Managed Care Health Plan Name	San Francisco Health Plan	
County	San Francisco County	
Submission Scenerio/Circumstance	Subcontractor Network Certification	
Reporting Year or Period	RY 2022	
Submission Date	6/30/2023	
Section A Access and notwork ado	quacy standards required for Subcontractors	

Section A. Access and network adequacy standards required for Subcontractors Instructions: Medi-Cal managed care health plans (MCP) must use this section to report on access and network adequacy standards for Subcontractors.

# Item	Item Instructions	Standard 1	Standard 2	Standard 3	Standard 4	Standard 5	Standard 6	Standard 7	Standard 8	Standard 9	Standard 10	Standard 11	Standard 12	Standard 13	Standard 14	Standard 15	Standard 16	Standard 17
A.1 Standard type	Enter the standard type for each standard used in the program.	Maximum time or distance	Maximum time or distance	Maximum time or distance	Ease of getting an appointment timely	Ease of getting an appointment timely	Ease of getting an appointment timely	Ease of getting an appointment timely	Ease of getting an appointment timely	Ease of getting an appointment timely	Ease of getting an appointment timely	Ease of getting an appointment timely						
A.2 Standard description	Describe the standard (Example: 60 miles max. distance to an appointment).	10 miles or 30 minutes	10 miles or 30 minutes	15 miles or 30 minutes	10 miles or 30 minutes	10 miles or 30 minutes	Non-urgent - within 10 business days to appointment from request	Non-urgent - within 10 business days to appointment from request	Non-urgent - within 15 business day to appointment from request	Non-urgent - within 15 business day to appointment from request		Non-urgent - within 10 business days to appointment from request	Non-urgent - within 10 business days to appointment from request	Non-urgent Follow-up - within 10 business days to appointment from request				
A.3 Provider type covered by standard	Enter the provider type that the standard applies to.	Adult primary care	Pediatric primary care	Adult specialist	Pediatric specialist	OB/GYN	Adult behavioral health	Pediatric behavioral health	Hospital	Dental	Adult primary care	Pediatric primary care	Adult specialist	Pediatric specialist		Adult behavioral health		Adult behavioral health
A.4 Population covered by standard	Enter the population that the standard applies to.	Adult	Pediatric	Adult	Pediatric	Adult and pediatric	Adult	Pediatric	Adult and pediatric	Adult and pediatric	Adult	Pediatric	Adult	Pediatric	Adult and pediatric	Adult	Pediatric	Adult
A.5 Applicable region(s)	Enter the region that the standard applies to.	Statewide	Statewide	Dense	Dense	Dense	Dense	Dense	Statewide	Statewide	Statewide	Statewide	Statewide	Statewide	Statewide	Statewide	Statewide	Statewide

Section B. Analyses the Plan uses to monitor Subcontractor compliance with access and network adequacy

standards reported in Section A

Instructions: Plans must use this section to report on the analyses that the Plan uses to assess Subcontractor compliance with the state's network adequacy standards under Title 42 Code of Federal Fegulations (CFR) section 438.68 and 42 CFR section 438.206; report on

each analysis in columns F-M. If the Plan uses another type of analysis, enter that information in column M adding additional entries

# Item	Item Instructions	Example: Geomapping	Example: Provider Directory Review	Geomapping	Subcontractor Provider Directory Review	Secret Shopper: Network Participation	Secret Shopper: Appointment Availability	Electronic Visit Verification Data Analysis	Review of Grievances Related to Acces	Encounter Data Analysis	Other (Specify)
B.1 Frequency of Analysis	Indicate how frequently the Plan analyzes Subcontractor compliance with network adequacy standards under 42 CFR 438.68 and 42 CFR section 438.206 using the methods listed in columns F-M. If the Plan does not use the method, select "Not used for any Subcontractors".	Quarterly	Semi-annually	Annually	Not used for any plans	Not used for any plans	Not used for any plans	Not used for any plans	Quarterly	Quarterly	N/A
B.2 Analysis Methods	For each analysis method in columns F-M, indicate whether the Plan uses the method to analyze Subcontractor compliance with 42 CFR 438.68 and/or 42 CFR section 438.206 for all, some, or none of the Subcontractors. If the Plan enters 'Used for some but not all Subcontractors' for any analysis method, report the Subcontractors for which the Plan uses the analysis method for in B.3.	Used for all Subcontractors	Used for some but not all Subcontractors	Used for all Subcontractors	Not used for any Subcontractors	Not used for any Subcontractors	Not used for any Subcontractors	Not used for any Subcontractors	Used for all Subcontractors	Used for all Subcontractors	N/A
B.3 Subcontractor-Specific Analysis	If the Plan indicated in item B.2 that it uses an analysis method for some but not all Subcontractors, identify the subset of Subcontractors for which the method is used. Write the name of the Subcontractor(s) under the column with the corresponding type of analysis. If the Plan indicated in item B.2 that it uses the analysis method on all or none of the Subcontractors, write "N/A."	N/A	Subcontractor B Subcontractor D Subcontractor H	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

C. Subcontractor-level compliance data none of the Subcontractors, write "N/A."

Instructions: Plans should use this section to report on Subcontractor compliance with the state's network adequacy standards under 42

CFR 438.68 and 42 CFR section 438.206; report on each Subcontractor by county in columns F-AS.
 Item Instructions
 Example:Subcontract

 In columns F-AS, enter the names of the Subcontractors that contract with the Plan as
 Subcontractor #1
 #ItemC.1.aSubcontractor Name Example:Subcontractor #1 Subcontractor #2 Subcontractor #7 Subcontractor #10 Subcontractor #11 Subcontractor #13 Subcontractor #15 Subcontractor #9 Example:Subcontractor #2 Subcontractor #1 Subcontractor #3 Subcontractor #4 Subcontractor #5 Subcontractor #6 Subcontractor #8 Subcontractor #12 Subcontractor #14 ubcontractor #2 KAISER PERMANENTE required to be certified by DHCS. If the Subcontractor serves a specific population per their agreement with the Plan, C.1.b Population Served enter that population. For example: Pediatrics. If the Subcontractor does not serve a specific population, enter "All" Indicate whether the Subcontractor is Fully delegated or Partially delegated. A Subcontractor is 'Fully delegated' if the Plan has contractually delegated ALL functions and obligations under its contract with the state, except for those contractual functions and obligations where delegation is legally or contractually prohibited. If a Subcontractor is not 'Fully delegated' but still assumes some financial risk for the functions and obligations the Plan has contractually delegated to the Subcontractor, then 'Partially delegated' should be indicated. If the Subcontractor is not "Fully Fully delegated Partially delegated C.1.c Level of Delegation Fully delegated delegated' it must be considered 'Partially delegated." For Subcontractors indicated as 'Partially delegated,' complete items # C.1.d- C.1.q. To ease administrative burden, for Subcontractors indicated as 'Fully delegated,' DHCS assumes they provided the services in items # C.1.d - C.1.n, and therefore do not need to complete the rest of part C.1. If this assumption is incorrect, Plans have

 Indicate whether the Subcontractor has been delegated Adult Primary Care

 Indicate whether the Subcontractor has been delegated Pediatric Primary Care

 Indicate whether the Subcontractor has been delegated Adult Specialty Care

 Indicate whether the Subcontractor has been delegated Adult Specialty Care

 Indicate whether the Subcontractor has been delegated Pediatric Specialty Care

 C.1.dAdult Primary CareC.1.ePediatric Primary CareC.1.fAdult Specialty CareC.1.gPediatric Specialty CareC.1.hAdult Non-Specialty Mental Health Indicate whether the Subcontractor has been delegated Adult NSMH C.1.n (NSMH) C.1.i Pediatric NSMH C.1.j OB/GYN Specialty Care

 Indicate whether the Subcontractor has been delegated Pediatric NSMH

 Indicate whether the Subcontractor has been delegated OB/GYN Specialty Care

 Indicate whether the Subcontractor has been delegated Hospitals

 Indicate whether the Subcontractor has been delegated Ancillary Services

 Indicate whether the Subcontractor has been delegated Ancillary Services

 Indicate whether the Subcontractor has been delegated Member Services Line

 Indicate whether the Subcontractor has been delegated 24/7 Nurse Triage Line

 Indicate whether the Subcontractor has been delegated Dental Care

 Y

 Indicate whether the Subcontractor has been delegated LTSS - SNF

 Y

 Indicate whether the Subcontractor has been delegated LTSS - ICF

 C.1.k Hospitals C.1.l Ancillary Services C.1.m Member Services Line C.1.n 24/7 Nurse Triage Line C.1.o Dental Care C.1.p LTSS - SNF C.1.q LTSS - ICF Indicate whether the Plan assures that the Subcontractor complies with the state's network adequacy standards under 42 CFR section 438.68 based on each applicable analysis the Plan conducted for the Subcontractor during the reporting year/period. For example, if the Plan assessed Subcontractor compliance with 42 CFR section

C.2.a Assurance of Subcontractor Compliance with 42 CFR section 438.68	For example, if the Plan assessed Subcontractor compliance with 42 CFR section 438.68 using four quarterly geomapping within the reporting year, and the Plan determined that the Subcontractor complied with the network adequacy standards in all of those analyses, enter 'Yes, the Subcontractor complies based on all analyses.' As another example, if the Plan assessed Subcontractor compliance with 42 CFR section 438.68 using two semi-annual geomapping analyses within the reporting year and the Plan determined that the Subcontractor did not comply with the network adequacy standards in at least one of those analyses, then enter 'No, the Subcontractor does not comply based on all analyses.''	all analyses based on all analyses	No, the Subcontractor does not comply based on all analyses				
C.2.b Description of Analyses Results	Describe the results of each of the analyses that support the assurance above of the Subcontractor's compliance with the state's network adequacy standards under 42 CFR section 438.68. In the description of results, address each standard under 42 CFR section 438.68 that applies to the Subcontractor and each of the analyses (including dates of the analyses) that the Plan used to assess Subcontractor compliance with each standard.		 20 Geomapping conducted in March 2023 all showed Kaiser Permanente compliant with all the time or distance standards for all ZIP Codes for a dense county, with the exception of the deficiencies noted in item C.2.c below. Primary Care - 10 miles or 30 min. Core Specialty - 15 miles or 30 min. Cardiology Dermatology Endocrinology General Surgery Adult Hematology Neurology Neurology Neurology Ophthalmology Ophthalmology Orthopedic Surgery Physical Medicine/Rehabilitation Psychiatry 				
C.2.c Subcontractor Deficiencies with 42 CFR section 438.68 (Part 1)		NSMH - 75 minutes Geomapping conducted in December 202 showed that Subcontractor B no longer m time or distance standards for the followin	Pulmonology Geomapping conducted in March 2023 showed that Kaiser Permanente no longer				
C.2.d Subcontractor Deficiencies with 42 CFR section 438.68 (Part 2)	If the Plan cannot assure Subcontractor compliance with the state's network adequacy standards under 42 CFR section 438.68 based on at least one analysis conducted within the reporting period, describe what the Subcontractor will do to achieve compliance and how the Plan will monitor the Subcontractor's progress. If the Plan selected "Yes, the Subcontractor complies based on all analyses" in C.2.a, write "N/A."		Kaiser Permanente will schedule for the closest possible location, utilize telehealth when appropriate, or provide transportation benefits at no charge. If a member needs services that are not available within Kaiser Permanente, a request for authorization of the outside service is made and evaluated for medical necessity based on applicable utilization management policies, criteria,				
C.2.e Reassessment for Subcontractor Deficiencies	If the Plan identified any Subcontractor deficiencies in C.2.c, indicate when (month/year) the Plan will reassess the Subcontractor's Network to determine whether the Subcontractor has remediated those deficiencies.	N/A Will reassess Subcontractor B compliance next annual geomapping analysis 12/21	and clinical expertise. Will reassess Kaiser Permanente's				
C.2.f Alternative Access Standards Granted	Describe any time or distance alternative access standards that the Plan granted to the Subcontractor under 42 CFR section 438.68. If there are no exceptions, write "None."	None None Pediatric Dermatology: 75 mins & 65 mi Adult Endocrinology: 65 mins & 50 mi Pediatric Endocrinology: 75 mins & 55 m Adult Opthalmology: 80 mins & 50 mi	None				
Justification for Alternative Access	If the Plan identified any alternative access standards granted to the Subcontractor under 42 CFR section 438.68 in C.2.f, describe the justification for granting the alternative access standard(s).	N/A Pediatric Ophthalmology: 75 mine & 50 m Lack of specialty providers in the county, I was able to find several in an adjacent urban county that were in a reasonable til	but				
C.3.a Assurance of Subcontractor Compliance with 42 CFR section 438.206	determined that the Subcontractor complied with the network adequancy standards in all of those analyses, enter 'Yes, the Subcontractor complies based on all analyses.' As another example, if the Plan assessed subcontractor compliance with 42 CFR section 438.206 using two semi-annual reviews of grievances related to access and an annual secret shopper analysis within the reporting period, and the Plan determined that the Subcontractor did not comply with the network adequacy standards in at least one of those analyses, enter 'No, the Subcontractor does not comply based on all	based on all analyses all analyses	n No, the Subcontractor does not comply based on all analyses				
	Describe the results of each of the analyses that support the assurance above of the Subcontractor's compliance with the state's network adequacy standards under 42 CFR section 438.206. In the description of results, address each standard under 42 CFR section 438.206 that applies to the Subcontractor and each of the analyses (including dates of the analyses) that the Plan used to assess Subcontractor compliance with each standard.	Annual I finder Directory Review conducted on annually (9/20) showed compliance with all small county timely access standards except those deficiencies noted in item C.3.c: Primary Care - Urgent, no PA Primary Care - Urgent, requiring PA Primary Care - Non-urgent Specialty Care & Ancillary - Non-urgent Member Services Line 24/7 Nurse Triage Line Provider Interpretation Services Dental LTSS - ICF-DDPrimary Care - Non-urgent Provider Interpretation Services (24/7 Nurse Triage Line Provider Interpretation ServicesPrimary Care - Non-urgent Provider Interpretation Services (24/7 Nurse Triage Line Provider Interpretation ServicesProvider Interpretation Services (24/7 Nurse Triage Line Provider Interpretation ServicesProvider Interpretation Services (24/7 Nurse Triage Line Provider Interpretation ServicesProvider Interpretation ServicesProvider network report conducted in 4/20 and 10/20 showed Subcontractor A compliant with all provider to member ratios and MPTs:Provider network report conducted in 3/20 (20, 9/20, 12/20 showed Subcontractor A (20, 9/20, 12/20 showed Subcontractor F Ecompliant with all provider to member ratios and MPTs:Primary Care Physician to Members Physician to Members Federally Qualified Health Center (FQHC) Rural Health Clinic (RHC)Primary Care Physician to Members Physician to Members Physician to MembersPrevent Health Clinic (RHC) Freestanding Birth Center (FBC)Freestanding Birth Center (FBC) Certified Nurse Midwife (CNM)	conducted annually (4/23) showed compliance with all dense county timely access standards: Primary Care - Urgent, no PA Primary Care - Urgent, requiring PA Primary Care - Non-urgent Specialty Care - Non-urgent Ancillary - Non-urgent Behavioral Health - Non-urgent Member Services Line 24/7 Nurse Triage Line Provider Interpretation Services				
	standards under 42 CFR section 438.206 based on at least one analysis conducted within the reporting period, describe Subcontractor deficiencies identified during the reporting period and indicate which of the analyses that uncovered the Subcontractor's deficiencies. If the Plan selected "Yes, the Subcontractor complies based on all analyses" in C.3.a,	September 2020 showed that Subcontractor A did not meet the timely access standards for appointments for the following Providers for a small county: Adult/Pediatric NSMH Providers Adult/Pediatric Oncology	Provider network report conducted on 3/23 showed Kaiser Permanente non-compliant with the following MPTs: Federally Qualified Health Center (FQHC) Rural Health Clinic (RHC) Freestanding Birth Center (FBC) Licensed Midwife (LM)				
C.3.d Subcontractor Deficiencies with 42 CFR section 438.206 (Part 2)	If the Plan cannot assure subcontractor compliance with the state's network adequacy standards under 42 CFR section 438.206 based on at least one analysis conducted within the reporting period, describe what the Subcontractor will do to achieve compliance and how the Plan will monitor the Subcontractor's progress. If the Plan selected "Yes, the Subcontractor complies based on all analyses" in C.3.a, write "N/A."	HTan Subcontractor A through a corrective action process where they will be required to submit a corrective action plan, carry out that plan and become compliant within 6 months of the initiation of corrective action by the Plan. In the interim Subcontractor A is required to submit monthly progress reportsN/A	Kaiser Permanente is aware of the deficiencies and SFHP is working with Kaiser Permanente to address the findings. If needed, SFHP will provide a list of MPTs to Kaiser Permanente to assist with the contracting.				
C.3.e Reassessment for Subcontractor Deficiencies	If the Plan identified any Subcontractor deficiencies in C.3.c, indicate when (month/year) the Plan will reassess the Subcontractor's availability of services to determine whether the Subcontractor has remediated those deficiencies.	Plan wil reassess Subcontractor A at the next Annual Timely Access Survey in N/A September 2021.	Plan wil reassess Kaiser Permanente at the next Annual Timely Access Survey and MPT review in March 2024.				

Standard 18	Standard 19	Standard 20	Standard 21	Standard 22	Standard 23	Standard 24	Standard 25	Standard 26	Standard 27	Standard 28	Standard 29	Standard 30	Standard 31	Standard 32	Standard 33	Standard 34	Standard 35	Standard 36
			Ease of getting an appointment timely	Ease of getting an appointment timely	Ease of getting an appointment timely	Ease of getting an appointment timely	Ease of getting an appointment timely	Ease of getting an appointment timely	Service fulfillment	Service fulfillment	Service fulfillment	Provider to enrollee ratios	Provider to enrollee ratios	Provider to enrollee ratios	Provider to enrollee ratios	Provider to enrollee ratios	Minimum # of Network Providers	Minimum # of Network Providers
Non-urgent Follow-up - within 10 business days to appointment from request	Non-urgent - within 15 business days to appointment from request	Non-urgent - within 36 business days to appointment from request		Urgent Care - within 72 hours to appointment from request	Urgent Care, no prior authorization required within 48 hours to appt. from request	Urgent Care, prior authorization required - within 96 hours to appt. from request	Urgent Care, no prior authorization require within 48 hours to appt. from request	^{d ·} Within 5 calendar days of request	Answer within 10 minutes or less	Call/respond within 30 minutes	Providers are aware that Members are entitled to receive 24/7 interpretation	1 FTE primary care physician to every 2,000 enrollees	1 FTE physician to every 1,200 enrollees	1 FTE non-physician to every 1,000 enrollees	•	ry X 2 FTE behavioral health provider to every X per enrollees. X based on annual utilization per	5 1	· · · · · · · · · · · · · · · · · · ·
Pediatric behavioral health	Ancillary	Dental	Dental	Dental	Adult primary care	Adult primary care	Pediatric primary care	SNF/ICF-DD	Member Services	24 hr. Nurse Triage					Adult behavioral health	Pediatric behavioral health		
Pediatric	Adult and pediatric	Adult and pediatric	Adult and pediatric	Adult and pediatric	Adult	Adult	Pediatric	MLTSS	Adult and pediatric	Adult and pediatric	Adult and pediatric	Adult and pediatric	Adult and pediatric	Adult and pediatric	Adult	Pediatric	Adult and pediatric	Adult and pediatric
Statewide	Statewide	Statewide	Statewide	Statewide	Statewide	Statewide	Statewide	Dense	Statewide	Statewide	Statewide	Statewide	Statewide	Statewide	Statewide	Statewide	Statewide	Statewide

Subcontractor #16	Subcontractor #17	Subcontractor #18	Subcontractor #19	Subcontractor #20	Subcontractor #21	Subcontractor #22	Subcontractor #23	Subcontractor #24	Subcontractor #25	Subcontractor #26	Subcontractor #27	Subcontractor #28	Subcontractor #29	Subcontractor #30	Subcontractor #31	Subcontractor #32	Subcontractor #33	Subcontractor #34

Standard 37	Standard 38	Standard 39	Standard 40	Standard 41	Standard 42
Minimum # of Network Providers	Minimum # of Network Providers	Minimum # of Network Providers	Minimum # of Network Providers	Minimum # of Network Providers	Minimum # of Network Providers
If local initiative plan, all federally qualified	If local initiative plan, all rural health	At least 1 freestanding birth center, where	At least 1 licensed midwife, where	At least 1 certified nurse midwife, where	Attempt to contract with all indian health
health centers per county of operation	centers per county of operation	available. per county of operation	available. per county of operation	available. per county of operation	care providers per county of operation
Adult and pediatric	Adult and pediatric	Adult and pediatric	Adult and pediatric	Adult and pediatric	Adult and pediatric
Statewide	Statewide	Statewide	Statewide	Statewide	Statewide

Subcontractor #35	Subcontractor #36	Subcontractor #37	Subcontractor #38	Subcontractor #39	Subcontractor #40