

Subcontractor Network Certification Network Adequacy and Access Assurances Report (NAAAR)

Managed Care Health Plan Name	San Francisco Health Plan
County	San Francisco
Submission Scenerio/Circumstance	SNC
Reporting Year or Period	MY2024
Submission Date	1/3/2025

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

#	Item	Item Instructions	Standard 3	Standard 4	Standard 5	Standard 6	Standard 7	Standard 8	Standard 9	Standard 10	Standard 11
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	Maximum time or distance	Maximum time or distance	Maximum time or distance	Maximum time or distance	Maximum time or distance	Maximum time or distance
A.2	Standard description	Describe the standard (Example: 60 miles max. distance to an appointment).	60 miles or 90 minutes	45 miles or 75 minutes	30 miles or 60 minutes	15 miles or 30 minutes	60 miles or 90 minutes	45 miles or 75 minutes	30 miles or 60 minutes	15 miles or 30 minutes	60 miles or 90 minutes
A.3	Provider type covered by standard	Enter the provider type that the standard applies to.	Adult specialist	Adult specialist	Adult specialist	Adult specialist	Pediatric specialist	Pediatric specialist	Pediatric specialist	Pediatric specialist	OB/GYN
A.4	Population covered by standard	Enter the population that the standard applies to.	Adult	Adult	Adult	Adult	Pediatric	Pediatric	Pediatric	Pediatric	Adult and pediatric
A.5	Applicable region(s)	Enter the region that the standard applies to.	Rural	Small	Medium	Dense	Rural	Small	Medium	Dense	Rural

Standard 12	Standard 13	Standard 14	Standard 15	Standard 16	Standard 17	Standard 18	Standard 19	Standard 20	Standard 21	Standard 22
Maximum time or distance	Maximum time or distance	Maximum time or distance	Maximum time or distance	Maximum time or distance	Maximum time or distance	Maximum time or distance	Maximum time or distance	Maximum time or distance	Maximum time or distance	Maximum time or distance
45 miles or 75 minutes	30 miles or 60 minutes	15 miles or 30 minutes	60 miles or 90 minutes	45 miles or 75 minutes	30 miles or 60 minutes	15 miles or 30 minutes	60 miles or 90 minutes	45 miles or 75 minutes	30 miles or 60 minutes	15 miles or 30 minutes
OB/GYN	OB/GYN	OB/GYN	Adult behavioral health	Adult behavioral health	Adult behavioral health	Adult behavioral health	Pediatric behavioral health	Pediatric behavioral health	Pediatric behavioral health	Pediatric behavioral health
Adult and pediatric	Adult and pediatric	Adult and pediatric	Adult	Adult	Adult	Adult	Pediatric	Pediatric	Pediatric	Pediatric
Small	Medium	Dense	Rural	Small	Medium	Dense	Rural	Small	Medium	Dense

[illegible]

Standard 34	Standard 35	Standard 36	Standard 37	Standard 38	Standard 39	Standard 40	Standard 41	Standard 42	Standard 43	Standard 44
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	Ease of getting an appointment timely	Ease of getting an appointment timely	Ease of getting an appointment timely
Non-urgent - within 15 business days to appointment from request	Non-urgent - within 36 business days to appointment from request	Preventative Care - within 40 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 required - within 48 hours to appt. from request	Urgent Care, prior authorization required - within 96 hours to appt. from request	Within 14 calendar days of request	Within 14 calendar days of request	Within 7 calendar days of request
Ancillary	Dental	Dental	Dental	Adult primary care	Adult primary care	Pediatric primary care	Pediatric primary care	SNF/ICF-DD	SNF/ICF-DD	SNF/ICF-DD
Adult and pediatric	Adult and pediatric	Adult and pediatric	Adult and pediatric	Adult	Adult	Pediatric	Pediatric	MLTSS	MLTSS	MLTSS
Statewide	Statewide	Statewide	Statewide	Statewide	Statewide	Statewide	Statewide	Rural	Small	Medium

[illegible]

Standard 56	Standard 57	Standard 58	Standard 59	Standard 60	Standard 61
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 health centers per county of operation	If local initiative plan, all rural health centers per county of operation	At least 1 freestanding birth center, where available, per county of operation	At least 1 licensed midwife, where available, per county of operation	At least 1 certified nurse midwife, where available, per county of operation	Attempt to contract with all indian health 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

Section B. Analyses the MCP uses to monitor Subcontractor compliance with access and network adequacy standards reported in Section A

Instructions: MCPs must use this section to report on the analyses that the MCP uses to assess Subcontractor compliance with the state's network adequacy standards under Title 42 Code of Federal Regulations (CFR) section 438.68 and 42 CFR section 438.206; report on each analysis in columns F-M. If the MCP uses another type of analysis, enter that

#	Item	Item Instructions	Geomapping	Subcontractor Provider Directory Review	Secret Shopper: Network Participation	Secret Shopper: Appointment Availability	Electronic Visit Verification Data Analysis	Review of Grievances Related to Access	Encounter Data Analysis	Other (Specify)
B.1	Frequency of Analysis	Indicate how frequently the MCP 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 MCP does not use the method, select "Not used for any Subcontractors".	Annually	Monthly	Not used for any plans	Not used for any plans	Not used for any plans	Quarterly	Quarterly	
B.2	Analysis Methods	For each analysis method in columns F-M, indicate whether the MCP 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 MCP enters 'Used for some but not all Subcontractors' for any analysis method, report the Subcontractors for which the MCP uses the analysis method for in B.3.	Used for all Subcontractors	Used for all Subcontractors	Not used for any Subcontractors	Not used for any Subcontractors	Not used for any Subcontractors	Used for all Subcontractors	Used for all Subcontractors	
B.3	Subcontractor-Specific Analysis	If the MCP 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 MCP indicated in item B.2 that it uses the analysis method on all or none of the Subcontractors, write "N/A."	N/A	N/A	N/A	N/A	N/A	N/A	N/A	

C. Subcontractor-level compliance data

Instructions: MCPs 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	Item Instructions	Subcontractor 1	Subcontractor 2	Subcontractor 3	Subcontractor 4	Subcontractor 5	Subcontractor 6	
C.1.a	Subcontractor Name	In columns F-AS, enter the names of the Subcontractors that contract with the MCP as required to be certified by DHCS.	All American Medical Group	Brown & Toland Physicians	Hill Physicians Medical Group	Jade Health Care Medical Group	North East Medical Services	UCSF ZSFG Clinical Practice Group
C.1.b	Population Served	If the Subcontractor serves a specific population per their agreement with the MCP, enter that population. For example: Pediatrics. If the Subcontractor does not serve a specific population, enter "All"	All	All	All	All	All	All
C.1.c	Level of Delegation	Indicate whether the Subcontractor is 'Fully delegated' or 'Partially delegated.' A Subcontractor is 'Fully delegated' if the MCP 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 MCP has contractually delegated to the Subcontractor, then 'Partially delegated' should be indicated. If the Subcontractor is not "Fully 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, MCPs have the choice to complete all the items below.	Partially delegated	Partially delegated	Partially delegated	Partially delegated	Partially delegated	Partially delegated
C.1.d	Adult Primary Care	Indicate whether the Subcontractor has been delegated Adult Primary Care	Yes	Yes	Yes	Yes	Yes	Yes
C.1.e	Pediatric Primary Care	Indicate whether the Subcontractor has been delegated Pediatric Primary Care	Yes	Yes	Yes	Yes	Yes	Yes
C.1.f	Adult Specialty Care	Indicate whether the Subcontractor has been delegated Adult Specialty Care	Yes	Yes	Yes	Yes	Yes	Yes
C.1.g	Pediatric Specialty Care	Indicate whether the Subcontractor has been delegated Pediatric Specialty Care	Yes	Yes	Yes	Yes	Yes	Yes
C.1.h	Adult Non-Specialty Mental Health (NSMH)	Indicate whether the Subcontractor has been delegated Adult NSMH	No	No	No	No	No	No
C.1.i	Pediatric NSMH	Indicate whether the Subcontractor has been delegated Pediatric NSMH	No	No	No	No	No	No
C.1.j	OB/GYN Specialty Care	Indicate whether the Subcontractor has been delegated OB/GYN Specialty Care	Yes	Yes	Yes	Yes	Yes	Yes
C.1.k	Hospitals	Indicate whether the Subcontractor has been delegated Hospitals	Yes	No	No	Yes	Yes	No
C.1.l	Ancillary Services	Indicate whether the Subcontractor has been delegated Ancillary Services	Yes	Yes	Yes	Yes	Yes	No
C.1.m	Member Services Line	Indicate whether the Subcontractor has been delegated Member Services Line	No	No	No	No	No	No
C.1.n	24/7 Nurse Triage Line	Indicate whether the Subcontractor has been delegated 24/7 Nurse Triage Line	No	No	No	No	No	No
C.1.o	Dental Care	Indicate whether the Subcontractor has been delegated Dental Care	No	No	No	No	No	No
C.1.p	LTSS - SNF	Indicate whether the Subcontractor has been delegated LTSS - SNF	No	No	No	No	No	No
C.1.q	LTSS - ICF	Indicate whether the Subcontractor has been delegated LTSS - ICF	No	No	No	No	No	No
C.2.a	Assurance of Subcontractor Compliance with 42 CFR section 438.68	Indicate whether the MCP assures that the Subcontractor complies with the state's network adequacy standards under 42 CFR section 438.68 based on each applicable analysis the MCP conducted for the Subcontractor during the reporting year/period. For example, if the MCP assessed Subcontractor compliance with 42 CFR section 438.68 using four quarterly geomapping within the reporting year, and the MCP 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 MCP assessed Subcontractor compliance with 42 CFR section 438.68 using two semi-annual geomapping analyses within the reporting year and the MCP 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."	Yes, the Subcontractor complies based on all analyses	Yes, the Subcontractor complies based on all analyses	Yes, the Subcontractor complies based on all analyses	Yes, the Subcontractor complies based on all analyses	Yes, the Subcontractor complies based on all analyses	Yes, the Subcontractor complies based on all analyses
C.2.b	Description of Analyses Results	Annual geomapping conducted in February 2024 showed All American Medical Group compliant with all the time or distance standards for all ZIP Codes for a dense county: Primary Care - 30 min. Core Specialty -30 mi. •Cardiology •Dermatology •Endocrinology •Nephrology •Neurology •Oncology •ENT/Otolaryngology •Gastroenterology •Ophthalmology •Orthopedic Surgery •General Surgery •Physical Medicine/Rehabilitation •Hematology •Psychiatry •HIV/AIDS/Infectious Diseases •Pulmonology NSMH -30 minutes OB/GYN - 30 miles Hospitals - 30 minutes 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 MCP used to assess Subcontractor compliance with each standard.	Annual geomapping conducted in February 2024 showed Brown & Toland Physicians compliant with all the time or distance standards for all ZIP Codes for a dense county: Primary Care - 30 min. Core Specialty -30 mi. •Cardiology •Dermatology •Endocrinology •Nephrology •Neurology •Oncology •ENT/Otolaryngology •Gastroenterology •Ophthalmology •Orthopedic Surgery •General Surgery •Physical Medicine/Rehabilitation •Hematology •Psychiatry •HIV/AIDS/Infectious Diseases •Pulmonology NSMH -30 minutes OB/GYN - 30 miles Hospitals - 30 minutes	Annual geomapping conducted in February 2024 showed Hill Physicians Medical Group compliant with all the time or distance standards for all ZIP Codes for a dense county: Primary Care - 30 min. Core Specialty -30 mi. •Cardiology •Dermatology •Endocrinology •Nephrology •Neurology •Oncology •ENT/Otolaryngology •Gastroenterology •Ophthalmology •Orthopedic Surgery •General Surgery •Physical Medicine/Rehabilitation •Hematology •Psychiatry •HIV/AIDS/Infectious Diseases •Pulmonology NSMH -30 minutes OB/GYN - 30 miles Hospitals - 30 minutes	Annual geomapping conducted in February 2024 showed Jade Health Care Medical Group compliant with all the time or distance standards for all ZIP Codes for a dense county: Primary Care - 30 min. Core Specialty -30 mi. •Cardiology •Dermatology •Endocrinology •Nephrology •Neurology •Oncology •ENT/Otolaryngology •Gastroenterology •Ophthalmology •Orthopedic Surgery •General Surgery •Physical Medicine/Rehabilitation •Hematology •Psychiatry •HIV/AIDS/Infectious Diseases •Pulmonology NSMH -30 minutes OB/GYN - 30 miles Hospitals - 30 minutes	Annual geomapping conducted in February 2024 showed North East Medical Services compliant with all the time or distance standards for all ZIP Codes for a dense county: Primary Care - 30 min. Core Specialty -30 mi. •Cardiology •Dermatology •Endocrinology •Nephrology •Neurology •Oncology •ENT/Otolaryngology •Gastroenterology •Ophthalmology •Orthopedic Surgery •General Surgery •Physical Medicine/Rehabilitation •Hematology •Psychiatry •HIV/AIDS/Infectious Diseases •Pulmonology NSMH -30 minutes OB/GYN - 30 miles Hospitals - 30 minutes	Annual geomapping conducted in February 2024 showed UCSF ZSFG Clinical Practice Group compliant with all the time or distance standards for all ZIP Codes for a dense county: Primary Care - 30 min. Core Specialty -30 mi. •Cardiology •Dermatology •Endocrinology •Nephrology •Neurology •Oncology •ENT/Otolaryngology •Gastroenterology •Ophthalmology •Orthopedic Surgery •General Surgery •Physical Medicine/Rehabilitation •Hematology •Psychiatry •HIV/AIDS/Infectious Diseases •Pulmonology NSMH -30 minutes OB/GYN - 30 miles Hospitals - 30 minutes	
C.2.c	Subcontractor Deficiencies with 42 CFR section 438.68 (Part 1)	If the MCP 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 Subcontractor deficiencies identified during the reporting period and indicate which of the analyses that uncovered the Subcontractor's deficiencies. If the MCP selected "Yes, the Subcontractor complies based on all analyses" in C.2.a, write "N/A."	N/A	N/A	N/A	N/A	N/A	N/A
C.2.d	Subcontractor Deficiencies with 42 CFR section 438.68 (Part 2)	If the MCP 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 MCP will monitor the Subcontractor's progress. If the MCP selected "Yes, the Subcontractor complies based on all analyses" in C.2.a, write "N/A."	N/A	N/A	N/A	N/A	N/A	N/A
C.2.e	Reassessment for Subcontractor Deficiencies	If the MCP identified any Subcontractor deficiencies in C.2.c, indicate when (month/year) the MCP will reassess the Subcontractor's Network to determine whether the Subcontractor has remediated those deficiencies.	N/A	N/A	N/A	N/A	N/A	N/A
C.2.f	Alternative Access Standards Granted	Describe any time or distance alternative access standards that the MCP granted to the Subcontractor under 42 CFR section 438.68. If there are no exceptions, write "None."	None	None	None	None	None	None
C.2.g	Justification for Alternative Access Standards Granted	If the MCP 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). If there are no alternative access standards, write "N/A."	N/A	N/A	N/A	N/A	N/A	N/A

C.3.a	Assurance of Subcontractor Compliance with 42 CFR section 438.2056	<p>Indicate whether the MCP assures that the Subcontractor complies with the state's availability of services standards under 42 CFR section 438.206 based on each applicable analysis the MCP conducted for the Subcontractor during the reporting year/period.</p> <p>For example, if the MCP assessed Subcontractor compliance with 42 CFR section 438.206 using four quarterly reviews of grievances related to access and two semi-annual provider directory review analyses within the reporting period, and the MCP determined that the Subcontractor complied with the network adequacy standards in all of those analyses, enter "Yes, the Subcontractor complies based on all analyses."</p> <p>As another example, if the MCP 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 MCP 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 analyses."</p>	No, the Subcontractor does not comply based on all analyses	No, the Subcontractor does not comply based on all analyses	No, the Subcontractor does not comply based on all analyses	No, the Subcontractor does not comply based on all analyses	No, the Subcontractor does not comply based on all analyses	No, the Subcontractor does not comply based on all analyses
C.3.b	Description of Analyses Results	<p>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 MCP used to assess Subcontractor compliance with each standard.</p>	<p>Subcontractors 1-6 are a cooperative of providers who may rely on one another for specialty access. SFHP's analysis of its entire health plan network in general is the same metric of access for THIS subcontractor's assigned members in particular.</p> <p>PAAS conducted in 2023 and finalized in 2024 showed All American Medical Group compliant with all dense county timely access standards except those deficiencies noted in item C.3.c:</p> <p>Primary Care - Non-Urgent Ancillary - Non-Urgent Behavioral Health - Non-Urgent Member Services Line 24/7 Nurse Triage Line Provider Interpretation Services</p> <p>Provider network report conducted in 9/2024 showed All American Medical Group compliant with all provider to member ratios and MPTs except for those deficiencies noted in item C.3.c:</p> <p>Primary Care Physician to Members Physician to Members Non-Physician to Members Federally Qualified Health Center (FQHC) Rural Health Clinic (RHC) (exempt for this county) Freestanding Birth Center (FBC) Certified Nurse Midwife (CNM)</p>	<p>Subcontractors 1-6 are a cooperative of providers who may rely on one another for specialty access. SFHP's analysis of its entire health plan network in general is the same metric of access for THIS subcontractor's assigned members in particular.</p> <p>PAAS conducted in 2023 and finalized in 2024 showed Brown & Toland Physicians compliant with all dense county timely access standards except those deficiencies noted in item C.3.c:</p> <p>Primary Care - Non-Urgent Ancillary - Non-Urgent Behavioral Health - Non-Urgent Member Services Line 24/7 Nurse Triage Line Provider Interpretation Services</p> <p>Provider network report conducted in 9/2024 showed Brown & Toland Physicians compliant with all provider to member ratios and MPTs except for those deficiencies noted in item C.3.c:</p> <p>Primary Care Physician to Members Physician to Members Non-Physician to Members Federally Qualified Health Center (FQHC) Rural Health Clinic (RHC) (exempt for this county) Freestanding Birth Center (FBC) Certified Nurse Midwife (CNM)</p>	<p>Subcontractors 1-6 are a cooperative of providers who may rely on one another for specialty access. SFHP's analysis of its entire health plan network in general is the same metric of access for THIS subcontractor's assigned members in particular.</p> <p>PAAS conducted in 2023 and finalized in 2024 showed Hill Physicians Medical Group compliant with all dense county timely access standards except those deficiencies noted in item C.3.c:</p> <p>Primary Care - Non-Urgent Ancillary - Non-Urgent Behavioral Health - Non-Urgent Member Services Line 24/7 Nurse Triage Line Provider Interpretation Services</p> <p>Provider network report conducted in 9/2024 showed Hill Physicians Medical Group compliant with all provider to member ratios and MPTs except for those deficiencies noted in item C.3.c:</p> <p>Primary Care Physician to Members Physician to Members Non-Physician to Members Federally Qualified Health Center (FQHC) Rural Health Clinic (RHC) (exempt for this county) Freestanding Birth Center (FBC) Certified Nurse Midwife (CNM)</p>	<p>Subcontractors 1-6 are a cooperative of providers who may rely on one another for specialty access. SFHP's analysis of its entire health plan network in general is the same metric of access for THIS subcontractor's assigned members in particular.</p> <p>PAAS conducted in 2023 and finalized in 2024 showed Jade Health Care Medical Group compliant with all dense county timely access standards except those deficiencies noted in item C.3.c:</p> <p>Primary Care - Non-Urgent Ancillary - Non-Urgent Behavioral Health - Non-Urgent Member Services Line 24/7 Nurse Triage Line Provider Interpretation Services</p> <p>Provider network report conducted in 9/2024 showed Jade Health Care Medical Group compliant with all provider to member ratios and MPTs except for those deficiencies noted in item C.3.c:</p> <p>Primary Care Physician to Members Physician to Members Non-Physician to Members Federally Qualified Health Center (FQHC) Rural Health Clinic (RHC) (exempt for this county) Freestanding Birth Center (FBC) Certified Nurse Midwife (CNM)</p>	<p>Subcontractors 1-6 are a cooperative of providers who may rely on one another for specialty access. SFHP's analysis of its entire health plan network in general is the same metric of access for THIS subcontractor's assigned members in particular.</p> <p>PAAS conducted in 2023 and finalized in 2024 showed North East Medical Services compliant with all dense county timely access standards except those deficiencies noted in item C.3.c:</p> <p>Primary Care - Non-Urgent Ancillary - Non-Urgent Behavioral Health - Non-Urgent Member Services Line 24/7 Nurse Triage Line Provider Interpretation Services</p> <p>Provider network report conducted in 9/2024 showed North East Medical Services compliant with all provider to member ratios and MPTs except for those deficiencies noted in item C.3.c:</p> <p>Primary Care Physician to Members Physician to Members Non-Physician to Members Federally Qualified Health Center (FQHC) Rural Health Clinic (RHC) (exempt for this county) Freestanding Birth Center (FBC) Certified Nurse Midwife (CNM)</p>	<p>Subcontractors 1-6 are a cooperative of providers who may rely on one another for specialty access. SFHP's analysis of its entire health plan network in general is the same metric of access for THIS subcontractor's assigned members in particular.</p> <p>PAAS conducted in 2023 and finalized in 2024 showedUCSF ZSFG Clinical Practice Group compliant with all dense county timely access standards except those deficiencies noted in item C.3.c:</p> <p>Primary Care - Non-Urgent Ancillary - Non-Urgent Behavioral Health - Non-Urgent Member Services Line 24/7 Nurse Triage Line Provider Interpretation Services</p> <p>Provider network report conducted in 9/2024 showed UCSF ZSFG Clinical Practice Group compliant with all provider to member ratios and MPTs except for those deficiencies noted in item C.3.c:</p> <p>Primary Care Physician to Members Physician to Members Non-Physician to Members Federally Qualified Health Center (FQHC) Rural Health Clinic (RHC) (exempt for this county) Freestanding Birth Center (FBC) Certified Nurse Midwife (CNM)</p>
C.3.c	Subcontractor Deficiencies with 42 CFR section 438.206 (Part 1)	<p>If the MCP cannot assure Subcontractor compliance the state's network adequacy 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.</p> <p>If the MCP selected "Yes, the Subcontractor complies based on all analyses" in C.3.a, write "N/A."</p>	<p>PAAS conducted in 2023 and finalized in 2024 showed that All American Medical Group did not meet the timely access standards for appointments for the following Providers for a dense county:</p> <p>Primary Care - Urgent, no PA Primary Care - Urgent, requiring PA Specialty Care - Non-urgent</p> <p>Provider network report conducted in 9/2024 showed All American Medical Group non-concompliant with the following MPT:</p> <p>Licensed Midwife (LM)</p>	<p>PAAS conducted in 2023 and finalized in 2024 showed that Brown & Toland Physicians did not meet the timely access standards for appointments for the following Providers for a dense county:</p> <p>Primary Care - Urgent, no PA Primary Care - Urgent, requiring PA Specialty Care - Non-urgent</p> <p>Provider network report conducted in 9/2024 showed Brown & Toland Physicians non-concompliant with the following MPT:</p> <p>Licensed Midwife (LM)</p>	<p>PAAS conducted in 2023 and finalized in 2024 showed that Hill Physicians Medical Group did not meet the timely access standards for appointments for the following Providers for a dense county:</p> <p>Primary Care - Urgent, no PA Primary Care - Urgent, requiring PA Specialty Care - Non-urgent</p> <p>Provider network report conducted in 9/2024 showed Hill Physicians Medical Group non-concompliant with the following MPT:</p> <p>Licensed Midwife (LM)</p>	<p>PAAS conducted in 2023 and finalized in 2024 showed that Jade Health Care Medical Group did not meet the timely access standards for appointments for the following Providers for a dense county:</p> <p>Primary Care - Urgent, no PA Primary Care - Urgent, requiring PA Specialty Care - Non-urgent</p> <p>Provider network report conducted in 9/2024 showed Jade Health Care Medical Group non-concompliant with the following MPT:</p> <p>Licensed Midwife (LM)</p>	<p>PAAS conducted in 2023 and finalized in 2024 showed that North East Medical Services did not meet the timely access standards for appointments for the following Providers for a dense county:</p> <p>Primary Care - Urgent, no PA Primary Care - Urgent, requiring PA Specialty Care - Non-urgent</p> <p>Provider network report conducted in 9/2024 showed North East Medical Services non-concompliant with the following MPT:</p> <p>Licensed Midwife (LM)</p>	<p>PAAS conducted in 2023 and finalized in 2024 showed that UCSF ZSFG Clinical Practice did not meet the timely access standards for appointments for the following Providers for a dense county:</p> <p>Primary Care - Urgent, no PA Primary Care - Urgent, requiring PA Specialty Care - Non-urgent</p> <p>Provider network report conducted in 9/2024 showed UCSF ZSFG Clinical Practice Group non-concompliant with the following MPT:</p> <p>Licensed Midwife (LM)</p>
C.3.d	Subcontractor Deficiencies with 42 CFR section 438.206 (Part 2)	<p>If the MCP 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 MCP will monitor the Subcontractor's progress.</p> <p>If the MCP selected "Yes, the Subcontractor complies based on all analyses" in C.3.a, write "N/A."</p>	<p>Each participant in this collective is analyzed for the access levels that its providers contribute to the overall denominator, and SFHP requests corrective action for the deficiencies that each Subcontracted Network contributes to the most.</p> <p>Corrective Actions taken include:</p> <p>Adding to triage staffing levels Recruiting more providers in deficient specialties Practice transformation projects in specific sites to increase efficiency Provider education of access standards Clinical protocols to utilize e-consult to triage appointments</p>	<p>Each participant in this collective is analyzed for the access levels that its providers contribute to the overall denominator, and SFHP requests corrective action for the deficiencies that each Subcontracted Network contributes to the most.</p> <p>Corrective Actions taken include:</p> <p>Adding to triage staffing levels Recruiting more providers in deficient specialties Practice transformation projects in specific sites to increase efficiency Provider education of access standards Clinical protocols to utilize e-consult to triage appointments</p>	<p>Each participant in this collective is analyzed for the access levels that its providers contribute to the overall denominator, and SFHP requests corrective action for the deficiencies that each Subcontracted Network contributes to the most.</p> <p>Corrective Actions taken include:</p> <p>Adding to triage staffing levels Recruiting more providers in deficient specialties Practice transformation projects in specific sites to increase efficiency Provider education of access standards Clinical protocols to utilize e-consult to triage appointments</p>	<p>Each participant in this collective is analyzed for the access levels that its providers contribute to the overall denominator, and SFHP requests corrective action for the deficiencies that each Subcontracted Network contributes to the most.</p> <p>Corrective Actions taken include:</p> <p>Adding to triage staffing levels Recruiting more providers in deficient specialties Practice transformation projects in specific sites to increase efficiency Provider education of access standards Clinical protocols to utilize e-consult to triage appointments</p>	<p>Each participant in this collective is analyzed for the access levels that its providers contribute to the overall denominator, and SFHP requests corrective action for the deficiencies that each Subcontracted Network contributes to the most.</p> <p>Corrective Actions taken include:</p> <p>Adding to triage staffing levels Recruiting more providers in deficient specialties Practice transformation projects in specific sites to increase efficiency Provider education of access standards Clinical protocols to utilize e-consult to triage appointments</p>	<p>Each participant in this collective is analyzed for the access levels that its providers contribute to the overall denominator, and SFHP requests corrective action for the deficiencies that each Subcontracted Network contributes to the most.</p> <p>Corrective Actions taken include:</p> <p>Adding to triage staffing levels Recruiting more providers in deficient specialties Practice transformation projects in specific sites to increase efficiency Provider education of access standards Clinical protocols to utilize e-consult to triage appointments</p>
C.3.e	Reassessment for Subcontractor Deficiencies	<p>If the MCP identified any Subcontractor deficiencies in C.3.c, indicate when (month/year) the MCP will reassess the Subcontractor's availability of services to determine whether the Subcontractor has remediated those deficiencies.</p>	<p>Subcontractor is reassessed every year as part of SFHP's overall network PAAS. The most recent assessment took place in August-December 2024 and the results are being tabulated.</p> <p>Deficiencies that are identified during reassessment will be subject to additional CAP requests.</p>	<p>Subcontractor is reassessed every year as part of SFHP's overall network PAAS. The most recent assessment took place in August-December 2024 and the results are being tabulated.</p> <p>Deficiencies that are identified during reassessment will be subject to additional CAP requests.</p>	<p>Subcontractor is reassessed every year as part of SFHP's overall network PAAS. The most recent assessment took place in August-December 2024 and the results are being tabulated.</p> <p>Deficiencies that are identified during reassessment will be subject to additional CAP requests.</p>	<p>Subcontractor is reassessed every year as part of SFHP's overall network PAAS. The most recent assessment took place in August-December 2024 and the results are being tabulated.</p> <p>Deficiencies that are identified during reassessment will be subject to additional CAP requests.</p>	<p>Subcontractor is reassessed every year as part of SFHP's overall network PAAS. The most recent assessment took place in August-December 2024 and the results are being tabulated.</p> <p>Deficiencies that are identified during reassessment will be subject to additional CAP requests.</p>	<p>Subcontractor is reassessed every year as part of SFHP's overall network PAAS. The most recent assessment took place in August-December 2024 and the results are being tabulated.</p> <p>Deficiencies that are identified during reassessment will be subject to additional CAP requests.</p>