

SUBMISSION REVIEW FORM
DHCS MCOB Contract Oversight Branch

TO REVIEWER: Marc Lewis

DATE RECEIVED FROM PLAN: 7/13/2021

UNIT: CCOU

Return To: Marc Lewis

DHCS REVIEW DUE DATE: 9/13/2021

Plan Name: PHC

COUNTY: ALL

SUBMISSION ITEM: APL 21-006 Submission

APPROVED AS SUBMITTED

ADDITIONAL INFORMATION REQUESTED # _____ (LIST BELOW) SUBMIT TO DHCS BY: _____

DENIED # _____ (LIST BELOW) SUBMIT TO DHCS BY: _____

REVIEWER: Marc Lewis
(signature)_

DATE: 9/2/2021

UNIT CHIEF: Monet Blas
(Signature)

DATE: 9/2/2021

RESOURCES:

APL 21-006 NETWORK CERTIFICATION REQUIREMENTS

BACKGROUND:

APL 21-006 standards require that the plan either attest that their current Policies and Procedures meet the APL standard or s that they submit new policies and procedures that will meet the new standards

REVIEW FINDINGS:

- Plan submitted new a new Policy and Procedure to address APL 21-006.
- P&P meets the requirements contained in APL 21-006

MEDI-CAL MANAGED CARE ANNUAL NETWORK CERTIFICATION REQUIREMENTS

A. Annual Network Certification Submission Requirements

1. Annual Network Cert Exhibit Submission

Numbers 1 and 2 / page 1 / PHC P&P...

2. 274 File Submission

Number 3/ page 1 / PHC P&P

B. Annual Network Certification Requirements

1. Network Providers

Number 4 / Page 1 / PHC P&P

2. Network and Capacity Ratios

Numbers 5 & 6 / Page 1 / PHC P&P

3. Mandatory Providers

Numbers 7 & 8 / Page 1 & 2 / PHC P&P

4. Time and Distance Standards

Numbers 9 & 10 / Page 2 / PHC P&P

C. Medi-Cal Managed Care Health Plan Alternative Access Standards

1. Alternative Access Standard Request

Numbers 11, 12, 13, 14, 15, 16 / Page 2 / PHC P&P

2. Telehealth Providers

Number 12, 16 / Page 2 / PHC P&P

3. Mail Order Pharmacy

Number 13 / Page 2 / PHC P&P

4. Delivery System Alternative Access Standard

Numbers 11-14 / Page 2

5. Additional Medi-Cal Managed Care Health Plan Requirements for Approved Alternative Access Standards

Number 16 /page 2

D. Annual Network Certification Validations

Number 3, Page 1

II. NON-COMPLIANCE WITH NETWORK CERTIFICATION REQUIREMENTS

A. Medi-Cal Managed Care Health Plan Preliminary Review of Submission

Number 16, page 3

B. Medi-Cal Managed Care Health Plan Corrective Action Plans and Monetary Sanctions

Number 17, Page 3

C. Medi-Cal Managed Care Health Plan Corrective Action Plan Mandates

Numbers 17 & 18, Page 3

III. SUBCONTRACTORS' COMPLIANCE WITH NETWORK ADEQUACY STANDARDS

Numbers 1-4, Page 3