   | pe and Delivery                       |                                     |  |                              |   |                                   |                                      |                           |                            |   |
|--|---------------------------------------|-------------------------------------|--|------------------------------|---|-----------------------------------|--------------------------------------|---------------------------|----------------------------|---|
| Subcontractor or Downstream                |                                       |                                     | 5.3 Scope  | of Services                  |   |                                   |                                      |                           | 5.4 Con                    | nmunity Based Adult                                     |
| Subcontractor Name                         | 5.3.2 Medically<br>Necessary Services | 5.3.3 Initial Health<br>Appointment | 5.3.4 Services for<br>Members less than<br>21 Years of Age | 5.3.5 Services for<br>Adults | 5.3.6 Pregnant and<br>Postpartum<br>Members | 5.3.7 Services for<br>All Members | 5.3.8<br>Investigational<br>Services | 5.4.1 Covered<br>Services | 5.4.2 Coordination of Care | 5.4.3 Required<br>Reports for the<br>CBAS Program       |
| Subcontractor Agreement, or with whom the  | for each delegated                    |                                     | for each delegated   | for each delegated           | for each delegated                          |                                   | for each delegated                   | for each delegated        | for each delegated         | Select "Yes" or "No"<br>for each delegated<br>function. |
| ` '  |                                       |                                     |  | •                            |   |                                   |                                      |                           |                            | No  |
| University California San Francisco (UCSF) |                                       |                                     |  |                              |   |                                   | No                                   |                           | No                         | No  |
|  |                                       |                                     |  |                              |   |                                   |                                      |                           | No<br>No                   | No  |
| , ,  |                                       |                                     |  |                              |   |                                   |                                      |                           |                            | No<br>No  |
| 1 \ /                                      |                                       |                                     |  | -                            | •   | •                                 |                                      |                           |                            | No  |
| ` '  |                                       |                                     |  |                              |   | •                                 |                                      |                           |                            | No  |
|  |                                       |                                     |  |                              |   |                                   |                                      |                           |                            | No  |
| • , ,                                      |                                       |                                     |  | -                            | •   | •                                 |                                      |                           |                            | No  |
|  |                                       |                                     |  |                              |   | •                                 |                                      |                           |                            |   |
| All American Medical Group (AAMG)          | Yes                                   | Yes                                 | yes  | yes                          | yes   | yes                               | No                                   | No                        | No                         | No  |

| Subcontractor or Downstream<br>Subcontractor Name  | Services                         | Services  5.5 Mental Health and Substance Use Disorder Benefits |   |  |  |  |   | 5.6 MOUs with Local Government A<br>Programs, and Third Par |   |   |
|--|----------------------------------|---|---|--|--|--|---|---|---|---|
| Subcontractor Name   | 5.4.4 Community<br>Participation | 5.4.5 Community<br>Based Adult<br>Services Program<br>Integrity | 5.5.1 Mental Health<br>Parity<br>Requirements | 5.5.2 Non-specialty<br>Mental Health<br>Services and<br>Substance Use<br>Disorder Services | 5.5.3 Non-specialty<br>Mental Health<br>Services Providers | 5.5.4 Emergency<br>Mental Health and<br>Substance Use<br>Disorder Services | 5.5.5 Mental Health<br>and Substance Use<br>Disorder Services<br>Disputes | 5.5.6 No Wrong  | 5.6.1 MOU Purpose                                       | 5.6.2 MOU<br>Requirements                               |
| Name of the Subcontractor or Downstream Subcontractor with whom Contractor has a Subcontractor Agreement, or with whom the Subcontractor has a Downstream Subcontractor agreement. | for each delegated               | for each delegated  | for each delegated                            |  |  | Select "Yes" or "No"<br>for each delegated<br>function.                    | _   | for each delegated  | Select "Yes" or "No"<br>for each delegated<br>function. | Select "Yes" or "No"<br>for each delegated<br>function. |
| Vision Service Plans (VSP)   |                                  |   |   | No   |  | No   |   | No  | No  | No  |
| University California San Francisco (UCSF  |                                  | No  |   | No   |  | No   |   | No  | No  | No  |
| Teladoc  | No                               | No  | No  | No   | No   | No   |   | No  | No  | No  |
| . ,  | No                               | No  |   | No   |  | No   |   |   | No  | No  |
| . ` '  |                                  |   |   | No   |  | No   |   |   | No  | No  |
| Hill Physicians (Hill)   |                                  |   |   | No   |  | No   |   |   | No  | No  |
| Carelon  |                                  |   |   | Yes  |  | Yes  |   |   | No  | No  |
| Brown and Toland Physicians (BTP)  |                                  |   |   | No   |  | No   |   |   | No  | No  |
| American Specialty Health (ASH)  |                                  |   |   | No   |  | No   | No  |   | No  | No  |
| All American Medical Group (AAMG)  |                                  |   |   | No   |  | No   |   |   | No  | No  |
| NorthEast Medical Services   | No                               | No  | No  | No   | No   | No   | No  | No  | No  | No  |

|   |  |                         | 6  | 5.0 Emergency Prepai                         | redness and Respons                               | e   |                                     |                                  |                    |   |
|---|--|-------------------------|--|--|---|---|-------------------------------------|----------------------------------|--------------------|---|
| Subcontractor or Downstream   | gencies, County<br>ties                  |                         |  |  | 6.4 California's                                  |   |                                     | 7.0 Operations                   |                    |   |
| Subcontractor Name  | 5.6.3 MOU<br>Oversight and<br>Compliance | 6.1 General<br>Guidance | 6.2 Business<br>Continuity<br>Emergency Plan | 6.3 Member<br>Emergency<br>Preparedness Plan | Standardized<br>Emergency<br>Management<br>System | 6.5 Reporting<br>Requirements<br>During an<br>Emergency | 6.6 DHCS<br>Emergency<br>Directives | Deliverables and<br>Requirements | 1.1 Governing Law  | 1.2 DHCS Guidance                                       |
| Subcontractor Agreement, or with whom the Subcontractor has a Downstream Subcontractor agreement. | _  |                         | for each delegated                           | for each delegated                           | for each delegated                                | for each delegated                                      | for each delegated                  | for each delegated               | for each delegated | Select "Yes" or "No"<br>for each delegated<br>function. |
| \ /   |  | No                      |  | No   | No  | No  |                                     |                                  |                    | No  |
| University California San Francisco (UCSF   |  | No                      |  | No   | No  | No  |                                     |                                  |                    | No  |
|   |  | No                      |  | No   | No  | No  |                                     |                                  |                    | No  |
| 1 /   |  | No<br>No                |  |  | No<br>No  | No<br>No  |                                     |                                  |                    | No<br>No  |
| · , , , , , , , , , , , , , , , , , , ,   |  |                         |  |  |   |   |                                     |                                  |                    | No  |
| ` '   |  |                         |  |  |   |   |                                     |                                  |                    | No  |
|   |  |                         |  |  |   |   |                                     |                                  |                    | No  |
| •   |  |                         |  |  |   |   |                                     |                                  |                    |   |
|   | INO                                      | IIV()                   | INO  | IIV()  | INO   | LINO  | IIV()                               |                                  |                    | INO   |
| All American Medical Group (AAMG)   |  |                         |  |  |   |   |                                     |                                  |                    | No<br>No  |

| Subcontractor or Downstream<br>Subcontractor Name  | 1.3 Contract<br>Interpretation                          | 1.4 Assignments,<br>Mergers,<br>Acquisitions | 1.5 Independent<br>Contractor | 1.6 Amendment<br>and Change Order<br>Process            | 1.7 Delegation of<br>Authority | 1.8 Authority of the<br>State | 1.9 Fulfillment of<br>Obligations | 1.10 Obtaining<br>DHCS Approval | 1.11 Certifications                                     | 1.12 Notices  |
|--|---|--|-------------------------------|---|--------------------------------|-------------------------------|-----------------------------------|---------------------------------|---|---|
| Name of the Subcontractor or Downstream Subcontractor with whom Contractor has a Subcontractor Agreement, or with whom the Subcontractor has a Downstream Subcontractor agreement. | Select "Yes" or "No"<br>for each delegated<br>function. | for each delegated                           | for each delegated            | Select "Yes" or "No"<br>for each delegated<br>function. | Must not be delegated          | _                             | for each delegated                | for each delegated              | Select "Yes" or "No"<br>for each delegated<br>function. | Select "Yes" or "No"<br>for each delegated<br>function. |
| Vision Service Plans (VSP)   | No  | No   | No                            | No  | No                             | No                            | No                                | No                              | No  | No  |
| University California San Francisco (UCSI  |   | No   | No                            | No  | No                             |                               |                                   | No                              | No  | No  |
| Teladoc  | No  | No   | No                            |   |                                |                               |                                   |                                 | No  | No  |
|  | No  |  | No                            |   |                                |                               |                                   |                                 | No  | No  |
| . ` ,  | No  | No   |                               |   |                                |                               |                                   |                                 |   | No  |
| Hill Physicians (Hill)   | No  | No   | No                            |   |                                |                               |                                   |                                 |   | No  |
| Carelon  | No  | No   | No                            |   |                                |                               |                                   |                                 | No  | No  |
| , ,  | No  | No   | No                            |   |                                |                               |                                   |                                 | No  | No  |
| . ,  | No  | No   | No                            |   |                                |                               |                                   |                                 |   | No  |
|  | No  |  | No                            |   |                                |                               |                                   |                                 |   | No  |
| NorthEast Medical Services   | No  | No   | No                            | No  | No                             | No                            | No                                | No                              | No  | No  |

|   | Exhibit E                        |                    |                            |                  |                               |                         |                |                            |   |   |  |
|---|----------------------------------|--------------------|----------------------------|------------------|-------------------------------|-------------------------|----------------|----------------------------|---|---|--|
|   | 1.0 Program Terms and Conditions |                    |                            |                  |                               |                         |                |                            |   |   |  |
| Subcontractor or Downstream<br>Subcontractor Name | 1.13 Term                        | 1.14 Service Area  | 1.15 Contract<br>Extension | 1.16 Termination | 1.17 Phaseout<br>Requirements | 1.18<br>Indemnification | 1.19 Sanctions | 1.20 Liquidated<br>Damages | 1.21 Contractor's<br>Dispute Resolution<br>Requirements | 1.22 Inspection and<br>Audit of Records<br>and Facilities |  |
| Subcontractor Agreement, or with whom the         | for each delegated               | for each delegated | for each delegated         |                  |                               | for each delegated      | _              | for each delegated         | for each delegated                                      | Select "Yes" or "No"<br>for each delegated<br>function.   |  |
| \ /   | No                               | No                 | No                         | No               | No                            | No                      | No             | No                         | No  | No  |  |
| University California San Francisco (UCSF         |                                  |                    | No                         |                  | No                            |                         | No             | No                         | No  | No  |  |
| Teladoc   | No                               |                    |                            |                  | No                            |                         | No             | No                         | No  | No  |  |
|   |                                  |                    |                            |                  |                               |                         |                |                            |   | No  |  |
| ,   | No                               |                    |                            |                  | No                            |                         | No             |                            |   | No  |  |
| ` '   | No                               |                    |                            |                  |                               |                         |                |                            | No  | No  |  |
|   | No                               |                    | No                         |                  |                               |                         | No             |                            | No  | No  |  |
| •           | No                               |                    | No                         |                  |                               |                         | No             | No                         | No  | No  |  |
| . , ,   | No                               |                    |                            |                  |                               |                         | No             |                            | No  | No  |  |
|   | No                               |                    |                            |                  |                               |                         |                |                            | No  | No  |  |
| NorthEast Medical Services                        | No                               | No                 | No                         | No               | No                            | No                      | No             | No                         | No  | No  |  |

| Subcontractor or Downstream<br>Subcontractor Name | 1.23 Confidentiality<br>of Information |                    | 1.25 Cost Avoidance and Post- Payment Recovery (PPR) of Other Health Coverage (OHC) | 1.26 Third-Party<br>Tort and Workers'<br>Compensation<br>Liability | 1.27 Litigation<br>Support | 1.28 Equal<br>Opportunity<br>Employer                   | 1.29 Federal and<br>State<br>Nondiscrimination<br>Requirements | 1.30 Discrimination<br>Prohibitions | 1.31 Small Business Participation and Disabled Veteran Business Enterprises (DVBE) Reporting Requirements | 1.32 Conflict of<br>Interest Avoidance<br>Requirements  |
|---|--|--------------------|---|--|----------------------------|---|--|-------------------------------------|---|---|
| Subcontractor Agreement, or with whom the         | for each delegated                     | for each delegated | for each delegated  | for each delegated   |                            | Select "Yes" or "No"<br>for each delegated<br>function. |  | for each delegated                  | for each delegated  | Select "Yes" or "No"<br>for each delegated<br>function. |
| Vision Service Plans (VSP)                        | No                                     | No                 | No  | No   | No                         | No  | No   | No                                  | No  | No  |
| University California San Francisco (UCSF         | No                                     | No                 | No  | No   | No                         | No  | No   | No                                  | No  | No  |
|   | No                                     | No                 | No  | No   | No                         | No  | No   | No                                  |   | No  |
|   | No                                     |                    |   |  | No                         | No  | No   |                                     |   | No  |
| Jade Healthcare Medical Group (JADE)              |  | No                 | No  | No   | No                         | No  | No   | No                                  | No  | No  |
| . ,   | No                                     |                    |   | No   | No                         | No  | No   |                                     |   | No  |
|   | No                                     |                    |   | No   | No                         | No  | No   |                                     |   | No  |
|   | No                                     | No                 | No  | No   | No                         | No  | No   | No                                  | No  | No  |
| American Specialty Health (ASH)                   | No                                     | No                 | No  | No   | No                         | No  | No   | No                                  | No  | No  |
| All American Medical Group (AAMG)                 | No                                     | No                 | No  | No   | No                         | No  | No   | No                                  | No  | No  |
| NorthEast Medical Services                        | No                                     | No                 | No  | No   | No                         | No  | No   | No                                  | No  | No  |

| Subcontractor or Downstream<br>Subcontractor Name  | 1.33 Guaranty<br>Provision                              | 1.34 Priority of<br>Provisions                          | 1.35 Additional<br>Incorporated<br>Provisions -<br>Proposals | 1.36 Miscellaneous<br>Provisions                        |  |
|--|---|---|--|---|--|
| Name of the Subcontractor or Downstream Subcontractor with whom Contractor has a Subcontractor Agreement, or with whom the Subcontractor has a Downstream Subcontractor agreement. | Select "Yes" or "No"<br>for each delegated<br>function. | Select "Yes" or "No"<br>for each delegated<br>function. | Select "Yes" or "No"<br>for each delegated<br>function.      | Select "Yes" or "No"<br>for each delegated<br>function. |  |
| Vision Service Plans (VSP)   | No  | No  | No   | No  |  |
| University California San Francisco (UCSF  | No  | No  | No   | No  |  |
| Teladoc  |   | No  | No   | No  |  |
| San Francisco Health Network (SFHN)  |   | No  | No   | No  |  |
| Jade Healthcare Medical Group (JADE)   | No  | No  | No   | No  |  |
| Hill Physicians (Hill)   | No  | No  | No   | No  |  |
| Carelon  | No  | No  | No   | No  |  |
| Brown and Toland Physicians (BTP)  | No  | No  | No   | No  |  |
| American Specialty Health (ASH)  | No  | No  | No   | No  |  |
| All American Medical Group (AAMG)  | No  | No  | No   | No  |  |
| NorthEast Medical Services   | No  | No  | No   | No  |  |