



**HEALTHY FAMILIES PROGRAM  
TRANSITION TO MEDI-CAL**

**NETWORK ADEQUACY ASSESSMENT REPORT  
PHASE 3**

**May 1, 2013**

**Submitted by the California Department of Health Care Services and  
Department of Managed Health Care  
in Fulfillment of the Requirements of  
Assembly Bill 1494 (Chapter 28, Statutes of 2012), as amended by AB  
1468 (Chapter 438, Statutes of 2012), Welfare and Institutions Code  
section 14005.27(e)**



# HEALTHY FAMILIES PROGRAM TRANSITION TO MEDI-CAL NETWORK ASSESSMENT – PHASE 3

## TABLE OF CONTENTS

Section	Subject	Page Number
I	Executive Summary	3
II	Introduction	6
III	Medi-Cal Managed Care Assessments	12
	Fresno County	12
	Kern County	16
	Kings County	21
	Madera County	25
	Marin County	29
	Mendocino County	33
	Merced County	37
	Napa County	42
	Orange County	46
	Riverside County	50
	Sacramento County	55
	San Bernardino County	61
	San Diego County	65
	San Francisco County	71
	San Joaquin County	75
	San Luis Obispo County	80
	San Mateo County	84
	Santa Cruz County	88
	Solano County	92
	Sonoma County	96
	Stanislaus County	100
	Ventura County	104
	Yolo County	110
 <b>Attachments</b>		
1	Healthy Families Program Health Plan Enrollment – Phase 3	116
2	Data Requested from the Health Plans	118
3	Summary Network Assessment Data	135



## **SECTION I. EXECUTIVE SUMMARY**

### **Background**

Pursuant to Assembly Bill (AB) 1494 (Chapter 28, Statutes of 2012), as amended by AB 1468 (Chapter 438, Statutes of 2012), the Department of Health Care Services (DHCS) plans to commence Phase 3 of the transition of Healthy Families Program (HFP) enrollees to the Medi-Cal program beginning August 1, 2013.<sup>1</sup> The HFP, administered by the Managed Risk Medical Insurance Board (MRMIB), currently provides health, dental, and vision coverage to over 860,000 low-income children. Children currently enrolled in the HFP will receive their health, dental, and vision benefits through the Medi-Cal program.

The Department of Managed Health Care (DMHC) licenses and regulates health plans pursuant to the Knox-Keene Health Care Services Plan Act of 1975, as amended (“Knox-Keene Act”). MRMIB contracts with twenty health plans and five dental plans licensed by the DMHC to provide coverage for HFP enrollees.

Pursuant to the legislation, the transition of the HFP enrollees will be conducted in four phases, with the third phase occurring no sooner than August 1, 2013. Children who will be transitioned during Phase 3 are enrollees of health plans that have an HFP product but do not provide a Medi-Cal product in the enrollees’ counties of residence.<sup>2</sup> Approximately 116,835 children will transition during this phase. These children will have the opportunity to select a Medi-Cal managed care plan in advance of the transition. Dental services for Phase 3 children will transition at the same time as their medical coverage transitions.<sup>3</sup>

As required by the legislation and in order to proceed with the Phase 3 transition, the DMHC and the DHCS (hereafter “the departments”) have collaborated in assessing the adequacy of the subcontracting Medi-Cal managed care plans’ networks. The departments have evaluated the overall Medi-Cal managed care networks available in each county and have compared those networks to the network offered by the HFP-only plans in each county.

### **Key Findings**

In general, the Medi-Cal managed care networks in each Phase 3 county have sufficient capacity to handle the transition-related enrollment, including new enrollment from children entering the Medi-Cal program. The Medi-Cal Managed Care networks all appear to offer PCPs who are

---

<sup>1</sup> The Healthy Families Transition to Medi-Cal Network Adequacy Assessment for Phase 1 was submitted to the legislature on November 1, 2012. The Healthy Families Transition to Medi-Cal Network Adequacy Assessment for Phase 2 was submitted to the legislature on January 1, 2012. Both reports and related addenda are available at the following location: <http://www.dhcs.ca.gov/services/hf/Pages/NetworkAdequacyAssessment.aspx>.

<sup>2</sup> A Table listing the health plans providing coverage for Phase 2 HFP enrollees and their respective enrollment is included as Attachment 1.

<sup>3</sup> All Phase 3 children, with the exception of children residing in Sacramento County, will receive dental services under Denti-Cal, the Medi-Cal Fee-for-Service dental program. All Dental Managed Care networks and Denti-Cal networks operating in Phase 1 counties were assessed in the Phase 1 report

accepting new patients with appropriate geographic access when compared to the geographic availability of HFP PCPs. Moreover, each health plan has indicated that it will provide continuity of care and timely access consistent with the requirements of the Knox-Keene Act, when necessary.<sup>4</sup>

Continuity of care for transitioning enrollees may be impacted in some counties due to low rates of PCP overlap with the HFP network. Particularly low rates of overlap were identified for Fresno, Kings, Madera, Marin, Mendocino, Merced, Napa, San Luis Obispo, San Mateo, Santa Cruz, Ventura, and Yolo Counties. It is important to note that Phase 3 of the transition inherently lends itself to lower rates of overlap, as patients will be transitioning to new health plans that do not all necessarily contract with the same providers. Phase 3 HFP enrollees will have an experience akin to that which a commercial enrollee may have when their employer alters the health plans that it offers to its employees. Under these circumstances, a change in provider is likely and health plans are required only to ensure that they have a provider network that offers adequate capacity and geographic access to meet the needs of the new enrollment. Health plans are also required to provide completion of covered services with a non-contracting treating provider for certain health conditions pursuant to the Knox Keene Act.<sup>5</sup> HFP enrollees receive an additional protection via the Medi-Cal health plan contract with the state, which require the health plans to provide 12 months of continued care with a non-contracted treating PCP, so long as the PCP agrees to the health plan's reimbursement rate and has no existing continuity of care concerns.

The network adequacy assessment identifies two ways in which HFP enrollees may experience greater continuity of care than is initially reflected in the initial network assessment. First, Kaiser Foundation Health Plan indicates that it is in the process of entering into a subcontracting arrangement with Medi-Cal managed care plans in counties where Kaiser only operates an HFP line of business. Once these subcontracts are finalized, the rate of overlap should improve for Fresno, Kings, Madera, Marin, San Joaquin, San Mateo, Ventura, and Yolo Counties. Second, many of the Medi-Cal Managed Care plans in the counties with low rates of overlap rely primarily on clinics for primary care services. The plans did not identify the names of the individual physicians contracted with each clinic, so the departments assumed that those providers were not available in the HFP networks. Given the size and distribution of providers in some of the affected counties, it is likely that the physicians associated with those clinics also independently contract with the HFP networks, which would allow for greater continuity of care upon transition.

---

<sup>4</sup> Health plans must comply with the continuity of care requirements set forth in Health and Safety Code section 1373.96 of the Knox-Keene Act. Health plans may be required to continue an enrollee's treatment with a non-network provider, when that enrollee is in mid-treatment for the conditions identified in the statute, and/or has a previously scheduled surgery or hospitalization. However, if the non-network provider does not agree to accept the health plan's provider rates offered to contracted providers, then the health plan has the right to require the enrollee to continue the course of treatment with a network provider. Also, for conditions that are not listed in the statute, the health plan may choose to transfer the patient to an in-network provider.

<sup>5</sup> *Ibid.*

The departments have identified some areas that will require additional follow-up. An addendum to this report will be issued once all follow-up items have been resolved.

## SECTION II. INTRODUCTION

As required in Welfare and Institutions Code § 14005.27(e)(9)(A), the Department of Health Care Services (DHCS) and the Department of Managed Health Care (DMHC) (hereinafter “the departments”) have collaborated in assessing Medi-Cal managed care plan network adequacy for the Phase 3 transition of HFP enrollees into Medi-Cal. The departments reviewed the networks for all full-service Medi-Cal managed care plans scheduled to transition during Phase 3, compared these networks to the remaining HFP plans in the Phase 3 counties, and individually assessed the overall Medi-Cal managed care network in each affected county.

The departments evaluated the Medi-Cal networks for the availability of providers that are covered under the Medi-Cal program and qualitatively analyzed plans’ continuity of care strategies. Knox-Keene Act and Medi-Cal contract continuity of care requirements extend to services covered by the Medi-Cal managed care plans.

**Criteria.** The departments evaluated all Medi-Cal managed care plan networks on a countywide basis against established Knox-Keene Act network and access standards as well as standards set forth in the DHCS health plan contracts. These standards include:

- One primary care provider within 10 miles or 30 minutes of an enrollee’s residence.
- One primary care provider for every 2,000 enrollees.
- One physician overall (including specialists) for every 1,200 enrollees.
- Capacity limits on physician extenders<sup>6</sup> who serve as primary care providers. No more than one full-time equivalent physician extender per 1,000 enrollees.
- Readily available and accessible medically required specialists.

**Methodology.** The two departments jointly submitted a request for data related to health plan provider networks to all Medi-Cal managed care plans operating in counties that have at least one HFP-only plan. The DMHC sent a separate request to all HFP-only plans to provide similar provider network data. A copy of the data request that was sent to all plans is included in this report as Attachment 2. The sections below describe the types of data the departments requested and how the departments used the data to evaluate the impact of the Phase 3 HFP transition on Medi-Cal managed health care provider networks.

- *Qualitative Continuity of Care and Provider Network Data*

The departments provided Phase 3 Medi-Cal managed care plans with a list of questions requiring plans to explain the efforts the plans have taken to evaluate the capacity of the existing provider network to treat additional Medi-Cal patients, build additional network

---

<sup>6</sup> A physician extender is a non-physician health care professional (i.e. nurse practitioner, midwife, physician assistant) that is supervised by a physician and extends the physician’s ability treat additional patients. A primary care provider may supervise a maximum of two Physician Assistants, four nurse practitioners, or any combination of four physician extenders that does not include more than three Certified Nurse Midwives or two Physician Assistants.



capacity when necessary, develop administrative capacity to serve this new population, ensure all members will have timely access to quality health care, and work with the HFP plans to preserve continuity of care and transition existing authorizations and referrals. The departments also asked the Medi-Cal managed care plans to specifically address what efforts they have made to bring the Healthy Families-only providers into their Medi-Cal network. The DMHC sent a separate set of questions to the HFP-only plans inquiring as to what steps the plans have taken to coordinate the transition of enrollees to the Medi-Cal managed care plans. The departments utilized this information to evaluate whether the Medi-Cal managed care plans have taken appropriate steps to prepare their networks for the transition, estimate how patients may be affected by the transition, and assess how the plans have arranged to provide continuity of care to their patients. The departments have reported this information for each plan primarily in two sections of the county-based assessment: “Continuity of Care” and “Timely Access to Care.”

- *Summary Provider Network Data.* The departments tailored the summary provider network requests to the specific plan types:
  - *Medi-Cal Managed Care Plans.* The departments asked the Phase 3 Medi-Cal managed care plans to provide a high-level overview of the total available primary care providers and specialist providers in each plan’s Medi-Cal network. Plans were also asked to identify the total number of enrollees in their Medi-Cal network, historic utilization of specialty types by the Medi-Cal population, and the PCP-to-enrollee and physician-to-enrollee ratios for the Medi-Cal network. This data was specific to each county in which the plans operate a Medi-Cal managed care product. The departments used this data to estimate the increase in demand for provider services after the transition and to evaluate whether each plan’s provider network will be sufficient to accommodate that demand.
  - *Healthy Families Plans.* The DMHC asked the Phase 3 HFP-only plans to provide a high-level overview of the total number of primary care providers and specialists currently available to HFP enrollees. Plans were also asked to identify the total number of enrollees in their Healthy Families network, historic utilization of specialty types by the Healthy Families population, and the PCP-to-enrollee and physician-to-enrollee ratios for the Healthy Families network. The departments used this data to compare the Healthy Families network to the Medi-Cal managed care network in the county and evaluate how the transition may affect transitioning enrollees’ access to care.

The departments have reported this information for each plan in two sections of the plan assessment: “Provider Overlap” and “Provider Capacity.”

- *Detailed Provider Network Lists.* The departments tailored the detailed provider network requests to the specific plan types:
  - *Medi-Cal Managed Care Plans.* The departments asked the Phase 3 Medi-Cal managed care plans to provide a detailed list of all primary and specialist providers, as well as physician extender providers when applicable. These provider lists indicate the location of each provider. For primary care providers, the plans also indicated each provider’s total Medi-Cal capacity, the total number of Medi-Cal patients currently assigned to the provider and whether the provider is accepting new patients. For specialists, the plans also indicated each provider’s specialty type and whether that provider operates a pediatric practice. This data allowed the departments to take a more detailed look at the geographic availability of providers, the total number of patients each provider is serving, and the capacity of individual providers to take on additional patients. The departments also coordinated this data with the data provided by the HFP-only plans to assess continuity of care by evaluating how many primary and specialty providers in the Healthy Families network will also be available in the Medi-Cal network.
  - *Healthy Families Plans.* The departments asked the Phase 3 HFP-only plans to provide a detailed list of all primary and specialist providers, as well as physician extender providers when applicable. These provider lists indicate the location of each provider. For primary care providers, the plans also indicated each provider’s total Healthy Families capacity and the total number of Healthy Families patients currently assigned to the provider. For specialists, the plans also indicated each provider’s specialty type and whether that provider operates a pediatric practice. This data allowed the departments to take a more detailed look at the geographic availability of providers and the total number of patients each provider is serving so that the departments could subsequently compare the geographic access and capacity of the Healthy Families network to the Medi-Cal network. The departments also coordinated the Healthy Families network data with the data provided by the Medi-Cal managed care plans to assess continuity of care by evaluating how many primary and specialty providers in the Healthy Families network will also be available in the Medi-Cal network.

The departments have reported this information for each plan in three sections of the plan assessment: “Provider Overlap,” “Provider Capacity,” and “Geographic Accessibility.”

**Data Review.** The departments’ analysis is based on point-in-time data provided by the plans to the departments between March 15, 2013 and April 9, 2013.

The departments' analysis of the health plan provider network is mindful of the limitations of the data reviewed, such as:

- *Provider Network Overlap.* This section of the assessment looks only at the providers that are shared between the HFP and Medi-Cal networks in a particular county. It is not a reflection of the total number of providers available in the Medi-Cal networks, as the Medi-Cal networks often have many more providers than are available in the HFP network. The full Medi-Cal network is described at the beginning of each assessment. Given that all Phase 3 HFP enrollees will be transitioning to a new health plan and health plans contract with different providers, the plans are not expected to have high rates of overlap. Because it is typical for enrollees under these circumstances to have to change providers, the departments have focused on the capacity of the plan to accommodate the needs of the transitioning population, rather than the rate of network overlap. This section also considers the availability of specialists in the Medi-Cal network compared to the HFP network. The Knox Keene Act requires plans to provide basic health care services, which includes access to medically necessary physician services, including services from specialist physicians.<sup>7</sup> If a health plan does not contain a certain specialist in its network, it is required to arrange for out-of-network care when it is medically necessary for an enrollee to see that specialty type and the services being sought are covered benefits. Therefore, the lack of a specific specialty type alone does not constitute a major concern with the network.
- *Provider Network Capacity.* This section evaluates the total number of enrollees each PCP can accept against the number of enrollees projected to be assigned to that PCP post-transition, assuming that all current HFP enrollees choose to stay with their existing PCP after the transition. For those PCPs who currently have HFP and Medi-Cal enrollees assigned, the actual number of patients assigned to those providers will not change. However, all HFP enrollees will now be categorized as Medi-Cal enrollees for purposes of calculating enrollee assignment. With regard to specialist network capacity, the departments evaluated the availability of specialty types that are available in the HFP network as compared to the specialty types available in the Medi-Cal network. The departments specifically identified any specialty types that were subject to moderate utilization in the HFP plan and are not available in the Medi-Cal network. For the purposes of this report, “moderate utilization” indicates any specialty type that was utilized by 50 or more HFP enrollees in the past 12 months.
- *Geographic Access.* Each plan's existing Medi-Cal network was previously approved by the DMHC as part of the plan's current Knox-Keene Act license. Thus, prior to this transition, the DMHC determined the provider networks to be compliant with the

---

<sup>7</sup> See Health and Safety Code § 1367, subd. (i) and California Code of Regulations, title 28, § 1300.67, subd. (a).

geographic access standards at the time the service area was established. This evaluation focuses on the location of current HFP providers within the county compared to the location of Medi-Cal providers within the county. Some plans provided data for providers that are situated outside of the county. For the purposes of the geographic access review only, the departments limited the review to providers practicing within the county.

- *Continuity of Care.* Because many HFP enrollees are expected to have a change in provider, it is important to keep in mind that all plans are obligated under their contract with the State of California to provide 12 months of care with a non-network, treating PCP under certain circumstances. Furthermore, the Medi-Cal managed care plans with Knox Keene licenses, which includes all Medi-Cal managed care plans except Gold Coast Health Plan in Ventura County, receiving the HFP membership are required to provide continuity of care consistent with the requirements set forth in Health and Safety code section 1373.96, which states that plans shall provide for the completion of covered services from a non-contracted, treating provider for specified conditions as long as the non-contracted provider agrees to the health plan reimbursement rate. This section of the assessment describes the steps each plan will take to provide continuity of care.
- *Assessment.* This section summarizes the departments' evaluation of the adequacy of the Medi-Cal network in the county. The departments indicate whether there are no concerns with the network, or whether there are minor, moderate or significant concerns with network adequacy.

### **SECTION III. MEDI-CAL MANAGED CARE COUNTY ASSESSMENTS**

This section contains the departments' assessment of the Medi-Cal provider networks by county. Because Phase 3 transitioning HFP enrollees will have the opportunity to choose the Medi-Cal health plan in which they will enroll, the departments combined the data for all Medi-Cal managed care health plan networks in each county and compared the HFP network against the combined Medi-Cal network. The analysis is therefore organized by county.

In the analysis, where more than one Medi-Cal managed care plan is available, the departments have combined the data for all Medi-Cal health plan networks operating in the county and compared them to the combined data for the HFP plan networks within the county. In the report, the term "combined Medi-Cal networks" refers to the combination of all Medi-Cal Managed Care health plan networks available in the county. Similarly, the term "combined HFP networks" or "HFP network" refers to the combination of all HFP health plan networks available in the county. The "combined HFP networks" and "HFP network" does not include any HFP health plans that also operate a Medi-Cal network in that county.

#### **Fresno County**

Fresno County follows the 2-Plan Medi-Cal Managed Care model, so it offers a local initiative plan and a commercial plan to its enrollees. In Fresno County, Cal Viva Health Plan and Anthem Blue Cross serve as the two Medi-Cal managed care plans. The combined network data for these two Medi-Cal managed care plans will be referred to as the "Medi-Cal managed care network." Kaiser Foundation Health Plan ("Kaiser") provides an HFP line of business but not a Medi-Cal line of business in Fresno County. According to health plan data, the Medi-Cal managed care network offers 562 PCPs and 1,691 total physicians.<sup>8</sup> The Kaiser HFP network offers 79 PCPs and 273 total physicians. Approximately 3,721 enrollees are expected to transition into Medi-Cal managed care from the HFP plan in Fresno County in Phase 3.

#### **Provider Network Overlap**

- Kaiser indicates that it is in the process of entering into a subcontracting arrangement with Cal Viva Health Plan in Fresno County so that current HFP enrollees in Kaiser may continue to see their Kaiser providers after the transition. Plan data indicate that none of the PCPs or specialists who participate in the Kaiser HFP network are currently available in the Medi-Cal managed care networks in Fresno County. This is due to the fact that Kaiser operates a closed network and utilizes providers who are only contracted with the Kaiser Permanente Medical Group. These providers do not contract with other health plans. Assuming Kaiser and Cal Viva enter into a subcontracting arrangement, 100% of the Kaiser's HFP providers will be available in the Cal Viva network.

---

<sup>8</sup> Note: this number includes a count of the individual physicians who are associated with each contracted clinic.

## Provider Capacity

### ***Primary Care Physicians***

- Plan data indicate that the Medi-Cal network will have one PCP for every 421 enrollees after the transition and one physician overall for every 140 enrollees after the transition.<sup>9</sup>
- Plan data indicate that 93% of all Medi-Cal Managed Care PCPs in the county are accepting new Medi-Cal patients.
- According to Plan data, 94% of Medi-Cal Managed Care PCPs are currently under Plan-defined Medi-Cal enrollee assignment limits. For those enrollees assigned to a PCP who is over the enrollee assignment limit, they will continue to be able to switch to a PCP with fewer assigned enrollees if they so choose.<sup>10</sup>

### ***Specialists***

- With regard to overall specialist services covered under Medi-Cal, the Medi-Cal network offers more individual specialists than the HFP network overall. In some specific specialty areas, the Medi-Cal network offers a smaller number of individual providers than the HFP network. For the most part, the combined Medi-Cal network offers more specialty services and providers than the HFP product. Overall, the Medi-Cal network appears to have a sufficient number of specialists to provide enrollee access to each specialty type.
- The Plan's Medi-Cal network offers 82 pediatric specialists, comprising 7% of the Plan's total Medi-Cal specialist network. In comparison, Kaiser was not able to specifically identify the total number of pediatric specialists in its HFP network, but the Plan indicated that almost all of its specialists will treat children and if a patient requires a specific pediatric specialist, the Plan will arrange for that care.<sup>11</sup> Please note that most specialists are available to treat children, so the availability of pediatric specialists does not necessarily impact transitioning HFP enrollees' access to specialty care.

Geographic Access. All cities in Fresno County that contain HFP PCPs also contain Medi-Cal PCPs who are accepting new patients.

Continuity of Care. Given the subcontracting arrangement currently being contemplated by Kaiser and Cal Viva Health Plan, Kaiser HFP enrollees will most likely obtain continuity of care by selecting Cal Viva Health Plan as their Medi-Cal plan. Below is a summary of the continuity

---

<sup>9</sup> These ratios are based on the current Medi-Cal Managed Care network and do not reflect the possible inclusion of Kaiser providers.

<sup>10</sup> Please note that this percentage reflects the current number of Medi-Cal and HFP patients assigned to the PCPs participating in both Medi-Cal plans.

<sup>11</sup> Per Health and Safety Code § 1367, subd. (i) and California Code of Regulations, title 28, § 1300.67, subd. (a), all plans are obligated under the Knox Keene Act to provide basic health care services, which includes access to medically necessary physician services, including services from specialist physicians. If a health plan does not contain a certain specialist in its network, it is required to arrange for out-of-network care when it is medically necessary for an enrollee to see that specialty type. Therefore, the lack of a specific specialty type alone does not constitute a major concern with the network.

of care efforts all Fresno County Medi-Cal and HFP health plans will engage in to assist with the Phase 3 transition:

- **Cal Viva Health Plan (Medi-Cal Plan)**

Cal Viva (“Plan”) has provided the departments with information regarding its strategy for ensuring continuity of care for transitioning Phase 3 HFP enrollees. The Plan states that all transitioning enrollees are from Kaiser. The Plan indicates that it is in the process of entering into a subcontracting relationship with Kaiser and expects to finalize that agreement before the end of June 2013. The Plan will assign the transitioning enrollees back to Kaiser through its subcontracted plan to plan arrangement, such that transitioning enrollees will continue to see their same PCPs with no disruption of services.

Transitioning enrollees will also retain the same access to specialists and pharmacy services. Any additional provider linkage information received by the Plan will be passed with the enrollment file information to Kaiser.

- **Anthem Blue Cross (Medi-Cal Plan)**

Anthem Blue Cross (“Plan”) has provided the departments with information regarding its strategy for ensuring continuity of care for transitioning Phase 3 HFP enrollees. The Plan indicates that, to the extent the Plan is able to obtain provider linkage data, the Plan will analyze the data to determine overlap between HFP and Medi-Cal provider networks. Transitioning enrollees will remain with their PCP if the PCP is contracted within their network. The Plan states that it will follow its existing continuity of care policy. The Plan indicates that, to the extent the Plan is able to obtain existing authorizations and referrals data, the Plan will work to ensure appropriate continuity of care, including authorizations and overrides for prescription medications in order to continue the supply of the transitioning enrollees’ medication. The Plan states that all transitioning enrollees receive a new member kit which includes an evidence of coverage handbook that explains the PCP assignment process as well as how to change their PCP.

- **Kaiser Foundation Health Plan (HFP Plan)**

The Plan indicates that it is pursuing contracts with prospective managed Medi-Cal partners in Fresno County to ensure transitioning enrollees do not receive disruption of services. The Plan indicates that, because it utilizes the same provider network for all lines of business, transitioning enrollees will continue to have access to the same providers, specialists, and hospital providers currently available to them if the Plan is able to enter into a subcontracting arrangement with an existing Medi-Cal managed care plan in Fresno County. The Plan states that transitioning enrollees will receive medical services and prescribed medications in accordance with the Medi-Cal Managed Care program rules. If a subcontracting arrangement is finalized, approximately 3,560 Kaiser HFP enrollees in Fresno County will not experience a change in providers as a result of

the transition. To the extent permissible, the Plan would like to make outbound calls and to send explanatory letters to all transitioning enrollees.

Timely Access to Care. The following describes how the Fresno County Medi-Cal health plans will ensure that Phase 3 enrollees have timely access to care:

- **Cal Viva Health Plan (Medi-Cal Plan)**

The Plan states that transitioning enrollees will receive services from the same PCPs as before the transition with no disruption of services.

- **Anthem Blue Cross (Medi-Cal Plan)**

The Plan states that its case managers will work with those transitioning enrollees with qualifying conditions to ensure a smooth transition and timely access. The Plan states that it uses outreach specialists who are accustomed to working with provider offices to facilitate appointments for enrollees when unusual circumstances arise. The Plan has an Access to Care Standards policy to which its contracted providers are expected to adhere.

Assessment. The Medi-Cal managed care network appears to have adequate capacity to accommodate the transitioning HFP enrollees and ensure adequate access to care in Fresno County. Cal Viva Health Plan and Kaiser Foundation Health Plan indicate that they are in the process of entering into a subcontracting arrangement so that HFP enrollees transitioning into Medi-Cal from the Kaiser HFP plan will be able to have access to the same providers they have been seeing in the HFP network, so long as they select Cal Viva as their Medi-Cal plan. If the subcontracting arrangement does not come to fruition, the Medi-Cal managed care network still appears to have adequate capacity to accommodate any new enrollees and ensure adequate access to care. The Plan offers PCPs in the same geographic regions served by the HFP product, so all enrollees should have the same access to care as they had under the HFP product. The Medi-Cal network contains almost all specialty types available in the HFP network at a quantity that is greater than what was available in the HFP network.

Follow-Up. The departments will follow-up with the plans to ensure that the subcontracting relationship with Kaiser is finalized. If the subcontracts do not occur, the departments will seek further information from the Medi-Cal managed care plans regarding how the plans intend to ensure continuity of care for the transitioning Kaiser HFP enrollees.



## **Kern County**

Kern County follows the 2-Plan Medi-Cal Managed Care model, so it offers a local initiative plan and a commercial plan to its enrollees. In Kern County, Kern Family Health Plan and Health Net serve as the two Medi-Cal managed care plans. The combined network data for these two Medi-Cal managed care plans will be referred to as the “Medi-Cal managed care network.” Anthem Blue Cross (“Blue Cross”) and Kaiser Foundation Health Plan (“Kaiser”) provide an HFP line of business but not a Medi-Cal line of business in Kern County. The combined network data for these two HFP plans will be referred to as the “combined HFP network.” According to health plan data, the Medi-Cal Managed Care network offers 237 PCPs and 893 total physicians. The combined HFP network offers 269 PCPs and 623 total physicians. Approximately 6,242 enrollees are expected to transition into Medi-Cal managed care from the HFP plans in Kern County in Phase 3.

### **Provider Network Overlap**

#### ***Primary Care Providers***

- Kaiser Foundation Health Plan indicates it is in the process of entering into a subcontracting arrangement with Kern Family Health Plan, so all current HFP enrollees in Kaiser may be able to continue to see their Kaiser providers after the transition. If this proposed subcontracting arrangement occurs, 78% of the PCPs who currently participate in the combined HFP network would also be available in the Medi-Cal managed care network. If a subcontract with Kaiser does not occur, plan data indicate that 34% of the PCPs who currently participate in the combined HFP network would also be available in the Medi-Cal managed care networks in Kern County.

#### ***Specialists***

- If Kaiser subcontracts with the Medi-Cal managed care network, 80% of the specialists who currently participate in the combined HFP network would also be available in the Medi-Cal managed care network. If a subcontract with Kaiser does not occur, plan data indicate that 37% of the specialists who currently participate in the Blue Cross HFP network would also be available in the Medi-Cal managed care networks in Kern County.

### **Provider Capacity**

#### ***Primary Care Physicians***

- Plan data indicate that the Medi-Cal network will have one PCP for every 756 enrollees after the transition and one physician overall for every 201 enrollees after the transition.<sup>12</sup>

---

<sup>12</sup> These ratios are based on the current Medi-Cal Managed Care network and do not reflect the possible inclusion of Kaiser providers.

- Plan data indicate that 64% of all Medi-Cal Managed Care PCPs in the county are accepting new Medi-Cal patients.
- According to Plan data, 90% of Medi-Cal Managed Care PCPs are currently under Plan-defined Medi-Cal enrollee assignment limits. For those enrollees assigned to a PCP who is over the enrollee assignment limit, they will continue to be able to switch to a PCP with fewer assigned enrollees if they so choose.<sup>13</sup>

### *Specialists*

- With regard to overall specialist services covered under Medi-Cal, the Medi-Cal network offers more individual specialists than the HFP network overall. In some specific specialty areas, the Medi-Cal network offers a smaller number of individual providers than the HFP network. Overall, based on the utilization of specialty services by both HFP and Medi-Cal enrollees over the past year, the Medi-Cal network appears to have a sufficient number of specialists to provide enrollee access to each moderately utilized specialty type.
- Plan data indicate that a moderate number of HFP enrollees in Kern County utilized anatomic pathologists and diagnostic radiologists over the past two years. These two specialty types are not available in the Medi-Cal managed care networks; however, the networks do include pathologists and radiologists, who may be able to serve the needs of these patients. If patients require these two specific specialty types, the Plan will be obligated to provide access to these specialists if medically necessary, in accordance with the Knox Keene Act.<sup>14</sup>
- The Medi-Cal managed care networks in Kern County offer 17 pediatric specialists, comprising 3% of the total Medi-Cal specialist network, which is slightly less than that offered by the Blue Cross HFP network (19 pediatric specialists, comprising 7% of the Plan's HFP specialist network).<sup>15</sup> Kaiser was not able to specifically identify the total number of pediatric specialists in its HFP network, but the Plan indicated that almost all of its specialists will treat children and if a patient requires a specific pediatric specialist, the Plan will arrange for that care. Please note that most specialists are available to treat children, so the availability of pediatric specialists does not necessarily impact transitioning HFP enrollees' access to specialty care.

*Geographic Access.* Almost all cities in Kern County that contain HFP PCPs also contain Medi-Cal PCPs who are continuing to accept new Medi-Cal patients. The city of Rosamond contains

---

<sup>13</sup> Please note that this percentage reflects the current number of Medi-Cal and HFP patients assigned to the PCPs participating in both Medi-Cal plans.

<sup>14</sup> Per Health and Safety Code § 1367, subd. (i) and California Code of Regulations, title 28, § 1300.67, subd. (a), all plans are obligated under the Knox Keene Act to provide basic health care services, which includes access to medically necessary physician services, including services from specialist physicians. If a health plan does not contain a certain specialist in its network, it is required to arrange for out-of-network care when it is medically necessary for an enrollee to see that specialty type. Therefore, the lack of a specific specialty type alone does not constitute a major concern with the network.

<sup>15</sup> *Ibid.*

HFP providers but no Medi-Cal providers; however, there are Medi-Cal providers in the neighboring city of Mojave which is within 10 miles or 30 minutes of Rosamond.

*Continuity of Care.* Given the subcontracting arrangement currently being contemplated by Kaiser and Kern Family Health Plan, Kaiser HFP enrollees will most likely obtain continuity of care by selecting Kern Family Health Plan as their Medi-Cal plan. Below is a summary of the continuity of care efforts all Kern County Medi-Cal and HFP health plans will engage in to assist with the Phase 3 transition:

- **Kern Family Health Plan (Medi-Cal Plan)**

Kern Health Systems (“Plan”) has provided the departments with information regarding its strategy for ensuring continuity of care for transitioning Phase 3 HFP enrollees. To the extent the Plan is able to obtain provider linkage data, the Plan states it will analyze the data to determine overlap between HFP and Medi-Cal provider networks. Transitioning enrollees will remain with their PCP if the PCP is Medi-Cal contracted. The Plan is in the process of securing agreements with Kaiser which would allow 4,000 transitioning enrollees to remain with their PCP post transition. If reassignment is necessary, Plan staff will manually assign transitioning enrollees to PCPs. The Plan will follow its existing continuity of care policy, which it states is compliant with Knox Keene protections for the completion of covered services. The Plan will honor any previously approved medical services until those services have been completed, and that new authorization requests will not be required. Medication refills will be written to permit 30-60 days of availability to ensure no lapse in treatment plan. Within seven days of enrollment, transitioning enrollees will be mailed a packet containing a new member letter with their PCP assignment, an overview of the Plan’s PCP change process, member handbook, and Plan brochure.

- **Health Net (Medi-Cal Plan)**

Health Net (“Plan”) has provided the departments with information regarding its strategy for ensuring continuity of care for transitioning Phase 3 HFP enrollees. The Plan indicates that it has approached non-contracted provider groups to obtain Medi-Cal contracts to ensure transitioning enrollees can retain their PCPs. Transitioning enrollees will remain with their PCP if the PCP is contracted within their network. The Plan is also working with various physician groups to provide continued access to specialists for transitioning enrollees, but agreements are dependent upon applicable Medi-Cal rates. The Plan indicates that it will provide outreach to transitioning enrollees in the form of a new member packet that will include a continuity of care form with instructions, and new member welcome scripts that will encourage the enrollee to contact the Plan with any continuity of care issues. The Plan also states that it is working to address the matter of differing prescription medication formularies between HFP and Medi-Cal. To the extent

permissible, the Plan would like to send transitioning enrollees notification letters at least thirty days in advance of their transition date.

- **Anthem Blue Cross (HFP Plan)**

Anthem Blue Cross (“Plan”) states that it is willing to share data regarding PCP assignment, medical and pharmacy authorizations, and information regarding members working with a health plan care manager, if feasible. The Plan indicates it would prefer to share data utilizing the departments as an intermediary; however, the Plan will develop an alternative method for data sharing and file a description of that methodology with the DMHC and the DHCS.

- **Kaiser Foundation Health Plan (HFP Plan)**

The Plan indicates that it is pursuing contracts with prospective Medi-Cal managed care partners in Kern County to ensure transitioning enrollees do not receive disruption of services. The Plan indicates that, because it utilizes the same provider network for all lines of business, transitioning enrollees will continue to have access to the same providers, specialists, and hospital providers currently available to them if the Plan is able to enter into a subcontracting arrangement with an existing Medi-Cal managed care plan in Kern County. The Plan states that transitioning enrollees will receive medical services and prescribed medications in accordance with the Medi-Cal Managed Care program rules. If a subcontracting arrangement is finalized, approximately 3,011 Kaiser HFP enrollees in Kern County will not experience a change in providers as a result of the transition. To the extent permissible, the Plan would like to make outbound calls and to send explanatory letters to all transitioning enrollees.

*Timely Access to Care.* The following describes how the Kern County Medi-Cal health plans will ensure that Phase 3 enrollees have timely access to care:

- **Kern Family Health Plan (Medi-Cal Plan)**

The Plan states that only a minimal number of transitioning enrollees will have to be reassigned to a new PCP. For those that require reassignment, the Plan states that each enrollee is walked through the process of provider selection in order to ensure no disruption of service. The Plan is required to comply with Knox Keene timely access standards for appointment availability.

- **Health Net (Medi-Cal Plan)**

The Plan indicates that it has a comprehensive network of Medi-Cal providers and timely accessibility to treatment for its members has not been problematic. The Plan states that it anticipates no issues regarding timely access to care for transitioning enrollees, and that it will continue to closely monitor timely access for Medi-Cal enrollees.

**Assessment.** The combined Medi-Cal managed care networks appear to have adequate capacity to accommodate the transitioning HFP enrollees and ensure adequate access to care. There is a high rate of overlap between the combined Medi-Cal network and the Blue Cross HFP network. In addition, Kaiser Foundation Health Plan indicates it is in the process of entering into a subcontracting arrangement with Kern Family Health Plan so that transitioning enrollees coming from the Kaiser HFP plan will be able to remain with their existing providers. If the proposed subcontracting arrangement does not come to fruition, it appears that the Medi-Cal managed care network will still have adequate capacity to provide care for the transitioning population. A significant number of PCPs are under capacity and therefore can accept the new enrollment. The Medi-Cal managed care network offers PCPs in almost all of the same geographic regions served by the HFP product, and it appears that all enrollees should have adequate geographic access to care. With regard to specialists, the Medi-Cal networks contain almost all moderately utilized specialty types that were available in the combined HFP network, so transitioning HFP enrollees will have access to specialists on par with the HFP network.

**Follow-Up.** The departments will follow-up with the plans to ensure that the subcontracting relationship with Kaiser is finalized. If the subcontracts do not occur, the departments will seek further information from the Medi-Cal managed care plans regarding how the plans intend to ensure continuity of care for the transitioning Kaiser HFP enrollees.

## **Kings County**

Kings County follows the 2-Plan Medi-Cal Managed Care model, so it offers a local initiative plan and a commercial plan to its enrollees. In Kings County, Cal Viva Health Plan and Anthem Blue Cross serve as the two Medi-Cal managed care plans. The combined network data for these two Medi-Cal managed care plans will be referred to as the “Medi-Cal managed care network.” Kaiser Foundation Health Plan provides an HFP line of business but not a Medi-Cal line of business in Kings County. According to health plan data, the combined Medi-Cal network offers 141 PCPs and 264 total physicians.<sup>16</sup> Kaiser indicates that it only has 35 HFP enrollees located in five zip codes in Kings County and the Plan currently routes these patients to facilities in Fresno County. Please see the “Fresno County” section for information regarding Kaiser’s network in that county. Approximately 35 enrollees are expected to transition into Medi-Cal managed care from the HFP plan in Kings County in Phase 3.

### **Provider Network Overlap**

- Kaiser indicates that it is in the process of entering into a subcontracting arrangement with Cal Viva Health Plan in Kings County so that current HFP enrollees in Kaiser may continue to see their Kaiser providers after the transition. Plan data indicate that none of the PCPs or specialists who participate in the Kaiser HFP network are currently available in the Medi-Cal managed care networks in Kings County. This is due to the fact that Kaiser operates a closed network and utilizes providers who are only contracted with the Kaiser Permanente Medical Group. These providers do not contract with other health plans. Assuming Kaiser and Cal Viva enter into a subcontracting arrangement, 100% of Kaiser’s HFP providers will be available in the Cal Viva network.

### **Provider Capacity**

#### ***Primary Care Physicians***

- Plan data indicate that the Medi-Cal network will have one PCP for every 193 enrollees after the transition and one physician overall for every 103 enrollees after the transition.<sup>17</sup>
- Plan data indicate that 96% of all Medi-Cal managed care PCPs in the county are accepting new Medi-Cal patients.
- According to Plan data, all Medi-Cal managed care PCPs are currently under Plan-defined Medi-Cal enrollee assignment limits.<sup>18</sup>

---

<sup>16</sup> Note: this number includes a count of the individual physicians who are associated with each contracted clinic.

<sup>17</sup> These ratios are based on the current Medi-Cal Managed Care network and do not reflect the possible inclusion of Kaiser providers.

<sup>18</sup> Please note that this percentage reflects the current number of Medi-Cal and HFP patients assigned to the PCPs participating in both Medi-Cal plans.

## *Specialists*

- With regard to specialist services covered under Medi-Cal, the Medi-Cal managed care network will offer fewer individual providers than the HFP product in some specialty areas. However, based on the utilization of these services by both HFP and Medi-Cal enrollees over the past year, the Medi-Cal managed care network appears to have a sufficient number of specialists to provide enrollee access to each specialty type.
- The Medi-Cal managed care network offers four pediatric specialists, comprising 3% of the Plan's total Medi-Cal specialist network. In comparison, Kaiser was not able to specifically identify the total number of pediatric specialists in its HFP network, but the Plan indicated that almost all of its specialists will treat children and if a patient requires a specific pediatric specialist, the Plan will arrange for that care.<sup>19</sup> Please note that most specialists are available to treat children, so the availability of pediatric specialists does not necessarily impact transitioning HFP enrollees' access to specialty care.

Geographic Access. All HFP enrollees transitioning into the Medi-Cal managed care networks will have the same geographic access to providers that they currently have under the HFP plan. All cities currently served by the HFP plan contain Medi-Cal providers who are continuing to accept new Medi-Cal patients.

Continuity of Care. Given the subcontracting arrangement currently being contemplated by Kaiser and Cal Viva Health Plan, HFP enrollees will most likely obtain continuity of care by selecting Cal Viva Health Plan as their Medi-Cal plan. Below is a summary of the continuity of care efforts all Kings County Medi-Cal and HFP health plans will engage in to assist with the Phase 3 transition:

- **Cal Viva Health Plan (Medi-Cal Plan)**

Cal Viva ("Plan") has provided the departments with information regarding its strategy for ensuring continuity of care for transitioning Phase 3 HFP enrollees. The Plan states that all transitioning enrollees are from Kaiser. The Plan indicates that it is in the process of entering into a subcontracting relationship with Kaiser and expects to finalize that agreement before the end of June 2013. The Plan will assign the transitioning enrollees back to Kaiser through its subcontracted plan to plan arrangement, such that transitioning enrollees will continue to see their same PCPs with no disruption of services.

Transitioning enrollees will also retain the same access to specialists and pharmacy services. Any additional provider linkage information received by the Plan will be passed with the enrollment file information to Kaiser.

---

<sup>19</sup> Per Health and Safety Code § 1367, subd. (i) and California Code of Regulations, title 28, § 1300.67, subd. (a), all plans are obligated under the Knox Keene Act to provide basic health care services, which includes access to medically necessary physician services, including services from specialist physicians. If a health plan does not contain a certain specialist in its network, it is required to arrange for out-of-network care when it is medically necessary for an enrollee to see that specialty type. Therefore, the lack of a specific specialty type alone does not constitute a major concern with the network.

- **Anthem Blue Cross (Medi-Cal Plan)**

Anthem Blue Cross (“Plan”) has provided the departments with information regarding its strategy for ensuring continuity of care for transitioning Phase 3 HFP enrollees. The Plan indicates that, to the extent the Plan is able to obtain provider linkage data, the Plan will analyze the data to determine overlap between HFP and Medi-Cal provider networks. Transitioning enrollees will remain with their PCP if the PCP is contracted within their network. The Plan states that it will follow its existing continuity of care policy. The Plan indicates that, to the extent the Plan is able to obtain existing authorizations and referrals data, the Plan will work to ensure appropriate continuity of care, including authorizations and overrides for prescription medications in order to continue the supply of the transitioning enrollees’ medication. The Plan states that all transitioning enrollees receive a new member kit which includes an evidence of coverage handbook that explains the PCP assignment process as well as how to change their PCP.

- **Kaiser Foundation Health Plan (HFP Plan)**

The Plan indicates that it is pursuing contracts with prospective managed Medi-Cal partners in Kings County to ensure transitioning enrollees do not receive disruption of services. The Plan indicates that, because it utilizes the same provider network for all lines of business, transitioning enrollees will continue to have access to the same providers, specialists, and hospital providers currently available to them if the Plan is able to enter into a subcontracting arrangement with an existing Medi-Cal managed care plan in Kings County. The Plan states that transitioning enrollees will receive medical services and prescribed medications in accordance with the Medi-Cal Managed Care program rules. If a subcontracting arrangement is finalized, approximately 35 Kaiser HFP enrollees in Kings County will not experience a change in providers as a result of the transition. To the extent permissible, the Plan would like to make outbound calls and to send explanatory letters to all transitioning enrollees.

Timely Access to Care. The following describes how the Kings County Medi-Cal health plans will ensure that Phase 3 enrollees have timely access to care:

- **Cal Viva Health Plan (Medi-Cal Plan)**

The Plan states that transitioning enrollees will receive services from the same PCPs as before the transition with no disruption of services.

- **Anthem Blue Cross (Medi-Cal Plan)**

The Plan states that its case managers will work with those transitioning enrollees with qualifying conditions to ensure a smooth transition and timely access. The Plan states that it uses outreach specialists who are accustomed to working with provider offices to



facilitate appointments for enrollees when unusual circumstances arise. The Plan has an Access to Care Standards policy to which its contracted providers are expected to adhere.

**Assessment.** The combined Medi-Cal managed care networks appear to have adequate capacity to accommodate the transitioning HFP enrollees and ensure adequate access to care. Cal Viva Health Plan and Kaiser Foundation Health Plan indicate that they are in the process of entering into a subcontracting arrangement so that transitioning enrollees coming from the Kaiser HFP plan will be able to remain with their existing providers. If the subcontracting arrangement does not come to fruition, the two plans comprising the Medi-Cal managed care network appear to have adequate capacity to accommodate any new enrollees and ensure adequate access to care. The plans offer PCPs in the same geographic regions served by the HFP product, so all enrollees should have the same access to care as they had under the HFP product. The Medi-Cal network contains almost all specialty types available in the HFP network at a quantity that is greater than what was available in the HFP network.

**Follow-Up.** The departments will follow-up with the plans to ensure that the subcontracting relationship with Kaiser is finalized. If the subcontracts do not occur, the departments will seek further information from the Medi-Cal managed care plans regarding how the plans intend to ensure continuity of care for the transitioning Kaiser HFP enrollees.

## **Madera County**

Madera County follows the 2-Plan Medi-Cal Managed Care model, so it offers a local initiative plan and a commercial plan to its enrollees. In Madera County, Cal Viva Health Plan and Anthem Blue Cross serve as the two Medi-Cal managed care plans. The combined network data for these two Medi-Cal managed care plans will be referred to as the “Medi-Cal managed care network.” Kaiser Foundation Health Plan provides an HFP line of business but not a Medi-Cal line of business in Madera County. According to health plan data, the combined Medi-Cal network offers 163 PCPs and 516 total physicians.<sup>20</sup> The Kaiser HFP network offers 51 PCPs and 119 total physicians. Approximately 513 enrollees are expected to transition into Medi-Cal managed care from the HFP plan in Madera County in Phase 3.

### **Provider Network Overlap**

- Kaiser indicates that it is in the process of entering into a subcontracting arrangement with Cal Viva Health Plan in Madera County so that current HFP enrollees in Kaiser may continue to see their Kaiser providers after the transition. Plan data indicate that none of the PCPs or specialists who participate in the Kaiser HFP network are currently available in the Medi-Cal managed care networks in Madera County. This is due to the fact that Kaiser operates a closed network and utilizes providers who are only contracted with the Kaiser Permanente Medical Group. These providers do not contract with other health plans. Assuming Kaiser and Cal Viva enter into a subcontracting arrangement, 100% of the Kaiser’s HFP providers will be available in the Cal Viva network.

### **Provider Capacity**

#### ***Primary Care Physicians***

- Plan data indicate that the Medi-Cal network will have one PCP for every 202 enrollees after the transition and one physician overall for every 64 enrollees after the transition.<sup>21</sup>
- Plan data indicate that 86% of all Medi-Cal managed care PCPs in the county are accepting new Medi-Cal patients.
- According to Plan data, 99% of Medi-Cal managed care PCPs are currently under Plan-defined Medi-Cal enrollee assignment limits. For those enrollees assigned to a PCP who is over the enrollee assignment limit, they will continue to be able to switch to a PCP with fewer assigned enrollees if they so choose.<sup>22</sup>

#### ***Specialists***

- With regard to overall specialist services covered under Medi-Cal, the Medi-Cal managed care network offers more individual specialists than the HFP network overall. In some

---

<sup>20</sup> Note: this number includes a count of the individual physicians who are associated with each contracted clinic.

<sup>21</sup> These ratios are based on the current Medi-Cal Managed Care network and do not reflect the possible inclusion of Kaiser providers.

<sup>22</sup> Please note that this percentage reflects the current number of Medi-Cal patients assigned to the PCPs participating in both Medi-Cal plans.

specific specialty areas, the Medi-Cal managed care network offers a smaller number of individual providers than the HFP network. Overall, the Medi-Cal managed care network appears to have a sufficient number of specialists to provide enrollee access to each specialty type.

- The Medi-Cal managed care network offers 165 pediatric specialists, comprising 47% of the Plan's total Medi-Cal specialist network. In comparison, Kaiser was not able to specifically identify the total number of pediatric specialists in its HFP network, but the Plan indicated that almost all of its specialists will treat children and if a patient requires a specific pediatric specialist, the Plan will arrange for that care. Please note that most specialists are available to treat children, so the availability of pediatric specialists does not necessarily impact transitioning HFP enrollees' access to specialty care.

*Geographic Access.* All cities in Madera County that contain HFP PCPs also contain Medi-Cal PCPs who are accepting new patients.

*Continuity of Care.* Given the subcontracting arrangement currently being contemplated by Kaiser and Cal Viva Health Plan, Kaiser HFP enrollees will most likely obtain continuity of care by selecting Cal Viva Health Plan as their Medi-Cal plan. Below is a summary of the continuity of care efforts all Madera County Medi-Cal and HFP health plans will engage in to assist with the Phase 3 transition:

- **Cal Viva Health Plan (Medi-Cal Plan)**

Cal Viva ("Plan") has provided the departments with information regarding its strategy for ensuring continuity of care for transitioning Phase 3 HFP enrollees. The Plan states that all transitioning enrollees are from Kaiser. The Plan indicates that it is in the process of entering into a subcontracting relationship with Kaiser and expects to finalize that agreement before the end of June 2013. The Plan will assign the transitioning enrollees back to Kaiser through its subcontracted plan to plan arrangement, such that transitioning enrollees will continue to see their same PCPs with no disruption of services.

Transitioning enrollees will also retain the same access to specialists and pharmacy services. Any additional provider linkage information received by the Plan will be passed with the enrollment file information to Kaiser.

- **Anthem Blue Cross (Medi-Cal Plan)**

Anthem Blue Cross ("Plan") has provided the departments with information regarding its strategy for ensuring continuity of care for transitioning Phase 3 HFP enrollees. The Plan indicates that, to the extent the Plan is able to obtain provider linkage data, the Plan will analyze the data to determine overlap between HFP and Medi-Cal provider networks. Transitioning enrollees will remain with their PCP if the PCP is contracted within their network. The Plan states that it will follow its existing continuity of care policy. The Plan indicates that, to the extent the Plan is able to obtain existing authorizations and

referrals data, the Plan will work to ensure appropriate continuity of care, including authorizations and overrides for prescription medications in order to continue the supply of the transitioning enrollees' medication. The Plan states that all transitioning enrollees receive a new member kit which includes an evidence of coverage handbook that explains the PCP assignment process as well as how to change their PCP.

- **Kaiser Foundation Health Plan (HFP Plan)**

The Plan indicates that it is pursuing contracts with prospective managed Medi-Cal partners in Madera County to ensure transitioning enrollees do not receive disruption of services. The Plan indicates that, because it utilizes the same provider network for all lines of business, transitioning enrollees will continue to have access to the same providers, specialists, and hospital providers currently available to them if the Plan is able to enter into a subcontracting arrangement with an existing Medi-Cal managed care plan in Madera County. The Plan states that transitioning enrollees will receive medical services and prescribed medications in accordance with the Medi-Cal Managed Care program rules. If a subcontracting arrangement is finalized, approximately 481 Kaiser HFP enrollees in Madera County will not experience a change in providers as a result of the transition. To the extent permissible, the Plan would like to make outbound calls and to send explanatory letters to all transitioning enrollees.

*Timely Access to Care.* The following describes how the Madera County Medi-Cal health plans will ensure that Phase 3 enrollees have timely access to care:

- **Cal Viva Health Plan (Medi-Cal Plan)**

The Plan states that transitioning enrollees will receive services from the same PCPs as before the transition with no disruption of services.

- **Anthem Blue Cross (Medi-Cal Plan)**

The Plan states that its case managers will work with those transitioning enrollees with qualifying conditions to ensure a smooth transition and timely access. The Plan states that it uses outreach specialists who are accustomed to working with provider offices to facilitate appointments for enrollees when unusual circumstances arise. The Plan has an Access to Care Standards policy to which its contracted providers are expected to adhere.

*Assessment.* The combined Medi-Cal managed care networks appear to have adequate capacity to accommodate the transitioning HFP enrollees and ensure adequate access to care. Cal Viva Health Plan and Kaiser Foundation Health Plan indicate that they are in the process of entering into a subcontracting arrangement so that transitioning enrollees coming from the Kaiser HFP plan will be able to remain with their existing providers. If the subcontracting arrangement does not come to fruition, the Medi-Cal managed care network appears to have adequate capacity to

accommodate any new enrollees and ensure adequate access to care. The Medi-Cal managed care network offers PCPs in the same geographic regions served by the HFP product, so all enrollees should have the same access to care as they had under the HFP product. The Medi-Cal network contains almost all specialty types available in the HFP network at a quantity that is greater than what was available in the HFP network.

**Follow-Up.** The departments will follow-up with the plans to ensure that the subcontracting relationship with Kaiser is finalized. If the subcontracts do not occur, the departments will seek further information from the Medi-Cal managed care plans regarding how the plans intend to ensure continuity of care for the transitioning Kaiser HFP enrollees.

## **Marin County**

Marin County follows the County Organized Health System model, so it offers one health plan to its Medi-Cal enrollees. In Marin County, Partnership Health Plan serves as the Medi-Cal managed care plan. The network data for this Medi-Cal plan will be referred to as the “Medi-Cal managed care network.” Anthem Blue Cross (“Blue Cross”) provides an HFP line of business but not a Medi-Cal line of business in Marin County. According to health plan data, the Medi-Cal network offers 100 PCPs and 281 total physicians.<sup>23</sup> The Blue Cross HFP network offers 18 PCPs and 185 total physicians. Approximately 1,532 enrollees are expected to transition into Medi-Cal managed care from the HFP plan in Marin County in Phase 3.

### **Provider Network Overlap**

#### ***Primary Care Providers***

- Plan data indicate that 5% of the PCPs who currently participate in the Blue Cross HFP network are also available in the Medi-Cal managed care network in Marin County.
- The Medi-Cal network consists of clinics and individual PCPs. Plan data indicate that 99 individual physicians are employed by the Plan’s contracted clinics. Plan data did not indicate the identity of the individual physicians associated with each clinic, so the departments have assumed that none of these individual physicians are in the HFP network for the purposes of calculating the rate of overlap.

#### ***Specialists***

- Plan data indicate that 30% of the specialists who currently participate in the Blue Cross HFP network are also available in the Medi-Cal managed care networks in Marin County.

### **Provider Capacity**

#### ***Primary Care Physicians***

- Plan data indicate that the Medi-Cal managed care network will have one PCP for every 188 enrollees after the transition and one physician overall for every 67 enrollees after the transition.
- Plan data indicate that 45% of all Medi-Cal managed care PCPs and clinics in the county are accepting new Medi-Cal patients.

---

<sup>23</sup> Note: these numbers include a count of the individual physicians who are associated with each contracted clinic. These numbers do not include the physicians available through the Kaiser Foundation Health Plan, Partnership Health Plan’s subcontracted health plan, because Kaiser operates a closed network and limits enrollment such that it is highly unlikely any Phase 3 HFP enrollees will be able to participate in that network.

- According to Plan data, all Medi-Cal managed care PCPs are currently under Plan-defined Medi-Cal enrollee assignment limits.<sup>24</sup>

### *Specialists*

- With regard to overall specialist services covered under Medi-Cal, the Medi-Cal managed care network offers more individual specialists than the HFP network overall. In some specific specialty areas, the Medi-Cal network offers a smaller number of individual providers than the HFP network. Overall, based on the utilization of specialty services by both HFP and Medi-Cal enrollees over the past year, the Medi-Cal network appears to have a sufficient number of specialists to provide enrollee access to each moderately utilized specialty type.
- HFP network data indicate that a moderate number of HFP enrollees in Marin County utilized radiologists/nuclear medicine specialists over the past year. This specialty type is not available in the Medi-Cal managed care network; however, the network does include diagnostic radiologists and radiation therapy – oncology specialists, who may be able to serve the needs of these patients. If patients require this specific specialty type, the Plan will be obligated to provide access to these specialists if medically necessary, in accordance with the Knox Keene Act.<sup>25</sup>
- The Medi-Cal managed care network in Marin County does not include any pediatric specialists, while the Blue Cross HFP network includes 32 pediatric specialists, comprising 19% of the Plan’s HFP specialist network. Please note that most specialists are available to treat children, so the availability of pediatric specialists does not necessarily impact transitioning HFP enrollees’ access to specialty care. Health and Safety Code § 1367, subd. (i) and California Code of Regulations, title 28, § 1300.67, requires all plans to provide basic health care services, which includes access to medically necessary physician services, including services from specialist physicians. If a pediatric specialist were medically necessary for a patient’s care, the Medi-Cal plan would be required to provide that service.

*Geographic Access.* All cities in Marin County that contain HFP PCPs also contain Medi-Cal PCPs; however, there are no Medi-Cal PCPs accepting new patients in Mill Valley.<sup>26</sup> Plan data indicate that there are Medi-Cal PCPs accepting new patients in Greenbrae and San Rafael,

---

<sup>24</sup> Please note that this percentage reflects the current number of Medi-Cal and HFP patients assigned to the PCPs participating in both Medi-Cal plans.

<sup>25</sup> Per Health and Safety Code § 1367, subd. (i) and California Code of Regulations, title 28, § 1300.67, subd. (a), all plans are obligated under the Knox Keene Act to provide basic health care services, which includes access to medically necessary physician services, including services from specialist physicians. If a health plan does not contain a certain specialist in its network, it is required to arrange for out-of-network care when it is medically necessary for an enrollee to see that specialty type. Therefore, the lack of a specific specialty type alone does not constitute a major concern with the network.

<sup>26</sup> Some Blue Cross HFP enrollees are currently assigned to PCPs that practice outside of Marin County. The departments were unable to evaluate the availability of those PCPs in the Medi-Cal network, as provider data for those cities was not included in the data provided by the Medi-Cal managed care plans operating in Marin County.

which are within 10 miles or 30 minutes of Mill Valley, so enrollees residing in Mill Valley will continue to be able to obtain geographically accessible primary care.

Continuity of Care. The following summarizes the continuity of care efforts all Marin County Medi-Cal and HFP health plans will engage in to assist with the Phase 3 transition:

- **Partnership Health Plan (Medi-Cal Plan)**

Partnership Health Plan (“Plan”) has provided the departments with information regarding its strategy for ensuring continuity of care for transitioning Phase 3 HFP enrollees. To the extent the Plan is able to obtain provider linkage data, the Plan will analyze the data to determine overlap between HFP and Medi-Cal provider networks. Transitioning enrollees will remain with their PCP if the PCP is contracted within their network. If PCP reassignment is necessary, the Plan states that it will facilitate the process. Transitioning enrollees will be advised that they will be able to choose a new PCP if desired. For specialists and out of network providers, the Plan will utilize its existing referrals and authorization data to ensure continuity of care. Transitioning enrollees will receive welcome packets in the mail informing them of the transition to Medi-Cal containing an ID card and Provider Directory informing them of their current assignment to a PCP.

- **Anthem Blue Cross (HFP Plan)**

Anthem Blue Cross (“Plan”) states that it is willing to share data regarding PCP assignment, medical and pharmacy authorizations, and information regarding members working with a health plan care manager, if feasible. The Plan indicates it would prefer to share data utilizing the departments as an intermediary; however, the Plan will develop an alternative method for data sharing and file a description of that methodology with the DMHC and the DHCS.

Timely Access to Care. The following describes how the Marin County Medi-Cal health plan will ensure that Phase 3 enrollees have timely access to care:

- **Partnership Health Plan (Medi-Cal Plan)**

To ensure timely access for transitioning enrollees, the Plan states that it will utilize its Care Coordination team and closely monitor enrollees’ complaints, feedback from providers, and Plan staff input. The Plan may also conduct periodic surveys of the network to ensure timely access standards are being met.

Assessment. The Medi-Cal managed care network appears to have adequate capacity to accommodate the transitioning HFP enrollees and ensure adequate access to care. All PCPs are under capacity and therefore can accept the new enrollment. While the Plan data indicate that only 43% of Medi-Cal providers are accepting new patients, the data also indicate that there are



Medi-Cal PCPs accepting new patients in almost all cities in the Blue Cross HFP network. For those cities in the HFP network that do not have Medi-Cal PCPs who are accepting new patients, the data indicate that the Medi-Cal network offers PCPs within 10 miles or 30 minutes of those cities. This geographic availability of PCPs suggests that HFP enrollees who have to change PCPs will be able to see Medi-Cal PCPs in their geographic region. Additionally, the Medi-Cal network appears to offer almost the same variety of specialists that were offered and utilized by HFP enrollees in the Blue Cross HFP network, although the Medi-Cal network does not appear to offer the same number of pediatric specialists as were available in the HFP Blue Cross network.

The low rate of provider network overlap suggests that continuity of care for HFP enrollees may be impacted by the transition. Given that all Phase 3 HFP enrollees will be transitioning to a new health plan and health plans contract with different providers, the plans are not necessarily expected to have high rates of overlap. Because it is typical for enrollees in this type of situation to have to change providers, the departments have focused on the capacity of the Medi-Cal network to accommodate the needs of the transitioning population, rather than the rate of network overlap. The Medi-Cal managed care plan has indicated that it will make efforts to reach out to the PCPs participating in the combined HFP network to attempt to bring them into the Medi-Cal network. Furthermore, contractual and regulatory requirements that ensure continuity of care for covered benefits and ensure specialist care should minimize most potential interruptions in care or lack of available network for specialty care.<sup>27</sup>

***Follow-Up.*** The departments will follow-up with the Medi-Cal plan regarding the availability of PCPs who are accepting new patients in order to ensure that all transitioning HFP enrollees and future enrollees have adequate access to PCPs. The data indicate that there is a small overlap between the Medi-Cal and HFP primary care networks; however, it is possible that the overlap is greater than reflected in the data, as the contracted Medi-Cal clinics may employ some of the same PCPs who are individually contracted with the HFP network. The departments will further investigate the overlap of the Medi-Cal and HFP networks to ensure that all physicians associated with a Medi-Cal clinic who are also independently contracted with the HFP network are accounted for.

---

<sup>27</sup> Contracts between the health plans and DHCS require health plans to provide 12 months of continued access to an out-of-network treating PCP so long as the PCP accepts the plan's reimbursement rate and the PCP has no quality of care concerns. Health and Safety Code § 1373.96 ensures completion of covered services with an out-of-network treating provider for enrollees diagnosed with specific health conditions. Health and Safety Code § 1367, subd. (i) and California Code of Regulations, title 28, § 1300.67, subd. (a) obligates plans to provide basic health care services, which includes access to medically necessary physician services, including services from specialist physicians.

## **Mendocino County**

Mendocino County follows the County Organized Health System model, so it offers one health plan to its Medi-Cal enrollees. In Mendocino County, Partnership Health Plan serves as the Medi-Cal managed care plan. The network data for this Medi-Cal plan will be referred to as the “Medi-Cal managed care network.” Anthem Blue Cross (“Blue Cross”) provides an HFP line of business but not a Medi-Cal line of business in Mendocino County. According to health plan data, the Medi-Cal network offers 61 PCPs and 141 total physicians.<sup>28</sup> The Blue Cross HFP network offers 20 PCPs and 57 total physicians. Approximately 2,035 enrollees are expected to transition into Medi-Cal managed care from the HFP plan in Mendocino County in Phase 3.

### **Provider Network Overlap**

#### ***Primary Care Providers***

- Plan data indicate that none of the PCPs who currently participate in the Blue Cross HFP network are also available in the Medi-Cal managed care network in Mendocino County.
- The Medi-Cal network consists of clinics and individual PCPs. Plan data indicate that 61 individual physicians are employed by the Plan’s 17 contracted clinics. Plan data did not indicate the identity of the individual physicians associated with each clinic, so the departments have assumed that none of these individual physicians are in the HFP network for the purposes of calculating the rate of overlap.

#### ***Specialists***

- Plan data indicate that 43% of the specialists who currently participate in the Blue Cross HFP network are also available in the Medi-Cal managed care networks in Mendocino County.

### **Provider Capacity**

#### ***Primary Care Physicians***

- Plan data indicate that the Medi-Cal managed care network will have one PCP for every 363 enrollees after the transition and one physician overall for every 157 enrollees after the transition.
- Plan data indicate that 94% of all Medi-Cal managed care PCPs and clinics in the county are accepting new Medi-Cal patients.
- According to Plan data, 94% of Medi-Cal managed care PCPs are currently under Plan-defined Medi-Cal enrollee assignment limits. For those enrollees assigned to a PCP who

---

<sup>28</sup> Note: this number includes a count of the individual physicians who are associated with each contracted clinic.

is over the enrollee assignment limit, they will continue to be able to switch to a PCP with fewer assigned enrollees if they so choose.<sup>29</sup>

### *Specialists*

- With regard to overall specialist services covered under Medi-Cal, the Medi-Cal managed care network offers more individual specialists than the HFP network overall. In some specific specialty areas, the Medi-Cal managed care network offers a smaller number of individual providers than the HFP network. Overall, based on the utilization of specialty services by both HFP and Medi-Cal enrollees over the past year, the Medi-Cal network appears to have a sufficient number of specialists to provide enrollee access to each moderately utilized specialty type.
- HFP network data indicate that a moderate number of HFP enrollees in Mendocino County utilized radiologists/nuclear medicine specialists over the past year. This specialty type is not available in the Medi-Cal managed care network; however, the network does include diagnostic radiologists and radiation therapy – oncology specialists, who may be able to serve the needs of these patients. If patients require this specific specialty type, the Plan will be obligated to provide access to these specialists if medically necessary, in accordance with the Knox Keene Act.<sup>30</sup>
- The Medi-Cal managed care network in Mendocino County contains one pediatric specialist, comprising 1% of the specialist network, which is the same as that offered by the Blue Cross HFP network (one pediatric specialist, comprising 2% of the Plan’s HFP specialist network).<sup>31</sup> Please note that most specialists are available to treat children, so the availability of pediatric specialists does not necessarily impact transitioning HFP enrollees’ access to specialty care.

Geographic Access. Almost all cities in Mendocino County that contain HFP PCPs also contain Medi-Cal PCPs; however, there are no Medi-Cal PCPs in the city of Mendocino. Plan data indicate that there are Medi-Cal PCPs accepting new patients in Fort Bragg, which is within 10 miles or 30 minutes of Mendocino, so enrollees residing in Mendocino will continue to be able to obtain geographically accessible primary care.

Continuity of Care. The following summarizes the continuity of care efforts all Mendocino County Medi-Cal and HFP health plans will engage in to assist with the Phase 3 transition:

---

<sup>29</sup> Please note that this percentage reflects the current number of Medi-Cal and HFP patients assigned to the PCPs participating in both Medi-Cal plans.

<sup>30</sup> Per Health and Safety Code § 1367, subd. (i) and California Code of Regulations, title 28, § 1300.67, subd. (a), all plans are obligated under the Knox Keene Act to provide basic health care services, which includes access to medically necessary physician services, including services from specialist physicians. If a health plan does not contain a certain specialist in its network, it is required to arrange for out-of-network care when it is medically necessary for an enrollee to see that specialty type. Therefore, the lack of a specific specialty type alone does not constitute a major concern with the network.

<sup>31</sup> *Ibid.* Section 1367 and Rule 1300.67 would also apply to pediatric specialists, if medically necessary.

- **Partnership Health Plan (Medi-Cal Plan)**

Partnership Health Plan (“Plan”) has provided the departments with information regarding its strategy for ensuring continuity of care for transitioning Phase 3 HFP enrollees. To the extent the Plan is able to obtain provider linkage data, the Plan will analyze the data to determine overlap between HFP and Medi-Cal provider networks. Transitioning enrollees will remain with their PCP if the PCP is contracted within their network. If PCP reassignment is necessary, the Plan states that it will facilitate the process. Transitioning enrollees will be advised that they will be able to choose a new PCP if desired. For specialists and out of network providers, the Plan will utilize its existing referrals and authorization data to ensure continuity of care. Transitioning enrollees will receive welcome packets in the mail informing them of the transition to Medi-Cal containing an ID card and Provider Directory informing them of their current assignment to a PCP.

- **Anthem Blue Cross (HFP Plan)**

Anthem Blue Cross (“Plan”) states that it is willing to share data regarding PCP assignment, medical and pharmacy authorizations, and information regarding members working with a health plan care manager, if feasible. The Plan indicates it would prefer to share data utilizing the departments as an intermediary; however, the Plan will develop an alternative method for data sharing and file a description of that methodology with the DMHC and the DHCS. .

*Timely Access to Care.* The following describes how the Mendocino County Medi-Cal health plans will ensure that Phase 3 enrollees have timely access to care:

- **Partnership Health Plan (Medi-Cal Plan)**

To ensure timely access for transitioning enrollees, the Plan states that it will utilize its Care Coordination team and closely monitor enrollees’ complaints, feedback from providers, and Plan staff input. The Plan may also conduct periodic surveys of the network to ensure timely access standards are being met.

*Assessment.* The Medi-Cal managed care network appears to have adequate capacity to accommodate the transitioning HFP enrollees and ensure adequate access to care. Furthermore, a significant number of PCPs are under capacity and are accepting new patients. Therefore, transitioning HFP enrollees will have ample PCPs available to them in the Medi-Cal network. The Medi-Cal managed care network offers PCPs in almost all of the same geographic regions served by the HFP product, and it appears that all enrollees should have adequate geographic access to care. Close to half of the HFP specialists are also available in the Medi-Cal managed care networks and the Medi-Cal networks contain almost all moderately utilized specialty types

that were available in the Blue Cross HFP network. Therefore, transitioning HFP enrollees should have access to specialist services on par with the HFP network.

The low rate of provider network overlap suggests that continuity of care for HFP enrollees may be impacted by the transition. Given that all Phase 3 HFP enrollees will be transitioning to a new health plan and health plans contract with different providers, the plans are not necessarily expected to have high rates of overlap. Because it is typical for enrollees in this type of situation to have to change providers, the departments have focused on the capacity of the Medi-Cal network to accommodate the needs of the transitioning population, rather than the rate of network overlap. Contractual and regulatory requirements that ensure continuity of care for covered benefits and ensure specialist care should minimize most potential interruptions in care.<sup>32</sup>

***Follow-Up.*** The data indicate that there is a small overlap between the Medi-Cal and HFP primary care networks; however, it is possible that the overlap is greater than reflected in the data, as the contracted Medi-Cal clinics may employ some of the same PCPs who are individually contracted with the HFP network. The departments will further investigate the overlap of the Medi-Cal and HFP networks to ensure that all physicians associated with a Medi-Cal clinic who are also independently contracted with the HFP network are accounted for.

---

<sup>32</sup> Contracts between the health plans and DHCS require health plans to provide 12 months of continued access to an out-of-network treating PCP so long as the PCP accepts the plan's reimbursement rate and the PCP has no quality of care concerns. Health and Safety Code § 1373.96 ensures completion of covered services with an out-of-network treating provider for enrollees diagnosed with specific health conditions. Health and Safety Code § 1367, subd. (i) and California Code of Regulations, title 28, § 1300.67, subd. (a) obligates plans to provide basic health care services, which includes access to medically necessary physician services, including services from specialist physicians.

## Merced County

Merced County follows the County Organized Health System model, so it offers one health plan to its Medi-Cal enrollees. In Merced County, Central California Alliance for Health serves as the Medi-Cal managed care plan. The network data for this Medi-Cal managed care plans will be referred to as the “Medi-Cal managed care network.” Anthem Blue Cross (“Blue Cross”) and Health Plan of San Joaquin provide an HFP line of business but not a Medi-Cal line of business in Merced County. The combined network data for these two HFP plans will be referred to as the “HFP network.” According to health plan data, the Medi-Cal network offers 84 PCPs and 246 total physicians.<sup>33</sup> The HFP networks offers 131 PCPs and 3,487 total physicians.<sup>34</sup> Approximately 7,965 enrollees are expected to transition into Medi-Cal managed care from the HFP plans in Merced County in Phase 3.

### Provider Network Overlap

#### *Primary Care Providers*

- Plan data indicate that 6% of the PCPs who currently participate in the HFP network are also available in the Medi-Cal managed care network in Merced County.
- The Medi-Cal network consists of clinics and individual PCPs. Plan data indicate that 76 individual physicians are employed by the Plan’s contracted clinics. Plan data did not indicate the identity of the individual physicians associated with each clinic, so the departments have assumed that none of these individual physicians are in the HFP network for the purposes of calculating the rate of overlap.

#### *Specialists*

- Plan data indicate that 2% of the specialists who currently participate in the combined HFP networks are also available in the Medi-Cal managed care network in Merced County. This low rate overlap is due to the unusually high number of specialists included in the Health Plan of San Joaquin HFP network. Health Plan of San Joaquin identified all specialists in its statewide network as being available to HFP enrollees in Merced County because these specialists are considered to be in-network providers for HFP patients who wish to travel out-of-county for care. Therefore, the HFP network includes a large number of specialists that are not located within Merced County and are outside of the geographic region served by the Medi-Cal network and the region in which these enrollees reside.

---

<sup>33</sup> Note: this number includes a count of the individual physicians who are associated with each contracted clinic.

<sup>34</sup> Note: the specialist network for Health Plan of San Joaquin encompasses all specialists contracted with the Plan in all counties in which the Plan operates. The specialist network is not specific to specialists available only within Merced County.

## Provider Capacity

### ***Primary Care Physicians***

- Plan data indicate that the Medi-Cal managed care network will have one PCP for every 980 enrollees after the transition and one physician overall for every 335 enrollees after the transition.
- Plan data indicate that 67% of all Medi-Cal managed care PCPs and clinics in the county are accepting new Medi-Cal patients.
- According to Plan data, all of the Medi-Cal managed care PCPs and clinics are currently under Plan-defined Medi-Cal enrollee assignment limits.

### ***Specialists***

- With regard to specialist services covered under Medi-Cal, the Medi-Cal managed care network will offer fewer individual providers than the HFP product in some specialty areas. However, based on the utilization of these services by both HFP and Medi-Cal enrollees over the past year, the Medi-Cal network appears to have a sufficient number of specialists to provide enrollee access to almost all specialty types.
- HFP data indicate that a moderate number of HFP enrollees in Merced County utilized the following specialty types over the past year: Nuclear Radiology, Pathologic Anatomy (Clinical Pathology), Pediatric Cardiology, Pediatric Endocrinology, and Podiatry. These specialty types are not available in the Medi-Cal managed care network; however, the network does include radiologists, endocrinologists, and cardiovascular disease specialists who may be able to serve the needs of these patients. If patients require the specific specialty type that was available in the HFP network, the Medi-Cal Plan will be obligated to provide access to these specialists if medically necessary, in accordance with the Knox Keene Act.<sup>35</sup>
- The Medi-Cal managed care network in Merced County one pediatric specialists, comprising 1% of the specialist network, which is less than that offered by the combined HFP networks (533 pediatric specialists, comprising 16% of the HFP specialist network).<sup>36</sup> The disproportionate number of specialists in the HFP network is partially attributable to the fact that Health Plan of San Joaquin included all of its contracted specialists across all counties in its network data for Merced County. Please note that most specialists are available to treat children, so the availability of pediatric specialists does not necessarily impact transitioning HFP enrollees' access to specialty care.

---

<sup>35</sup> Per Health and Safety Code § 1367, subd. (i) and California Code of Regulations, title 28, § 1300.67, subd. (a), all plans are obligated under the Knox Keene Act to provide basic health care services, which includes access to medically necessary physician services, including services from specialist physicians. If a health plan does not contain a certain specialist in its network, it is required to arrange for out-of-network care when it is medically necessary for an enrollee to see that specialty type. Therefore, the lack of a specific specialty type alone does not constitute a major concern with the network.

<sup>36</sup> *Ibid.* Section 1367 and Rule 1300.67 would also apply to pediatric specialists, if medically necessary.

Geographic Access. All cities in Merced County that contain HFP PCPs also contain Medi-Cal PCPs.<sup>37</sup> Plan data indicate that there are Medi-Cal PCPs accepting new patients in all cities in Merced County that contained HFP PCPs.

Continuity of Care. The following summarizes the continuity of care efforts all Merced County Medi-Cal and HFP health plans will engage in to assist with the Phase 3 transition:

- **Central California Alliance for Health (Medi-Cal Plan)**

Central California Alliance for Health (“Plan”) has provided the departments with information regarding its strategy for ensuring continuity of care for transitioning Phase 3 HFP enrollees. Transitioning enrollees with a PCP will be compared to the Plan’s contracted network, and will retain their PCP if the PCP is Medi-Cal contracted. The Plan indicates that it has begun efforts to ensure current HFP providers will continue to serve their Medi-Cal enrollees. The Plan has also begun efforts to contract with out of network PCPs to minimize any disruption of service. If reassignment is necessary, the Plan states that it will assist the transitioning enrollee with choosing a PCP within its network. Transitioning enrollees currently receiving specialty services from non-contracted providers may request continuity of care with their treating provider, provided that prior authorization is received. The Plan will follow its existing continuity of care policy, which is compliant with Knox Keene protections for the completion of covered services. Transitioning enrollees will receive a new member packet that includes materials such as a handbook to describe the process for selecting a new PCP, an ID card, and Provider directory. The Plan will also attempt to make telephone calls to provide orientation to the Plan and to answer questions about access to care, PCP linkage, or benefits.

- **Anthem Blue Cross (HFP Plan)**

Anthem Blue Cross (“Plan”) states that it is willing to share data regarding PCP assignment, medical and pharmacy authorizations, and information regarding members working with a health plan care manager, if feasible. The Plan indicates it would prefer to share data utilizing the departments as an intermediary; however, the Plan will develop an alternative method for data sharing and file a description of that methodology with the DMHC and the DHCS.

- **Health Plan of San Joaquin (HFP Plan)**

Health Plan of San Joaquin (“Plan”) has provided the departments with information regarding its strategy for ensuring continuity of care for transitioning Phase 3 HFP

---

<sup>37</sup> Some Phase 3 HFP enrollees are currently assigned to PCPs that practice outside of Merced County. The departments were unable to evaluate the availability of those PCPs in the Medi-Cal network, as provider data for those cities was not included in the data provided by the Medi-Cal managed care plan operating in Merced County.



enrollees. The Plan states that it has PCP and specialty provider network data available to be shared with Medi-Cal managed care plans for the transition. The Plan can also provide medical and prescription authorization data if needed.

Timely Access to Care. The following describes how the Merced County Medi-Cal health plans will ensure that Phase 3 enrollees have timely access to care:

- **Central California Alliance for Health (Medi-Cal Plan)**

The Plan indicates that its providers are made aware of their obligations regarding access to care, which include their obligation to see newly assigned enrollees within 120 days for an initial health assessment. The Plan states that it also conducts annual monitoring of provider access and performs an annual enrollee survey to monitor timely access standards. A grievance process is also available to enrollees if any issues were to arise.

Assessment. The Medi-Cal managed care network appears to have adequate capacity to accommodate the transitioning HFP enrollees. The provider-to-enrollee ratios fall under the Knox Keene requirements. The Plan indicates that 67% of PCPs and clinics are accepting new patients; however, Plan data indicates that there are Medi-Cal PCPs accepting new patients in all Merced County cities that previously offered HFP PCPs and all PCPs and clinics are under their Medi-Cal assignment capacity. The geographic availability of PCPs is on par with that which was available under HFP within Merced County, although HFP enrollees also had access to a larger number of out-of-county providers, which may have provided greater access for HFP enrollees residing at the border of the county. Similarly, the specialist network is much reduced under the Medi-Cal network as compared to the combined HFP networks, largely due to the fact that HFP members had access to in-network specialists that practiced outside of Merced County. Data indicate that the Medi-Cal specialist network contains most of the same specialty types that were available and utilized under HFP, so the Medi-Cal network appears to have the appropriate network to continue to provide the same specialty care to HFP enrollees that has been delivered to-date.

The low rate of provider network overlap suggests that continuity of care for HFP enrollees may be impacted by the transition. Given that all Phase 3 HFP enrollees will be transitioning to a new health plan and health plans contract with different providers, the plans are not necessarily expected to have high rates of overlap. Because it is typical for enrollees in this type of situation to have to change providers, the departments have focused on the capacity of the Medi-Cal network to accommodate the needs of the transitioning population, rather than the rate of network overlap. Furthermore, contractual and regulatory requirements that ensure continuity of

care for covered benefits and ensure specialist care should minimize most potential interruptions in care.<sup>38</sup>

***Follow-Up.*** The departments will follow-up with the Medi-Cal plan regarding the availability of PCPs who are accepting new patients in order to ensure that all transitioning HFP enrollees and future enrollees have adequate access to PCPs. The data indicate that there is a small overlap between the Medi-Cal and HFP primary care networks; however, it is possible that the overlap is greater than reflected in the data, as the contracted Medi-Cal clinics may employ some of the same PCPs who are individually contracted with the HFP network. The departments will further investigate the overlap of the Medi-Cal and HFP networks to ensure that all physicians associated with a Medi-Cal clinic who are also independently contracted with the HFP network are accounted for. The departments will also inquire as to how the Medi-Cal plan will identify the out-of-county specialists currently treating HFP enrollees and ensure continuity of care with those providers.

---

<sup>38</sup> Contracts between the health plans and DHCS require health plans to provide 12 months of continued access to an out-of-network treating PCP so long as the PCP accepts the plan's reimbursement rate and the PCP has no quality of care concerns. Health and Safety Code § 1373.96 ensures completion of covered services with an out-of-network treating provider for enrollees diagnosed with specific health conditions. Health and Safety Code § 1367, subd. (i) and California Code of Regulations, title 28, § 1300.67, subd. (a) obligates plans to provide basic health care services, which includes access to medically necessary physician services, including services from specialist physicians.

## **Napa County**

Napa County follows the County Organized Health System model, so it offers one health plan to its Medi-Cal enrollees. In Napa County, Partnership Health Plan serves as the Medi-Cal managed care plan. The network data for the Medi-Cal plan will be referred to as the “Medi-Cal managed care network.” Anthem Blue Cross (“Blue Cross”) provides an HFP line of business but not a Medi-Cal line of business in Napa County. According to health plan data, the Medi-Cal network offers 30 PCPs and 86 total physicians.<sup>39</sup> The Blue Cross HFP network offers 9 PCPs and 71 total physicians. Approximately 2,575 enrollees are expected to transition into Medi-Cal managed care from the HFP plan in Napa County in Phase 3.

### **Provider Network Overlap**

#### ***Primary Care Providers***

- Plan data indicate that none of the PCPs who currently participate in the Blue Cross HFP network are also available in the Medi-Cal managed care network in Napa County.
- The Medi-Cal network consists of clinics and individual PCPs. Plan data indicate that 16 individual physicians are employed by the Plan’s contracted clinics. Plan data did not indicate the identity of the individual physicians associated with each clinic, so the departments have assumed that none of these individual physicians are in the HFP network for the purposes of calculating the rate of overlap.

#### ***Specialists***

- Plan data indicate that 27% of the specialists who currently participate in the Blue Cross HFP network are also available in the Medi-Cal managed care network in Napa County.

### **Provider Capacity**

#### ***Primary Care Physicians***

- Plan data indicate that the Medi-Cal managed care network will have one PCP for every 556 enrollees after the transition and one physician overall for every 194 enrollees after the transition.
- Plan data indicate that 47% of all Medi-Cal managed care PCPs and clinics in the county are accepting new Medi-Cal patients.

---

<sup>39</sup> Note: these numbers include a count of the individual physicians who are associated with each contracted clinic. These numbers do not include the physicians available through the Kaiser Foundation Health Plan, Partnership Health Plan’s subcontracted health plan, because Kaiser operates a closed network and limits enrollment such that it is highly unlikely any Phase 3 HFP enrollees will be able to participate in that network.

- According to Plan data, 89% of Medi-Cal managed care PCPs are currently under Plan-defined Medi-Cal enrollee assignment limits.<sup>40</sup>

### *Specialists*

- With regard to specialist services covered under Medi-Cal, the Medi-Cal managed care network will offer fewer individual providers than the HFP product in some specialty areas. However, based on the utilization of these services by both HFP and Medi-Cal enrollees over the past year, the Medi-Cal network appears to have a sufficient number of specialists to provide enrollee access to almost all specialty types.
- Blue Cross data indicate that a moderate number of HFP enrollees in Napa County utilized diagnostic radiology specialists over the past year. This specialty type is not available in the Medi-Cal managed care network. If patients require this specific specialty type, the Plan will be obligated to provide access to these specialists if medically necessary, in accordance with the Knox Keene Act.<sup>41</sup>
- The Medi-Cal managed care network in Napa County contains four pediatric specialists, comprising 7% of the specialist network, which is greater than that offered by the Blue Cross HFP network (two pediatric specialists, comprising 3% of the Plan’s HFP specialist network).<sup>42</sup> Please note that most specialists are available to treat children, so the availability of pediatric specialists does not necessarily impact transitioning HFP enrollees’ access to specialty care.

Geographic Access. All cities in Napa County that contain HFP PCPs also contain Medi-Cal PCPs who are accepting new patients.

Continuity of Care. The following summarizes the continuity of care efforts all Napa County Medi-Cal and HFP health plans will engage in to assist with the Phase 3 transition:

- **Partnership Health Plan (Medi-Cal)**

Partnership Health Plan (“Plan”) has provided the departments with information regarding its strategy for ensuring continuity of care for transitioning Phase 3 HFP enrollees. To the extent the Plan is able to obtain provider linkage data, the Plan will analyze the data to determine overlap between HFP and Medi-Cal provider networks. Transitioning enrollees will remain with their PCP if the PCP is contracted within their network. If PCP reassignment is necessary, the Plan states that it will facilitate the process. Transitioning enrollees will be advised that they will be able to choose a new

---

<sup>40</sup> Please note that this percentage reflects the current number of Medi-Cal and HFP patients assigned to the PCPs participating in both Medi-Cal plans.

<sup>41</sup> Per Health and Safety Code § 1367, subd. (i) and California Code of Regulations, title 28, § 1300.67, subd. (a), all plans are obligated under the Knox Keene Act to provide basic health care services, which includes access to medically necessary physician services, including services from specialist physicians. If a health plan does not contain a certain specialist in its network, it is required to arrange for out-of-network care when it is medically necessary for an enrollee to see that specialty type. Therefore, the lack of a specific specialty type alone does not constitute a major concern with the network.

<sup>42</sup> *Ibid.* Section 1367 and Rule 1300.67 would also apply to pediatric specialists, if medically necessary.

PCP if desired. For specialists and out of network providers, the Plan will utilize its existing referrals and authorization data to ensure continuity of care. Transitioning enrollees will receive welcome packets in the mail informing them of the transition to Medi-Cal containing an ID card and Provider Directory informing them of their current assignment to a PCP.

- **Anthem Blue Cross (HFP Plan)**

Anthem Blue Cross (“Plan”) states that it is willing to share data regarding PCP assignment, medical and pharmacy authorizations, and information regarding members working with a health plan care manager, if feasible. The Plan indicates it would prefer to share data utilizing the departments as an intermediary; however, the Plan will develop an alternative method for data sharing and file a description of that methodology with the DMHC and the DHCS if necessary.

*Timely Access to Care.* The following describes how the Napa County Medi-Cal health plans will ensure that Phase 3 enrollees have timely access to care:

- **Partnership Health Plan (Medi-Cal Plan)**

To ensure timely access for transitioning enrollees, the Plan states that it will utilize its Care Coordination team and closely monitor enrollees’ complaints, feedback from providers, and Plan staff input. The Plan may also conduct periodic surveys of the network to ensure timely access standards are being met.

*Assessment.* The Medi-Cal managed care network appears to have adequate capacity to accommodate the transitioning HFP enrollees and ensure adequate access to care in Napa County. While the Plan data indicate that only 47% of Medi-Cal providers are accepting new patients, the data also indicate that all cities that contain HFP PCPs also contain Medi-Cal PCPs who are accepting new patients; therefore, transitioning HFP enrollees will have geographically accessible PCPs available to them in the Medi-Cal network. The Medi-Cal networks contain almost all moderately utilized specialty types that were available in the Blue Cross HFP network. Therefore, transitioning HFP enrollees should have access to specialist services on par with the HFP network.

The low rate of provider network overlap suggests that continuity of care for HFP enrollees may be impacted by the transition. Given that all Phase 3 HFP enrollees will be transitioning to a new health plan and health plans contract with different providers, the plans are not necessarily expected to have high rates of overlap. Because it is typical for enrollees in this type of situation to have to change providers, the departments have focused on the capacity of the Medi-Cal network to accommodate the needs of the transitioning population, rather than the rate of network overlap. Contractual and regulatory requirements that ensure continuity of care for

covered benefits and ensure specialist care should minimize most potential interruptions in care.<sup>43</sup>

***Follow-Up.*** The departments will follow-up with the Medi-Cal plan regarding the availability of PCPs who are accepting new patients in order to ensure that all transitioning HFP enrollees and future enrollees have adequate access to PCPs. The data indicate that there is a small overlap between the Medi-Cal and HFP primary care networks; however, it is possible that the overlap is greater than reflected in the data, as the contracted Medi-Cal clinics may employ some of the same PCPs who are individually contracted with the HFP network. The departments will further investigate the overlap of the Medi-Cal and HFP networks to ensure that all physicians associated with a Medi-Cal clinic who are also independently contracted with the HFP network are accounted for.

---

<sup>43</sup> Contracts between the health plans and DHCS require health plans to provide 12 months of continued access to an out-of-network treating PCP so long as the PCP accepts the plan's reimbursement rate and the PCP has no quality of care concerns. Health and Safety Code § 1373.96 ensures completion of covered services with an out-of-network treating provider for enrollees diagnosed with specific health conditions. Health and Safety Code § 1367, subd. (i) and California Code of Regulations, title 28, § 1300.67, subd. (a) obligates plans to provide basic health care services, which includes access to medically necessary physician services, including services from specialist physicians.

## **Orange County**

Orange County follows the County Organized Health System model, so it offers one health plan to its Medi-Cal enrollees. In Orange County, CalOptima Health Plan serves as the Medi-Cal managed care plan. The network data for the Medi-Cal plan will be referred to as the “Medi-Cal managed care network.” Anthem Blue Cross (“Blue Cross”) provides an HFP line of business but not a Medi-Cal line of business in Orange County. According to health plan data, the Medi-Cal network offers 1,423 PCPs and 3,255 total physicians.<sup>44</sup> The Blue Cross HFP network offers 917 PCPs and 2,388 total physicians. Approximately 13,774 enrollees are expected to transition into Medi-Cal managed care from the HFP plan in Orange County in Phase 3.

### **Provider Network Overlap**

#### ***Primary Care Providers***

- Plan data indicate that 51% of the PCPs who currently participate in the Blue Cross HFP network are also available in the Medi-Cal managed care network in Orange County.
- The Medi-Cal network consists of clinics and individual PCPs. Plan data indicate that 190 individual physicians are employed by the Plan’s contracted clinics. Plan data did not indicate the identity of the individual physicians associated with each clinic, so the departments have assumed that none of these individual physicians are in the HFP network for the purposes of calculating the rate of overlap.

#### ***Specialists***

- Plan data indicate that 45% of the specialists who currently participate in the Blue Cross HFP network are also available in the Medi-Cal managed care network in Orange County.

### **Provider Capacity**

#### ***Primary Care Physicians***

- Plan data indicate that the Medi-Cal managed care network will have one PCP for every 312 enrollees after the transition and one physician overall for every 137 enrollees after the transition.
- Plan data indicate that 62% of all Medi-Cal managed care PCPs and clinics in the county are accepting new Medi-Cal patients.

---

<sup>44</sup> Note: these numbers include a count of the individual physicians who are associated with each contracted clinic. These numbers do not include the physicians available through the Kaiser Foundation Health Plan, CalOptima’s subcontracted health plan, because Kaiser operates a closed network and limits enrollment such that it is highly unlikely any Phase 3 HFP enrollees will be able to participate in that network.

- According to Plan data, 98% of Medi-Cal managed care PCPs are currently under Plan-defined Medi-Cal enrollee assignment limits.<sup>45</sup>

### *Specialists*

- With regard to overall specialist services covered under Medi-Cal, the Medi-Cal managed care network offers more individual specialists than the HFP network overall. In some specific specialty areas, the Medi-Cal managed care network offers a smaller number of individual providers than the HFP network. Overall, based on the utilization of specialty services by both HFP and Medi-Cal enrollees over the past year, the Medi-Cal network appears to have a sufficient number of specialists to provide enrollee access to each moderately utilized specialty type. If patients require a specific specialty type that is not in the Medi-Cal network, the Plan will be obligated to provide access to these specialists if medically necessary, in accordance with the Knox Keene Act.<sup>46</sup>
- The Medi-Cal managed care network in Orange County contains 166 pediatric specialists, comprising 9% of the specialist network, which is less than that that offered by the Blue Cross HFP network (218 pediatric specialists, comprising 15% of the Plan’s HFP specialist network).<sup>47</sup> Please note that most specialists are available to treat children, so the availability of pediatric specialists does not necessarily impact transitioning HFP enrollees’ access to specialty care.

*Geographic Access.* The following cities in Orange County contain HFP PCPs but do not contain Medi-Cal PCPs: Cypress, Seal Beach, and Villa Park. All three cities are within 10 miles or 30 minutes of neighboring cities that do contain Medi-Cal PCPs who are accepting new patients.

*Continuity of Care.* The following summarizes the continuity of care efforts all Orange County Medi-Cal and HFP health plans will engage in to assist with the Phase 3 transition:

- **CalOptima (Medi-Cal Plan)**

CalOptima (“Plan”) has provided the departments with information regarding its strategy for ensuring continuity of care for transitioning Phase 3 HFP enrollees. The Plan indicates that, to the extent the Plan is able to obtain provider linkage data, the Plan will analyze the data to determine overlap between HFP and Medi-Cal provider networks. Transitioning enrollees will be able to retain their PCP if the PCP is part of the Plan’s network. If the PCP is not part of the Plan’s network, the Plan will allow continued

---

<sup>45</sup> Please note that this percentage reflects the current number of Medi-Cal and HFP patients assigned to the PCPs participating in both Medi-Cal plans.

<sup>46</sup> Per Health and Safety Code § 1367, subd. (i) and California Code of Regulations, title 28, § 1300.67, subd. (a), all plans are obligated under the Knox Keene Act to provide basic health care services, which includes access to medically necessary physician services, including services from specialist physicians. If a health plan does not contain a certain specialist in its network, it is required to arrange for out-of-network care when it is medically necessary for an enrollee to see that specialty type. Therefore, the lack of a specific specialty type alone does not constitute a major concern with the network.

<sup>47</sup> *Ibid.* Section 1367 and Rule 1300.67 would also apply to pediatric specialists, if medically necessary.



access to that provider for a period of twelve months from the date of the enrollees' transition into the Medi-Cal program. If PCP reassignment is necessary for a transitioning enrollee, the Plan has indicated that it will follow its existing continuity of care policy, which is compliant with Knox-Keene protections for the completion of covered services. The Plan states that it will make efforts to maintain patients with their existing provider if the patient is in the middle of treatment. The reassignment process will include auto assignment based on geographic proximity to transitioning enrollees' residence. Transitioning enrollees will be notified in writing when there is PCP reassignment. The Plan will continue to reach out to HFP providers who are not currently contracted with the Plan's Medi-Cal line of business to further address continuity of care. Additionally, the Plan is engaged in network expansion initiatives to prepare for the HFP to Medi-Cal transition.

- **Anthem Blue Cross (HFP Plan)**

Anthem Blue Cross ("Plan") states that it is willing to share data regarding PCP assignment, medical and pharmacy authorizations, and information regarding members working with a health plan care manager, if feasible. The Plan indicates it would prefer to share data utilizing the departments as an intermediary; however, the Plan will develop an alternative method for data sharing and file a description of that methodology with the DMHC and the DHCS.

Timely Access to Care. The following describes how the Orange County Medi-Cal health plans will ensure that Phase 3 enrollees have timely access to care:

- **CalOptima (Medi-Cal Plan)**

The Plan indicates its existing access and availability policy will apply to all transitioning enrollees. The Plan indicates it will monitor access and availability as well as complaints related to access issues to alert the Plan to any issues that need to be addressed. To ensure a smooth transition, the Plan has established care management staff training, Health Risk Assessment review to identify enrollees requiring special assistance, and customer service training to assist transitioning enrollees.

Assessment. The Medi-Cal managed care network appears to have adequate capacity to accommodate the transitioning HFP enrollees and ensure adequate access to care in Orange County. The Orange County Medi-Cal network is robust and offers more providers than are available in the HFP network. The data indicate that over half of the HFP primary care network is also available in the Medi-Cal network. Furthermore, most cities that contain HFP PCPs also contain Medi-Cal PCPs who are accepting new patients or are within 10 miles or 30 minutes of a city containing Medi-Cal PCPs who are accepting new patients. Therefore, transitioning HFP enrollees who cannot maintain their current PCP will have geographically accessible PCPs available to them in the Medi-Cal network. The Medi-Cal networks contain all moderately

utilized specialty types that were available in the Blue Cross HFP network. Therefore, transitioning HFP enrollees should have access to specialist services on par with the HFP network.

**Follow-Up.** Based on the data and assessment above, no further follow-up is necessary for the purposes of this network assessment.

## **Riverside County**

Riverside County follows the 2-Plan Medi-Cal Managed Care model, so it offers a local initiative plan and a commercial plan to its enrollees. In Riverside County, Inland Empire Health Plan and Molina Healthcare of California serve as the two Medi-Cal managed care plans. The combined network data for these two Medi-Cal managed care plans will be referred to as the “Medi-Cal managed care network.” Anthem Blue Cross (“Blue Cross”) and Community Health Group provide HFP lines of business but not Medi-Cal lines of business in Riverside County. The combined network data for these two HFP plans will be referred to as the “combined HFP network.” According to health plan data, the combined Medi-Cal network offers 478 PCPs and 1,802 total physicians.<sup>48</sup> The combined HFP network offers 472 PCPs and 1,784 total physicians. Approximately 10,941 enrollees are expected to transition into Medi-Cal managed care from the HFP plans in Riverside County in Phase 3.

### **Provider Network Overlap**

#### ***Primary Care Providers***

- Plan data indicate that 38% of the PCPs who currently participate in the combined HFP network are also available in the Medi-Cal managed care network in Riverside County.
- The Medi-Cal managed care network consists of clinics and individual PCPs. Plan data indicate that 87 individual physicians are employed by the Plan’s contracted clinics. Plan data did not indicate the identity of the individual physicians associated with each clinic, so the departments have assumed that none of these individual physicians are in the combined HFP network for the purposes of calculating the rate of overlap.

#### ***Specialists***

- Plan data indicate that 43% of the specialists who currently participate in the combined HFP network are also available in the Medi-Cal managed care networks in Riverside County.

### **Provider Capacity**

#### ***Primary Care Physicians***

- Plan data indicate that the Medi-Cal managed care network will have one PCP for every 686 enrollees after the transition and one physician overall for every 182 enrollees after the transition.

---

<sup>48</sup> Note: these numbers include a count of the individual physicians who are associated with each contracted clinic. These numbers do not include the physicians available through the Kaiser Foundation Health Plan, Inland Empire Health Plan’s subcontracted health plan, because Kaiser operates a closed network and limits enrollment such that it is highly unlikely any Phase 3 HFP enrollees will be able to participate in that network.

- Plan data indicate that 96% of all Medi-Cal managed care PCPs in the county are accepting new Medi-Cal patients.
- According to Plan data, 97% of Medi-Cal managed care PCPs are currently under Plan-defined Medi-Cal enrollee assignment limits. For those enrollees assigned to a PCP who is over the enrollee assignment limit, they will continue to be able to switch to a PCP with fewer assigned enrollees if they so choose.<sup>49</sup>

### *Specialists*

- With regard to overall specialist services covered under Medi-Cal, the Medi-Cal managed care network offers more individual specialists than the HFP network overall. In some specific specialty areas, the Medi-Cal managed care network offers a smaller number of individual providers than the HFP network. Overall, based on the utilization of these services by both HFP and Medi-Cal enrollees over the past year, the Medi-Cal managed care network appears to have a sufficient number of specialists to provide enrollee access to each moderately utilized specialty type.
- The Medi-Cal managed care networks in Riverside County offer 26 pediatric specialists, comprising 2% of the total Medi-Cal specialist network, which is slightly less than that offered by the combined HFP network (51 pediatric specialists, comprising 4% of the Plan’s HFP specialist network).<sup>50</sup> Please note that most specialists are available to treat children, so the availability of pediatric specialists does not necessarily impact transitioning HFP enrollees’ access to specialty care.

*Geographic Access.* The following cities in Riverside County contain HFP PCPs but do not contain Medi-Cal PCPs: Blythe and Canyon Lake. Canyon Lake is within 10 miles or 30 minutes of neighboring cities that do contain Medi-Cal PCPs who are accepting new patients. The city of Blythe is carved out of the Medi-Cal Managed Care network, so enrollees residing in Blythe will be transitioned in the Medi-Cal fee-for-service program, rather than into a health plan.

*Continuity of Care.* The following summarizes the continuity of care efforts all Riverside County Medi-Cal and HFP health plans will engage in to assist with the Phase 3 transition:

- **Inland Empire Health Plan (Medi-Cal Plan)**

Inland Empire Health Plan (“Plan”) has provided the departments with information regarding its strategy for ensuring continuity of care for transitioning Phase 3 HFP enrollees. To the extent the Plan is able to obtain provider linkage data, the Plan will

<sup>49</sup> Please note that this percentage reflects the current number of Medi-Cal and HFP patients assigned to the PCPs participating in both Medi-Cal plans.

<sup>50</sup> Per Health and Safety Code § 1367, subd. (i) and California Code of Regulations, title 28, § 1300.67, subd. (a), all plans are obligated under the Knox Keene Act to provide basic health care services, which includes access to medically necessary physician services, including services from specialist physicians. If a health plan does not contain a certain specialist in its network, it is required to arrange for out-of-network care when it is medically necessary for an enrollee to see that specialty type. Therefore, the lack of a specific specialty type alone does not constitute a major concern with the network.

analyze the data to determine overlap between HFP and Medi-Cal provider networks. Transitioning enrollees will remain with their PCP if the PCP is Medi-Cal contracted. The Plan will also reach out to non-contracted providers and provide letters of agreement as needed. If reassignment is necessary, the transitioning enrollee will go through the Plan's existing PCP auto assignment process, which ensures that enrollees are assigned to PCPs based on geographic access, gender, age, and provider specialty criteria. Transitioning enrollees may also request to change their PCP at any time. The Plan has a team dedicated to ensuring there is no disruption of services for transitioning enrollees requiring continuity of care services. The Plan will also authorize existing appointments with specialists for transitioning enrollees if the appointment date falls within 48 hours of the call or August 1, 2013. The Plan will further provide refresher education to all care management staff on continuity of care and standing referrals policy so that they are better able to provide enrollees with timely coordination of care. The Plan will contact enrollees by telephone to assign a new PCP or assess if continuity of care with the current PCP is appropriate. Transitioning enrollees will receive a Welcome Kit that includes their ID card, member newsletter, and other communication to help with the transition. The Plan will also notify all providers via Blast fax of the HFP transition and continuity of care expectations.

- **Molina Health Care (Medi-Cal Plan)**

Molina Health Care ("Plan") has provided the departments with information regarding its strategy for ensuring continuity of care for transitioning Phase 3 HFP enrollees. The Plan indicates that, to the extent the Plan is able to obtain provider linkage data, the Plan will analyze the data to determine overlap between HFP and Medi-Cal provider networks. The Plan will also provide transitioning enrollees with continuity of care request forms that will help the Plan to identify providers in which transitioning enrollees are currently receiving treatment. Using this information, the Plan states that it will make every effort to assign members to their previous PCP or specialist wherever possible. The Plan states that it will follow its existing continuity of care policy, which is compliant with Knox Keene protections for the completion of covered services. To the extent the Plan is able to obtain existing authorization and referral information, the Plan will collaborate with DHCS and its Pharmacy Benefits Manager to address transition protocols. Transitioning enrollees will receive a welcome kit containing instructions for members needing continuity of care, continuity of care request form, provider directory, and an evidence of coverage booklet. If reassignment is necessary, the Plan indicates that the transitioning enrollee will have the opportunity to select an available PCP within its network utilizing information received in their welcome kit. The Plan intends to perform outreach to transitioning enrollees that may have to change PCPs to offer help in the selection of a new PCP if needed.

- **Anthem Blue Cross (HFP Plan)**

Anthem Blue Cross (“Plan”) states that it is willing to share data regarding PCP assignment, medical and pharmacy authorizations, and information regarding members working with a health plan care manager, if feasible. The Plan indicates it would prefer to share data utilizing the departments as an intermediary; however, the Plan will develop an alternative method for data sharing and file a description of that methodology with the DMHC and the DHCS.

- **Community Health Group (HFP Plan)**

Community Health Group (“Plan”) states that it will provide DHCS and/or the receiving Medi-Cal plan with a list of the contracted HFP providers in Riverside County in order to establish PCP linkages when feasible. The Plan will also provide a listing of open authorizations with the contracted specialist information, and a report of open prescription authorizations to the Medi-Cal plan when feasible.

*Timely Access to Care.* The following describes how the Riverside County Medi-Cal health plans will ensure that Phase 3 enrollees have timely access to care:

- **Inland Empire Health Plan (Medi-Cal Plan)**

The Plan states that it monitors timely access through their annual access study and grievance reports. The Plan’s current PCP assignment process ensures that an enrollee is assigned to a PCP by the 1<sup>st</sup> day of the month that they become effective.

- **Molina Health Care (Medi-Cal Plan)**

The Plan states that it will provide transitioning enrollees with new ID cards that include the new PCP’s name and phone number. The Plan indicates that it intends to perform outreach to transitioning enrollees that may have to change PCPs to offer help in the selection of a new PCP if needed. The Plan indicates that it previously issued communications to providers regarding the transition.

*Assessment.* The combined Medi-Cal managed care networks appear to have adequate capacity to accommodate the transitioning HFP enrollees and ensure adequate access to care. A significant number of PCPs are under capacity and accepting new patients and therefore can accept the new enrollment. The Medi-Cal managed care network offers PCPs in almost all of the same geographic regions served by the HFP product, and it appears that most enrollees should have adequate geographic access to care. Over half of the HFP specialists are also available in the Medi-Cal managed care networks and the Medi-Cal networks contain almost all moderately utilized specialty types that were available in the HFP network.

***Follow-Up.*** Based on the data and assessment above, no further follow-up is necessary for the purposes of this network assessment.

## **Sacramento County**

Sacramento County follows the Geographic Managed Care model, and it offers multiple commercial health plans to its enrollees. In Sacramento County, Anthem Blue Cross, Health Net, Molina Healthcare of California, and Kaiser Foundation Health Plan serve as the Medi-Cal managed care plans. Kaiser Foundation Health Plan operates a closed network and is unlikely to be available to any of the HFP enrollees transitioning in Phase 3, so the Kaiser network was not included in the following analysis of the Medi-Cal network.<sup>51</sup> The combined network data for the remaining Medi-Cal managed care plans will be referred to as the “Medi-Cal managed care network.” Health Plan of San Joaquin provides an HFP line of business but not a Medi-Cal line of business in Sacramento County. According to health plan data, the remaining the Medi-Cal managed care network offers 476 PCPs and 2,663 total physicians.<sup>52</sup> The HFP network offers 20 PCPs and 3,130 total physicians.<sup>53</sup> Approximately 115 enrollees are expected to transition into Medi-Cal managed care from the HFP plan in Sacramento County in Phase 3. Health Plan of San Joaquin only served HFP enrollees residing on the border of Sacramento County and San Joaquin County, so very few enrollees will be included in this Phase 3 transition.

### **Provider Network Overlap**

#### ***Primary Care Providers***

- Plan data indicate that 13% of the PCPs who currently participate in the HFP network are also available in the Medi-Cal managed care network in Sacramento County.
- The Medi-Cal managed care network consists of clinics and individual PCPs. Plan data indicate that 77 individual physicians are employed by the Plan’s contracted clinics. Plan data did not indicate the identity of the individual physicians associated with each clinic, so the departments have assumed that none of these individual physicians are in the HFP network for the purposes of calculating the rate of overlap.

#### ***Specialists***

- Plan data indicate that 4% of the specialists who currently participate in the HFP network are also available in the combined Medi-Cal managed care networks in Sacramento County. This low rate of overlap is partially due to the unusually high number of specialists included in the Health Plan of San Joaquin HFP network. Health Plan of San

---

<sup>51</sup> Kaiser Foundation Health Plan operates strict criteria for eligibility into its Medi-Cal network. An enrollee must have been a Kaiser member within the past 90 days or have an immediate family member currently enrolled in Kaiser in order to participate in the Kaiser Medi-Cal network. All Phase 3 HFP enrollees will be transitioning into the Medi-Cal network from Health Plan of San Joaquin, so it is highly unlikely that those enrollees were Kaiser members within the past 90 days. Furthermore, typically family members are part of the same health plan, so it is unlikely that the transitioning Phase 3 enrollees meet Kaiser eligibility requirements due to a family member who is already enrolled in Kaiser.

<sup>52</sup> Note: these numbers include a count of the individual physicians who are associated with each contracted clinic.

<sup>53</sup> Note: these numbers include a count of the individual physicians who are associated with each contracted clinic. Additionally, the specialist network for Health Plan of San Joaquin encompasses all specialists contracted with the Plan in all counties in which the Plan operates. The specialist network is not specific to specialists available only within Sacramento County.



Joaquin identified all specialists in its statewide network as being available to HFP enrollees in Sacramento County because these specialists are considered to be in-network providers for HFP patients who wish to travel out-of-county for care. Therefore, the HFP network includes a large number of specialists that are not located within Sacramento County and are outside of the geographic region served by the Medi-Cal network and the region in which these enrollees reside.

### Provider Capacity

#### ***Primary Care Physicians***

- Plan data indicate that the Medi-Cal managed care network will have one PCP for every 450 enrollees after the transition and one physician overall for every 80 enrollees after the transition.
- Plan data indicate that 68% of all Medi-Cal managed care PCPs in the county are accepting new Medi-Cal patients.
- According to Plan data, 72% of Medi-Cal managed care PCPs are currently under Plan-defined Medi-Cal enrollee assignment limits. For those enrollees assigned to a PCP who is over the enrollee assignment limit, they will continue to be able to switch to a PCP with fewer assigned enrollees if they so choose.<sup>54</sup>

#### ***Specialists***

- With regard to specialist services covered under Medi-Cal, the Medi-Cal managed care network will offer fewer individual providers than the combined HFP network in some specialty areas. However, based on the utilization of these services by both HFP and Medi-Cal enrollees over the past year, the Medi-Cal network appears to have a sufficient number of specialists to provide enrollee access to almost all utilized specialty types.
- HFP data indicate that a moderate number of HFP enrollees in Sacramento County utilized the following specialty types over the past year: Nuclear Radiology and Pathologic Anatomy (Clinical Pathology), Pediatric Cardiology. These specialty types are not available in the Medi-Cal managed care network; however, the network does include radiologists and pathologists who may be able to serve the needs of these patients. If patients require the specific specialty type that was available in the HFP network, the Medi-Cal Plan will be obligated to provide access to these specialists if medically necessary, in accordance with the Knox Keene Act.<sup>55</sup>

---

<sup>54</sup> Please note that this percentage reflects the current number of Medi-Cal and HFP patients assigned to the PCPs participating in all Medi-Cal plans.

<sup>55</sup> Per Health and Safety Code § 1367, subd. (i) and California Code of Regulations, title 28, § 1300.67, subd. (a), all plans are obligated under the Knox Keene Act to provide basic health care services, which includes access to medically necessary physician services, including services from specialist physicians. If a health plan does not contain a certain specialist in its network, it is required to arrange for out-of-network care when it is medically necessary for an enrollee to see that specialty type. Therefore, the lack of a specific specialty type alone does not constitute a major concern with the network.

- The Medi-Cal managed care network in Sacramento County offers 182 pediatric specialists, comprising 8% of the total Medi-Cal specialist network, which is less than that offered by the combined HFP network (500 pediatric specialists, comprising 16% of the Plan’s HFP specialist network).<sup>56</sup> Please note that most specialists are available to treat children, so the availability of pediatric specialists does not necessarily impact transitioning HFP enrollees’ access to specialty care.

*Geographic Access.* All cities in Sacramento County that contain HFP PCPs also contain Medi-Cal PCPs. Plan data indicate that there are Medi-Cal PCPs accepting new patients in all cities in Sacramento County that contained HFP PCPs.

*Continuity of Care.* The following summarizes the continuity of care efforts all Sacramento County Medi-Cal and HFP health plans will engage in to assist with the Phase 3 transition:

- **Anthem Blue Cross (Medi-Cal Plan)**

Anthem Blue Cross (“Plan”) has provided the departments with information regarding its strategy for ensuring continuity of care for transitioning Phase 3 HFP enrollees. The Plan indicates that, to the extent the Plan is able to obtain provider linkage data, the Plan will analyze the data to determine overlap between HFP and Medi-Cal provider networks. Transitioning enrollees will remain with their PCP if the PCP is contracted within their network. To the extent the Plan is able to obtain existing authorizations and referrals data, the Plan will work to ensure appropriate continuity of care, including authorizations and overrides for prescription medications in order to continue the supply of the transitioning enrollees’ medication. All transitioning enrollees will receive a new member kit which includes an evidence of coverage handbook that explains the PCP assignment process as well as how to change their PCP.

- **Health Net (Medi-Cal Plan)**

Health Net (“Plan”) has provided the departments with information regarding its strategy for ensuring continuity of care for transitioning Phase 3 HFP enrollees. The Plan indicates that it has approached non-contracted provider groups to obtain Medi-Cal contracts to ensure transitioning enrollees can retain their PCPs. Transitioning enrollees will remain with their PCP if the PCP is contracted within their network. The Plan is also working with various physician groups to provide continued access to specialists for transitioning enrollees, but agreements are dependent upon applicable Medi-Cal rates. The Plan will provide outreach to transitioning enrollees in the form of a new member packet that will include a continuity of care form with instructions, and new member welcome scripts that will encourage the enrollee to contact the Plan with any continuity of care issues. According to the Plan, the Medi-Cal pharmacy benefit differs from HFP

---

<sup>56</sup> *Ibid.* Section 1367 and Rule 1300.67 would also apply to pediatric specialists, if medically necessary.

because it covers certain over the counter medications that are not covered under HFP and it carves out antipsychotic, HIV, and alcohol/heroin withdrawal medications. The Plan is working to address the matter of differing prescription medication formularies between HFP and Medi-Cal. To the extent permitted, the Plan would like to send transitioning enrollees notification letters at least thirty days in advance of their transition date.

- **Kaiser Foundation Health Plan (Medi-Cal Plan)**

Kaiser Foundation Health Plan (“Plan”) has provided the departments with information regarding its strategy for ensuring continuity of care for transitioning Phase 3 HFP enrollees. The Plan does not anticipate a large number of HFP enrollees transitioning into the Plan, as the Plan operates strict eligibility criteria and it is highly unlikely that HFP members transitioning into Medi-Cal from Health Plan of San Joaquin will meet those criteria. The Plan states that under the unique situation where a non-member joins the Plan as a result of this transition and is unable to remain with their out-of-network provider, the Plan will follow its existing continuity of care policy, which is compliant with Knox-Keene protections for the completion of covered services. The Plan states that transitioning enrollees will receive medical services and prescribed medications in accordance with the Medi-Cal Managed Care program rules.

- **Molina Health Care (Medi-Cal Plan)**

Molina Health Care (“Plan”) has provided the departments with information regarding its strategy for ensuring continuity of care for transitioning Phase 3 HFP enrollees. The Plan indicates that, to the extent the Plan is able to obtain provider linkage data, the Plan will analyze the data to determine overlap between HFP and Medi-Cal provider networks. The Plan will also provide transitioning enrollees with continuity of care request forms that will help the Plan to identify providers in which transitioning enrollees are currently receiving treatment. Using this information, the Plan states that it will make every effort to assign members to their previous PCP or specialist wherever possible. The Plan will follow its existing continuity of care policy, which is compliant with Knox Keene protections for the completion of covered services. To the extent the Plan is able to obtain existing authorization and referral information, the Plan will collaborate with DHCS and its Pharmacy Benefits Manager to address transition protocols. Transitioning enrollees will receive a welcome kit containing instructions for members needing continuity of care, continuity of care request form, provider directory, and an evidence of coverage booklet. If reassignment is necessary, the Plan indicates that the transitioning enrollee will have the opportunity to select an available PCP within its network utilizing information received in their welcome kit. The Plan intends to perform outreach to transitioning enrollees that may have to change PCPs to offer help in the selection of a new PCP if needed.

- **Health Plan of San Joaquin (HFP Plan)**

Health Plan of San Joaquin (“Plan”) has provided the departments with information regarding its strategy for ensuring continuity of care for transitioning Phase 3 HFP enrollees. The Plan states that it has PCP and specialty provider network data available to be shared with Medi-Cal managed care plans for the transition. The Plan can also provide medical and prescription authorization data if needed.

Timely Access to Care. The following describes how the Sacramento County Medi-Cal health plans will ensure that Phase 3 enrollees have timely access to care:

- **Anthem Blue Cross (Medi-Cal Plan)**

The Plan states that its case managers will work with those transitioning enrollees with qualifying conditions to ensure a smooth transition and timely access. The Plan states that it uses outreach specialists who are accustomed to working with provider offices to facilitate appointments for enrollees when unusual circumstances arise. The Plan has an Access to Care Standards policy to which its contracted providers are expected to adhere.

- **Health Net (Medi-Cal Plan)**

The Plan indicates that it has a comprehensive network of Medi-Cal providers and timely accessibility to treatment for its members has not been problematic. The Plan states that it anticipates no issues regarding timely access to care for transitioning enrollees, and that it will continue to closely monitor timely access for Medi-Cal enrollees.

- **Kaiser Foundation Health Plan (Medi-Cal Plan)**

The Plan indicates that it follows existing access and availability standards as required by State or Federal statutes and regulations. These standards are reviewed and approved at least annually. The Plan monitors its performance in the following areas: appointment access standards for primary care, specialty care, behavioral health care and ancillary services; geographic accessibility; provider-to-enrollee ratios; customer service calls; telephone triage or screening wait times; coordination of interpretive services; quarterly complaint, grievance and appeal data; annual enrollee satisfaction survey results; annual provider satisfaction survey results; annual customer service performance reporting; and semiannual regional and subcommittee reports.

- **Molina Health Care (Medi-Cal Plan)**

The Plan states that it will provide transitioning enrollees with new ID cards that include the new PCP’s name and phone number. The Plan intends to perform outreach to transitioning enrollees that may have to change PCPs to offer help in the selection of a

new PCP if needed. The Plan indicates that it previously issued communications to providers regarding the transition.

**Assessment.** The combined Medi-Cal managed care networks appear to have adequate capacity to accommodate the transitioning HFP enrollees and ensure adequate access to care. A significant number of PCPs are under capacity and the combined Medi-Cal networks offer a large number of providers from which the transitioning HFP enrollees may select. The Medi-Cal managed care network offers PCPs who are accepting new patients in all of the same geographic regions served by the HFP product, and it appears that all enrollees will have adequate geographic access to care. Additionally, the Medi-Cal network offers a large number of specialists and almost all moderately utilized specialty types that were available in the HFP network will be available to HFP enrollees via one of the Medi-Cal Managed Care plans once they transition to Medi-Cal.

The low rate of provider network overlap suggests that continuity of care for HFP enrollees may be impacted by the transition. Given that all Phase 3 HFP enrollees will be transitioning to a new health plan and health plans contract with different providers, the plans are not necessarily expected to have high rates of overlap. Because it is typical for enrollees in this type of situation to have to change providers, the departments have focused on the capacity of the Medi-Cal network to accommodate the needs of the transitioning population, rather than the rate of network overlap. The Medi-Cal Plan has indicated that it will make efforts to reach out to the PCPs participating in the combined HFP network to attempt to bring them into the Medi-Cal network. Furthermore, contractual and regulatory requirements that ensure continuity of care for covered benefits and ensure specialist care should minimize most potential interruptions in care.<sup>57</sup>

**Follow-Up.** The data indicate that there is a small overlap between the Medi-Cal and HFP primary care networks; however, it is possible that the overlap is greater than reflected in the data, as the contracted Medi-Cal clinics may employ some of the same PCPs who are individually contracted with the HFP network. The departments will further investigate the overlap of the Medi-Cal and HFP networks to ensure that all physicians associated with a Medi-Cal clinic who are also independently contracted with the HFP network are accounted for.

---

<sup>57</sup> Contracts between the health plans and DHCS require health plans to provide 12 months of continued access to an out-of-network treating PCP so long as the PCP accepts the plan's reimbursement rate and the PCP has no quality of care concerns. Health and Safety Code § 1373.96 ensures completion of covered services with an out-of-network treating provider for enrollees diagnosed with specific health conditions. Health and Safety Code § 1367, subd. (i) and California Code of Regulations, title 28, § 1300.67, subd. (a) obligates plans to provide basic health care services, which includes access to medically necessary physician services, including services from specialist physicians.

## **San Bernardino County**

San Bernardino County follows the 2-Plan Medi-Cal Managed Care model, so it offers a local initiative plan and a commercial plan to its enrollees. In San Bernardino County, Inland Empire Health Plan and Molina Healthcare of California serve as the two Medi-Cal managed care plans. The combined network data for these two Medi-Cal managed care plans will be referred to as the “Medi-Cal managed care network.” Anthem Blue Cross (“Blue Cross”) and Community Health Group provide HFP lines of business but not Medi-Cal lines of business in San Bernardino County. The combined network data for these two HFP plans will be referred to as the “combined HFP network.” According to health plan data, the combined Medi-Cal network offers 532 PCPs and 2,245 total physicians.<sup>58</sup> The combined HFP network offers 487 PCPs and 1,100 total physicians. Approximately 7,717 enrollees are expected to transition into Medi-Cal managed care from the HFP plan in San Bernardino County in Phase 3.

### **Provider Network Overlap**

#### ***Primary Care Providers***

- Plan data indicate that 47% of the PCPs who currently participate in the combined HFP network are also available in the Medi-Cal managed care network in San Bernardino County.
- The Medi-Cal managed care network consists of clinics and individual PCPs. Plan data indicate that 20 individual physicians are employed by the Plan’s contracted clinics. Plan data did not indicate the identity of the individual physicians associated with each clinic, so the departments have assumed that none of these individual physicians are in the HFP network for the purposes of calculating the rate of overlap.

#### ***Specialists***

- Plan data indicate that 71% of the specialists who currently participate in the combined HFP network are also available in the Medi-Cal managed care network in San Bernardino County.

---

<sup>58</sup> Note: these numbers include a count of the individual physicians who are associated with each contracted clinic. These numbers do not include the physicians available through the Kaiser Foundation Health Plan, Inland Empire Health Plan’s subcontracted health plan, because Kaiser operates a closed network and limits enrollment such that it is highly unlikely any Phase 3 HFP enrollees will be able to participate in that network.

## Provider Capacity

### ***Primary Care Physicians***

- Plan data indicate that the Medi-Cal managed care network will have one PCP for every 696 enrollees after the transition and one physician overall for every 165 enrollees after the transition.
- Plan data indicate that 92% of all Medi-Cal managed care PCPs in the county are accepting new Medi-Cal patients.
- According to Plan data, 97% of Medi-Cal managed care PCPs are currently under Plan-defined Medi-Cal enrollee assignment limits. For those enrollees assigned to a PCP who is over the enrollee assignment limit, they will continue to be able to switch to a PCP with fewer assigned enrollees if they so choose.<sup>59</sup>

### ***Specialists***

- With regard to overall specialist services covered under Medi-Cal, the Medi-Cal managed care network offers more individual specialists than the HFP network overall. In some specific specialty areas, the Medi-Cal managed care network offers a smaller number of individual providers than the HFP network. Overall, based on the utilization of specialty services by both HFP and Medi-Cal enrollees over the past year, the Medi-Cal managed care network appears to have a sufficient number of specialists to provide enrollee access to each moderately utilized specialty type.
- The Medi-Cal managed care network in San Bernardino County offers 98 pediatric specialists, comprising 6% of the total Medi-Cal specialist network, which is greater than that offered by the combined HFP network (30 pediatric specialists, comprising 5% of the Plan's HFP specialist network). Please note that most specialists are available to treat children, so the availability of pediatric specialists does not necessarily impact transitioning HFP enrollees' access to specialty care.

Geographic Access. The following cities in San Bernardino County contain HFP PCPs but do not contain Medi-Cal PCPs: Big Bear Lake and Crestline. Crestline is within 10 miles or 30 minutes of cities that do contain Medi-Cal PCPs who are accepting new patients. There are no Medi-Cal PCPs within 10 miles or 30 minutes of Big Bear Lake. Plan data indicate that 151 HFP enrollees are assigned to a PCP in Big Bear Lake.

Continuity of Care. The following summarizes the continuity of care efforts all San Bernardino County Medi-Cal and HFP health plans will engage in to assist with the Phase 3 transition:

---

<sup>59</sup> Please note that this percentage reflects the current number of Medi-Cal and HFP patients assigned to the PCPs participating in both Medi-Cal plans.

- **Inland Empire Health Plan (Medi-Cal Plan)**

Inland Empire Health Plan (“Plan”) has provided the departments with information regarding its strategy for ensuring continuity of care for transitioning Phase 3 HFP enrollees. To the extent the Plan is able to obtain provider linkage data, the Plan will analyze the data to determine overlap between HFP and Medi-Cal provider networks. Transitioning enrollees will remain with their PCP if the PCP is Medi-Cal contracted. If reassignment is necessary, the transitioning enrollee will go through the Plan’s existing PCP auto assignment process, which ensures that enrollees are assigned to PCPs based on geographic access, gender, age, and provider specialty criteria. Transitioning enrollees may also request to change their PCP at any time. The Plan has a team dedicated to ensuring there is no disruption of services for transitioning enrollees requiring continuity of care services. The Plan will also authorize existing appointments with specialists for transitioning enrollees if the appointment date falls within 48 hours of the call or August 1, 2013. The Plan will further provide refresher education to all care management staff on continuity of care and standing referrals policy so that they are better able to provide enrollees with timely coordination of care. The Plan will contact enrollees by telephone to assign a new PCP or assess if continuity of care with the current PCP is appropriate. Transitioning enrollees will receive a Welcome Kit that includes their ID card, member newsletter, and other communication to help with the transition. The Plan will also notify all providers via Blast fax of the HFP transition and continuity of care expectations.

- **Molina Health Care (Medi-Cal Plan)**

Molina Health Care (“Plan”) has provided the departments with information regarding its strategy for ensuring continuity of care for transitioning Phase 3 HFP enrollees. The Plan indicates that, to the extent the Plan is able to obtain provider linkage data, the Plan will analyze the data to determine overlap between HFP and Medi-Cal provider networks. The Plan will also provide transitioning enrollees with continuity of care request forms that will help the Plan to identify providers in which transitioning enrollees are currently receiving treatment. Using this information, the Plan states that it will make every effort to assign members to their previous PCP or specialist wherever possible. The Plan states that it will follow its existing continuity of care policy, which is compliant with Knox Keene protections for the completion of covered services. To the extent the Plan is able to obtain existing authorization and referral information, the Plan will collaborate with DHCS and its Pharmacy Benefits Manager to address transition protocols. Transitioning enrollees will receive a welcome kit containing instructions for members needing continuity of care, continuity of care request form, provider directory, and an evidence of coverage booklet. If reassignment is necessary, the Plan indicates that the transitioning enrollee will have the opportunity to select an available PCP within its network utilizing information received in their welcome kit. The Plan intends to perform outreach to



transitioning enrollees that may have to change PCPs to offer help in the selection of a new PCP if needed.

- **Anthem Blue Cross (HFP Plan)**

Anthem Blue Cross (“Plan”) states that it is willing to share data regarding PCP assignment, medical and pharmacy authorizations, and information regarding members working with a health plan care manager, if feasible. The Plan indicates it would prefer to share data utilizing the departments as an intermediary; however, the Plan will develop an alternative method for data sharing and file a description of that methodology with the DMHC and the DHCS.

*Timely Access to Care.* The following describes how the San Bernardino County Medi-Cal health plans will ensure that Phase 3 enrollees have timely access to care:

- **Inland Empire Health Plan (Medi-Cal Plan)**

The Plan states that it monitors timely access through their annual access study and grievance reports. The Plan’s current PCP assignment process ensures that an enrollee is assigned to a PCP by the 1<sup>st</sup> day of the month that they become effective.

- **Molina Health Care (Medi-Cal Plan)**

The Plan states that it will provide transitioning enrollees with new ID cards that include the new PCP’s name and phone number. The Plan indicates that it intends to perform outreach to transitioning enrollees that may have to change PCPs to offer help in the selection of a new PCP if needed. The Plan indicates that it previously issued communications to providers regarding the transition.

*Assessment.* The combined Medi-Cal managed care networks appear to have adequate capacity to accommodate the transitioning HFP enrollees and ensure adequate access to care almost all transitioning enrollees. A significant number of PCPs are under capacity and accepting new patients and therefore can accept the new enrollment. Seventy-one percent (71%) of HFP specialists are also available in the Medi-Cal managed care networks and the Medi-Cal networks contain almost all moderately utilized specialty types that were available in the Blue Cross HFP network. The Medi-Cal managed care network offers PCPs in almost all of the same geographic regions served by the HFP product, and it appears that most enrollees should have adequate geographic access to care. The 151 HFP enrollees assigned to a PCP in Big Bear Lake may experience problems with geographic access, so the departments will follow-up with the plan regarding how the plan will ensure accessible care for those enrollees.

*Follow-Up.* The departments will follow-up with the Medi-Cal managed care plans regarding the geographic availability of PCPs in Big Bear Lake and any other outlying areas where HFP enrollees reside.

## **San Diego County**

San Diego County follows the Geographic Managed Care model, and it offers multiple health plans to its enrollees. In San Diego County, Care 1<sup>st</sup> Health Plan, Community Health Group, Health Net, Molina Healthcare of California, and Kaiser Foundation Health Plan serve as the Medi-Cal managed care plans. Kaiser Foundation Health Plan operates a closed network and is unlikely to be available to any of the HFP enrollees transitioning in Phase 3, so the Kaiser network was not included in the following analysis of the Medi-Cal network.<sup>60</sup> The combined network data for the remaining Medi-Cal managed care plans will be referred to as the “Medi-Cal managed care network.” Anthem Blue Cross provides an HFP line of business but not a Medi-Cal line of business in San Diego County. The network data for the HFP plan will be referred to as the “HFP network.” According to health plan data, the remaining four Medi-Cal managed care plans’ combined network offers 1,448 PCPs and 4,697 total physicians.<sup>61</sup> The HFP network offers 418 PCPs and 1,420 total physicians.<sup>62</sup> Approximately 10,401 enrollees are expected to transition into Medi-Cal managed care from the HFP plan in San Diego County in Phase 3.

### **Provider Network Overlap**

#### ***Primary Care Providers***

- Plan data indicate that 81% of the PCPs who currently participate in the HFP network are also available in the Medi-Cal managed care network in San Diego County.
- The Medi-Cal network consists of clinics and individual PCPs. Plan data indicate that 1,004 individual physicians are employed by the Plan’s contracted clinics. Plan data did not indicate the identity of the individual physicians associated with each clinic, so the departments have assumed that none of these individual physicians are in the HFP network for the purposes of calculating the rate of overlap.

#### ***Specialists***

- Plan data indicate that 73% of the specialists who currently participate in the HFP network are also available in the combined Medi-Cal managed care network in San Diego County.

---

<sup>60</sup> Kaiser Foundation Health Plan operates strict criteria for eligibility into its Medi-Cal network. An enrollee must have been a Kaiser member within the past 90 days or have an immediate family member currently enrolled in Kaiser in order to participate in the Kaiser Medi-Cal network. All Phase 3 HFP enrollees will be transitioning into the Medi-Cal network from Anthem Blue Cross, so it is highly unlikely that those enrollees were Kaiser members within the past 90 days. Furthermore, typically family members are part of the same health plan, so it is unlikely that the transitioning Phase 3 enrollees meet Kaiser eligibility requirements due to a family member who is already enrolled in Kaiser.

<sup>61</sup> Note: these numbers include a count of the individual physicians who are associated with each contracted clinic.

<sup>62</sup> Note: these numbers include a count of the individual physicians who are associated with each contracted clinic. Additionally, the specialist network for Health Plan of San Joaquin encompasses all specialists contracted with the Plan in all counties in which the Plan operates. The specialist network is not specific to specialists available only within San Diego County.

## Provider Capacity

### ***Primary Care Physicians***

- Plan data indicate that the Medi-Cal managed care network will have one PCP for every 218 enrollees after the transition and one physician overall for every 67 enrollees after the transition.
- Plan data indicate that 71% of all Medi-Cal managed care PCPs in the county are accepting new Medi-Cal patients. An additional 14% of PCPs may be accepting new patients, as Community Health Group was unable to confirm the availability of some of its PCPs at the time of reporting.
- According to Plan data, 96% of Medi-Cal managed care PCPs are currently under Plan-defined Medi-Cal enrollee assignment limits. For those enrollees assigned to a PCP who is over the enrollee assignment limit, they will continue to be able to switch to a PCP with fewer assigned enrollees if they so choose.<sup>63</sup>

### ***Specialists***

- With regard to specialist services covered under Medi-Cal, the Medi-Cal network offers three times the number of specialists available in the HFP network overall. In some specific specialty areas, the Medi-Cal managed care network offers a smaller number of individual providers than the HFP network. Overall, based on the utilization of specialty services by both HFP and Medi-Cal enrollees over the past year, the Medi-Cal network appears to have a sufficient number of specialists to provide enrollee access to each moderately utilized specialty type.
- The Medi-Cal managed care networks in San Diego County offer 282 pediatric specialists, comprising 9% of the total Medi-Cal specialist network, which is greater than that offered by the combined HFP network (240 pediatric specialists, comprising 24% of the Plan's HFP specialist network). Please note that most specialists are available to treat children, so the availability of pediatric specialists does not necessarily impact transitioning HFP enrollees' access to specialty care.

Geographic Access. All cities in San Diego County that contain HFP PCPs also contain Medi-Cal PCPs who are accepting new patients.

Continuity of Care. The following summarizes the continuity of care efforts all San Diego County Medi-Cal and HFP health plans will engage in to assist with the Phase 3 transition:

---

<sup>63</sup> Please note that this percentage reflects the current number of Medi-Cal and HFP patients assigned to the PCPs participating in all Medi-Cal plans.

- **Care 1<sup>st</sup> Health Plan (Medi-Cal Plan)**

Care 1st (“Plan”) has provided the departments with information regarding its strategy for ensuring continuity of care for transitioning Phase 3 HFP enrollees. The Plan states that transitioning enrollees will either select a health plan and PCP, or they will be assigned to Community Health Group as the County Initiative. Transitioning enrollees will determine if they stay with their current PCP or choose a new provider with the Plan. The enrollment process is coordinated through Health Care Options, who assist the transitioning enrollees with choosing a plan and PCP. For transitioning enrollees who select a provider within the Plan’s network, the Plan follows its existing continuity of care policy, which is compliant with Knox Keene protections for the completion of covered services. The Plan will honor continuity of care for non-formulary drugs that meet DHCS’s coverage requirements, and it will ensure members can access services and specialists without disruption during the transition. The Plan will offer non-contracted providers a Letter of Agreement to continue the care of any transitioning enrollee and will work with them for any additional services, authorizations, or referrals that are needed. The Plan will negotiate a fee schedule agreement with non-participating providers to continue care if needed. The Plan also will have case managers contact enrollees’ parent for any open referrals and assist the parent to receive continuity of care for the enrollee.

- **Community Health Group (Medi-Cal Plan)**

Community Health Group (“Plan”) has provided the departments with information regarding its strategy for ensuring continuity of care for transitioning Phase 3 HFP enrollees. Transitioning enrollees with a PCP will be compared to CHG’s contracted network, and will retain their PCP if the PCP is Medi-Cal contracted. The Plan anticipates a high level of provider overlap, but if reassignment is necessary, the Plan will follow the DHCS-approved Continuity of Care Policy and Letters of Agreement will be coordinated as needed. Reassignment will be based on the nearest PCP to the enrollees’ address, with attention to language spoken. Enrollees will receive a welcome call, a welcome packet with their plan identification card indicating the PCP assignment, and a telephone number to contact staff if the enrollee elects to change their PCP. Any continuity of care issues raised by transitioning enrollees will be immediately routed for follow-up. To ensure continuity of care with respect to access to specialists and prescription medication, the Plan will request open authorization files from the transitioning HFP plan to coordinate care. The Plan indicates that it will work directly with the transitioning HFP plan to coordinate any prescription services needed. The Plan will also work with providers to obtain open authorization or ongoing care coordination.

- **Health Net (Medi-Cal Plan)**

Health Net (“Plan”) has provided the departments with information regarding its strategy for ensuring continuity of care for transitioning Phase 3 HFP enrollees. The Plan indicates that it has approached non-contracted provider groups to obtain Medi-Cal contracts to ensure transitioning enrollees can retain their PCPs. Transitioning enrollees will remain with their PCP if the PCP is contracted within their network. The Plan is also working with various physician groups to provide continued access to specialists for transitioning enrollees, but agreements are dependent upon applicable Medi-Cal rates. The Plan will provide outreach to transitioning enrollees in the form of a new member packet that will include a continuity of care form with instructions, and new member welcome scripts that will encourage the enrollee to contact the Plan with any continuity of care issues. The Plan is working to address the matter of differing prescription medication formularies between HFP and Medi-Cal. To the extent permissible, the Plan would like to send transitioning enrollees notification letters at least thirty days in advance of their transition date.

- **Kaiser Foundation Health Plan (Medi-Cal Plan)**

Kaiser Foundation Health Plan (“Plan”) has provided the departments with information regarding its strategy for ensuring continuity of care for transitioning Phase 3 HFP enrollees. The Plan does not anticipate a large number of HFP enrollees transitioning into the Plan, as the Plan operates strict eligibility criteria and it is highly unlikely that HFP members transitioning into Medi-Cal from Health Plan of San Joaquin will meet those criteria. The Plan states that under the unique situation where a non-member joins the Plan as a result of this transition and is unable to remain with their out-of-network provider, the Plan will follow its existing continuity of care policy, which is compliant with Knox-Keene protections for the completion of covered services. The Plan states that transitioning enrollees will receive medical services and prescribed medications in accordance with the Medi-Cal Managed Care program rules.

- **Molina Health Care (Medi-Cal Plan)**

Molina Health Care (“Plan”) has provided the departments with information regarding its strategy for ensuring continuity of care for transitioning Phase 3 HFP enrollees. The Plan indicates that, to the extent the Plan is able to obtain provider linkage data, the Plan will analyze the data to determine overlap between HFP and Medi-Cal provider networks. The Plan will also provide transitioning enrollees with continuity of care request forms that will help the Plan to identify providers in which transitioning enrollees are currently receiving treatment. Using this information, the Plan states that it will make every effort to assign members to their previous PCP or specialist wherever possible. The Plan will follow its existing continuity of care policy, which is compliant with Knox Keene

protections for the completion of covered services. To the extent the Plan is able to obtain existing authorization and referral information, the Plan will collaborate with DHCS and its Pharmacy Benefits Manager to address transition protocols. Transitioning enrollees will receive a welcome kit containing instructions for members needing continuity of care, continuity of care request form, provider directory, and an evidence of coverage booklet. If reassignment is necessary, the Plan transitioning enrollee will have the opportunity to select an available PCP within its network utilizing information received in their welcome kit. The Plan intends to perform outreach to transitioning enrollees that may have to change PCPs to offer help in the selection of a new PCP if needed.

- **Anthem Blue Cross (HFP Plan)**

Anthem Blue Cross (“Plan”) states that it is willing to share data regarding PCP assignment, medical and pharmacy authorizations, and information regarding members working with a health plan care manager, if feasible. The Plan indicates it would prefer to share data utilizing the departments as an intermediary; however, the Plan will develop an alternative method for data sharing and file a description of that methodology with the DMHC and the DHCS.

*Timely Access to Care.* The following describes how the San Diego County Medi-Cal health plans will ensure that Phase 3 enrollees have timely access to care:

- **Care 1<sup>st</sup> Health Plan (Medi-Cal Plan)**

The Plan requires new enrollees assigned to a new PCP with the Plan to undergo an initial health assessment within 120 days of the assignment. The Plan indicates that it will follow its existing timely access policy, which is compliant with DMHC Timely Access protections. The Plan indicates that it also conducts annual access to care studies to document and measure its ability to meet these requirements.

- **Community Health Group (Medi-Cal Plan)**

The Plan states that it does not anticipate timely access issues to arise as a result of the Phase 3 HFP transition due to a high level of provider overlap with the HFP plan, thus allowing most of its enrollees to remain with their current PCP. The Plan states that its long established provider network is expansive and that its staffing ratios are more than adequate to ensure minimal disruption in services as a result of the transition.

- **Health Net (Medi-Cal Plan)**

The Plan indicates that it has a comprehensive network of Medi-Cal providers and timely accessibility to treatment for its members has not been problematic. The Plan states that

it anticipates no issues regarding timely access to care for transitioning enrollees, and that it will continue to closely monitor timely access for Medi-Cal enrollees.

- **Kaiser Foundation Health Plan (Medi-Cal Plan)**

The Plan indicates that it follows existing access and availability standards as required by State or Federal statutes and regulations. These standards are reviewed and approved at least annually. The Plan monitors its performance in the following areas: appointment access standards for primary care, specialty care, behavioral health care and ancillary services; geographic accessibility; provider-to-enrollee ratios; customer service calls; telephone triage or screening wait times; coordination of interpretive services; quarterly complaint, grievance and appeal data; annual enrollee satisfaction survey results; annual provider satisfaction survey results; annual customer service performance reporting; and semiannual regional and subcommittee reports.

- **Molina Health Care (Medi-Cal Plan)**

The Plan states that it will provide transitioning enrollees with new ID cards that include the new PCP's name and phone number. The Plan intends to perform outreach to transitioning enrollees that may have to change PCPs to offer help in the selection of a new PCP if needed. The Plan indicates that it previously issued communications to providers regarding the transition.

**Assessment.** The combined Medi-Cal managed care networks appear to have adequate capacity to accommodate the transitioning HFP enrollees and ensure adequate access to care. There is a high rate of overlap between the combined Medi-Cal network and the Blue Cross HFP network, so enrollees should not experience any major impacts to continuity of care. Almost all Medi-Cal PCPs are under capacity and the combined Medi-Cal networks offer a large number of providers who are accepting new patients from which the transitioning HFP enrollees who cannot maintain their current provider may select. The Medi-Cal managed care network offers PCPs who are accepting new patients in all of the same geographic regions served by the HFP product, and it appears that enrollees will have geographic access to care on par with what was available in the HFP network. Additionally, the Medi-Cal network offers a large number of specialists and all moderately utilized specialty types that were available in the HFP network will be available to HFP enrollees via one of the Medi-Cal Managed Care plans once they transition to Medi-Cal.

**Follow-Up.** Based on the data and assessment above, no further follow-up is necessary for the purposes of this network assessment.

## **San Francisco County**

San Francisco County follows the 2-Plan Medi-Cal Managed Care model, so it offers a local initiative plan and a commercial plan to its enrollees. In San Francisco County, San Francisco Health Plan and Anthem Blue Cross serve as the two Medi-Cal managed care plans. The combined network data for these two Medi-Cal managed care plans will be referred to as the “Medi-Cal managed care network.” Health Net of California provides an HFP line of business but not a Medi-Cal line of business in San Francisco County. The network data for the HFP plan will be referred to as the “HFP network.” According to health plan data, the combined Medi-Cal network offers 926 PCPs and 4,790 total physicians.<sup>64</sup> The HFP network offers 39 PCPs and 1,702 total physicians. Approximately 1,005 enrollees are expected to transition into Medi-Cal managed care from the HFP plan in San Francisco County in Phase 3.

### **Provider Network Overlap**

#### ***Primary Care Providers***

- Plan data indicate that 92% of the PCPs who currently participate in the combined HFP network are also available in the Medi-Cal managed care network in San Francisco County.
- The Medi-Cal managed care network consists of clinics and individual PCPs. Plan data indicate that 347 individual physicians are employed by the Plan’s contracted clinics. Plan data did not indicate the identity of the individual physicians associated with each clinic, so the departments have assumed that none of these individual physicians are in the HFP network for the purposes of calculating the rate of overlap.

#### ***Specialists***

- Plan data indicate that 79% of the specialists who currently participate in the combined HFP network are also available in the Medi-Cal managed care network in San Francisco County.

### **Provider Capacity**

#### ***Primary Care Physicians***

- Plan data indicate that the Medi-Cal managed care network will have one PCP for every 86 enrollees after the transition and one physician overall for every 17 enrollees after the transition.

---

<sup>64</sup> Note: these numbers include a count of the individual physicians who are associated with each contracted clinic. These numbers do not include the physicians available through the Kaiser Foundation Health Plan, San Francisco Health Plan’s subcontracted health plan, because Kaiser operates a closed network and limits enrollment such that it is highly unlikely any Phase 3 HFP enrollees will be able to participate in that network.



- Plan data indicate that 78% of all Medi-Cal managed care PCPs in the county are accepting new Medi-Cal patients.
- According to Plan data, 96% of Medi-Cal managed care PCPs are currently under Plan-defined Medi-Cal enrollee assignment limits. For those enrollees assigned to a PCP who is over the enrollee assignment limit, they will continue to be able to switch to a PCP with fewer assigned enrollees if they so choose.<sup>65</sup>

### *Specialists*

- With regard to specialist services covered under Medi-Cal, the Medi-Cal network offers double the number of specialists available in the HFP network overall. In some specific specialty areas, the Medi-Cal managed care network offers a smaller number of individual providers than the HFP network. Overall, based on the utilization of specialty services by both HFP and Medi-Cal enrollees over the past year, the Medi-Cal network appears to have a sufficient number of specialists to provide enrollee access to each moderately utilized specialty type.
- The Medi-Cal managed care networks in San Francisco County offer 444 pediatric specialists, comprising 11% of the total Medi-Cal specialist network, which is greater than that offered by the combined HFP network (79 pediatric specialists, comprising 5% of the Plan’s HFP specialist network). Please note that most specialists are available to treat children, so the availability of pediatric specialists does not necessarily impact transitioning HFP enrollees’ access to specialty care.

*Geographic Access.* All cities in San Francisco County that contain HFP PCPs also contain Medi-Cal PCPs who are accepting new patients.

*Continuity of Care.* The following summarizes the continuity of care efforts all San Francisco County Medi-Cal and HFP health plans will engage in to assist with the Phase 3 transition:

- **San Francisco Health Plan (Medi-Cal Plan)**

San Francisco Health Plan (“Plan”) has provided the departments with information regarding its strategy for ensuring continuity of care for transitioning Phase 3 HFP enrollees. The Plan indicates that, to the extent the Plan is able to obtain provider linkage data, the Plan will analyze the data to determine overlap between HFP and Medi-Cal provider networks. Transitioning enrollees will remain with their PCP if the PCP is within the Plan’s network. To the extent the Plan is able to obtain authorization data, it will honor open authorizations. If reassignment is necessary, the Plan will assign transitioning enrollees to PCPs within its network based on preference criteria such as gender, location, and language. The Plan is working to secure additional out-of-network

---

<sup>65</sup> Please note that this percentage reflects the current number of Medi-Cal and HFP patients assigned to the PCPs participating in both Medi-Cal plans.

providers to ensure minimal disruption in care. For transitioning enrollees who select a provider within the Plan’s network, the Plan will follow its existing continuity of care policy, which is compliant with Knox Keene protections for the completion of covered services. The Plan has staff dedicated to assessing and resolving any continuity of care issues. Within 10 days of enrollment, transitioning enrollees will receive welcome packets that include a welcome letter and message printed on the ID card carrier.

- **Anthem Blue Cross (Medi-Cal Plan)**

Anthem Blue Cross (“Plan”) has provided the departments with information regarding its strategy for ensuring continuity of care for transitioning Phase 3 HFP enrollees. The Plan indicates that, to the extent the Plan is able to obtain provider linkage data, the Plan will analyze the data to determine overlap between HFP and Medi-Cal provider networks. Transitioning enrollees will remain with their PCP if the PCP is contracted within their network. The Plan will follow its existing continuity of care policy, which is compliant with Knox Keene protections for the completion of covered services. To the extent the Plan is able to obtain existing authorizations and referrals data, the Plan will work to ensure appropriate continuity of care, including authorizations and overrides for prescription medications in order to continue the supply of the transitioning enrollee’s medication. All transitioning enrollees receive a new member kit which includes an evidence of coverage handbook that explains the PCP assignment process as well as how to change their PCP.

- **Health Net (HFP Plan)**

Health Net (“Plan”) states that it can offer to provide a list of enrollees and their current providers to Medi-Cal managed care plans. That Plan indicates that it will assist the new plan, where necessary, to enforce any coordination of care provisions in the Plan’s existing agreement with providers who treat HFP enrollees. To the extent permissible, the Plan states that it can also provide a list of enrollees and their authorization history to Medi-Cal managed care plans,

*Timely Access to Care.* The following describes how the San Francisco County Medi-Cal health plans will ensure that Phase 3 enrollees have timely access to care:

- **San Francisco Health Plan (Medi-Cal Plan)**

The Plan indicates that it will have automated calls to transitioning enrollees to encourage them to schedule initial appointments with their new PCPs. The Plan states that its customer service, care management, and provider relations teams will work with transitioning enrollees and applicable providers to facilitate timely access to care.

- **Anthem Blue Cross (Medi-Cal Plan)**

The Plan states that its case managers will work with those transitioning enrollees with qualifying conditions to ensure a smooth transition and timely access. The Plan uses outreach specialists who are accustomed to working with provider offices to facilitate appointments for enrollees when unusual circumstances arise. The Plan has an Access to Care Standards policy that its contracted providers are expected to adhere to.

**Assessment.** The Medi-Cal managed care network appears to have adequate capacity to accommodate the transitioning HFP enrollees and ensure adequate access to care. There is a high rate of overlap between the Medi-Cal managed care network and the Health Net HFP network, so enrollees should not experience any major impacts to continuity of care. Almost all Medi-Cal PCPs are under capacity and the Medi-Cal managed care network offers a large number of providers who are accepting new patients from which the transitioning HFP enrollees who cannot maintain their current provider may select. The Medi-Cal managed care network offers PCPs who are accepting new patients in all of the same geographic regions served by the HFP product, and it appears that enrollees will have geographic access to care on par with what was available in the HFP network. Additionally, the Medi-Cal network offers a large number of specialists and all moderately utilized specialty types that were available in the HFP network will be available to HFP enrollees via one of the Medi-Cal Managed Care plans once they transition to Medi-Cal.

**Follow-Up.** Based on the data and assessment above, no further follow-up is necessary for the purposes of this network assessment.

## **San Joaquin County**

San Joaquin County follows the 2-Plan Medi-Cal Managed Care model, so it offers a local initiative plan and a commercial plan to its enrollees. In San Joaquin County, Health Plan of San Joaquin and Health Net serve as the two Medi-Cal managed care plans. The combined network data for these two Medi-Cal managed care plans will be referred to as the “Medi-Cal managed care network.” Kaiser Foundation Health Plan and Anthem Blue Cross provide HFP lines of business but not a Medi-Cal line of business in San Joaquin County. The combined network data for these two HFP plans will be referred to as the “combined HFP network.” According to health plan data, the combined Medi-Cal network offers 282 PCPs and 3,412 total physicians.<sup>66</sup> The combined HFP network offers 320 PCPs and 820 total physicians. Approximately 8,426 enrollees are expected to transition into Medi-Cal managed care from the HFP plan in San Joaquin County in Phase 3.

### **Provider Network Overlap**

#### ***Primary Care Providers***

- Kaiser Foundation Health Plan indicates it is in the process of entering into a subcontracting arrangement with one of the Medi-Cal managed care health plans, so all current HFP enrollees in Kaiser may be able to continue to see their Kaiser providers after the transition. If this proposed subcontracting arrangement occurs, 60% of the PCPs who currently participate in the combined HFP network would also be available in the Medi-Cal managed care network. If the proposed subcontracting arrangement does not occur, 29% of the PCPs who currently participate in the combined HFP networks would also be available in the Medi-Cal managed care network in San Joaquin County.
- The Medi-Cal managed care network consists of clinics and individual PCPs. Plan data indicate that 46 individual physicians are employed by the Plan’s contracted clinics. Plan data did not indicate the identity of the individual physicians associated with each clinic, so, the departments have assumed that none of these individual physicians are in the HFP network for the purposes of calculating the rate of overlap.

#### ***Specialists***

- If Kaiser subcontracts with a plan in the Medi-Cal managed care network, 77% of the specialists who currently participate in the combined HFP network would also be available in the Medi-Cal managed care network. If the proposed subcontracting arrangement does not occur, 52% of the specialists who currently participate in the combined HFP networks would also be available in the Medi-Cal managed care network in San Joaquin County.

---

<sup>66</sup> Note: this number includes a count of the individual physicians who are associated with each contracted clinic.

## Provider Capacity

### ***Primary Care Physicians***

- Plan data indicate that the Medi-Cal managed care network will have one PCP for every 519 enrollees after the transition and one physician overall for every 43 enrollees after the transition.<sup>67</sup>
- Plan data indicate that 67% of all Medi-Cal managed care PCPs in the county are accepting new Medi-Cal patients.
- According to Plan data, 87% of Medi-Cal managed care PCPs are currently under Plan-defined Medi-Cal enrollee assignment limits. For those enrollees assigned to a PCP who is over the enrollee assignment limit, they will continue to be able to switch to a PCP with fewer assigned enrollees if they so choose.<sup>68</sup>

### ***Specialists***

- With regard to specialist services covered under Medi-Cal, the Medi-Cal managed care network offers almost ten times as many individual specialists as are available in the HFP network. In some specific specialty areas, the Medi-Cal managed care network offers a smaller number of individual providers than the HFP network. Overall, based on the utilization of specialty services by both HFP and Medi-Cal enrollees over the past year, the Medi-Cal network appears to have a sufficient number of specialists to provide enrollee access to each moderately utilized specialty type.
- The Plan's Medi-Cal network offers 2,362 pediatric specialists, comprising 75% of the Plan's total Medi-Cal specialist network, which is greater than that available in the Anthem Blue Cross HFP network<sup>69</sup> (17 pediatric specialists, comprising 4% of the Plan's total HFP specialist network). Health Plan of San Joaquin identified all specialists in its statewide network as being available to HFP enrollees in San Joaquin County because these specialists are considered to be in-network providers for Medi-Cal patients who wish to travel out-of-county for care. Therefore, the Medi-Cal network includes a large number of specialists that are not located within San Joaquin County.

Geographic Access. All HFP enrollees transitioning into the Medi-Cal managed care network will have the same geographic access to providers that they currently have under the HFP plan. All cities currently served by the HFP plan in San Joaquin County contain Medi-Cal providers who are continuing to accept new Medi-Cal patients.

Continuity of Care. Given the subcontracting arrangement currently being contemplated by Kaiser, Kaiser HFP enrollees will most likely obtain continuity of care by selecting the Medi-Cal

---

<sup>67</sup> These ratios are based on the current Medi-Cal Managed Care network and do not reflect the possible inclusion of Kaiser providers.

<sup>68</sup> Please note that this percentage reflects the current number of Medi-Cal and HFP patients assigned to the PCPs participating in both Medi-Cal plans.

<sup>69</sup> Kaiser was not able to specifically identify the total number of pediatric specialists in its HFP network, so the Kaiser network is not included in these figures.

plan that ultimately subcontracts with Kaiser. Below is a summary of the continuity of care efforts all San Joaquin County Medi-Cal and HFP health plans will engage in to assist with the Phase 3 transition:

- **Health Plan of San Joaquin (Medi-Cal Plan)**

Health Plan of San Joaquin (“Plan”) has provided the departments with information regarding its strategy for ensuring continuity of care for transitioning Phase 3 HFP enrollees. The Plan indicates that, to the extent the Plan is able to obtain provider linkage data, the Plan will use the NPI number to link HFP members to their PCP or specialist. Transitioning enrollees will remain with their PCP if the PCP is Medi-Cal contracted. If the PCP is not contracted within its network, it will attempt to obtain a contract with that PCP to ensure continuity of care. If reassignment is necessary, the Plan will auto-assign transitioning enrollees to a provider based on the enrollee’s geographic location, age, sex, and language. Enrollees always have the option to choose a different PCP than the one assigned by the Plan. To ensure no disruption of treatment, the Plan will continue authorizations and referrals in place for any transitioning enrollee receiving services. To the extent the Plan is able to obtain prescription medication data, it will determine any medications not on its formulary and attempt to authorize any non-formulary medication to ensure continued treatment.

- **Health Net (Medi-Cal Plan)**

Health Net (“Plan”) has provided the departments with information regarding its strategy for ensuring continuity of care for transitioning Phase 3 HFP enrollees. The Plan indicates that it has approached non-contracted provider groups to obtain Medi-Cal contracts to ensure transitioning enrollees can retain their PCPs. Transitioning enrollees will remain with their PCP if the PCP is contracted within their network. The Plan is also working with various physician groups to provide continued access to specialists for transitioning enrollees, but agreements are dependent upon applicable Medi-Cal rates. The Plan will provide outreach to transitioning enrollees in the form of a new member packet that will include a continuity of care form with instructions, and new member welcome scripts that will encourage the enrollee to contact the Plan with any continuity of care issues. The Plan is working to address the matter of differing prescription medication formularies between HFP and Medi-Cal. To the extent permissible, the Plan would like to send transitioning enrollees notification letters at least thirty days in advance of their transition date.

- **Anthem Blue Cross (HFP Plan)**

Anthem Blue Cross (“Plan”) states that it is willing to share data regarding PCP assignment, medical and pharmacy authorizations, and information regarding members working with a health plan care manager, if feasible. The Plan indicates it would prefer to

share data utilizing the departments as an intermediary; however, the Plan will develop an alternative method for data sharing and file a description of that methodology with the DMHC and the DHCS.

- **Kaiser Foundation Health Plan (HFP Plan)**

The Plan indicates that it is pursuing a contract with a prospective Medi-Cal managed care partner in San Joaquin County to ensure transitioning enrollees do not experience a disruption in services. The Plan indicates that, because it utilizes the same provider network for all lines of business, transitioning enrollees will continue to have access to the same providers, specialists, and hospital providers currently available to them if the Plan is able to enter into a subcontracting arrangement with an existing Medi-Cal managed care plan in San Joaquin County. The Plan states that transitioning enrollees will receive medical services and prescribed medications in accordance with the Medi-Cal Managed Care program rules. If a subcontracting arrangement is finalized, approximately 6,268 Kaiser HFP enrollees in San Joaquin County will not experience a change in providers as a result of the transition. To the extent permissible, the Plan would like to make outbound calls and to send explanatory letters to all transitioning enrollees to ensure enrollees.

*Timely Access to Care.* The following describes how the San Joaquin County Medi-Cal health plans will ensure that Phase 3 enrollees have timely access to care:

- **Health Plan of San Joaquin (Medi-Cal Plan)**

The Plan indicates that it ensures that the assigned provider has access, and has not had any access complaints or corrective actions plans as a result of access issues.

- **Health Net (Medi-Cal Plan)**

The Plan indicates that it has a comprehensive network of Medi-Cal providers and timely accessibility to treatment for its members has not been problematic. The Plan states that it anticipates no issues regarding timely access to care for transitioning enrollees, and that it will continue to closely monitor timely access for Medi-Cal enrollees.

***Assessment.*** The combined Medi-Cal managed care networks appear to have adequate capacity to accommodate the transitioning HFP enrollees and ensure adequate access to care. There is a high rate of overlap between the Medi-Cal managed care network and the HFP network and Kaiser Foundation Health Plan indicates it is in the process of entering into a subcontracting arrangement with a San Joaquin County Medi-Cal managed care plan so that transitioning enrollees coming from the Kaiser HFP plan will be able to remain with their existing providers. A large percentage of Medi-Cal PCPs are under capacity. The Medi-Cal managed care network offers PCPs who are accepting new patients in all of the same geographic regions served by the

HFP product, and it appears that enrollees will have geographic access to care on par with what was available in the HFP network. Additionally, the Medi-Cal network offers a large number of specialists and all moderately utilized specialty types that were available in the HFP network will be available to HFP enrollees via one of the Medi-Cal managed care plans once they transition to Medi-Cal.

**Follow-Up.** The departments will follow-up with the plans to ensure that the subcontracting relationship with Kaiser is finalized. If the subcontracts do not occur, the departments will seek further information from the Medi-Cal managed care plans regarding how the plans intend to ensure continuity of care for the transitioning Kaiser HFP enrollees.



## **San Luis Obispo County**

San Luis Obispo County follows the County Organized Health System model, so it offers one health plan to its Medi-Cal enrollees. In San Luis Obispo County, CenCal Health serves as the Medi-Cal managed care plan. Anthem Blue Cross (“Blue Cross”) provides an HFP line of business but not a Medi-Cal line of business in San Luis Obispo County. According to health plan data, the Medi-Cal network offers 130 PCPs and 792 total physicians.<sup>70</sup> The Blue Cross HFP network offers 33 PCPs and 108 total physicians. Approximately 3,648 enrollees are expected to transition into Medi-Cal managed care from the HFP plan in San Luis Obispo County in Phase 3.

### **Provider Network Overlap**

#### ***Primary Care Providers***

- Plan data indicate that 3% of the PCPs who currently participate in the Blue Cross HFP network are also available in the Medi-Cal managed care network in San Luis Obispo County.
- The Medi-Cal managed care network consists of clinics and individual PCPs. Plan data indicate that 121 individual physicians are employed by the Plan’s contracted clinics. Plan data did not indicate the identity of the individual physicians associated with each clinic, so the departments have assumed that none of these individual physicians are in the HFP network for the purposes of calculating the rate of overlap.

#### ***Specialists***

- Plan data indicate that 43% of the specialists who currently participate in the Blue Cross HFP network are also available in the Medi-Cal managed care network in San Luis Obispo County.

### **Provider Capacity**

#### ***Primary Care Physicians***

- Plan data indicate that the Medi-Cal managed care network will have one PCP for every 256 enrollees after the transition and one physician overall for every 42 enrollees after the transition.
- Plan data indicate that 87% of all Medi-Cal managed care PCPs and clinics in the county are accepting new Medi-Cal patients.
- According to Plan data, all Medi-Cal managed care PCPs are currently under Plan-defined Medi-Cal enrollee assignment limits.

---

<sup>70</sup> Note: this number includes a count of the individual physicians who are associated with each contracted clinic.

## *Specialists*

- With regard to specialist services covered under Medi-Cal, the Medi-Cal network offers more than six times as many individual specialists as are offered in the HFP network. In some specific specialty areas, the Medi-Cal managed care network offers a smaller number of individual providers than the HFP network. Overall, based on the utilization of specialty services by both HFP and Medi-Cal enrollees over the past year, the Medi-Cal network appears to have a sufficient number of specialists to provide enrollee access to each moderately utilized specialty type.
- The Medi-Cal managed care network in San Luis Obispo County includes 14 pediatric specialists, comprising 2% of the Medi-Cal specialist network, which is less than that available in the HFP network (21 pediatric specialists, comprising 28% of the Plan's HFP specialist network).<sup>71</sup> Please note that most specialists are available to treat children, so the availability of pediatric specialists does not necessarily impact transitioning HFP enrollees' access to specialty care.

*Geographic Access.* All cities in San Luis Obispo County that contain HFP PCPs also contain Medi-Cal PCPs; however, there are no Medi-Cal PCPs accepting new patients in Pismo Beach. Plan data indicate that there are Medi-Cal PCPs accepting new patients in Arroyo Grande, which is within 10 miles or 30 minutes of Pismo Beach, so enrollees residing in Pismo Beach will continue to be able to obtain geographically accessible primary care.

*Continuity of Care.* The following summarizes the continuity of care efforts all San Luis Obispo County Medi-Cal and HFP health plans will engage in to assist with the Phase 3 transition:

- **CenCal Health (Medi-Cal Plan)**

CenCal Health ("Plan") has provided the departments with information regarding its strategy for ensuring continuity of care for transitioning Phase 3 HFP enrollees. The Plan indicates that children in San Luis Obispo County are enrolled with Blue Cross's EPO Fee for Service plan and do not have assigned PCPs. The Plan states that its staff is currently working with Blue Cross staff to identify PCP and Specialty providers in and outside of the Plan's service area accessed by enrollees over the last twelve months. Children receiving primary care services from the Plan's PCPs will be assigned to that PCP on August 1, 2013. The Plan has determined that a moderate number of these children will remain with their PCP post transition. The Plan will use claims data to transition prior authorizations, and to reach out and contract for Medi-Cal with those Blue Cross PCPs currently rendering services to its enrollees. All qualified non-contracted

---

<sup>71</sup> Per Health and Safety Code § 1367, subd. (i) and California Code of Regulations, title 28, § 1300.67, subd. (a), all plans are obligated under the Knox Keene Act to provide basic health care services, which includes access to medically necessary physician services, including services from specialist physicians. If a health plan does not contain a certain specialist in its network, it is required to arrange for out-of-network care when it is medically necessary for an enrollee to see that specialty type. Therefore, the lack of a specific specialty type alone does not constitute a major concern with the network.

PCPs and specialists will be encouraged to join the Plan's provider network. If reassignment is necessary, enrollees will be offered a PCP similar in type and location. Transitioning enrollees will receive welcome packets explaining a 60 day period to make a positive PCP selection should their current PCP decide not to contract with the Plan, a reselection process if the enrollee wishes to change to a different PCP than assigned, and a 60 day transition period for current prior authorizations. The Plan states that it will give specific consideration to transitioning enrollees, and that they will be working closely with local CCS staff in San Luis Obispo County to ensure continuity of care. Additionally, the Plan will use additional trained staff within their call center to provide support to its transitioning enrollees.

- **Anthem Blue Cross (HFP Plan)**

Anthem Blue Cross ("Plan") states that it is willing to share data regarding PCP assignment, medical and pharmacy authorizations, and information regarding members working with a health plan care manager, if feasible. The Plan indicates it would prefer to share data utilizing the departments as an intermediary; however, the Plan will develop an alternative method for data sharing and file a description of that methodology with the DMHC and the DHCS.

*Timely Access to Care.* The following describes how the San Luis Obispo County Medi-Cal health plan will ensure that Phase 3 enrollees have timely access to care:

- **CenCal Health (Medi-Cal Plan)**

The Plan states that 100% of its PCPs in San Luis Obispo have agreed to accept phase 3 transitioning enrollees. The Plan states that survey results for currently contracted PCPs and specialists indicate that timely access standards are being met. The Plan will request that PCPs accommodate transitioning enrollees and that their requests for initial health assessment appointments be handled in an expedited manner.

**Assessment.** The Medi-Cal managed care network appears to have adequate capacity to accommodate the transitioning HFP enrollees and ensure adequate access to care. The Plan indicates that, while it is difficult to determine which PCPs are treating Phase 3 HFP enrollees, it believes a moderate number of enrollees will be able to continue seeing a treating PCP. All Medi-Cal PCPs are under capacity and a large percentage are accepting new patients. The Medi-Cal managed care network offers PCPs in all of the same geographic regions served by the HFP product, and it appears that enrollees will have geographic access to care on par with what was available in the HFP network. Additionally, the Medi-Cal network offers a large number of specialists and all moderately utilized specialty types that were available in the HFP network will be available to HFP enrollees via the Medi-Cal Managed Care plan once they transition to Medi-Cal.

The low rate of provider network overlap suggests that continuity of care for HFP enrollees may be impacted by the transition. Given that all Phase 3 HFP enrollees will be transitioning to a new health plan and health plans contract with different providers, the plans are not necessarily expected to have high rates of overlap. Because it is typical for enrollees in this type of situation to have to change providers, the departments have focused on the capacity of the Medi-Cal network to accommodate the needs of the transitioning population, rather than the rate of network overlap. The Medi-Cal Plan has indicated that it will make efforts to reach out to the PCPs participating in the combined HFP network to attempt to bring them into the Medi-Cal network. Furthermore, contractual and regulatory requirements that ensure continuity of care for covered benefits and ensure specialist care should minimize most potential interruptions in care.<sup>72</sup>

**Follow-Up.** The data indicate that there is a small overlap between the Medi-Cal and HFP primary care networks; however, it is possible that the overlap is greater than reflected in the data, as the contracted Medi-Cal clinics may employ some of the same PCPs who are individually contracted with the HFP network. The departments will further investigate the overlap of the Medi-Cal and HFP networks to ensure that all physicians associated with a Medi-Cal clinic who are also independently contracted with the HFP network are accounted for.

---

<sup>72</sup> Contracts between the health plans and DHCS require health plans to provide 12 months of continued access to an out-of-network treating PCP so long as the PCP accepts the plan's reimbursement rate and the PCP has no quality of care concerns. Health and Safety Code § 1373.96 ensures completion of covered services with an out-of-network treating provider for enrollees diagnosed with specific health conditions. Health and Safety Code § 1367, subd. (i) and California Code of Regulations, title 28, § 1300.67, subd. (a) obligates plans to provide basic health care services, which includes access to medically necessary physician services, including services from specialist physicians.

## **San Mateo County**

San Mateo County follows the County Organized Health System model, so it offers one health plan to its Medi-Cal enrollees. In San Mateo County, Health Plan of San Mateo serves as the Medi-Cal managed care plan. Kaiser Foundation Health Plan provides an HFP line of business but not a Medi-Cal line of business in San Mateo County. According to health plan data, the combined Medi-Cal network offers 895 PCPs and 3,324 total physicians. The Kaiser HFP network offers 152 PCPs and 562 total physicians. Approximately 4,302 enrollees are expected to transition into Medi-Cal managed care from the HFP plan in San Mateo County in Phase 3.

### **Provider Network Overlap**

- Kaiser and Health Plan of San Mateo indicate that they are in the process of entering into a subcontracting arrangement so that current HFP enrollees in Kaiser may continue to see their Kaiser providers after the transition. Plan data indicate that none of the PCPs or specialists who participate in the Kaiser HFP network are currently available in the Medi-Cal managed care network in San Mateo County. This is due to the fact that Kaiser operates a closed network and utilizes providers who are only contracted with the Kaiser Permanente Medical Group. These providers do not contract with other health plans. Assuming Kaiser and Health Plan San Mateo enter into a subcontracting arrangement, 100% of the Kaiser's HFP providers will be available in the Health Plan of San Mateo network.

### **Provider Capacity**

#### ***Primary Care Physicians***

- Plan data indicate that the Medi-Cal managed care network will have one PCP for every 78 enrollees after the transition and one physician overall for every 21 enrollees after the transition.<sup>73</sup>
- Plan data indicate that 31% of all Medi-Cal managed care individual PCPs and clinics in the county are accepting new Medi-Cal patients.
- According to Plan data, 99% of Medi-Cal managed care PCPs are currently under Plan-defined Medi-Cal enrollee assignment limits. For those enrollees assigned to a PCP who is over the enrollee assignment limit, they will continue to be able to switch to a PCP with fewer assigned enrollees if they so choose.<sup>74</sup>

#### ***Specialists***

- With regard to specialist services covered under Medi-Cal, the Medi-Cal managed care network offers almost seven times as many individual specialists as are available in the

---

<sup>73</sup> These ratios are based on the current Medi-Cal Managed Care network and do not reflect the possible inclusion of Kaiser providers.

<sup>74</sup> Please note that this percentage reflects the current number of Medi-Cal patients assigned to the PCPs participating in both Medi-Cal plans.

HFP network. In some specific specialty areas, the Medi-Cal managed care network offers a smaller number of individual providers than the HFP network. Overall, based on the utilization of specialty services by both HFP and Medi-Cal enrollees over the past year, the Medi-Cal network appears to have a sufficient number of specialists to provide enrollee access to each moderately utilized specialty type.

- The HFP network offers the following specialty types that are not available in the Medi-Cal network: bariatric surgery, diagnostic radiology, head and neck surgery, neurointerventional radiology, and podiatric surgery. The HFP plan did not provide utilization data, so it is not possible to determine if any of these specialty types were actually utilized by HFP patients over the past year. The Medi-Cal network does offer specialists in the areas of radiology, surgery, and pulmonology who may be able to perform similar services to the specialty types identified above. If patients require these specific specialty types, the Plan will be obligated to provide access to these specialist types if medically necessary, in accordance with the Knox Keene Act.<sup>75</sup>
- The Plan's Medi-Cal network offers 220 pediatric specialists, comprising 9% of the Plan's total Medi-Cal specialist network. In comparison, Kaiser was not able to specifically identify the total number of pediatric specialists in its HFP network, but the Plan indicated that almost all of its specialists will treat children and if a patient requires a specific pediatric specialist, the Plan will arrange for that care.<sup>76</sup>

*Geographic Access.* All HFP enrollees transitioning into the Medi-Cal managed care networks will have the same geographic access to providers that they currently have under the HFP plan. All cities currently served by the HFP plan in San Mateo County contain Medi-Cal providers who are continuing to accept new Medi-Cal patients.

*Continuity of Care.* Given the subcontracting arrangement currently being contemplated by Kaiser and Health Plan San Mateo, Kaiser HFP enrollees will potentially obtain full continuity of care when they are transitioned to the Medi-Cal network. Below is a summary of the continuity of care efforts all San Mateo County Medi-Cal and HFP health plans will engage in to assist with the Phase 3 transition:

- **Health Plan of San Mateo (Medi-Cal Plan)**

Health Plan San Mateo ("Plan") has provided the departments with information regarding its strategy for ensuring continuity of care for transitioning Phase 3 HFP enrollees. The Plan indicates that it is currently in negotiations with Kaiser Foundation Health Plans to complete a contract for Kaiser to become a fully delegated provider within the Health

---

<sup>75</sup> Per Health and Safety Code § 1367, subd. (i) and California Code of Regulations, title 28, § 1300.67, subd. (a), all plans are obligated under the Knox Keene Act to provide basic health care services, which includes access to medically necessary physician services, including services from specialist physicians. If a health plan does not contain a certain specialist in its network, it is required to arrange for out-of-network care when it is medically necessary for an enrollee to see that specialty type. Therefore, the lack of a specific specialty type alone does not constitute a major concern with the network.

<sup>76</sup> *Ibid.* Section 1367 and Rule 1300.67 would also apply to pediatric specialists, if medically necessary.

Plan of San Mateo network. This contract will limit the delegation such that Kaiser will only receive its current HFP enrollees after they transition to Medi-Cal. The Plan expects that an agreement will be fully executed by the end of May 2013. The Plan believes that the subcontracting arrangement with Kaiser will fully address continuity of care concerns for Phase 3 HFP enrollees within San Mateo County, as Kaiser is the only remaining health plan operating an HFP product in the county and all Phase 3 enrollees will be transitioning from Kaiser into Medi-Cal.

- **Kaiser Foundation Health Plan (HFP Plan)**

The Plan indicates that it is pursuing a subcontract with Medi-Cal partners in San Mateo County to ensure transitioning enrollees do not receive disruption of services. The Plan indicates that, because it utilizes the same provider network for all lines of business, transitioning enrollees will continue to have access to the same providers, specialists, and hospital providers currently available to them if the Plan is able to enter into a subcontracting arrangement with an existing Medi-Cal managed care plan in San Mateo County. The Plan states that transitioning enrollees will receive medical services and prescribed medications in accordance with the Medi-Cal Managed Care program rules. If a subcontracting arrangement is finalized, approximately 4,115 Kaiser HFP enrollees in San Mateo County will not experience a change in providers as a result of the transition. To the extent permissible, the Plan would like to make outbound calls and to send explanatory letters to all transitioning enrollees to ensure.

*Timely Access to Care.* The following describes how the San Mateo County Medi-Cal health plan will ensure that Phase 3 enrollees have timely access to care:

- **Health Plan of San Mateo (Medi-Cal Plan)**

The Plan states that its Medi-Cal providers' contracts include the DMHC timely access standards and all providers are contractually required to adhere to these standards.

***Assessment.*** The Medi-Cal managed care network appears to have adequate capacity to accommodate the transitioning HFP enrollees and ensure adequate access to care. Health Plan San Mateo and Kaiser Foundation Health Plan indicate that they are in the process of entering into a subcontracting arrangement so that all HFP enrollees transitioning into Medi-Cal from the Kaiser HFP plan will be able to have access to the providers they have been seeing in the HFP network. If the subcontracting arrangement does not come to fruition, the Medi-Cal managed care network appears to have PCPs that are accepting new patients in all cities that offered HFP PCPs. The Plan offers PCPs in the same geographic regions served by the HFP product, so all enrollees should have the same access to care as they had under the HFP product. Furthermore, the Medi-Cal managed care network contains almost all specialty types available in the HFP, so transitioning HFP enrollees are unlikely to experience problems accessing an appropriate specialist. If a particular specialty type is not available in the Medi-Cal network, the Plan would

be obligated to provide medically necessary specialist services pursuant to the Knox Keene Act.<sup>77</sup>

***Follow-Up.*** The departments will follow-up with the plans to ensure that the subcontracting relationship with Kaiser is finalized. If the subcontracts do not occur, the departments will seek further information from the Medi-Cal plan regarding how the plan intends to ensure continuity of care for the transitioning Kaiser HFP enrollees.

---

<sup>77</sup> Health and Safety Code § 1367, subd. (i) and California Code of Regulations, title 28, § 1300.67, subd. (a) obligates plans to provide basic health care services, which includes access to medically necessary physician services, including services from specialist physicians.



## **Santa Cruz County**

Santa Cruz County follows the County Organized Health System model, so it offers one health plan to its Medi-Cal enrollees. In Santa Cruz County, Central California Alliance for Health serves as the Medi-Cal managed care plan. The network data for the Medi-Cal plan will be referred to as the “Medi-Cal managed care network.” Anthem Blue Cross (“Blue Cross”) provides an HFP line of business but not a Medi-Cal line of business in Santa Cruz County. According to health plan data, the Medi-Cal network offers 174 PCPs and 564 total physicians.<sup>78</sup> The Blue Cross HFP network offers 25 PCPs and 83 total physicians. Approximately 1,794 enrollees are expected to transition into Medi-Cal managed care from the HFP plans in Santa Cruz County in Phase 3.

### **Provider Network Overlap**

#### ***Primary Care Providers***

- Plan data indicate that 8% of the PCPs who currently participate in the Blue Cross HFP network are also available in the Medi-Cal managed care network in Santa Cruz County.
- The Medi-Cal managed care network consists of clinics and individual PCPs. Plan data indicate that 119 individual physicians are employed by the Plan’s contracted clinics. Plan data did not indicate the identity of the individual physicians associated with each clinic, so the departments have assumed that none of these individual physicians are in the HFP network for the purposes of calculating the rate of overlap.

#### ***Specialists***

- Plan data indicate that 69% of the specialists who currently participate in the Blue Cross HFP network are also available in the Medi-Cal managed care network in Santa Cruz County.

### **Provider Capacity**

#### ***Primary Care Physicians***

- Plan data indicate that the Medi-Cal managed care network will have one PCP for every 235 enrollees after the transition and one physician overall for every 73 enrollees after the transition.
- Plan data indicate that 25% of all Medi-Cal managed care PCPs and clinics in the county are accepting new Medi-Cal patients.
- According to Plan data, 96% of Medi-Cal managed care PCPs are currently under Plan-defined Medi-Cal enrollee assignment limits.

---

<sup>78</sup> Note: this number includes a count of the individual physicians who are associated with each contracted clinic.

## *Specialists*

- With regard to specialist services covered under Medi-Cal, the Medi-Cal managed care network offers eight times as many individual specialists as are available in the HFP network. In some specific specialty areas, the Medi-Cal managed care network offers a smaller number of individual providers than the HFP network. Overall, based on the utilization of specialty services by both HFP and Medi-Cal enrollees over the past year, the Medi-Cal network appears to have a sufficient number of specialists to provide enrollee access to each moderately utilized specialty type.
- HFP data indicate that a moderate number of HFP enrollees in Santa Cruz County utilized diagnostic radiology specialists over the past year. This specialty type is not available in the Medi-Cal managed care network; however, the network does include radiologists and radiation therapy specialists, who may be able to serve the needs of these patients. If patients require this specific specialty type, the Plan will be obligated to provide access to these specialists if medically necessary, in accordance with the Knox Keene Act.<sup>79</sup>
- The Medi-Cal managed care network in Santa Cruz County includes two pediatric specialists, comprising 1% of the Medi-Cal specialist network, which is less than that available in the HFP network (four pediatric specialists, comprising 7% of the Plan's HFP specialist network).<sup>80</sup> Please note that most specialists are available to treat children, so the availability of pediatric specialists does not necessarily impact transitioning HFP enrollees' access to specialty care.

Geographic Access. All cities in Santa Cruz County that contain HFP PCPs also contain Medi-Cal PCPs; however, there are no Medi-Cal PCPs accepting new patients in the city of Freedom. Plan data indicate that there are Medi-Cal PCPs accepting new patients in Royal Oaks and Watsonville, which are within 10 miles or 30 minutes of Freedom, so enrollees residing in Freedom will continue to be able to obtain geographically accessible primary care.

Continuity of Care. The following summarizes the continuity of care efforts all Santa Cruz County Medi-Cal and HFP health plans will engage in to assist with the Phase 3 transition:

- **Central California Alliance for Health (Medi-Cal Plan)**

Central California Alliance for Health (“Plan”) has provided the departments with information regarding its strategy for ensuring continuity of care for transitioning Phase 3 HFP enrollees. Transitioning enrollees with a PCP will be compared to the Plan's contracted network, and will retain their PCP if the PCP is Medi-Cal contracted. The

---

<sup>79</sup> Per Health and Safety Code § 1367, subd. (i) and California Code of Regulations, title 28, § 1300.67, subd. (a), all plans are obligated under the Knox Keene Act to provide basic health care services, which includes access to medically necessary physician services, including services from specialist physicians. If a health plan does not contain a certain specialist in its network, it is required to arrange for out-of-network care when it is medically necessary for an enrollee to see that specialty type. Therefore, the lack of a specific specialty type alone does not constitute a major concern with the network.

<sup>80</sup> *Ibid.* Section 1367 and Rule 1300.67 would also apply to pediatric specialists, if medically necessary.

Plan indicates that it has begun efforts to ensure current HFP providers will continue to serve their Medi-Cal enrollees. The Plan has also begun efforts to contract with out of network PCPs to minimize any disruption of service. If reassignment is necessary, the Plan states that it will assist the transitioning enrollee with choosing a PCP within its network. Transitioning enrollees currently receiving specialty services from non-contracted providers may request continuity of care with their treating provider, provided that prior authorization is received. The Plan will follow its existing continuity of care policy, which is compliant with Knox Keene protections for the completion of covered services. Transitioning enrollees will receive a new member packet that includes materials such as a handbook to describe the process for selecting a new PCP, an ID card, and Provider directory. The Plan will also attempt to make telephone calls to provide orientation to the Plan and to answer questions about access to care, PCP linkage, or benefits.

- **Anthem Blue Cross (HFP Plan)**

Anthem Blue Cross (“Plan”) states that it is willing to share data regarding PCP assignment, medical and pharmacy authorizations, and information regarding members working with a health plan care manager, if feasible. The Plan indicates it would prefer to share data utilizing the departments as an intermediary; however, the Plan will develop an alternative method for data sharing and file a description of that methodology with the DMHC and the DHCS.

*Timely Access to Care.* The following describes how the Santa Cruz County Medi-Cal health plan will ensure that Phase 3 enrollees have timely access to care:

- **Central California Alliance for Health (Medi-Cal Plan)**

The Plan indicates that its providers are made aware of their obligations regarding access to care, which include their obligation to see newly assigned enrollees within 120 days for an initial health assessment. The Plan also conducts annual monitoring of provider access and performs an annual enrollee survey to monitor timely access standards. A grievance process is also available to enrollees if any issues were to arise.

**Assessment.** The Medi-Cal managed care network appears to have adequate capacity to accommodate the transitioning HFP enrollees and ensure adequate access to care. All Medi-Cal PCPs are under capacity. While only 25% of PCPs are accepting new patients, the data indicate that there are PCPs accepting new patients in all but one city that contained HFP PCPs. The Medi-Cal managed care network offers PCPs in all of the same geographic regions served by the HFP product, and it appears that enrollees will have geographic access to care on par with what was available in the HFP network. Additionally, the Medi-Cal network offers a large number of specialists and almost all moderately utilized specialty types that were available in the HFP

network will be available to HFP enrollees via the Medi-Cal Managed Care plan once they transition to Medi-Cal.

The low rate of provider network overlap suggests that continuity of care for HFP enrollees may be impacted by the transition. Given that all Phase 3 HFP enrollees will be transitioning to a new health plan and health plans contract with different providers, the plans are not necessarily expected to have high rates of overlap. Because it is typical for enrollees in this type of situation to have to change providers, the departments have focused on the capacity of the Medi-Cal network to accommodate the needs of the transitioning population, rather than the rate of network overlap. The Medi-Cal Plan has indicated that it will make efforts to reach out to the PCPs participating in the combined HFP network to attempt to bring them into the Medi-Cal network. Furthermore, contractual and regulatory requirements that ensure continuity of care for covered benefits and ensure specialist care should minimize most potential interruptions in care.<sup>81</sup>

***Follow-Up.*** The departments will follow-up with the Medi-Cal plan regarding the availability of PCPs who are accepting new patients in order to ensure that all transitioning HFP enrollees and future enrollees have adequate access to PCPs. The data indicate that there is a small overlap between the Medi-Cal and HFP primary care networks; however, it is possible that the overlap is greater than reflected in the data, as the contracted Medi-Cal clinics may employ some of the same PCPs who are individually contracted with the HFP network. The departments will further investigate the overlap of the Medi-Cal and HFP networks to ensure that all physicians associated with a Medi-Cal clinic who are also independently contracted with the HFP network are accounted for.

---

<sup>81</sup> Contracts between the health plans and DHCS require health plans to provide 12 months of continued access to an out-of-network treating PCP so long as the PCP accepts the plan's reimbursement rate and the PCP has no quality of care concerns. Health and Safety Code § 1373.96 ensures completion of covered services with an out-of-network treating provider for enrollees diagnosed with specific health conditions. Health and Safety Code § 1367, subd. (i) and California Code of Regulations, title 28, § 1300.67, subd. (a) obligates plans to provide basic health care services, which includes access to medically necessary physician services, including services from specialist physicians.

## **Solano County**

Solano County follows the County Organized Health System model, so it offers one health plan to its Medi-Cal enrollees. In Solano County, Partnership Health Plan serves as the Medi-Cal managed care plan. The network data for the Medi-Cal plan will be referred to as the “Medi-Cal managed care network.” Anthem Blue Cross (“Blue Cross”) and Health Net provide an HFP line of business but not a Medi-Cal line of business in Solano County. The combined network data for these two HFP plans will be referred to as the “combined HFP network.” According to health plan data, the Medi-Cal network offers 117 PCPs and 389 total physicians.<sup>82</sup> The combined HFP network offers 40 PCPs and 202 total physicians.<sup>83</sup> Approximately 903 enrollees are expected to transition into Medi-Cal managed care from the HFP plans in Solano County in Phase 3.

### **Provider Network Overlap**

#### ***Primary Care Providers***

- Plan data indicate that 18% of the PCPs who currently participate in the combined HFP network are also available in the Medi-Cal managed care network in Solano County.
- The Medi-Cal managed care network consists of clinics and individual PCPs. Plan data indicate that 99 individual physicians are employed by the Plan’s contracted clinics. Plan data did not indicate the identity of the individual physicians associated with each clinic, so, while it is possible that there may be physician overlap, the departments have assumed that none of these individual physicians are in the HFP network for the purposes of calculating the rate of overlap.

#### ***Specialists***

- Plan data indicate that 37% of the specialists who currently participate in the combined HFP network are also available in the Medi-Cal managed care network in Solano County.

### **Provider Capacity**

#### ***Primary Care Physicians***

- Plan data indicate that the Medi-Cal managed care network will have one PCP for every 534 enrollees after the transition and one physician overall for every 161 enrollees after the transition.

---

<sup>82</sup> Note: this number includes a count of the individual physicians who are associated with each contracted clinic. These numbers do not include the physicians available through the Kaiser Foundation Health Plan, Partnership Health Plan’s subcontracted health plan, because Kaiser operates a closed network and limits enrollment such that it is highly unlikely any Phase 3 HFP enrollees will be able to participate in that network.

<sup>83</sup> Note: this number includes a count of the individual physicians who are associated with each contracted clinic.

- Plan data indicate that 43% of all Medi-Cal managed care PCPs and clinics in the county are accepting new Medi-Cal patients.
- According to Plan data, 94% of Medi-Cal managed care PCPs are currently under Plan-defined Medi-Cal enrollee assignment limits.<sup>84</sup>

### *Specialists*

- With regard to specialist services covered under Medi-Cal, the Medi-Cal managed care network offers more individual specialists than the HFP network overall. In some specific specialty areas, the Medi-Cal managed care network offers a smaller number of individual providers than the HFP network. Overall, based on the utilization of specialty services by both HFP and Medi-Cal enrollees over the past year, the Medi-Cal network appears to have a sufficient number of specialists to provide enrollee access to each moderately utilized specialty type.
- The Medi-Cal managed care network in Solano County contains 36 pediatric specialists, comprising 13% of the specialist network, which is greater than that that offered by the combined HFP network (five pediatric specialists, comprising 3% of the Plan’s HFP specialist network).<sup>85</sup> Please note that most specialists are available to treat children, so the availability of pediatric specialists does not necessarily impact transitioning HFP enrollees’ access to specialty care.

*Geographic Access.* All cities in Solano County that contain HFP PCPs also contain Medi-Cal PCPs; however, there are no Medi-Cal PCPs accepting new patients in the city of Benicia. Plan data indicate that there are Medi-Cal PCPs accepting new patients in Vallejo, which is within 10 miles or 30 minutes of Benicia, so enrollees residing in Benicia will continue to be able to obtain geographically accessible primary care.

*Continuity of Care.* The following summarizes the continuity of care efforts all Solano County Medi-Cal and HFP health plans will engage in to assist with the Phase 3 transition:

- **Partnership Health Plan (Medi-Cal Plan)**

Partnership Health Plan (“Plan”) has provided the departments with information regarding its strategy for ensuring continuity of care for transitioning Phase 3 HFP enrollees. To the extent the Plan is able to obtain provider linkage data, the Plan will analyze the data to determine overlap between HFP and Medi-Cal provider networks. Transitioning enrollees will remain with their PCP if the PCP is contracted within their network. If PCP reassignment is necessary, the Plan states that it will facilitate the

<sup>84</sup> Please note that this percentage reflects the current number of Medi-Cal and HFP patients assigned to the PCPs participating in all Medi-Cal plans.

<sup>85</sup> Per Health and Safety Code § 1367, subd. (i) and California Code of Regulations, title 28, § 1300.67, subd. (a), all plans are obligated under the Knox Keene Act to provide basic health care services, which includes access to medically necessary physician services, including services from specialist physicians. If a health plan does not contain a certain specialist in its network, it is required to arrange for out-of-network care when it is medically necessary for an enrollee to see that specialty type. Therefore, the lack of a specific specialty type alone does not constitute a major concern with the network.

process. Transitioning enrollees will be advised that they will be able to choose a new PCP if desired. For specialists and out of network providers, the Plan will utilize its existing referrals and authorization data to ensure continuity of care. Transitioning enrollees will receive welcome packets in the mail informing them of the transition to Medi-Cal containing an ID card and Provider Directory informing them of their current assignment to a PCP.

- **Anthem Blue Cross (HFP Plan)**

Anthem Blue Cross (“Plan”) states that it is willing to share data regarding PCP assignment, medical and pharmacy authorizations, and information regarding members working with a health plan care manager, if feasible. The Plan indicates it would prefer to share data utilizing the departments as an intermediary; however, the Plan will develop an alternative method for data sharing and file a description of that methodology with the DMHC and the DHCS.

- **Health Net (HFP Plan)**

The Plan states that it can offer to provide a list of enrollees and their current providers to Medi-Cal managed care plans. The Plan indicates that it will assist the Medi-Cal plan, where necessary, to enforce any coordination of care provisions in the Plan’s existing agreement with providers who treat HFP enrollees. To the extent permitted, the Plan would like to provide a list of enrollees and their authorization history to Medi-Cal managed care plans.

*Timely Access to Care.* The following describes how the Solano County Medi-Cal health plan will ensure that Phase 3 enrollees have timely access to care:

- **Partnership Health Plan (Medi-Cal Plan)**

To ensure timely access for transitioning enrollees, the Plan states that it will utilize its Care Coordination team and closely monitor enrollees’ complaints, feedback from providers, and Plan staff input. The Plan may also conduct periodic surveys of the network to ensure timely access standards are being met.

*Assessment.* The Medi-Cal managed care network appears to have adequate capacity to accommodate the transitioning HFP enrollees and ensure adequate access to care in Solano County. Furthermore, all cities that contain HFP PCPs also contain Medi-Cal PCPs, therefore transitioning HFP enrollees will have geographically accessible PCPs available to them in the Medi-Cal network. While only 43% of the Medi-Cal PCPs are accepting new patients, the Medi-Cal network contains PCPs who are accepting new patients within 10 miles or 30 minutes of all cities where HFP enrollees had been accessing services, so transitioning HFP enrollees who have to change PCPs will have geographically accessible PCPs available to them. The Medi-Cal

networks contain almost all moderately utilized specialty types that were available in the combined HFP network. Therefore, transitioning HFP enrollees should have access to specialist services on par with the HFP network.

The low rate of provider network overlap suggests that continuity of care for HFP enrollees may be impacted by the transition. Given that all Phase 3 HFP enrollees will be transitioning to a new health plan and health plans contract with different providers, the plans are not necessarily expected to have high rates of overlap. Because it is typical for enrollees in this type of situation to have to change providers, the departments have focused on the capacity of the Medi-Cal network to accommodate the needs of the transitioning population, rather than the rate of network overlap. Contractual and regulatory requirements that ensure continuity of care for covered benefits and ensure specialist care should minimize most potential interruptions in care.<sup>86</sup>

***Follow-Up.*** The departments will follow-up with the Medi-Cal plan regarding the availability of PCPs who are accepting new patients in order to ensure that all transitioning HFP enrollees and future enrollees have adequate access to PCPs. The data indicate that there is a small overlap between the Medi-Cal and HFP primary care networks; however, it is possible that the overlap is greater than reflected in the data, as the contracted Medi-Cal clinics may employ some of the same PCPs who are individually contracted with the HFP network. The departments will investigate the overlap of the Medi-Cal and HFP networks to ensure that all physicians associated with a Medi-Cal clinic who are also independently contracted with the HFP network are accounted for.

---

<sup>86</sup> Contracts between the health plans and DHCS require health plans to provide 12 months of continued access to an out-of-network treating PCP so long as the PCP accepts the plan's reimbursement rate and the PCP has no quality of care concerns. Health and Safety Code § 1373.96 ensures completion of covered services with an out-of-network treating provider for enrollees diagnosed with specific health conditions. Health and Safety Code § 1367, subd. (i) and California Code of Regulations, title 28, § 1300.67, subd. (a) obligates plans to provide basic health care services, which includes access to medically necessary physician services, including services from specialist physicians.



## **Sonoma County**

Sonoma County follows the County Organized Health System model, so it offers one health plan to its Medi-Cal enrollees. In Sonoma County, Partnership Health Plan serves as the Medi-Cal managed care plan. The network data for the Medi-Cal plan will be referred to as the “Medi-Cal managed care network.” Anthem Blue Cross (“Blue Cross”) provides an HFP line of business but not a Medi-Cal line of business in Sonoma County. According to health plan data, the Medi-Cal network offers 186 PCPs and 391 total physicians.<sup>87</sup> The Blue Cross HFP network offers 36 PCPs and 333 total physicians. Approximately 5,503 enrollees are expected to transition into Medi-Cal managed care from the HFP plan in Sonoma County in Phase 3.

### **Provider Network Overlap**

#### ***Primary Care Providers***

- Plan data indicate that 14% of the PCPs who currently participate in the Blue Cross HFP network are also available in the Medi-Cal managed care network in Sonoma County.
- The Medi-Cal managed care network consists of clinics and individual PCPs. Plan data indicate that 177 individual physicians are employed by the Plan’s contracted clinics. Plan data did not indicate the identity of the individual physicians associated with each clinic, so the departments have assumed that none of these individual physicians are in the HFP network for the purposes of calculating the rate of overlap.

#### ***Specialists***

- Plan data indicate that 16% of the specialists who currently participate in the Blue Cross HFP network are also available in the Medi-Cal managed care network in Sonoma County.

### **Provider Capacity**

#### ***Primary Care Physicians***

- Plan data indicate that the Medi-Cal managed care network will have one PCP for every 326 enrollees after the transition and one physician overall for every 155 enrollees after the transition.
- Plan data indicate that 50% of all Medi-Cal managed care PCPs and clinics in the county are accepting new Medi-Cal patients.

---

<sup>87</sup> Note: this number includes a count of the individual physicians who are associated with each contracted clinic. These numbers do not include the physicians available through the Kaiser Foundation Health Plan, Partnership Health Plan’s subcontracted health plan, because Kaiser operates a closed network and limits enrollment such that it is highly unlikely any Phase 3 HFP enrollees will be able to participate in that network.

- According to Plan data, all of the Medi-Cal managed care PCPs are currently under Plan-defined Medi-Cal enrollee assignment limits.<sup>88</sup>

### *Specialists*

- With regard to specialist services covered under Medi-Cal, the Medi-Cal managed care network will offer fewer individual providers than the HFP product in some specialty areas. However, based on the utilization of these services by both HFP and Medi-Cal enrollees over the past year, the Medi-Cal network appears to have a sufficient number of specialists to provide enrollee access to almost all specialty types.
- HFP data indicate that a moderate number of HFP enrollees in Sonoma County utilized diagnostic radiology specialists and perinatologists over the past year. These specialty types are not available in the Medi-Cal managed care network; however, the network does include radiologists, who may be able to serve the needs of some of these patients. If patients require this specific specialty type, the Plan will be obligated to provide access to these specialists if medically necessary, in accordance with the Knox Keene Act.<sup>89</sup>
- The Medi-Cal managed care network in Sonoma County does not contain any pediatric specialists. In comparison, the HFP network includes 14 pediatric specialists, comprising 5% of the specialist network.<sup>90</sup> Please note that most specialists are available to treat children, so the availability of pediatric specialists does not necessarily impact transitioning HFP enrollees' access to specialty care.

*Geographic Access.* All cities in Sonoma County that contain HFP PCPs also contain Medi-Cal PCPs; however, there are no Medi-Cal PCPs accepting new patients in the city of Rohnert Park. Plan data indicate that there are Medi-Cal PCPs accepting new patients in Sebastapol and Santa Rosa, which are within 10 miles or 30 minutes of Rohnert Park, so enrollees residing in Rohnert Park will continue to be able to obtain geographically accessible primary care.

*Continuity of Care.* The following summarizes the continuity of care efforts all Sonoma County Medi-Cal and HFP health plans will engage in to assist with the Phase 3 transition:

- **Partnership Health Plan (Medi-Cal Plan)**

Partnership Health Plan (“Plan”) has provided the departments with information regarding its strategy for ensuring continuity of care for transitioning Phase 3 HFP enrollees. To the extent the Plan is able to obtain provider linkage data, the Plan will analyze the data to determine overlap between HFP and Medi-Cal provider networks.

<sup>88</sup> Please note that this percentage reflects the current number of Medi-Cal and HFP patients assigned to the PCPs participating in all Medi-Cal plans.

<sup>89</sup> Per Health and Safety Code § 1367, subd. (i) and California Code of Regulations, title 28, § 1300.67, subd. (a), all plans are obligated under the Knox Keene Act to provide basic health care services, which includes access to medically necessary physician services, including services from specialist physicians. If a health plan does not contain a certain specialist in its network, it is required to arrange for out-of-network care when it is medically necessary for an enrollee to see that specialty type. Therefore, the lack of a specific specialty type alone does not constitute a major concern with the network.

<sup>90</sup> *Ibid.* Section 1367 and Rule 1300.67 would also apply to pediatric specialists, if medically necessary.

Transitioning enrollees will remain with their PCP if the PCP is contracted within their network. If PCP reassignment is necessary, the Plan states that it will facilitate the process. Transitioning enrollees will be advised that they will be able to choose a new PCP if desired. For specialists and out of network providers, the Plan will utilize its existing referrals and authorization data to ensure continuity of care. Transitioning enrollees will receive welcome packets in the mail informing them of the transition to Medi-Cal containing an ID card and Provider Directory informing them of their current assignment to a PCP.

- **Anthem Blue Cross (HFP Plan)**

Anthem Blue Cross (“Plan”) states that it is willing to share data regarding PCP assignment, medical and pharmacy authorizations, and information regarding members working with a health plan care manager, if feasible. The Plan indicates it would prefer to share data utilizing the departments as an intermediary; however, the Plan will develop an alternative method for data sharing and file a description of that methodology with the DMHC and the DHCS.

*Timely Access to Care.* The following describes how the Sonoma County Medi-Cal health plan will ensure that Phase 3 enrollees have timely access to care:

- **Partnership Health Plan (Medi-Cal Plan)**

To ensure timely access for transitioning enrollees, the Plan states that it will utilize its Care Coordination team and closely monitor enrollees’ complaints, feedback from providers, and Plan staff input. The Plan may also conduct periodic surveys of the network to ensure timely access standards are being met.

*Assessment.* The Medi-Cal managed care network appears to have adequate capacity to accommodate the transitioning HFP enrollees and ensure adequate access to care in Sonoma County. All cities that contain HFP PCPs also contain Medi-Cal PCPs, therefore transitioning HFP enrollees will have geographically accessible PCPs available to them in the Medi-Cal network. While only half of the Medi-Cal PCPs are accepting new patients, the Medi-Cal network contains PCPs who are accepting new patients within 10 miles or 30 minutes of all cities where HFP enrollees had been accessing services, so transitioning HFP enrollees who have to change PCPs will have geographically accessible PCPs available to them. The Medi-Cal networks contain almost all moderately utilized specialty types that were available in the Blue Cross HFP network. Therefore, transitioning HFP enrollees should have access to specialist services on par with the HFP network.

The low rate of provider network overlap suggests that continuity of care for HFP enrollees may be impacted by the transition. Given that all Phase 3 HFP enrollees will be transitioning to a new health plan and health plans contract with different providers, the plans are not necessarily

expected to have high rates of overlap. Because it is typical for enrollees in this type of situation to have to change providers, the departments have focused on the capacity of the Medi-Cal network to accommodate the needs of the transitioning population, rather than the rate of network overlap. Contractual and regulatory requirements that ensure continuity of care for covered benefits and ensure specialist care should minimize most potential interruptions in care.<sup>91</sup>

***Follow-Up.*** The departments will follow-up with the Medi-Cal plan regarding the availability of PCPs who are accepting new patients in order to ensure that all transitioning HFP enrollees and future enrollees have adequate access to PCPs. The data indicate that there is a small overlap between the Medi-Cal and HFP primary care networks; however, it is possible that the overlap is greater than reflected in the data, as the contracted Medi-Cal clinics may employ some of the same PCPs who are individually contracted with the HFP network. The departments will further investigate the overlap of the Medi-Cal and HFP networks to ensure that all physicians associated with a Medi-Cal clinic who are also independently contracted with the HFP network are accounted for.

---

<sup>91</sup> Contracts between the health plans and DHCS require health plans to provide 12 months of continued access to an out-of-network treating PCP so long as the PCP accepts the plan's reimbursement rate and the PCP has no quality of care concerns. Health and Safety Code § 1373.96 ensures completion of covered services with an out-of-network treating provider for enrollees diagnosed with specific health conditions. Health and Safety Code § 1367, subd. (i) and California Code of Regulations, title 28, § 1300.67, subd. (a) obligates plans to provide basic health care services, which includes access to medically necessary physician services, including services from specialist physicians.

## **Stanislaus County**

Stanislaus County follows the 2-Plan Medi-Cal Managed Care model, so it offers a local initiative plan and a commercial plan to its enrollees. In Stanislaus County, Health Plan of San Joaquin and Health Net serve as the two Medi-Cal managed care plans. The combined network data for these two Medi-Cal managed care plans will be referred to as the “Medi-Cal managed care network.” Anthem Blue Cross (“Blue Cross”) provides an HFP line of business but not a Medi-Cal line of business in Stanislaus County. According to health plan data, the combined Medi-Cal network offers 273 PCPs and 3,498 total physicians.<sup>92</sup> The Blue Cross HFP network offers 135 PCPs and 736 total physicians. Approximately 1,267 enrollees are expected to transition into Medi-Cal managed care from the HFP plan in Stanislaus County in Phase 3.

### **Provider Network Overlap**

#### ***Primary Care Providers***

- Plan data indicate that 59% of the PCPs who currently participate in the Blue Cross HFP network are also available in the Medi-Cal managed care network in Stanislaus County.
- The Medi-Cal managed care network consists of clinics and individual PCPs. Plan data indicate that 75 individual physicians are employed by the Plan’s contracted clinics. Plan data did not indicate the identity of the individual physicians associated with each clinic, so the departments have assumed that none of these individual physicians are in the Blue Cross HFP network for the purposes of calculating the rate of overlap.

#### ***Specialists***

- Plan data indicate that 51% of the specialists who currently participate in the Blue Cross HFP network are also available in the Medi-Cal managed care network in Stanislaus County.

### **Provider Capacity**

#### ***Primary Care Physicians***

- Plan data indicate that the Medi-Cal managed care network will have one PCP for every 338 enrollees after the transition and one physician overall for every 26 enrollees after the transition.<sup>93</sup>
- Plan data indicate that 62% of all Medi-Cal managed care PCPs in the county are accepting new Medi-Cal patients.

---

<sup>92</sup> Note: this number includes a count of the individual physicians who are associated with each contracted clinic.

<sup>93</sup> Note: these ratios do not include the possible future addition of Kaiser providers via a subcontracting arrangement with a Medi-Cal plan.

- According to Plan data, 95% of Medi-Cal managed care PCPs are currently under Plan-defined Medi-Cal enrollee assignment limits. For those enrollees assigned to a PCP who is over the enrollee assignment limit, they will continue to be able to switch to a PCP with fewer assigned enrollees if they so choose.<sup>94</sup>

### *Specialists*

- With regard to specialist services covered under Medi-Cal, the Medi-Cal managed care network offers five times as many individual specialists as are available in the HFP network. In some specific specialty areas, the Medi-Cal managed care network offers a smaller number of individual providers than the HFP network. Overall, based on the utilization of specialty services by both HFP and Medi-Cal enrollees over the past year, the Medi-Cal network appears to have a sufficient number of specialists to provide enrollee access to each moderately utilized specialty type.
- The Plan’s Medi-Cal network offers 504 pediatric specialists, comprising 16% of the Plan’s total Medi-Cal specialist network, which is greater than that available in the Blue Cross HFP network (31 pediatric specialists, comprising 5% of the Plan’s total HFP specialist network). Health Plan of San Joaquin identified all specialists in its statewide network as being available to HFP enrollees in Stanislaus County because these specialists are considered to be in-network providers for Medi-Cal patients who wish to travel out-of-county for care. Therefore, the Medi-Cal network includes a large number of specialists that are not located within Stanislaus County.

*Geographic Access.* All HFP enrollees transitioning into the Medi-Cal networks will have the same geographic access to providers that they currently have under the HFP plan. All cities currently served by the HFP plan in Stanislaus County contain Medi-Cal providers who are continuing to accept new Medi-Cal patients.

*Continuity of Care.* The following summarizes the continuity of care efforts all Stanislaus County Medi-Cal and HFP health plans will engage in to assist with the Phase 3 transition:

- **Health Plan of San Joaquin (Medi-Cal Plan)**

Health Plan of San Joaquin (“Plan”) has provided the departments with information regarding its strategy for ensuring continuity of care for transitioning Phase 3 HFP enrollees. The Plan indicates that, to the extent the Plan is able to obtain provider linkage data, the Plan will use the NPI number to link HFP members to their PCP or specialist. Transitioning enrollees will remain with their PCP if the PCP is Medi-Cal contracted. If the PCP is not contracted within its network, it will attempt to obtain a contract with that PCP to ensure continuity of care. If reassignment is necessary, the Plan states that it will

---

<sup>94</sup> Please note that this percentage reflects the current number of Medi-Cal and HFP patients assigned to the PCPs participating in both Medi-Cal plans.

auto assign transitioning enrollees to a provider based on the enrollee’s geographic location, age, sex, and language. Enrollees always have the option to choose a different PCP than the one assigned by the Plan. To ensure no disruption of treatment, the Plan will continue authorizations and referrals in place for any transitioning enrollee receiving services. To the extent the Plan is able to obtain prescription medication data, it will determine any medications not on its formulary and attempt to authorize any non-formulary medication to ensure continued treatment.

- **Health Net (Medi-Cal Plan)**

Health Net (“Plan”) has provided the departments with information regarding its strategy for ensuring continuity of care for transitioning Phase 3 HFP enrollees. The Plan indicates that it has approached non-contracted provider groups to obtain Medi-Cal contracts to ensure transitioning enrollees can retain their PCPs. Transitioning enrollees will remain with their PCP if the PCP is contracted within their network. The Plan is also working with various physician groups to provide continued access to specialists for transitioning enrollees, but agreements are dependent upon applicable Medi-Cal rates. The Plan indicates that it will provide outreach to transitioning enrollees in the form of a new member packet that will include a continuity of care form with instructions, and new member welcome scripts that will encourage the enrollee to contact the Plan with any continuity of care issues. The Plan is working to address the matter of differing prescription medication formularies between HFP and Medi-Cal. To the extent permitted, the Plan would like to send transitioning enrollees notification letters at least thirty days in advance of their transition date.

- **Anthem Blue Cross (HFP Plan)**

Anthem Blue Cross (“Plan”) states that it is willing to share data regarding PCP assignment, medical and pharmacy authorizations, and information regarding members working with a health plan care manager, if feasible. The Plan indicates it would prefer to share data utilizing the departments as an intermediary; however, the Plan will develop an alternative method for data sharing and file a description of that methodology with the DMHC and the DHCS.

Timely Access to Care. The following describes how the Stanislaus County Medi-Cal health plans will ensure that Phase 3 enrollees have timely access to care:

- **Health Plan of San Joaquin (Medi-Cal Plan)**

The Plan indicates that it ensures that the assigned provider has access, and has not had any access complaints or corrective actions plans as a result of access issues.

- **Health Net (Medi-Cal Plan)**

The Plan indicates that it has a comprehensive network of Medi-Cal providers and timely accessibility to treatment for its members has not been problematic. The Plan states that it anticipates no issues regarding timely access to care for transitioning enrollees, and that it will continue to closely monitor timely access for Medi-Cal enrollees.

**Assessment.** The combined Medi-Cal managed care networks appear to have adequate capacity to accommodate the transitioning HFP enrollees and ensure adequate access to care. There is a moderate rate of overlap between the combined Medi-Cal network and the HFP network. A large percentage of Medi-Cal PCPs are under capacity. The Medi-Cal managed care network offers PCPs who are accepting new patients in all of the same geographic regions served by the HFP product, and it appears that enrollees will have geographic access to care on par with what was available in the HFP network. Additionally, the Medi-Cal network offers a large number of specialists and all moderately utilized specialty types that were available in the HFP network will be available to HFP enrollees via one of the Medi-Cal Managed Care plans

**Follow-Up.** Based on the data and assessment above, no further follow-up is necessary for the purposes of this network assessment.



## **Ventura County**

Ventura County follows the County Organized Health System model, so it offers one health plan to its Medi-Cal enrollees. In Ventura County, Gold Coast Health Plan serves as the Medi-Cal managed care plan. The network data for the Medi-Cal plan will be referred to as the “Medi-Cal managed care network.” Gold Coast Health Plan is not Knox-Keene licensed, so its operations are governed by the Plan’s contract with the DHCS. Ventura County Health Plan, Kaiser Foundation Health Plan, and Anthem Blue Cross each provide an HFP line of business but not a Medi-Cal line of business in Ventura County. The combined network data for these HFP plans will be referred to as the “combined HFP network.” According to health plan data, the Medi-Cal network offers 205 PCPs and 941 total physicians.<sup>95</sup> The combined HFP network offers 394 PCPs and 1,021 total physicians.<sup>96</sup> Approximately 18,910 enrollees are expected to transition into Medi-Cal managed care from the HFP plans in Ventura County in Phase 3.

### **Provider Network Overlap**

#### ***Primary Care Providers***

- Kaiser Foundation Health Plan indicates it is in the process of entering into a subcontracting arrangement with the Medi-Cal managed care health plan in Ventura County, so all current HFP enrollees in Kaiser may be able to continue to see their Kaiser providers after the transition. If this proposed subcontracting arrangement occurs, 18% of the PCPs who currently participate in the combined HFP network would also be available in the Medi-Cal managed care network. This would ensure continuity of care for approximately 2,858 enrollees. If the proposed subcontracting arrangement does not occur, 3% of the PCPs who currently participate in the combined HFP network would also be available in the Medi-Cal managed care network in Ventura County.
- The Medi-Cal network consists of clinics and individual PCPs. Plan data indicate that 199 individual physicians are employed by the Plan’s contracted clinics. Plan data did not indicate the identity of the individual physicians associated with each clinic, so the departments have assumed that none of these individual physicians are in the combined HFP network for the purposes of calculating the rate of overlap.

#### ***Specialists***

- If Kaiser subcontracts with the Medi-Cal managed care health plan, 52% of the specialists who currently participate in the combined HFP network would also be available in the Medi-Cal managed care network. If the proposed subcontracting arrangement does not occur, 33% of the specialists who currently participate in the

---

<sup>95</sup> Note: this number includes a count of the individual physicians who are associated with each contracted clinic.

<sup>96</sup> Note: this number includes individual PCPs and clinics; however the HFP plans did not provide the number of physicians associated with each clinic, so the number does not reflect the individual physicians associated with each clinic.

combined HFP network would also be available in the Medi-Cal managed care networks in Ventura County.

### Provider Capacity

#### ***Primary Care Physicians***

- Plan data indicate that the Medi-Cal managed care network will have one PCP for every 587 enrollees after the transition and one physician overall for every 128 enrollees after the transition.
- Plan data indicate that 90% of all Medi-Cal managed care PCPs and clinics in the county are accepting new Medi-Cal patients.
- According to Plan data, 80% of Medi-Cal managed care PCPs are currently under Plan-defined Medi-Cal enrollee assignment limits.<sup>97</sup>

#### ***Specialists***

- With regard to specialist services covered under Medi-Cal, the Medi-Cal managed care network offers more individual specialists than the HFP network overall. In some specific specialty areas, the Medi-Cal managed care network offers a smaller number of individual providers than the HFP network. Overall, based on the utilization of specialty services by both HFP and Medi-Cal enrollees over the past year, the Medi-Cal network appears to have a sufficient number of specialists to provide enrollee access to each moderately utilized specialty type.
- HFP data indicate that a moderate number of HFP enrollees in Ventura County utilized podiatrists over the past year. This specialty type is not available in the Medi-Cal managed care network. If patients require this specific specialty type, the Plan will be obligated to provide access to this specialist type if medically necessary, pursuant to its contract with the DHCS.
- The Medi-Cal managed care network in Ventura County does not contain any pediatric specialists. In comparison, the combined HFP network includes 14 pediatric specialists, comprising 5% of the specialist network. Please note that most specialists are available to treat children, so the availability of pediatric specialists does not necessarily impact transitioning HFP enrollees' access to specialty care. If patients specifically require a pediatric specialist, the Plan will be obligated to provide access to this specialist type if medically necessary, pursuant to its contract with the DHCS.

***Geographic Access.*** Plan data for Ventura County indicate that the following cities contain HFP PCPs but do not contain Medi-Cal PCPs: Piru and Thousand Oaks. Plan data indicate that there are Medi-Cal PCPs accepting new patients in Newbury Park and Camarillo, which are within 10

---

<sup>97</sup> Please note that this percentage reflects the current number of Medi-Cal and HFP patients assigned to the PCPs participating in both Medi-Cal plans.

miles or 30 minutes of Thousand Oaks, so enrollees residing in Thousand Oaks will continue to be able to obtain geographically accessible primary care. The Medi-Cal network contains PCPs in Moorpark, which is within 30 minutes of the city of Piru, so enrollees residing in Piru will continue to be able to obtain geographically accessible primary care.

*Continuity of Care.* Given the subcontracting arrangement currently being contemplated by Kaiser, Kaiser HFP enrollees will potentially obtain full continuity of care when they are transitioned to the Medi-Cal network. Below is a summary of the continuity of care efforts all Ventura County Medi-Cal and HFP health plans will engage in to assist with the Phase 3 transition:

- **Gold Coast Health Plan (Medi-Cal Plan)**

Gold Coast Health Plan (“Plan”) has provided the departments with information regarding its strategy for ensuring continuity of care for transitioning Phase 3 HFP enrollees. The Plan indicates that it will reach out to the HFP plans to obtain provider linkage information. The Plan also intends to utilize provider linkage information from DHCS. If the Plan is able to obtain provider linkage data, it will analyze the data to determine overlap between HFP and Medi-Cal provider networks. Transitioning enrollees will remain with their PCP if the PCP is contracted within their network. Transitioning enrollees will also remain with their PCP if a non-contracted PCP is willing to accept the Medi-Cal fee schedule and continue to see the enrollee. If reassignment is necessary, transitioning enrollees will receive notification indicating that they have the option to choose a PCP within 30 days with the Plan’s network, and assistance will be given in selecting a new provider that meets the enrollee’s needs. If the transitioning enrollee does not select a new PCP within 30 days, the Plan will auto-assign the transitioning enrollee after reviewing the enrollee’s situation and ensuring that the care continuum is not interrupted. To ensure transitioning enrollees understand the PCP reassignment process, the Plan indicates that it has assembled a committee focused on provider and community outreach. This includes health fairs, newsletter updates, direct outreach, and a call center to explain the process to any new or transitioned enrollee. The Plan has also scheduled two Town Hall meetings as a forum for providers to voice concerns and ask questions regarding the transition. To ensure access to specialists and prescription medication, the Plan states it will allow out-of-network specialist visits, subject to prior authorization, and that it will allow a 90-day grace period for transitioning enrollees’ prescriptions that are off formulary. The Plan states that it will meet with transitioning plans to obtain all current and open authorizations.

- **Anthem Blue Cross (HFP Plan)**

Anthem Blue Cross (“Plan”) states that it is willing to share data regarding PCP assignment, medical and pharmacy authorizations, and information regarding members

working with a health plan care manager, if feasible. The Plan indicates it would prefer to share data utilizing the departments as an intermediary; however, the Plan will develop an alternative method for data sharing and file a description of that methodology with the DMHC and the DHCS.

- **Ventura County Health Plan (HFP Plan)**

Ventura County Health Plan (“Plan”) has provided the departments with information regarding its strategy for ensuring continuity of care for transitioning Phase 3 HFP enrollees. To the extent permitted, the Plan would like to share provider data with Gold Coast Health Plan in order to establish PCP linkages. Data will include a list of providers that accept HFP enrollees, along with the providers visited most recently by Plan enrollees. The Plan will inform current treating providers of their enrollees who will have to change PCPs or specialists as a result of the transition and the providers will be advised to cooperate with the continuity of care policies if the provider group is not a Medi-Cal provider. If allowed, the Plan would like to provide Gold Coast Health Plan with a list of all open authorizations for health care services and prescriptions.

- **Kaiser Foundation Health Plan (HFP Plan)**

The Plan indicates that it is pursuing a contract with a Medi-Cal managed care partner in Ventura County to ensure transitioning enrollees do not experience a disruption in services. The Plan indicates that, because it utilizes the same provider network for all lines of business, transitioning enrollees will continue to have access to the same providers, specialists, and hospital providers currently available to them if the Plan is able to enter into a subcontracting arrangement with an existing Medi-Cal managed care plan in Ventura County. The Plan states that transitioning enrollees will receive medical services and prescribed medications in accordance with the Medi-Cal Managed Care program rules. If a subcontracting arrangement is finalized, approximately 2,858 Kaiser HFP enrollees in Ventura County will not experience a change in providers as a result of the transition. To the extent permissible, the Plan would like to make outbound calls and to send explanatory letters to all transitioning enrollees,

*Timely Access to Care.* The following describes how the Ventura County Medi-Cal health plans will ensure that Phase 3 enrollees have timely access to care:

- **Gold Coast Health Plan (Medi-Cal)**

The Plan states that its Access to Care Standards are clearly outlined in the Provider Manual and in its provider contracts. The Plan’s Provider Manual requires that its PCPs provide covered services to members on a readily available and accessible basis in compliance with its policy. The Plan’s Provider Manual requires providers to assure access to care twenty four (24) hours per day, seven (7) days per week and to facilitate

patient access to the healthcare system and appropriate treatment interventions. The Plan's Provider Manual also states that timely member access to health care will be ensured through a monitoring process using acceptable performance standards. The Plan will also communicate with providers through Provider Operations Bulletin, Blast Fax, and additional Town Hall meetings to ensure timely access standards are met.

**Assessment.** The Medi-Cal managed care network appears to have adequate capacity to accommodate the transitioning HFP enrollees and ensure adequate access to care in Ventura County. Kaiser Foundation Health Plan indicates it is in the process of entering into a subcontracting arrangement so that all HFP enrollees transitioning into Medi-Cal from the Kaiser HFP plan will be able to have access to the providers they have been seeing in the HFP network. If the subcontracting arrangement does not come to fruition, the Medi-Cal managed care network appears to have a large percentage of PCPs in the Medi-Cal network who are accepting new patients and have the capacity to accept more Medi-Cal members. Most cities that contain HFP PCPs also contain Medi-Cal PCPs; therefore, most transitioning HFP enrollees will have geographically accessible PCPs available to them in the Medi-Cal network. For those HFP enrollees obtaining treatment from PCPs in Ventura County cities that are not included in the Medi-Cal network, the Medi-Cal network contains PCPs who are accepting new patients within 10 miles or 30 minutes of all cities where HFP enrollees had been accessing services. Overall, transitioning HFP enrollees who have to change PCPs will have geographically accessible PCPs available to them. The Medi-Cal network contains almost all moderately utilized specialty types that were available in the combined HFP network. Therefore, transitioning HFP enrollees should have access to specialist services on par with the HFP network.

The low rate of provider network overlap suggests that continuity of care for HFP enrollees may be impacted by the transition. Given that all Phase 3 HFP enrollees will be transitioning to a new health plan and health plans contract with different providers, the plans are not necessarily expected to have high rates of overlap. Because it is typical for enrollees in this type of situation to have to change providers, the departments have focused on the capacity of the Medi-Cal network to accommodate the needs of the transitioning population, rather than the rate of network overlap. Contractual and regulatory requirements that ensure continuity of care for covered benefits and ensure specialist care should minimize most potential interruptions in care.<sup>98</sup>

**Follow-Up.** The departments will follow-up with the plans to ensure that the subcontracting relationship with Kaiser is finalized. If the subcontract does not occur, the departments will seek further information from the Medi-Cal managed care plans regarding how the plans intend to ensure continuity of care for the transitioning Kaiser HFP enrollees. Additionally, the data

---

<sup>98</sup> Contracts between the health plans and DHCS require health plans to provide 12 months of continued access to an out-of-network treating PCP so long as the PCP accepts the plan's reimbursement rate and the PCP has no quality of care concerns. The contract also requires Plans to comply with Health and Safety Code § 1373.96, which ensures completion of covered services with an out-of-network treating provider for enrollees diagnosed with specific health conditions.

indicate that there is a small overlap between the Medi-Cal and HFP primary care networks; however, it is possible that the overlap is greater than reflected in the data, as the contracted Medi-Cal clinics may employ some of the same PCPs who are individually contracted with the HFP network. The departments will further investigate the overlap of the Medi-Cal and HFP networks to ensure that all physicians associated with a Medi-Cal clinic who are also independently contracted with the HFP network are accounted for. Finally, the departments will follow-up with the Medi-Cal managed care plans regarding the geographic availability of PCPs in Piru and any other outlying areas that contained HFP PCPs.

## **Yolo County**

Yolo County follows the County Organized Health System model, so it offers one health plan to its Medi-Cal enrollees. In Yolo County, Partnership Health Plan serves as the Medi-Cal managed care plan. The network data for the Medi-Cal plan will be referred to as the “Medi-Cal managed care network.” Health Net, Kaiser Foundation Health Plan, and Anthem Blue Cross each provide an HFP line of business but not a Medi-Cal line of business in Yolo County. The combined network data for these two HFP plans will be referred to as the “combined HFP network.” According to health plan data, the Medi-Cal network offers 105 PCPs and 373 total physicians.<sup>99</sup> The combined HFP network offers 81 PCPs and 214 total physicians.<sup>100</sup> Approximately 3,203 enrollees are expected to transition into Medi-Cal managed care from the HFP plans in Yolo County in Phase 3.

### **Provider Network Overlap**

#### ***Primary Care Providers***

- Kaiser Foundation Health Plan indicates it is in the process of entering into a subcontracting arrangement with the Medi-Cal managed care health plan, so all current HFP enrollees in Kaiser may be able to continue to see their Kaiser providers after the transition. If this proposed subcontracting arrangement occurs, 37% of the PCPs who currently participate in the combined HFP network would also be available in the Medi-Cal managed care network. If the proposed subcontracting arrangement does not occur, 7% of the PCPs who currently participate in the combined HFP network will also be available in the Medi-Cal managed care network in Yolo County.
- The Medi-Cal managed care network consists of clinics and individual PCPs. Plan data indicate that 98 individual physicians are employed by the Medi-Cal Plan’s contracted clinics. Plan data did not indicate the identity of the individual physicians associated with each clinic, so the departments have assumed that none of these individual physicians are in the combined HFP network for the purposes of calculating the rate of overlap.

#### ***Specialists***

- If Kaiser subcontracts with the Medi-Cal managed care health plan, 42% of the specialists who currently participate in the combined HFP network would also be available in the Medi-Cal managed care network. If the proposed subcontracting arrangement does not occur, 39% of the specialists who currently participate in the

---

<sup>99</sup> Note: this number includes a count of the individual physicians who are associated with each contracted clinic.

<sup>100</sup> Note: this number includes individual PCPs and clinics; however the HFP plans did not provide the number of physicians associated with each clinic, so the number does not reflect the individual physicians associated with each clinic.

combined HFP network will also be available in the Medi-Cal managed care network in Yolo County.

### Provider Capacity

#### ***Primary Care Physicians***

- Plan data indicate that the Medi-Cal managed care network will have one PCP for every 290 enrollees after the transition and one physician overall for every 82 enrollees after the transition.<sup>101</sup>
- Plan data indicate that 79% of all Medi-Cal managed care PCPs and clinics in the county are accepting new Medi-Cal patients.
- According to Plan data, 90% of Medi-Cal managed care PCPs are currently under Plan-defined Medi-Cal enrollee assignment limits.<sup>102</sup>

#### ***Specialists***

- With regard to specialist services covered under Medi-Cal, the Medi-Cal managed care network offers double the number of individual specialists that are available in the combined HFP network. In some specific specialty areas, the Medi-Cal managed care network offers a smaller number of individual providers than the HFP network. Overall, based on the utilization of specialty services by both HFP and Medi-Cal enrollees over the past year, the Medi-Cal managed care network appears to have a sufficient number of specialists to provide enrollee access to each moderately utilized specialty type.
- The combined HFP network offers the following specialty types that are not available in the Medi-Cal network: colon and rectal surgeons, dermatopathologists, and neuroradiologists. The HFP plans did not provide utilization data, so it is not possible to determine if any of these specialty types were actually utilized by HFP patients over the past year. If patients require these specific specialty types, the Plan will be obligated to provide access to these specialist types if medically necessary, in accordance with the Knox Keene Act.<sup>103</sup>
- The Medi-Cal managed care network in Yolo County includes 13 pediatric specialists, comprising 5% of the Medi-Cal specialist network, which is more than that available in the Health Net HFP network (one pediatric specialist, comprising 1% of the Plan's HFP specialist network).<sup>104</sup> Please note that most specialists are available to treat children, so

---

<sup>101</sup> These ratios are based on the current Medi-Cal Managed Care network and do not reflect the possible inclusion of Kaiser providers.

<sup>102</sup> Please note that this percentage reflects the current number of Medi-Cal and HFP patients assigned to the PCPs participating in both Medi-Cal plans.

<sup>103</sup> Per Health and Safety Code § 1367, subd. (i) and California Code of Regulations, title 28, § 1300.67, subd. (a), all plans are obligated under the Knox Keene Act to provide basic health care services, which includes access to medically necessary physician services, including services from specialist physicians. If a health plan does not contain a certain specialist in its network, it is required to arrange for out-of-network care when it is medically necessary for an enrollee to see that specialty type. Therefore, the lack of a specific specialty type alone does not constitute a major concern with the network.

<sup>104</sup> *Ibid.* Section 1367 and Rule 1300.67 would also apply to pediatric specialists, if medically necessary. Kaiser was not able to specifically identify the total number of pediatric specialists in its HFP network, so the Kaiser network is not included in these figures.



the availability of pediatric specialists does not necessarily impact transitioning HFP enrollees' access to specialty care.

Geographic Access. All cities in Yolo County that contain HFP PCPs also contain Medi-Cal PCPs who are continuing to accept new Medi-Cal patients.

Continuity of Care. Given the subcontracting arrangement currently being contemplated by Kaiser in Yolo County, Kaiser HFP enrollees will potentially obtain full continuity of care when they are transitioned to the Medi-Cal network. Below is a summary of the continuity of care efforts all Yolo County Medi-Cal and HFP health plans will engage in to assist with the Phase 3 transition:

- **Partnership Health Plan (Medi-Cal Plan)**

Partnership Health Plan (“Plan”) has provided the departments with information regarding its strategy for ensuring continuity of care for transitioning Phase 3 HFP enrollees. To the extent the Plan is able to obtain provider linkage data, the Plan will analyze the data to determine overlap between HFP and Medi-Cal provider networks. Transitioning enrollees will remain with their PCP if the PCP is contracted within their network. If PCP reassignment is necessary, the Plan states that it will facilitate the process. Transitioning enrollees will be advised that they will be able to choose a new PCP if desired. For specialists and out of network providers, the Plan will utilize its existing referrals and authorization data to ensure continuity of care. Transitioning enrollees will receive welcome packets in the mail informing them of the transition to Medi-Cal containing an ID card and Provider Directory informing them of their current assignment to a PCP.

- **Kaiser Foundation Health Plan (HFP Plan)**

The Plan indicates that it is pursuing a contract with a Medi-Cal managed care partner in Yolo County to ensure transitioning enrollees do not receive disruption of services. The Plan indicates that, because it utilizes the same provider network for all lines of business, transitioning enrollees will continue to have access to the same providers, specialists, and hospital providers currently available to them if the Plan is able to enter into a subcontracting arrangement with the existing Medi-Cal managed care plan in Yolo County. The Plan states that transitioning enrollees will receive medical services and prescribed medications in accordance with the Medi-Cal Managed Care program rules. If a subcontracting arrangement is finalized, approximately 757 Kaiser HFP enrollees in Yolo County will not experience a change in providers as a result of the transition. To the extent permissible, the Plan would like to make outbound calls and to send explanatory letters to all transitioning enrollees to ensure enrollees they will retain coverage with the Plan and their current providers when transitioned to Medi-Cal, assuming a subcontracting arrangement is achieved in Yolo County.

- **Health Net (HFP Plan)**

The Plan states that it can offer to provide a list of enrollees and their current providers to the Medi-Cal managed care plans. That Plan indicates that it will assist the new plan, where necessary, to enforce any coordination of care provisions in the Plan's existing agreement with providers who treat HFP enrollees. To the extent permitted, the Plan would like to provide a list of enrollees and their authorization history to Medi-Cal managed care plans.

*Timely Access to Care.* The following describes how the Yolo County Medi-Cal health plans will ensure that Phase 3 enrollees have timely access to care:

- **Partnership Health Plan (Medi-Cal Plan)**

To ensure timely access for transitioning enrollees, the Plan states that it will utilize its Care Coordination team and closely monitor enrollees' complaints, feedback from providers, and Plan staff input. The Plan may also conduct periodic surveys of the network to ensure timely access standards are being met.

***Assessment.*** The Medi-Cal managed care network appears to have adequate capacity to accommodate the transitioning HFP enrollees and ensure adequate access to care in Yolo County. A large percentage of PCPs in the Medi-Cal network are accepting new patients and have the capacity to accept more Medi-Cal members. All cities that contain HFP PCPs also contain Medi-Cal PCPs who are accepting new patients, therefore most transitioning HFP enrollees will have geographically accessible PCPs available to them in the Medi-Cal network. The Medi-Cal network contains almost all specialty types that were available in the combined HFP network, and it appears that all major specialty types are available in the Medi-Cal network.

The low rate of provider network overlap suggests that continuity of care for HFP enrollees may be impacted by the transition. Given that all Phase 3 HFP enrollees will be transitioning to a new health plan and health plans contract with different providers, the plans are not necessarily expected to have high rates of overlap. Because it is typical for enrollees in this type of situation to have to change providers, the departments have focused on the capacity of the Medi-Cal network to accommodate the needs of the transitioning population, rather than the rate of network overlap. Contractual and regulatory requirements that ensure continuity of care for covered benefits and ensure specialist care should minimize most potential interruptions in care

105

---

<sup>105</sup> Contracts between the health plans and DHCS require health plans to provide 12 months of continued access to an out-of-network treating PCP so long as the PCP accepts the plan's reimbursement rate and the PCP has no quality of care concerns. Health and Safety Code § 1373.96 ensures completion of covered services with an out-of-network treating provider for enrollees diagnosed with specific health conditions. Health and Safety Code § 1367, subd. (i) and California Code of Regulations, title 28, § 1300.67, subd. (a) obligates plans to provide basic health care services, which includes access to medically necessary physician services, including services from specialist physicians.

**Follow-Up.** The departments will follow-up with the plans to ensure that the subcontracting relationship with Kaiser is finalized. If the subcontract does not occur, the departments will seek further information from the Medi-Cal plan regarding how the plan intends to ensure continuity of care for the transitioning Kaiser HFP enrollees. Additionally, the data indicate that there is a small overlap between the Medi-Cal and HFP primary care networks; however, it is possible that the overlap is greater than reflected in the data, as the contracted Medi-Cal clinics may employ some of the same PCPs who are individually contracted with the HFP network. The departments will further investigate the overlap of the Medi-Cal and HFP networks to ensure that all physicians associated with a Medi-Cal clinic who are also independently contracted with the HFP network are accounted for.

# **ATTACHMENTS**

**ATTACHMENT 1 - HEALTHY FAMILIES PROGRAM HEALTH PLAN  
ENROLLMENT**

<b>Healthy Families Program Transition to Medi-Cal Phase 3 Enrollment Breakdown</b>					
Upon implementation of the transition, all new applicants will be evaluated for coverage under the Medi-Cal program. Members will maintain linkage to the sub plan, through the primary Medi-Cal health plan.					
<b>Counties Transitioning on August 1, 2013</b>					
<b>County</b>	<b>Medi-Cal Plan Model</b>	<b>Healthy Families Health Plan</b>	<b>Approximate Enrollment</b>	<b>Medi-Cal Managed Care Plan Choices</b>	<b>Medi-Cal Dental Enrollment</b>
Fresno	2Plan	Kaiser	3,721	Anthem Blue Cross <i>or</i> CalViva Health	Denti-Cal
Kern	2Plan	Anthem Blue Cross	3,111	Health Net <i>or</i> Kern Family Health	Denti-Cal
		Kaiser	3,131		
Kings	2Plan	Kaiser	35	Anthem Blue Cross <i>or</i> CalViva Health	Denti-Cal
Madera	2Plan	Kaiser	513	Anthem Blue Cross <i>or</i> CalViva Health	Denti-Cal
Marin	COHS	Anthem Blue Cross	1,532	Partnership Health	Denti-Cal
Mendocino	COHS	Anthem Blue Cross	2,035	Partnership Health	Denti-Cal
Merced	COHS	Health Plan of San Joaquin	3,545	Central California Alliance for Health	Denti-Cal
		Anthem Blue Cross	4,420		
Napa	COHS	Anthem Blue Cross	2,575	Partnership Health	Denti-Cal
Orange	COHS	Anthem Blue Cross	13,774	CalOptima	Denti-Cal
Riverside	2Plan	Anthem Blue Cross	10,497	Inland Empire Health Plan <i>or</i> Molina Healthcare	Denti-Cal
		Community Health Group	444		
Sacramento	2Plan	Health Plan of San Joaquin	115	Health Net, Kaiser, Molina Healthcare, Anthem Blue Cross	Dental Managed Care
San Bernardino	2Plan	Anthem Blue Cross	7,717	Molina Healthcare <i>or</i> Inland Empire Health Plan	Denti-Cal

**Healthy Families Program Transition to Medi-Cal  
Phase 3 Enrollment Breakdown**

Upon implementation of the transition, all new applicants will be evaluated for coverage under the Medi-Cal program.  
Members will maintain linkage to the sub plan, through the primary Medi-Cal health plan.

**Counties Transitioning on August 1, 2013**

County	Medi-Cal Plan Model	Healthy Families Health Plan	Approximate Enrollment	Medi-Cal Managed Care Plan Choices	Medi-Cal Dental Enrollment
San Diego	2Plan	Anthem Blue Cross	10,401	Community Health Group, Care 1 <sup>st</sup> Molina Healthcare, Health Net, Kaiser	Denti-Cal
San Francisco	2Plan	Health Net	1,005	San Francisco Health Plan <i>or</i> Anthem Blue Cross	Denti-Cal
San Joaquin	2Plan	Anthem Blue Cross	1,932	Health Plan of San Joaquin, Anthem Blue Cross, Health Net	Denti-Cal
		Kaiser	6,494		
San Luis Obispo	COHS	Anthem Blue Cross	3,648	CenCal Health	Denti-Cal
San Mateo	COHS	Anthem Blue Cross	5	Health Plan of San Mateo	Denti-Cal
		Kaiser	4,297		
Santa Cruz	COHS	Anthem Blue Cross	1,794	Central California Alliance for Health	Denti-Cal
Solano	COHS	Health Net	897	Partnership Health Plan	Denti-Cal
		Anthem Blue Cross	5		
Sonoma	COHS	Anthem Blue Cross	5,503	Partnership Health Plan	Denti-Cal
Stanislaus	2Plan	Anthem Blue Cross	1,267	Health Plan of San Joaquin, Anthem Blue Cross, Health Net	Denti-Cal
Ventura	COHS	Ventura County Health Care Plan	10,432	Gold Coast Health Plan	Denti-Cal
		Anthem Blue Cross	5,517		
		Kaiser	2,961		
Yolo	COHS	Health Net	2,423	Partnership Health Plan	Denti-Cal
		Kaiser	776		
		Anthem Blue Cross	4		
<b>Total</b>			<b>116,835</b>		

**ATTACHMENT 2 – DATA REQUESTED FROM THE HEALTH PLANS**  
**Template Request to Phase 3 Healthy Families Plans**

Dear [Plan] (“Plan”) -

Assembly Bill (AB) 1494 (Chapter 28, Statutes of 2012), as amended by AB 1486 (Chapter 438, Statutes of 2012) requires the California Health and Human Services Agency to move all enrollees in the Healthy Families Program (HFP) into the Medi-Cal program throughout 2013. Phase 3 of the transition requires enrollees in an HFP-only managed health care plan to transition into an existing Medi-Cal managed care plan. Your plan has been identified as a managed care plan that operates an HFP line of business but not a Medi-Cal line of business in the following Phase 3 counties: [County Name]. The Department of Managed Health Care (DMHC) will be conducting a review of the Plan’s HFP provider network in order to assess the impact on continuity of care to enrollees who will be participating in Phase 3 of the transition from HFP to Medi-Cal managed care, in accordance with the legal requirements as stated in Welfare and Institutions Code Section 14005.27(e)(9) (added as part of AB1494, SEC. 11), and the Knox-Keene Health Care Service Plan Act of 1975 (Chapter 2.2 commencing with Section 1340 of Division 2 of the Health and Safety Code).

The Phase 3 transition of HFP beneficiaries into Medi-Cal managed care plans will begin no earlier than August 1, 2013. The DHCS and the DMHC must assess the impact of network changes on beneficiaries and present their findings to the California State Legislature 90 days prior to the beginning of the transition. Therefore, we are asking each Plan to complete the provider network data requests contained in Attachments A and B **no later than March 15, 2013**.

In **Attachment A**, the Plan is required to provide a detailed response to qualitative network questions addressing how the Plan is preparing for the HFP transition in accordance with legislative requirements. If the Plan operates networks in multiple counties that are affected by the Phase 3 transition, the Plan does not need to complete a separate Attachment A for each county.

**Attachment B** is a provider network assessment workbook containing several spreadsheets that the Plan is required to complete. The DMHC requests that the Plan submit a **separate workbook, including all spreadsheets, for each county** that is part of the Phase 3 transition. The provider network assessment workbook has two major components:

- 1) The first three tabs are for Plans to list each PCP, Specialist, and Physician Extender within their Medi-Cal provider network. **Please read the instructions on each worksheet carefully before completing.** Be sure to report all providers who are available within the Plan’s network.
- 2) The last tab is a data summary request which includes summary data regarding the number and type of providers in the Plan’s HFP network and the number of HFP beneficiaries who will be transitioning.

Please submit the requested information to the DMHC through its e-filing portal by **March 15, 2013**. When submitting, please file this as an Amendment with the Attachment B provider network assessment workbook submitted as an **Exhibit I-1** and the responses to qualitative questions in Attachment A submitted as an **Exhibit I-8**. Please include a brief summary of the filing in an **Exhibit E-1** as well. In the subject line, please identify this filing as “Phase 3 Healthy Families Program transition to Medi-Cal managed care network adequacy data elements.” This will allow the DMHC to effectively track related filings.

The DMHC looks forward to receiving the Plan’s submission as we work toward assessing Medi-Cal managed care plan provider networks to ensure plans provide access and quality care to Medi-Cal beneficiaries, both present and future.

If you have questions for the DMHC regarding this request, please contact Kacey Kamrin at 916.324.9028 or [kkamrin@dmhc.ca.gov](mailto:kkamrin@dmhc.ca.gov).

Sincerely,

Gary L. Baldwin

Assistant Chief Counsel

Department of Managed Health Care



## **ATTACHMENT 2 – DATA REQUESTED FROM THE HEALTH PLANS**

### **Template Request to Phase 3 Medi-Cal and Subcontracting Medi-Cal Plans**

Dear Health Plan (“Plan”) -

Assembly Bill (AB) 1494 (Chapter 28, Statutes of 2012), as amended by AB 1486 (Chapter 438, Statutes of 2012) requires the California Health and Human Services Agency to move all enrollees in the Healthy Families Program (HFP) into the Medi-Cal program throughout 2013. Phase 3 of the transition requires enrollees in an HFP-only managed health care plan to transition into an existing Medi-Cal managed care plan. Your plan has been identified as a Medi-Cal managed care plan contracting directly with the Department of Health Care Services (DHCS) for the delivery of Medi-Cal services in one or more counties. The DHCS and the Department of Managed Health Care (DMHC) will be conducting a joint review of the Plan’s Medi-Cal provider network in order to assess Medi-Cal managed care health plan network adequacy for the upcoming transition of Phase 3 HFP beneficiaries into Medi-Cal managed care, in accordance with the legal requirements as stated in Welfare and Institutions Code Section 14005.27(e)(9) (added as part of AB1494, SEC. 11), and the Knox-Keene Health Care Service Plan Act of 1975 (Chapter 2.2 commencing with Section 1340 of Division 2 of the Health and Safety Code).

The Phase 3 transition of HFP beneficiaries into Medi-Cal managed care plans will begin no earlier than August 1, 2013. The DHCS and the DMHC must assess each Plan’s provider network and present its findings to the California State Legislature 90 days prior to the beginning of the transition. Although the departments may have already reviewed the Plan’s network for the Phase 1 transition, the departments will be conducting a full re-review of all Medi-Cal networks to assess network adequacy to serve the Phase 3 HFP enrollment. Therefore, we are asking each Plan to complete the provider network data requests contained in Attachments A and B again and submit them to the DMHC **no later than March 15, 2013**.

In **Attachment A**, the Plan is required to provide a detailed response to qualitative network questions addressing how the Plan is preparing for the HFP transition in accordance with legislative requirements. If the Plan operates networks in multiple counties that are affected by the Phase 3 transition, the Plan does not need to complete a separate Attachment A for each county.

**Attachment B** is a provider network assessment workbook containing several spreadsheets that the Plan is required to complete. The Plan is required to submit a **separate workbook, including all spreadsheets, for each county** that is part of the Phase 3 transition. The provider network assessment workbook has two major components:

- 1) The first three tabs are for Plans to list each PCP, Specialist, and Physician Extender within their Medi-Cal provider network. Please note that the data request for Phase 3 is different from the request issued for the Phase 1 analysis. **Please read the instructions on each worksheet carefully before completing.** Be sure to report all providers who are available within the Plan’s network.

- 2) The last tab is a data summary request. Plans must provide summary data regarding the number and type of providers, the number of HFP beneficiaries who will be transitioning, and a breakdown of how many of these beneficiaries will not be able to keep their current Primary Care Provider.

Please submit the requested information to the DMHC through its e-filing portal by **March 15, 2013**. When submitting, please file this as an Amendment with the Attachment B provider network assessment workbook submitted as an **Exhibit I-1** and the responses to qualitative questions in Attachment A submitted as an **Exhibit I-8**. Please include a brief summary of the filing in an **Exhibit E-1** as well. In the subject line, please identify this filing as “Phase 3 Healthy Families Program transition to Medi-Cal managed care network adequacy data elements.” This will allow the DMHC to effectively track related filings. The DMHC will share this information with the DHCS.

Both the DHCS and the DMHC look forward to receiving the Plan’s submission as we work toward assessing Medi-Cal managed care plan provider networks to ensure plans provide access and quality care to Medi-Cal beneficiaries, both present and future.

If you have any questions for the DHCS regarding this request, please contact Justine Reyes at 916.449.5080 or [mmcdpmb@dhcs.ca.gov](mailto:mmcdpmb@dhcs.ca.gov).

If you have questions for the DMHC regarding this request, please contact Kacey Kamrin at 916.324.9028 or [kkamrin@dmhc.ca.gov](mailto:kkamrin@dmhc.ca.gov).

Sincerely,

Gary L. Baldwin  
Assistant Chief Counsel  
Department of Managed Health Care

Javier Portela  
Branch Chief  
Department of Health Care Services

**ATTACHMENT 2 – DATA REQUESTED FROM HEALTH PLANS**  
**Qualitative Data Elements for Healthy Families Plans**

As required by law, the Department of Health Care Services and the Department of Managed Health Care are assessing the ability of Medi-Cal managed care plans to provide adequate provider networks and continuity of care to current Healthy Families Program (HFP) members who will be transitioned to Medi-Cal Managed Care starting in January 2013. Please provide clear and detailed explanatory answers to the following questions with regard to Phase 3 of the transition:

1. Please explain how the Plan will assist the Medi-Cal health plans in determining whether the HFP enrollees will be able to continue to see their treating PCP. Specifically, address whether the Plan will be sharing provider data with the Medi-Cal managed care plans in order to establish PCP linkages.
2. For the HFP members who will have to change PCPs or specialists as a result of the transition, will the Plan take any steps to assist the Medi-Cal health plan in preserving continuity of primary and specialty care to ensure a smooth transition?
3. Please describe how the Plan will work with the HFP health plan to transition existing physician and prescription authorizations and referrals to the Medi-Cal plan for HFP members.

Please explain whether the Plan assigns enrollees to primary care physicians, primary care clinics, and/or facilities for primary care services. Please complete the PCP tab on Attachment B accordingly. If the template provided in Attachment B does not allow the Plan to accurately describe its primary care arrangement, please provide a narrative description of the arrangement here.

**ATTACHMENT 2 – DATA REQUESTED FROM HEALTH PLANS**  
**Qualitative Data Elements for Medi-Cal and Subcontracting Medi-Cal Plans**

As required by law, the Department of Health Care Services and the Department of Managed Health Care are assessing the ability of Medi-Cal managed care plans to provide adequate provider networks and continuity of care to current Healthy Families Program (HFP) members who will be transitioned to Medi-Cal Managed Care starting in January 2013. Please provide clear and detailed explanatory answers to the following questions with regard to Phase 3 of the transition:

Continuity of Care

1. Please explain how the Plan will identify whether an HFP member transitioning into the Plan will be able to keep the PCP they have been seeing in the HFP health plan.
2. Assuming the DHCS is able to receive provider linkage information, how would the Plan utilize this information to ensure HFP members are able to remain with their PCP or specialist?
3. For the HFP members who will have to change PCPs or specialists as a result of the transition, what steps will the Plan take to preserve continuity of care to ensure a smooth transition? Please describe the Plan's transition process relating to continuity of care, including communications to members and providers. Please include a copy of the Plan's current continuity of care policy and procedure.
4. Please describe how the Plan will ensure access to specialists and prescription medication so that there is no disruption in services. Specifically address how the Plan will work with the HFP health plan to transition existing authorizations and referrals into its Medi-Cal line of business for HFP members.
5. Please describe the Plan's outreach and communication that explains the PCP reassignment process to enrollees.
6. Has the Plan taken any steps to review its out-of-network authorization process to ensure that, under circumstances where a patient cannot be transitioned to a new provider, the Plan is able to preserve continuity of care for transitioning HFP members whose treating providers are not in the Plan's network?
7. What steps has the Plan taken to ensure that individuals moving to new providers as a result of the Healthy Families transition will have timely access to their new provider and will not have a disruption in services?
8. Has the Plan made any changes in its network to ensure there are minimal disruptions in services as a result of the transition?

9. Has the Plan made any administrative changes to ensure there are minimal disruptions in services as a result of the transition (e.g. care management staff, expedited utilization management services, etc.)?

#### Provider Network Availability

10. What steps has the Plan taken to evaluate whether its current Medi-Cal contracted providers will continue to contract and treat the Medi-Cal enrollees after the transition of HFP enrollees?
11. What steps has the Plan taken to evaluate whether its current Medi-Cal contracted provider groups will remain financially solvent with the addition of HFP lives into the Medi-Cal product?
12. Please identify the patient age ranges accepted by each of the Plan's PCP specialty types (i.e. pediatrics, family practice, OB/GYN, general practice, or internal medicine).
13. Please explain whether the Plan assigns enrollees to primary care physicians, primary care clinics, and/or facilities for primary care services. Please complete the PCP tab on Attachment B accordingly. If the template provided in Attachment B does not allow the Plan to accurately describe its primary care arrangement, please provide a narrative description of the arrangement here.

## ATTACHMENT 2 – DATA REQUESTED FROM HEALTH PLANS

### Quantitative Data Elements for Healthy Families Plans

Primary Care Providers  
 Primary Plan:  
 Subcontracting Plan:  
 County:

Instructions: Please list all Healthy Families and Medi-Cal providers serving as a Primary Care Provider in the subcontracting Plan's network for this county. For providers operating in multiple locations or for multiple groups, please list the provider a separate time for each location or group (see examples in blue cells below). In cases of multiple locations or multiple groups, provide the data requested in the yellow columns only once and place an asterisk (\*) in the yellow columns for subsequent locations and groups. If the response to a particular column is "no" or "none," please place an "N" or "0," respectively. Do not leave a cell blank unless instructed otherwise in the column.

For Plans That Assign to a Clinic: If the subcontracting plan assigns patients to a clinic rather than to an individual physician, please complete the green columns and fill in the remaining columns with information specific to that clinic. Place the name of the clinic in the "Last Name" column and indicate the total number of physicians available within that clinic in the column entitled: "If provider is a clinic, how many physicians are seeing patients at that clinic? (Do not enter a value if provider is not a clinic)." If provider is a clinic, how many physicians are seeing patients at that clinic? Please do not separately list the individual physicians operating in that clinic in this chart.

API#	Provider Last Name	Provider First Name	Title	PCP type (Pediatric n, OB/GYN, Family Practitioner, General Practitioner, Internal Medicine, or Other)	Is this provider a clinic (Y) or an independent physician (N)?	If provider is a clinic, how many physicians are seeing patients at that clinic? (Do not enter a value if provider is not a clinic)	Total Number of Physician Extenders Supervised by This Physician or Clinic	Provider Group Association	Clinic Name (if applicable)	Address	City	Zip	Phone	Medi-Cal Provider (Y/N)	HF Provider (Y/N)	Total Number of Medi-Cal Members this Physician Will Accept	Current Number of Medi-Cal Members assigned to this physician or supervisor by this PCP	Total Number of Additional Medi-Cal Members That Can Be Assigned to This Provider	Current Number of Healthy Families Members Assigned	Will This Provider Continue to Treat Healthy Families Members That Are Currently Assigned to Medi-Cal?	Accepting New Medi-Cal Members Other than Those Identified in the Previous Column (Y/N)
.....	Jones	Mary	M.D.	OB/GYN	I	3	Hills Physicians	N/A	1224 Lake View Dr.	Sacramento	95829	(xxx) xxx-xxxx	Y	N	2000	500	1500	0	Y	Y	
.....	Jones	Mary	M.D.	OB/GYN	I	3	Apple Care	N/A	1224 Lake View Dr.	Sacramento	95829	(xxx) xxx-xxxx	Y	N	2000	1000	1000	20	N	N	
.....	Smith	John	M.D.	Pediatrician	I	1		N/A	1224 Olive St.	Sacramento	95829	(xxx) xxx-xxxx	Y	Y	2000	1000	1000	20	N	N	
.....	Smith	John	M.D.	Pediatrician	I	1		N/A	5678 Main St.	Sacramento	95829	(xxx) xxx-xxxx	Y	Y	2000	1000	1000	20	N	N	
.....	.....	.....	.....	Clinic	C	5		Main Street Clinic	1011 Main St.	Sacramento	95829	(xxx) xxx-xxxx	Y	Y	8000	4000	4000	1000	Y	Y	

## ATTACHMENT 2 – DATA REQUESTED FROM HEALTH PLANS

### Quantitative Data Elements for Healthy Families Plans

**Specialist Providers**  
**Healthy Families Plan:**  
**County:**

**Instructions:** Please list all **Healthy Families** providers serving as specialists in the Plan's network for this county. For providers operating in multiple locations or for multiple groups, please list the provider a separate time for each location or group (see examples in blue cells below). If a provider is listed more than once, place a "Y" in the column entitled "Duplicate Provider" for every entry related to the same provider.

NP#	Provider Last Name	Provider First Name	Provider Title	Duplicate Provider (Y or N)	Primary Specialty / Type	Secondary Specialty/Type	Pediatric Specialist (Y/N)	Provider Group Association	Address	City	Zip	Phone
Examples:	Jones	Mary	M.D.	Y	Allergy		N	Hills Physicians	1234 Lake View Dr.	Sacramento	95829	(xxx) xxx-xxxx
*****	Jones	Mary	M.D.	Y	Allergy		N	Apple Care	1234 Lake View Dr.	Sacramento	95829	(xxx) xxx-xxxx
*****	Smith	John	M.D.	Y	Neurology		Y		1234 Olive St.	Sacramento	95829	(xxx) xxx-xxxx
*****	Smith	John	M.D.	Y	Neurology		Y		5678 Main St.	Sacramento	95829	(xxx) xxx-xxxx

## ATTACHMENT 2 – DATA REQUESTED FROM HEALTH PLANS

### Quantitative Data Elements for Healthy Families Plans

Physician Extenders  
 Healthy Families Plan:  
 County:

**Instructions:** Please list all **Healthy Families** providers serving as physician extenders in the Plan's network for this county. For physician extenders operating in multiple locations, or who are contracted with multiple physicians or multiple clinics, please list the physician extenders a separate time for each location or supervising physician/entity (see example below). If a provider is listed more than once, place a "Y" in the column entitled "Duplicate Provider" for every entry related to the same provider. If the response to a particular column is "no" or "none," please place an "N" or "0," respectively. Do not leave a cell blank unless instructed otherwise in the column.

**For Plans That Assign to a Clinic:** If your Plan assigns patients to a clinic rather than to an individual physician, please complete the green columns and also place the name of the clinic in the "Last Name" column. Place "N/A" in the column entitled "Total Number of Patients Assigned to Physician Extender," unless the clinic assigns patients to individual physicians and physician extenders.

Supervising Provider's NPI# <i>Examples:</i>	Physician Extender Last Name	Physician Extender First Name	Physician Extender License Type (e.g. Physician Assistant, Nurse Practitioner, Nurse Midwife)	Duplicate Entry? (Y or N)	Supervising Physician Last Name or Clinic Name	Supervising Physician First Name	Physician Extender is Part of a Clinic (Y/N)	Name of Clinic (if applicable)	Physician Extender Address	Physician Extender City	Physician Extender Zip	Physician Extender Phone	Total Number of Patients Assigned to Physician Extender
*****	Jones	Jody	NP	Y	Smith	Sandy	N		123 Main Street	Sacramento	12345	123-456-7891	600
*****	Jones	Jody	NP	Y	Smith	Sandy	N		456 Broadway	Sacramento	12346	123-123-4567	300
*****	Lee	Rick	PA	Y	James	Todd	N		789 1st Street	Sacramento	12343	123-456-7891	200
*****	Lee	Rick	PA	Y	Brown	Rachel	N		1011 2nd Ave.	Sacramento	12346	123-789-1011	600
*****	Smith	Andrew	PA	N	Main Street Clinic		Y	Main Street Clinic	1011 Main St.	Sacramento	95829	(xxx) xxx-xxxx	N/A



**ATTACHMENT 2 – DATA REQUESTED FROM HEALTH PLANS**  
**Quantitative Data Elements for Healthy Families Plans**

**Health Plan Data Summary Chart**

**Healthy Families Plan:**

**County:**

***Instructions:** Please complete the following data requests with regard to the enrollees in the Plan that will be transitioning from the Plan's Healthy Families product in this county into Medi-Cal during Phase 3.*

1. Provide the total number of enrollees who are currently enrolled in the Plan's Healthy Families line of business in this county.

\_\_\_\_\_

2. Provide the Plan's overall PCP-to-enrollee and physician-to-enrollee ratio for the Healthy Families product in this county.

PCPs: 1: \_\_\_\_\_

Physicians:

1: \_\_\_\_\_

3. Provide the total number of unduplicated PCPs and specialists available in the subcontracting plan's Healthy Families network in this county.

PCPs: \_\_\_\_\_

Physicians: \_\_\_\_\_

**ATTACHMENT 2 – DATA REQUESTED FROM HEALTH PLANS**  
**Quantitative Data Elements for Healthy Families Plans**

**Health Plan Data Summary Chart (cont'd)**

6. Please complete the following chart to indicate the total number of specialty types and specialists available in the Plan’s Healthy Families network in this county and the utilization of these specialty types in the past year:

Specialty types available in the Plan's network	For each specialty type, indicate the total number of providers in the Plan's Healthy Families network	By specialty type, provide the total number of Healthy Families enrollees that have accessed that specialty type in the past 12 months.
<i>Example</i>		
<i>Allergist</i>	<i>12</i>	<i>215</i>
Allergist/ Immunologists		
Anesthesiologists		
Cardiologists		
Dermatologists		
Endocrinologists		
Gastroenterologists		
Geneticists		
Hematologists/ Oncologists		
HIV/AIDS Specialists		
Infectious Disease		
Neonatologists		
Nephrologists		
Neurologists		
Obstetricians/ Gynecologists		
Ophthalmologists		
Otolaryngologists		
Pain Medicine Specialists		
Perinatologists		
Physical Medicine and Rehabilitation		
Podiatrists		
Pulmonologists		
Radiologists/ Nuclear Medicine Specialists		
Rheumatologists		
Surgeons General		
Surgeons Neurological		
Surgeons Orthopedic		
Surgeons Plastic		
Surgeons Thoracic		
Surgeons Vascular		
Urologists		
<i>Add in additional rows for other specialty types provided by the Plan including any pediatric sub-specialists.</i>		

## ATTACHMENT 2 – DATA REQUESTED FROM HEALTH PLANS

### Quantitative Data Elements: Medi-Cal & Subcontracting Medi-Cal Managed Care Plans

Primary Care Providers  
 Medi-Cal Plan:  
 County:

**Instructions:** Please list all **Medi-Cal** providers serving as a **Primary Care Provider** in the Plan's network for this county. For providers operating in multiple locations or for multiple groups, please list the provider a separate time for each location or group (see examples in blue cells below). If a provider is listed more than once, place a "Y" in the column entitled "Duplicate Provider" for every entry related to the same provider. If the response to a particular column is "no" or "none," please place an "N" or "0," respectively. Do not leave a cell blank unless instructed otherwise in the column.

**For Plans That Assign to a Clinic:** If the Plan assigns patients to a clinic rather than to an individual physician, please complete the green columns and fill in the remaining columns with information specific to that clinic. Place the name of the clinic in the "Last Name" column and indicate the total number of physicians available within that clinic in the column entitled: "If provider is a clinic, how many physicians are seeing patients at that clinic?" Please do not separately list the individual physicians operating in that clinic in this chart.

Examples: NPI#	Provider Last Name (Last Name of Clinic)	Provider First Name	Title	Duplicate Provider (Y/N)	PCP Type (GYN, Family Practitioner, General Practitioner, or Other)	Is this provider a clinic ("C") or an independent physician ("P")?	If provider is a clinic, how many physicians are seeing patients at that clinic? (Do not enter a value if provider is not a clinic)	Total Number of Physician Extenders Supervised by This Physician or Clinic	Provider Group Association	Clinic Name (if applicable)	Address	City	Zip	Phone	Accepting New Patients? (Y/N)	Total Number of Medi-Cal Members this Physician Will Accept	Current Number of Medi-Cal Members Assigned
.....	Jones	Mary	M.D.	Y	OB/GYN	I		3	Hills Physicians	N/A	1234 Lake View Dr.	Sacramento	95829	(xx) xxx-xxxx	Y	2000	0
.....	Jones	Mary	M.D.	Y	OB/GYN	I		3	Apple Care	N/A	1234 Lake View Dr.	Sacramento	95829	(xx) xxx-xxxx	N	2000	50
.....	Smith	John	M.D.	Y	Pediatrician	I		1	N/A	N/A	1234 Olive St.	Sacramento	95829	(xx) xxx-xxxx	N	2000	20
.....	Smith	John	M.D.	N	Pediatrician	I		1	N/A	N/A	5678 Main St.	Sacramento	95829	(xx) xxx-xxxx	N	2000	40
.....		Multi-Street Clinic		N	Clinic	C	5	1		Main Street Clinic	1017 Main St.	Sacramento	95829	(xx) xxx-xxxx	Y	8000	1000

## ATTACHMENT 2 – DATA REQUESTED FROM HEALTH PLANS

### Quantitative Data Elements: Medi-Cal & Subcontracting Medi-Cal Managed Care Plans

**Specialist Providers**  
**Medi-Cal Plan:**  
**County:**

Instructions: Please list all Medi-Cal providers serving as specialists in the Plan's network for this county. For providers operating in multiple locations or for multiple groups, please list the provider a separate time for each location or group (see examples in blue cells below). If a provider is listed more than once, place a "Y" in the column entitled "Duplicate Provider" for every entry related to the same provider.

NPI#	Provider Last Name	Provider First Name	Provider Title	Duplicate Provider (Y or N)	Primary Specialty / Type	Secondary Specialty/Type	Pediatric Specialist (Y/N)	Provider Group Association	Address	City	Zip	Phone
***** ***** *****	Jones	Mary	M.D.	Y	Allergy		N	Hills Physicians	1234 Lake View Dr.	Sacramento	95829	(xxx) xxx-xxxx
***** ***** *****	Jones	Mary	M.D.	Y	Allergy		N	Apple Care	1234 Lake View Dr.	Sacramento	95829	(xxx) xxx-xxxx
***** ***** *****	Smith	John	M.D.	Y	Neurology		Y		1234 Olive St.	Sacramento	95829	(xx) xxx-xxxx
***** ***** *****	Smith	John	M.D.	Y	Neurology		Y		5678 Main St.	Sacramento	95829	(xxx) xxx-xxxx

## ATTACHMENT 2 – DATA REQUESTED FROM HEALTH PLANS

### Quantitative Data Elements: Medi-Cal & Subcontracting Medi-Cal Managed Care Plans

**Physician Extenders**  
**Medi-Cal Plan:**  
**County:**

**Instructions:** Please list all Medi-Cal providers serving as physician extenders in the Plan's network for this county. For physician extenders operating in multiple locations, or who are contracted with multiple physicians or multiple clinics, please list the physician extenders a separate time for each location or supervising physician/entity (see example below). If a provider is listed more than once, place a "Y" in the column entitled "Duplicate Provider" for every entry related to the same provider. If the response to a particular column is "no" or "none," please place an "N" or "0," respectively. Do not leave a cell blank unless instructed otherwise in the column.

**For Plans That Assign to a Clinic:** If the Plan assigns patients to a clinic rather than to an individual physician, please complete the green columns and also place the name of the clinic in the "Last Name" column. Place "N/A" in the column entitled "Total Number of Patients Assigned to Physician Extender," unless the clinic assigns patients to individual physicians and physician extenders.

Supervising Provider's NPI#	Physician Extender Last Name	Physician Extender First Name	Physician Extender License Type (e.g. Physician Assistant, Nurse Practitioner, Nurse Midwife)	Duplicate Entry? (Y or N)	Supervising Physician Last Name or Clinic Name	Supervising Physician First Name	Physician Extender is Part of a Clinic (Y/N)	Name of Clinic (if applicable)	Physician Extender Address	Physician Extender City	Physician Extender Zip	Physician Extender Phone	Total Number of Patients Assigned to Physician Extender
Examples: *****	Jones	Jody	NP	Y	Smith	Sandy	N		123 Main Street	Sacramento	12345	123-456-789	600
*****	Jones	Jody	NP	Y	Smith	Sandy	N		456 Broadway	Sacramento	12346	123-456-789	300
*****	Lee	Rick	PA	Y	James	Todd	N		789 1st Street	Sacramento	12345	123-456-789	200
*****	Lee	Rick	PA	Y	Brown	Rachel	N		1011 2nd Ave.	Sacramento	12346	123-789-101	600
*****	Smith	Andrew	PA	N	Main Street Clinic		Y	Main Street Clinic	1011 Main St.	Sacramento	95829	(xxx) xxx-xxxx	N/A

**ATTACHMENT 2 – DATA REQUESTED FROM HEALTH PLANS**  
**Quantitative Data Elements: Medi-Cal & Subcontracting Medi-Cal Managed Care Plans**

**Health Plan Data Summary Chart**

**Medi-Cal Plan:**

---

**County:**

---

***Instructions:** Please complete the following data requests with regard to the Plan's Medi-Cal network for this county.*

1. Provide the total number of enrollees who are currently enrolled in the Plan's Medi-Cal line of business in this county.

\_\_\_\_\_

2. Provide the Plan's overall PCP-to-enrollee and physician-to-enrollee ratio for the Medi-Cal line of business in this county.

PCPs: 1: \_\_\_\_\_

Physicians: 1: \_\_\_\_\_

3. Provide the total number of unduplicated PCPs and specialists available in the Plan's Medi-Cal network in this county.

PCPs: \_\_\_\_\_

Physicians: \_\_\_\_\_

**ATTACHMENT 2 – DATA REQUESTED FROM HEALTH PLANS**

**Quantitative Data Elements: Medi-Cal & Subcontracting Medi-Cal Managed Care Plans**

**Health Plan Data Summary Chart (cont'd)**

4. Please complete the following chart to indicate the total number of specialty types and specialists available in the Plan's Medi-Cal network in this county and the utilization of these specialty types in the past year:

Specialty types available in the Plan's network	For each specialty type, indicate the total number of providers in the Plan's Medi-Cal network	By specialty type, provide the total number of Medi-Cal enrollees that have accessed that specialty type in the past 12 months.
<i>Example</i>		
<i>Allergist</i>	<i>12</i>	<i>215</i>
Allergist/ Immunologists		
Anesthesiologists		
Cardiologists		
Dermatologists		
Endocrinologists		
Gastroenterologists		
Geneticists		
Hematologists/ Oncologists		
HIV/AIDS Specialists		
Infectious Disease		
Neonatologists		
Nephrologists		
Neurologists		
Obstetricians/ Gynecologists		
Ophthalmologists		
Otolaryngologists		
Pain Medicine Specialists		
Perinatologists		
Physical Medicine and Rehabilitation		
Podiatrists		
Pulmonologists		
Radiologists/ Nuclear Medicine Specialists		
Rheumatologists		
Surgeons General		
Surgeons Neurological		
Surgeons Orthopedic		
Surgeons Plastic		
Surgeons Thoracic		
Surgeons Vascular		
Urologists		
<i>Add in additional rows for other specialty types provided by the Plan including any pediatric sub-specialists.</i>		

**ATTACHMENT 3 – SUMMARY NETWORK ASSESSMENT DATA**

County	Medi-Cal PCP to enrollee ratio post-transition (1:_____)	Medi-Cal Physician to enrollee ratio post-transition	Total Number of PCPs in the Medi-Cal Network	Total Number of Physicians in the Medi-Cal Network	Total Number of PCPs in the Healthy Families Network	Total Number of Physicians in the Healthy Families Network	% of Medi-Cal PCPs Accepting New Patients	% of HFP PCPs who are in the Medi-Cal network
Fresno County	421	140	562	1691	79	273	93%	0% (100% if Kaiser subcontracts)
Kern County	756	201	237	893	269	623	64%	34% (78% if Kaiser subcontracts)
Kings County	193	103	141	264	79	273	96%	0% (100% if Kaiser subcontracts)
Madera County	202	64	163	516	51	119	86%	0% (100% if Kaiser subcontracts)
Marin County	188	67	100	281	18	185	45%	5%
Mendocino County	363	157	61	141	20	57	94%	0%
Merced County	980	335	84	246	131	3487	67%	6%
Napa County	556	194	30	86	9	71	47%	0%
Orange County	312	137	1423	3255	917	2388	62%	51%
Riverside County	686	182	478	1802	472	1784	96%	38%
Sacramento County	450	80	476	2663	20	3130	68%	13%
San Bernardino County	696	165	532	2245	487	1100	92%	47%
San Diego County	218	67	1448	4697	418	1420	71%	81%
San Francisco County	86	17	926	4790	39	1702	78%	92%
San Joaquin County	519	43	282	3412	320	820	67%	29% (60% if Kaiser subcontracts)
San Luis Obispo County	256	42	130	792	33	108	87%	3%
San Mateo County	78	21	895	3324	152	562	31%	0% (100% if Kaiser subcontracts)



**ATTACHMENT 4 – SUMMARY NETWORK ASSESSMENT DATA**

County	Medi-Cal PCP to enrollee ratio post-transition (1:_____)	Medi-Cal Physician to enrollee ratio post-transition	Total Number of PCPs in the Medi-Cal Network	Total Number of Physicians in the Medi-Cal Network	Total Number of PCPs in the Healthy Families Network	Total Number of Physicians in the Healthy Families Network	% of Medi-Cal PCPs Accepting New Patients	% of HFP PCPs who are in the Medi-Cal network
Santa Cruz County	235	73	174	564	25	83	25%	8%
Solano County	534	161	117	389	40	202	43%	18%
Sonoma County	326	155	186	391	36	333	50%	14%
Stanislaus County	338	26	273	3498	135	736	62%	59%
Ventura County	587	128	205	941	394	1021	90%	3% (18% if Kaiser subcontracts)
Yolo County	290	82	105	373	81	214	79%	7% (37% if Kaiser subcontracts)