

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA
POLICY/ PROCEDURE**

Policy/Procedure Number: MPNET102			Lead Department: Network Services Business Unit: Compliance	
Policy/Procedure Title: DHCS Network Certification Requirements			<input checked="" type="checkbox"/> External Policy <input type="checkbox"/> Internal Policy	
Original Date: 09/02/2021		Next Review Date: 03/10/2027 Last Review Date: 03/11/2026		
Applies to:	<input checked="" type="checkbox"/> Medi-Cal	<input type="checkbox"/> Partnership Advantage	<input type="checkbox"/> Employees	
Reviewing Entities:	<input checked="" type="checkbox"/> IQI	<input type="checkbox"/> P & T	<input type="checkbox"/> QUAC	
	<input type="checkbox"/> OPERATIONS	<input type="checkbox"/> EXECUTIVE	<input type="checkbox"/> COMPLIANCE	<input type="checkbox"/> DEPARTMENT
Approving Entities:	<input type="checkbox"/> BOARD		<input type="checkbox"/> COMPLIANCE	<input type="checkbox"/> FINANCE
	<input type="checkbox"/> CEO	<input type="checkbox"/> COO	<input type="checkbox"/> CREDENTIALS	<input checked="" type="checkbox"/> PAC
Approval Signature: <i>Robert Moore, MD, MPH, MBA</i>			Approval Date: 03/11/2026	

I. RELATED POLICIES:

A. MCUP3113 – Telehealth Services

II. IMPACTED DEPTS:

A. Finance Analytics

III. DEFINITIONS:

N/A

IV. ATTACHMENTS:

N/A

V. PURPOSE:

To provide guidance on complying with the Department of Health Care Services (DHCS) Annual Network Certification (ANC) requirements pursuant to Title 42 of the Code of Federal Regulations (CFR) sections 438.68, 438.206, and 438.207, and Welfare and Institutions Code (WIC) section 14197.1 and network assurances as necessitated by significant changes as outlined in DHCS All Plan Letter (APL) [23-001](#) “Network Certification Requirements” dated Jan. 6, 2023.

VI. POLICY / PROCEDURE:

1. Partnership HealthPlan of California (Partnership) must complete and submit accurate data and information to DHCS that reflects the entire makeup of all network providers that are reviewed for ANC requirements, no later than May 1 of the calendar year.
2. Partnership may also be required to submit additional documentation to DHCS when Partnership’s network experiences a significant change.
 - a. Significant changes may occur as a result of a contract termination that impacts 2,000 or more members or when the changes cause an MCP to become noncompliant with any of the ANC requirements outlined in APL 23-001.
3. DHCS will utilize Partnership’s monthly 274 File submission to verify compliance with the required provider- to-member ratios, mandatory providers and timely access to appointment standards.
 - a. For purposes of ANC, Partnership’s January 274 File submission will be used unless directed otherwise by DHCS.
4. Partnership must maintain an appropriate network of specific provider types as outlined in APL 23-001

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and Attachments A and B to ensure the network has the capacity to provide all medically necessary services for current and anticipated membership.

5. Partnership is required to meet or exceed capacity and ratio requirements as outlined in the DHCS-Partnership contract. MCP networks must meet the full time equivalent (FTE) ratios of one FTE PCP to every 2,000 members and one FTE physician to every 1,200 members.
6. Partnership contracts with non-physician clinicians to include Certified Nurse Practitioners and Physician Assistants. FTE ratios for primary care are not to exceed one FTE to every 1,000 members.
7. Partnership is also required to meet provider to member ratios for adult and pediatric outpatient mental health providers to ensure timely access to covered outpatient non-specialty mental health services. DHCS calculates these ratios on an annual basis and determines compliance with the ratios.
8. Partnership is required to contract with at least one of the following Mandatory Provider Types (MPT) where available in each county within the service area.
 - a. Federally Qualified Health Centers (FQHC)
 - b. Rural Health Clinics (RHC)
 - c. Freestanding Birth Centers (FBC)
 - d. Certified Nurse Midwives (CNM)
 - e. Licensed Midwives (LM)
 - f. Partnership is required to offer to contract all Indian Health Facilities (IHF) available in each county within the service area.
9. Partnership must submit an attestation or justification with all supporting documentation of contracting efforts, including failed attempts, with MPTs if the minimum number of required contracts are not held by the Plan.
10. Partnership must meet time or distance standards based on the population density of the county for each of the designated provider types set forth in APL 23-001.
11. Partnership must submit accessibility analyses that demonstrate coverage of the Plan's entire services area (each zip code of each county) accounting for all current and anticipated members.
12. Partnership must submit an Alternative Access Standard (AAS) request for each required specialty type in each zip code where the Plan is unable to demonstrate compliance with time or distance standards.
13. DHCS may authorize the Plan to utilize telehealth as an AAS, however, a member can refuse to utilize the service. In that case, Partnership must ensure an in-person provider is available regardless of whether they are in network or out-of-network (OON). (See policy MCUP3113.)
 - a. Partnership must authorize OON services if unable to arrange for an in-person visit with a contracted provider.
 - b. Partnership must make telehealth services available to all members in the county if requesting AAS.
 - c. Partnership must provide transportation to a network provider and meet timely access standards for medically necessary services when a member is offered a telehealth visit but requests an in-person visit.
14. In counties that do not meet applicable time and distance standards, Partnership shall ensure transportation to pick up drug prescriptions that cannot be mailed directly to the covered member.
14. AAS requests must be submitted on an annual basis or any time there is a significant change in the Plan's network that results in the Plan not meeting time or distance standards.
 - a. AAS requests must be accompanied by ANC exhibits on the appropriate attachments

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outlined in APL 23-001.

- b. Partnership must inform members of approved AAS by posting all approved AAS by specialty type and zip code on the Plan's website within 30 days after DHCS publishes the statewide results.
15. DHCS will send an AAS determination letter informing the Plan of AAS approvals and denials.
 - a. Approved AAS requests are contingent on the results of DHCS AAS validation process results.
 - b. DHCS may revoke any approved AAS request if an inaccuracy is discovered or the Plan is unable to provide all required supporting documentation during the validation process.
 - c. Partnership must notify members of approved AAS by posting the approval to the MCP website within 30 days from DHCS publication of statewide results
16. Partnership must maintain documentation of all efforts to contract with additional OON providers identified in the AAS request that are within the service area and bordering counties where network deficiencies exist.
 - a. Documentation of failed contracting efforts must be submitted to DHCS upon request.
 - b. DHCS may request the Plan to perform additional contracting efforts if they identify additional providers that may correct a network deficiency during the internal review process.
17. Failure to provide all requested documentation or a determination by DHCS that the information in the submission is invalid or inaccurate will lead to rescission of the ANC approval, implementation of a CAP, and/or imposition of monetary sanctions.
18. DHCS will impose a CAP if ANC requirements are not met, deficiencies are unable to be rectified, or submitted documentation fails validation processes.
 - a. The Plan will have six months to correct all deficiencies and must comply with all CAP mandates set forth until the CAP is closed.
19. DHCS provides timely access survey results to MCPs on a quarterly basis and annually determines the MCP's compliance rates for purposes of ANC. Partnership must submit a proposed corrective action response to any timely access deficiencies identified in the quarterly survey results and identify any changes or corrections the MCP will take to achieve compliance with timely access requirements.

Subcontractor's Compliance with Network Adequacy Standards

1. Partnership must have processes in place to ensure subcontractors comply with network adequacy requirements.
2. Partnership members who receive care through subcontractors must have the same access to a subcontractor's network as they would through the Partnership Direct Network.
3. When Partnership finds a subcontractor has a network adequacy deficiency, the Plan must impose a CAP until all deficiencies are corrected.
4. Partnership must report all significant instances of a subcontractor's deficiencies and impositions of CAPs to DHCS.

VII. REFERENCES:

- A. Department of Health Care Services (DHCS) All Plan Letter (APL) [23-001](#) Network Certification Requirements (Jan. 6, 2023 supersedes APL 21-006)
- B. DHCS APL 23-001 ANC Attachment A: [Network Adequacy Standards](#)
- C. DHCS APL 23-001 ANC Attachment B: [Annual Certification Instruction Manual](#)
- D. DHCS APL 23-001 ANC Attachment C: [Alternative Access Standards Request Template](#)

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VIII. DISTRIBUTION:

A. Partnership Department Directors

IX. DEPARTMENT RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Network Services

X. REVISION DATES: 10/12/2022, 04/12/2023, 10/08/25, 03/11/26

XI. DHCS APPROVAL DATES: 09/13/2021, 04/11/2023, 04/11/2024, 03/05/25, 10/08/25

PREVIOUSLY APPLIED TO:

N/A