

NETWORK MANAGEMENT (NET) ANALYSIS TIP SHEET (NET 1B-D, 2A-C & 3A-C)

Purpose: To provide guidance on Network Management analysis when an NCQA accreditation survey includes more than one Accreditable Entity. The table below is also provided to highlight the expectations for product line reporting. *Note: This document provides examples specific to the NET standards, but this guidance regarding analysis at the Accreditable Entity level also applies to standards PHM 6A, ME7C, ME 7D and ME 7F.*

NCQA Standard	Scope of Review by Product Line	
NET 1B	Combined reporting across product lines if the networks and administration are the same.	A difference in network composition could be a difference that necessitates separate evaluation as opposed to allowing for combined reporting. If the networks are different (e.g., a product line with a narrow network or the product lines are managed differently), it is not appropriate to combine them.
NET 1C		
NET 1D		
NET 2A	Combined reporting across product lines if the networks and administration are the same.	
NET 2B		
NET 2C		
NET 3A	By product line	Only Commercial and Exchange may be combined if products/product lines are managed the same. If the networks are different (e.g., a product line with a narrow network or the product lines are managed differently), it is not appropriate to combine them.
NET 3B	By product line	
NET 3C	By product line	

All network analyses listed must be completed at the Accreditable Entity level. What does this mean?

- Each Accreditable Entity undergoing accreditation must assess the associated networks separately.
 - **Example Single Site Multiple Entity (SSME) Survey:**
 - *ABC Company holds Commercial HMO & Medicaid HMO accreditation and sister company XYZ Company holds Commercial PPO & Medicare PPO accreditation; both are wholly owned subsidiaries of 123 Parent Company.*

ABC Company	XYZ Company
<ul style="list-style-type: none"> • NET 1B-D: Combined Commercial HMO & Medicaid HMO • NET 2A-C: Combined Commercial HMO & Medicaid HMO • NET 3A-C: By product line <ul style="list-style-type: none"> ▪ Commercial HMO ▪ Medicaid HMO 	<ul style="list-style-type: none"> • NET 1B-D: Combined Commercial PPO & Medicare PPO • NET 2A-C: Combined Commercial PPO & Medicare PPO • NET 3A-C: By product line <ul style="list-style-type: none"> ▪ Commercial PPO ▪ Medicare PPO

NETWORK MANAGEMENT (NET) ANALYSIS TIP SHEET (NET 1B-D, 2A-C & 3A-C)

QUANTITATIVE ANALYSIS must include:

- Comparison against a goal or benchmark.
- Trending, a minimum of 2 years for Renewal Surveys.
- Written portion:
 - Analysis of performance against the goal, how the numeric result performed year over year.
 - Conclusion about what the results mean and where further assessment in the qualitative analysis is necessary based on the data.
 - The conclusion needs to be Accreditable Entity specific.

**NCQA GLOSSARY
DEFINITION:**

**quantitative
analysis**

A comparison of numeric results against a standard or benchmark, trended over time. Quantitative analysis draws conclusions about what results mean. Unless specified, tests of statistical significance are not required, but may be useful when analyzing trends. NCQA does not require that results be trended for First Surveys.

The table below provides unacceptable and acceptable examples of quantitative analysis for NET 2, Element B, Access to Behavioral Healthcare for the SSME survey example. For the purposes of this example, assume the analysis methodology reflects that there is a 95% overlap of participating providers across the two Accreditable Entities included in the analysis.

Measure	2023	2024	2025	Goal Met? (90%)
Prescribing Practitioners				
ABC Company				
Non-life-threatening emergency within 6 hours	96%	97.6%	94.4%	Y
Urgent care within 48 hours	76%	77.5%	69.3%	N
Initial visit for routine care within 10 business days	71%	75%	82.3%	N
Follow-up routine care	94%	96.6%	99.3%	Y
After-hours care	New Measure in 2025		86.5%	N

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Due to the amount of network overlap it is common to see very similar results across organizations.

Usually AEs with PPO products lines have a larger networks and slightly better performance than AEs with HMO product lines.

Measure	2023	2024	2025	Goal Met? (90%)
XYZ Company				
Non-life-threatening emergency within 6 hours	98%	99.5%	97.3%	Y
Urgent care within 48 hours	82%	81%	75%	N
Initial visit for routine care within 10 business days	75%	77%	85%	N
Follow-up routine care	95%	96.3%	98.4%	Y
After-hours care	New Measure in 2025		86%	N
Non-Prescribing Practitioners				
ABC Company				
Non-life-threatening emergency within 6 hours	90.5%	91.1%	86%	N
Urgent care within 48 hours	82.5%	83%	82.2%	N
Initial visit for routine care within 10 business days	80%	81.2%	80.4%	N
Follow-up routine care	93%	94%	98.3%	Y
After-hours care	New Measure in 2025		88%	N
XYZ Company				
Non-life-threatening emergency within 6 hours	92%	93%	88.5%	N
Urgent care within 48 hours	88%	85%	83.5%	N
Initial visit for routine care within 10 business days	83%	84%	82.5%	N
Follow-up routine care	94.8%	95.5%	99.2%	Y
After-hours care	New Measure in 2025		88.5%	N

NETWORK MANAGEMENT (NET) ANALYSIS TIP SHEET

(NET 1B-D, 2A-C & 3A-C)

QUANTITATIVE ANALYSIS	
Unacceptable Example (NET 2B)	Acceptable Example (NET 2B)
<p><u>Prescribing BH Practitioners</u></p> <p>Non-life-threatening Emergency Care: Contact Within 6 Hours</p> <ul style="list-style-type: none"> • ABC Company - Commercial HMO & Medicaid HMO <ul style="list-style-type: none"> ○ Goal met with results of 94.4%. • XYZ Company - Commercial PPO and Medicare PPO <ul style="list-style-type: none"> ○ Goal met with results of 97.3%. <p>Urgent Care Appointment: Within 48 Hours</p> <ul style="list-style-type: none"> • ABC Company - Commercial HMO & Medicaid HMO <ul style="list-style-type: none"> ○ Goal not met, results decreased from 77.5% to 69.3%. • XYZ Company - Commercial PPO and Medicare PPO <ul style="list-style-type: none"> ○ Goal not met, results decreased from 81% to 75%. <p>Initial Visit - Routine Care Appointment: Within 10 Business Days</p> <ul style="list-style-type: none"> • ABC Company - Commercial HMO & Medicaid HMO <ul style="list-style-type: none"> ○ Goal not met, results increased from 75% to 82.3%. • XYZ Company - Commercial PPO and Medicare PPO <ul style="list-style-type: none"> ○ Goal not met, results increased from 77% to 85%. <p>Follow-up Routine Office Appointment: Within 4 weeks</p> <ul style="list-style-type: none"> • ABC Company - Commercial HMO & Medicaid HMO <ul style="list-style-type: none"> ○ Goal met with results of 99.3%. • XYZ Company - Commercial PPO and Medicare PPO <ul style="list-style-type: none"> ○ Goal met with results of 98.4%. 	<p><u>Prescribing BH Practitioners</u></p> <p>ABC Company - Commercial HMO & Medicaid HMO</p> <p>Survey results saw mixed results for ABC, Inc., prescribing BH practitioners. The following met goal (90%):</p> <ul style="list-style-type: none"> • Non-life-threatening emergency care decreased 3.2 percentage points to 94.4%. • Routine follow-up appointment increased 2.7 percentage points to 99.3% <p>Urgent Care appointments remained below standard and decreased by 8.2 percentage points to 69.3%.</p> <ul style="list-style-type: none"> • The continued negative trend in Urgent Care indicates a worsening situation in the urgent care area, potentially due to issues with capacity, access, or demand. • The drill down analysis revealed three rural counties (LIST) have the lowest results and a limited number of facilities (urgent care & ER) available for contracting. • A recent hospital closing in County #2 has severely limited urgent and ER care for members. • County #3 has a limited number of facilities that are willing to contract for the Medicaid product line. <p>Initial visit - routine care appointments remained below goal (90%) at 82.3% but continued a positive trend and increased 7.3 percentage points.</p> <ul style="list-style-type: none"> • The positive trend and improvement suggest contracting efforts to improve routine cares access are having a positive impact. • The drill down analysis revealed 5 zip codes with the greatest amount of non-compliant practitioners, 2 zip codes revealed non-compliance specific to the Medicaid product line. • The barrier analysis will assess these geographies (zip codes) for opportunities to target further intervention.

NETWORK MANAGEMENT (NET) ANALYSIS TIP SHEET (NET 1B-D, 2A-C & 3A-C)

QUANTITATIVE ANALYSIS	
Unacceptable Example (NET 2B)	Acceptable Example (NET 2B)
<p>After-hours Care:</p> <ul style="list-style-type: none"> • ABC Company - Commercial HMO & Medicaid HMO <ul style="list-style-type: none"> ○ Goal not met with results of 86.5%. • XYZ Company - Commercial PPO and Medicare PPO <ul style="list-style-type: none"> ○ Goal met with results of 86%. <div style="border: 2px solid red; border-radius: 50%; width: 300px; height: 300px; margin: 20px auto; text-align: center; padding: 20px;"> <p style="color: blue; font-size: 1.2em;">What is lacking?</p> <ul style="list-style-type: none"> - No analysis of how the numeric result performed year over year. - No conclusion about what the results mean. </div>	<p>After-hours care measure was collected for the first time this year.</p> <ul style="list-style-type: none"> • Performance was below goal of 90% at 86.5%. • The drill down analysis indicated that non-compliant practitioners only had answering services that referred members to urgent care or ER without any alternate after hour options. • Non-compliant practitioners were spread across the state. <p>XYZ Company - Commercial PPO and Medicare PPO</p> <p><i>Overall, XYZ, Inc. had similar results to ABC, Inc. due to the high percentage of network overlap.</i></p> <p>Survey results saw mixed outcomes for XYZ, Inc. prescribing BH practitioners. The following met goal (90%):</p> <ul style="list-style-type: none"> • Non-life-threatening emergency care decreased 2.2 percentage points to 97.3%. • Routine follow-up appointment increased 2.1 percentage points to 98.4% <p>Urgent Care appointments remained below standard and decreased by 6 percentage points to 75%.</p> <ul style="list-style-type: none"> • The continued negative trend in Urgent Care indicates a worsening situation in the urgent care area, potentially due to issues with capacity, access, or demand. • The drill down analysis identified two rural counties (LIST) have the lowest results and a limited number of facilities (urgent care & ER) available for contracting. • A recent hospital closing in County #2 has severely limited urgent and ER care for members.

Similar bullets to prior section above as both AEs contract with the same practitioners and providers in these counties. Note the Medicaid specific bullet is not repeated.

NETWORK MANAGEMENT (NET) ANALYSIS TIP SHEET (NET 1B-D, 2A-C & 3A-C)

QUANTITATIVE ANALYSIS	
Unacceptable Example (NET 2B)	Acceptable Example (NET 2B)
<p>Note these findings are similar to ABC Inc. however XYZ Inc. has a larger PPO network and therefore less zip codes impacted.</p> <p><u>Non-Prescribing BH Practitioners</u></p> <p>Non-life-threatening Emergency Care: Contact Within 6 Hours</p> <ul style="list-style-type: none"> ABC Company - Commercial HMO & Medicaid HMO <ul style="list-style-type: none"> Goal not met, results decreased from 91.1% to 86%. XYZ Company - Commercial PPO and Medicare PPO <ul style="list-style-type: none"> Goal not met, results decreased from 93% to 88.5%. <p>Urgent Care Appointment: Within 48 Hours</p> <ul style="list-style-type: none"> ABC Company - Commercial HMO & Medicaid HMO <ul style="list-style-type: none"> Goal not met, results decreased from 83% to 82.2%. XYZ Company - Commercial PPO and Medicare PPO <ul style="list-style-type: none"> Goal not met, results decreased from 85% to 83.5%. 	<p>Initial visit - routine care appointments remained below goal (90%) at 85% but continued with a positive trend and increased by 8 percentage points.</p> <ul style="list-style-type: none"> The positive trend and improvement suggest contracting efforts to improve routine cares access are having a positive impact. The drill down analysis revealed 3 zip codes with the greatest amount of non-compliant practitioners. The barrier analysis will assess geographies (zip codes) for opportunities to target further intervention. <p>After-hours care measure was collected for the first time this year. Performance was below goal of 90% at 86%.</p> <ul style="list-style-type: none"> The drill down analysis indicated that non-compliant practitioners only had answering services that referred members to urgent care or ER without any alternate after hour options. Non-compliant practitioners were spread across the state and participate in all product lines in both Accreditable Entities. <p><u>Non-Prescribing BH Practitioners</u></p> <p>ABC Company - Commercial HMO & Medicaid HMO</p> <p>The data presents a mixed picture. There was strong performance in Routine Follow-Up Care.</p> <ul style="list-style-type: none"> This area had significant success, with 98.3% achievement, which is 8.3 percentage points above the 90% goal. This is the only measure to exceed the standard. Claims are demonstrating that an increase in the utilization of BH telehealth has contributed to increased accessibility. <p>The most notable negative trend is in non-life-threatening emergency care.</p> <ul style="list-style-type: none"> This measure decreased by 5.1 percentage points and dropped below its 90% goal. Drill down analysis identified rural counties with limited Medicaid practitioners and facilities, traditional hours and long drive times appear to be impacting accessibility.

NETWORK MANAGEMENT (NET) ANALYSIS TIP SHEET (NET 1B-D, 2A-C & 3A-C)

QUANTITATIVE ANALYSIS	
Unacceptable Example (NET 2B)	Acceptable Example (NET 2B)
<p>Initial Visit - Routine Care Appointment: Within 10 Business Days</p> <ul style="list-style-type: none"> • ABC Company - <i>Commercial HMO & Medicaid HMO</i> <ul style="list-style-type: none"> ○ Goal not met, results decreased from 81.2% to 80.4%. • XYZ Company - <i>Commercial PPO and Medicare PPO</i> <ul style="list-style-type: none"> ○ Goal not met, results decreased from 84% to 82.5%. <p>Routine Follow-up Routine Office Appointment: Within 4 weeks</p> <ul style="list-style-type: none"> • ABC Company - <i>Commercial HMO & Medicaid HMO</i> <ul style="list-style-type: none"> ○ Goal met with results of 98.3%. • XYZ Company - <i>Commercial PPO and Medicare PPO</i> <ul style="list-style-type: none"> ○ Goal met with results of 99.2%. <p>After-hours Care:</p> <ul style="list-style-type: none"> • ABC Company - <i>Commercial HMO & Medicaid HMO</i> <ul style="list-style-type: none"> ○ Goal not met with results of 88%. • XYZ Company - <i>Commercial PPO and Medicare PPO</i> <ul style="list-style-type: none"> ○ Goal met with results of 99.2%. 	<p>Urgent Care Visits and Initial visit - Routine Care both saw minor decreases of less than 1 percentage point. These results remain below the goal of 90%.</p> <ul style="list-style-type: none"> • The drill down analysis identified that the same 3 counties with the highest rate of non-compliance across the two measures from 2024 were also the highest in 2025. • This likely means the contracting efforts in these geographies have not been effective; the qualitative analysis will assess barriers to the contracting efforts. <p>After-hours care measure was collected for the first time this year. Performance was below goal of 90% at 88%.</p> <ul style="list-style-type: none"> • The drill down analysis indicated that non-compliant practitioners only had answering services that referred members to urgent care or ER without any alternate after hour options. • It was also noted that a higher percent of non-compliant practitioners were solo practitioners versus those that were part of a group practice. <p>XYZ Company - <i>Commercial PPO and Medicare PPO</i> <i>Overall, XYZ, Inc. had similar results to ABC, Inc. due to the high percentage of network overlap.</i></p> <p>There was strong performance in Routine Follow-Up Care.</p> <ul style="list-style-type: none"> • This area had significant success, with 99.2% achievement, which is 9.2 percentage points above the 90% goal. • This is the only measure to exceed the standard. • Claims are demonstrating that an increase in the utilization of BH telehealth has contributed to increased accessibility.

NETWORK MANAGEMENT (NET) ANALYSIS TIP SHEET

(NET 1B-D, 2A-C & 3A-C)

QUANTITATIVE ANALYSIS	
Unacceptable Example (NET 2B)	Acceptable Example (NET 2B)
<p>Other Considerations: NET 1B-D assesses the membership against the practitioner network. Therefore when goals are not met the quantitative analysis of AEs should also assess how the differing product lines in the AEs are impacting results.</p>	<p>The most notable negative trend is in non-life-threatening emergency care.</p> <ul style="list-style-type: none"> This measure decreased by 4.5 percentage points and dropped below its 90% standard. Drill down analysis identified rural counties with traditional hours and long drive times appear to be impacting accessibility. <p>Urgent Care Visits and Initial visit - Routine Care both saw a minor decrease of 1.5 percentage point. These results remain below the goal of 90%.</p> <ul style="list-style-type: none"> The drill down analysis identified that the same 2 counties with the highest rate of non-compliance across the two measures from 2024 were also the highest in 2025. This likely means the contracting efforts in these geographies have not been effective; the qualitative analysis will assess barriers to the contracting efforts. 123 Parent, Inc.'s philosophy is to attempt to contract practitioners for all product lines across all accreditable entities. <p>After-hours care measure was collected for the first time this year. Performance was below goal of 90% at 88.5%.</p> <ul style="list-style-type: none"> The drill down analysis indicated that non-compliant practitioners overlapped with the non-compliant practitioners in ABC Inc., these practitioners only had answering services that referred members to urgent care or ER without any alternate after hour options. It was also noted that a higher percent of non-compliant practitioners were solo practitioners versus those that were part of a group practice.

NETWORK MANAGEMENT (NET) ANALYSIS TIP SHEET (NET 1B-D, 2A-C & 3A-C)

QUALITATIVE ANALYSIS must include:

- Examination of the underlying reason that caused the results.
- Identifies barriers to achieving improvement and/or meeting the goal.
 - There may be similarities based on geography, however, there should be some accreditable entity specific barriers.
- Conclusion about why the results are what they are.
- Must include indication of the staff involved in the qualitative analysis and involves those responsible for executing the program.

**NCQA GLOSSARY
DEFINITION:**

qualitative analysis

An examination of the underlying reason for or cause of results, including deficiencies or processes that may present barriers to improvement or cause failure to reach a stated goal. Qualitative analysis draws conclusions about why the results, are what they are and involves staff responsible for executing a program or process. Also called a *causal*, *root cause* or *barrier* analysis.

The table below provides unacceptable and acceptable examples of qualitative analysis for NET 2, Element B, Access to Behavioral Healthcare for the example SSME survey.

QUALITATIVE ANALYSIS	
Unacceptable Example (NET 2B)	Acceptable Example (NET 2B)
<p>ABC Company - Commercial HMO & Medicaid HMO XYZ Company - Commercial PPO and Medicare PPO</p> <ul style="list-style-type: none"> • Provider shortage. • Lack of member understanding. • Lack of education on appointment standards. • Lack of education as to what constitutes after-hours coverage. • Practitioners not meeting the threshold of after-hours coverage relied on an answering machine for after-hours coverage. 	<p>The following qualitative analysis was completed by the Behavioral Health Clinical Program Specialist, Manager of Behavioral Health Quality, Senior Director of Provider Network Engagement, Director of Strategic Implementation, Manager of Network Strategic Implementation, Network Solutions Consultant, Quality Management Project Manager & Policy. This workgroup also assists in the identification and prioritization of opportunities for improvement as well as implementation of necessary interventions.</p> <p>ABC Company - Commercial HMO & Medicaid HMO</p> <p>Due to the high level of overlap in the participating practitioner across ABC Inc. and XYZ Inc networks many barriers are consistent across entities as the noncompliance practitioners participate within the network of both Accreditable Entities. The majority of ABC Inc. specific barriers relate to the Medicaid product line.</p>

NETWORK MANAGEMENT (NET) ANALYSIS TIP SHEET (NET 1B-D, 2A-C & 3A-C)

QUALITATIVE ANALYSIS	
Unacceptable Example (NET 2B)	Acceptable Example (NET 2B)
<div style="border: 2px solid red; border-radius: 50%; padding: 20px; text-align: center;"> <p style="color: blue; font-size: 1.2em;">What is lacking?</p> <ul style="list-style-type: none"> - Barriers were not specific to each AE. - No examination of the underlying reason driving the results. - No conclusion about why the results are what they are. </div>	<p>Interviews with non-compliant practitioners' office staff revealed:</p> <ul style="list-style-type: none"> • Lack of practitioner and practitioner office staff knowledge or misunderstanding of the timely access standards and their requirements, especially for practitioners providing specialized services. <ul style="list-style-type: none"> ○ The largest knowledge gap was related to the new after-hours requirements. • Call survey is not directed at the most appropriate staff person to answer timely access questions. <p>Review of non-compliance practitioners revealed:</p> <ul style="list-style-type: none"> • Directory Inaccuracies: Members using an inaccurate directory may encounter wrong phone numbers, incorrect addresses, or find that a listed practitioner is not accepting new patients. This misdirection can lead to missed appointments and, in some cases, cause patients to delay or give up on seeking necessary care altogether, which can worsen health outcomes. <ul style="list-style-type: none"> ○ Additionally identified that non-Medicaid practitioners were inappropriately included in the search for Medicaid practitioners. • Medicaid Specific: <ul style="list-style-type: none"> ○ Limited number of timely appointment availability resulting in long wait times. ○ Full panel/caseload. <p>Geographic drill down into non-compliant zip codes revealed:</p> <ul style="list-style-type: none"> • Practitioner shortage particularly in rural and underserved areas; members in rural and frontier counties may experience limited access to certain types of BH care due to limited practitioner availability in remote areas. • Geographic Disparities: Individuals in rural areas often have to travel long distances to access mental health facilities, which is a major logistical barrier. • Inconvenient Hours: Many clinics have limited office hours that conflict with members' work or school schedules, making it difficult to attend appointments. • Practitioners unwilling to contract for Medicaid product line.

NETWORK MANAGEMENT (NET) ANALYSIS TIP SHEET (NET 1B-D, 2A-C & 3A-C)

QUALITATIVE ANALYSIS	
Unacceptable Example (NET 2B)	Acceptable Example (NET 2B)
	<p>Literature review of member barriers across populations (product lines) revealed:</p> <ul style="list-style-type: none"> • Personal and social barriers, negative stereotypes and the fear of being judged, labeled, or seen as "weak" are powerful deterrents that prevent many from acknowledging their struggles or seeking help. • Cultural Beliefs: In some communities, mental health issues are considered private matters to be handled within the family or addressed through alternative methods like faith healers, rather than professional help. • Medicaid Members: Literature review & ABC, Inc. Population Assessment SDoH <ul style="list-style-type: none"> ○ Lack of transportation; population is heavily reliant on public transportation. ○ The Medicaid population has a high prevalence of English as a second language demonstrating an increased need for interpreter services at the time of service. <p>XYZ Company - Commercial PPO and Medicare PPO</p> <p>XYZ Company has a 95% network overlap with ABC Company, therefore many barriers are common across accreditable entities.</p> <p>Interviews with non-compliant practitioners' office staff revealed:</p> <ul style="list-style-type: none"> • Lack of practitioner and practitioner office staff knowledge or misunderstanding of the timely access standards and their requirements, especially for practitioners in solo practices. • Call survey is not directed at the most appropriate staff person to answer timely access questions. <p>Review of non-compliance practitioners revealed:</p> <ul style="list-style-type: none"> • Directory Inaccuracies: Members using an inaccurate directory may encounter wrong phone numbers, incorrect addresses, or find that a listed practitioner is not accepting new patients. This misdirection can lead to missed appointments and, in some cases, cause patients to delay or give up on seeking necessary care altogether, which can worsen health outcomes. • While 123 Parent, Inc.'s philosophy is to attempt to contract practitioners for all product lines across all accreditable entities this is not mandatory. Numerous

NETWORK MANAGEMENT (NET) ANALYSIS TIP SHEET (NET 1B-D, 2A-C & 3A-C)

QUALITATIVE ANALYSIS	
Unacceptable Example (NET 2B)	Acceptable Example (NET 2B)
	<p>practitioners indicated they would be interested in PPO only contracts and will be targeted for contracting follow-up.</p> <p>Geographic drill down into non-compliant zip codes revealed:</p> <ul style="list-style-type: none"> • Practitioner shortage particularly in rural and underserved areas; members in rural and frontier counties may experience limited access to certain types of BH care due to limited practitioner availability in remote areas. • Geographic Disparities: Individuals in rural areas often have to travel long distances to access mental health facilities, which is a major logistical barrier. • Inconvenient Hours: Many clinics have limited office hours that conflict with members' work or school schedules, making it difficult to attend appointments. <p>Literature review of member barriers across populations (product lines) revealed:</p> <ul style="list-style-type: none"> • Personal and social barriers, negative stereotypes and the fear of being judged, labeled, or seen as "weak" are powerful deterrents that prevent many from acknowledging their struggles or seeking help. • Cultural Beliefs: In some communities, mental health issues are considered private matters to be handled within the family or addressed through alternative methods like faith healers, rather than professional help.



RED FLAG: When should you step back and reassess? If the analysis contains the *exact same* quantitative and/or qualitative analysis for the different accreditable entities and the *exact same* opportunities, interventions and effectiveness of interventions, as applicable, consider the following:

- Does the methodology explain the network make-up and amount of overlap between product lines?
 - What is the level of network practitioner overlap between the two Accreditable Entities?
- How much of the duplication makes sense based on the geography being assessed?
 - Does the analysis adequately explain why the duplication is appropriate?
- Did the health plan assess non-compliant practitioners, practitioner types or geographies to understand driving factors that align with the listed barriers?
- For each entity, did the health plan clearly assess how different factors, such as transportation issues, or specific social determinants of health (e.g., language barriers, income levels), contributed to the overall performance?