



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

**NETWORK ADEQUACY ASSESSMENT REPORT  
PHASE 2**

**January 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 2

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## 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 2 of the transition of Healthy Families Program (HFP) enrollees to the Medi-Cal program beginning April 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 863,000 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 second phase occurring no sooner than April 1, 2013. Children who will be transitioned during Phase 2 are enrollees of health plans that have a HFP product and also subcontract with a Medi-Cal managed care plan to provide Medi-Cal services.<sup>2</sup> Approximately 268,846 children will transition during this phase. These children will be assigned to the primary plan that subcontracts with their HFP plan for Medi-Cal services. The primary plan will then assign these enrollees to the subcontracting plan with which they are currently associated for HFP services, to the extent possible. There should be minimal disruption in services for children in Phase 2 because they will not be switching health plans. Dental services for Phase 2 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 2 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 assessed the network for each full-service managed care plan that subcontracts with a primary Medi-Cal plan. There are five (5) health plans in Phase 2; the following subcontracting plans are included in this

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<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 and is 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 2 children, with the exception of children residing in Los Angeles 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.

network assessment report: Anthem Blue Cross, CalViva Health Plan<sup>4</sup>, Care 1<sup>st</sup> Health Plan, Health Net of California, Kaiser Foundation Health Plan, and Molina Health Plan of California. Each health plan assessment identifies the primary plan with which the subcontracting plan contracts. In conducting this assessment, DHCS took the lead in evaluating DHCS contractual requirements and DMHC took the lead in evaluating Knox-Keene Act compliance. The results of those assessments are the subject of this Report.<sup>5</sup>

### **Key Findings**

In general, there is a high degree of overlap between providers contracted in the HFP and Medi-Cal networks in counties where HFP health plans subcontract with a primary Medi-Cal Managed Care plan. The subcontracted health plans generally have sufficient capacity to handle the transition-related enrollment, as well as new enrollment as children enter the Medi-Cal program. 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>6</sup>

Although the departments have no concerns with most health plan networks in Phase 2, the departments have significant concerns regarding the overlap of Health Net of California's HFP provider network with its Medi-Cal provider network. Health Net is a commercial plan that operates an HFP product and subcontracts with Medi-Cal managed care plans to deliver Medi-Cal services in Orange, Riverside, and San Bernardino counties.

Health Net indicates that it cannot definitively state which providers will participate in the Medi-Cal network because the Plan is still in the process of negotiating provider contracts; thus, Health Net is unable to report how many current HFP primary care physicians (PCPs) will continue to see HFP enrollees post-transition. Therefore, while Health Net has an adequate network for current enrollees, the departments are unable to assess whether the networks are adequate for transitioning children. However, CalOptima, the primary Medi-Cal managed care plan in Orange County, and Molina and Inland Empire Health Plan, the primary Medi-Cal managed care plans in Riverside and San Bernardino counties, all have available and adequate networks to serve transitioning children and accept new enrollment. The departments will conduct an additional network assessment once Health Net has finalized all provider contracts for its network.

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<sup>4</sup> CalViva was originally assessed in the Phase 1 report; however it has subsequently been moved to Phase 2, as it more closely resembles a Phase 2 plan.

<sup>5</sup> A Table providing a summary of the key network data elements is included as Attachment 4.

<sup>6</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.

To the extent Health Net is able to ensure an adequate network and continued care with HFP enrollees' current PCPs, enrollees will be auto-assigned to Health Net. If Health Net cannot ensure an adequate network and HFP enrollees cannot continue to receive care from their current PCPs, the DHCS may give these enrollees the opportunity to choose a different Medi-Cal managed care plan in the county. Once the Plan has finalized its Medi-Cal provider network, the departments will issue an addendum to this report.

This report also contains updated information for the CalViva provider network. Originally, CalViva was included in the Phase 1 transition, but the DHCS decided to move CalViva into the Phase 2 transition. In the Phase 1 network assessment, the departments identified some significant concerns with the CalViva provider network. In the Phase 2 assessment, the departments provide updated information.

## 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 2 transition of Healthy Families Program (HFP) enrollees into Medi-Cal. The departments reviewed the networks for all full-service Medi-Cal managed care plans scheduled to transition during Phase 2 and have individually assessed each health plan’s network.

**Criteria.** The departments evaluated the health plan networks 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>7</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 to each subcontracting Medi-Cal managed care plan participating in Phase 2 to provide data related to its provider network.<sup>8</sup> The following describes the types of data the departments received and how the departments utilized this data to evaluate the impact of the HFP transition on Medi-Cal managed care provider networks:

- *Qualitative Continuity of Care and Provider Network Data*  
The departments provided each Phase 2 subcontracting plan with a list of questions requiring the plan to explain the efforts the plan has taken to preserve continuity of care, transition existing authorizations and referrals, evaluate the capacity of the existing provider network to treat additional Medi-Cal patients, build additional network capacity when necessary, develop administrative capacity to serve this new population, and ensure all members will have timely access to quality health and dental care. The departments also asked each plan to specifically address what efforts the plan has made to bring HFP-only providers into its Medi-Cal network. The departments have utilized this information to evaluate whether the plan has taken appropriate steps to prepare its network for the transition, estimate how

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<sup>7</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.

<sup>8</sup> This data request is included as Attachment 3.

patients may be affected by the transition, and assess how the plan will provide continuity of care to its patients. The departments have reported this information for each plan primarily in two sections of the plan assessment: “Continuity of Care” and “Timely Access to Care.”

- *Summary Provider Network Data*

Each Phase 2 subcontracting plan provided a high-level overview of the total available providers in its network, the total number of patients expected to transition into the plan, an overall percentage of transitioning patients who will be able to keep their primary care providers post-transition, the number and type of specialists available in the HFP and Medi-Cal networks, and the utilization of specialty services by HFP and Medi-Cal enrollees over the past year. These data are specific to each county in which the plan provides a Medi-Cal managed care product via a subcontract with a primary Medi-Cal plan. The departments utilized 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. 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*

Each Phase 2 subcontracting plan provided a detailed list of all primary and specialist providers, as well as physician extender providers when applicable. The provider lists indicate the location of each provider and whether the provider currently serves Medi-Cal and/or HFP patients. For primary care providers, the plan also indicated whether the provider is an individual physician or clinic, each provider’s total Medi-Cal capacity, the total Medi-Cal and HFP patients currently assigned to the provider, whether the provider is accepting new patients, and whether the provider will continue to treat HFP children after they transition to Medi-Cal. For specialists, the plan 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, the capacity of individual providers to take on additional patients, and whether the provider will be available to treat HFP members post-transition. The departments also evaluated how many primary and specialty providers in the HFP network will also be available in the Medi-Cal network so that the departments can assess continuity of primary and specialty care. The departments have reported this information for each plan in three sections of the plan assessment: “Provider Overlap,” “Provider Capacity,” and “Geographic Accessibility.”

**Data.** The departments’ analysis is based on point-in-time data provided by the plans to the departments between November 21, 2012 and November 28, 2012. Some plans indicate they are in the process of negotiating new Medi-Cal contracts and are attempting to bring more providers



into their networks. The departments will continue to monitor health plan networks throughout the transition.

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 two networks. It is not a reflection of the total number of providers available in the Medi-Cal network, as the Medi-Cal network often has many more providers than are available in the HFP network. The full Medi-Cal network is described at the beginning of each assessment. This section also considers the availability of specialists in the Medi-Cal network compared to the HFP network. It is important to keep in mind that 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.<sup>9</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. 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 provider can accept against the number of enrollees projected to be assigned to that provider post-transition. For those providers 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.
- *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 geographic access standards at the time the service area was established. This evaluation focuses on the location of current HFP providers compared to the location of Medi-Cal providers.
- *Continuity of Care.* The Medi-Cal plans 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 provider for specified conditions as long as the non-contracted provider agrees to the health plan reimbursement rate. This section 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

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<sup>9</sup> See Health and Safety Code § 1367, subd. (i) and California Code of Regulations, title 28, § 1300.67, subd. (a).

with the network, or whether there are minor, moderate or significant concerns with network adequacy.

## **SECTION III. HEALTH PLAN ASSESSMENTS**

This section contains the departments' assessment of the Medi-Cal provider networks by plan and by county. The plans are listed alphabetically; the counties that each plan serves are also listed alphabetically under a particular plan.

### **Anthem Blue Cross**

Anthem Blue Cross ("Plan") serves as a Medi-Cal subcontractor to L.A. Care Health Plan in Los Angeles County. The Plan also operates a HFP line of business in that county. Plan data indicate that the Plan's subcontracting Medi-Cal network contains 1,819 PCPs and 5,908 total physicians, whereas the Plan's HFP network contains 1,423 PCPs and 4,993 total physicians.

### ***Los Angeles County***

#### **Provider Network Overlap**

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

- The Plan indicates that 99% of its HFP enrollees will be able to keep their PCPs post-transition. The Plan is reaching out to its HFP-only providers with the goal of having contracts in place with those providers prior to the transition.
- Plan data indicate that 100% of its providers who currently participate in both the Medi-Cal and HFP networks will continue seeing their HFP patients post-transition.
- With regard to PCPs in the HFP network who treat children, 67% of HFP pediatricians are in the Medi-Cal network, 79% of HFP OB/GYNs are in the Medi-Cal network, 77% of the HFP family practitioners are in the Medi-Cal network, and 75% of the HFP general practitioners are in the Medi-Cal network.

##### ***Specialists***

- With regard to specialists, 79% of the Plan's HFP specialists are in the Medi-Cal network.
- All highly-utilized specialty types available in the Plan's HFP network are also available in the Plan's Medi-Cal network.
- The Plan's Medi-Cal network offers 473 pediatric specialists, comprising 12.8% of the Plan's total Medi-Cal specialist network, which is slightly fewer than that offered by the Plan's HFP network (488 pediatric specialists, comprising 13.7% of the Plan's HFP specialist network).

## Provider Capacity

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

- Plan data indicate that the Medi-Cal network will have one PCP for every 208 enrollees after the transition and one physician overall for every 64 enrollees after the transition.
- Plan data indicate that 91% of its Medi-Cal PCPs are accepting new Medi-Cal patients beyond those who are transitioning from the HFP.

### ***Specialists***

- With regard to specialist services covered under Medi-Cal, the Medi-Cal 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 each specialty type.

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

Continuity of Care. The Plan provided its policies and procedures describing the Plan's process for ensuring continued access to a treating provider for enrollees meeting the Knox Keene eligibility requirements for completion of covered services. According to its procedures, the Plan provides a case management team to assist patients receiving continuity of care from a non-network provider. The case management team documents patient progress, continues prescriptions, and assists patients in transitioning to a contracted provider when medically appropriate. The Plan's Medical Management Department is available to assist enrollees who do not meet the eligibility requirements for continuity of care to locate an appropriate provider within the Plan's network. Additionally, the Plan currently has a transition of care/continuity of care process in place that will apply to HFP members during the transition. This process includes an Access to Care team comprised of registered nurses ("RN"s) who identify and authorize required services that may not be available within the network.

Timely Access to Care. The Plan states that all of its contracted providers are aware of the Plan's Access to Care Standards and all providers are required to adhere to these standards. Additionally, the Plan offers outreach specialists who are able to work with provider offices to facilitate appointments for members when unusual circumstances arise. See the Phase 1 report for additional information regarding the Plan's efforts to ensure timely access to care.

Assessment. The departments have no concerns with the Plan's network. Although the Plan's Medi-Cal and HFP networks have moderate overlap, the high percentage of enrollees who will

be able to keep their PCP post-transition ensures a high degree of continuity of care. The Plan's Medi-Cal network 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 Plan reports a moderately high level of specialty overlap and the Medi-Cal network contains all high-utilization specialty types available in the HFP network at a quantity that is suitable to meet the utilization of all HFP and Medi-Cal enrollees.

## **CalViva Health Plan**

CalViva Health Plan (“Plan”) is the local initiative health plan that serves Fresno, Kings, and Madera counties. CalViva has an Administrative Services Agreement and a Capitated Provider Services Agreement with Health Net whereby Health Net administers all health care services for CalViva enrollees and CalViva utilizes Health Net’s provider network to access services for CalViva enrollees. CalViva does not have a HFP line of business but it utilizes Health Net’s Medi-Cal network and Health Net maintains a HFP line of business in these counties. The departments compared the CalViva Medi-Cal network to the Health Net HFP network for the purposes of this network assessment.

The departments conducted their initial analysis of the Plan provider network in the Phase 1 Network Adequacy Assessment. At that time, the departments identified significant concerns with the ability of that network to serve transitioning HFP enrollees. This assessment was largely due to the fact that the Plan had a low rate of provider overlap with the Health Net HFP product and the Plan could not provide any definitive information regarding which providers would be participating in the Medi-Cal network at the time of the transition. In order to address these concerns and ensure the networks will be adequate for the transitioning population, the departments requested that the Plan respond to further inquiries and provide new network data once the Plan’s Medi-Cal network was solidified.

At this time, the Plan is still in the process of confirming which providers will participate in its Medi-Cal program and the Plan will resubmit its network data before the end of the year. The departments will ensure that all re-assessments are completed prior to the transition of children from HFP to Cal Viva. In the meantime, the Plan has provided the following updates:

- **Fresno County**: The Plan states that 269 of the 313 PCPs (86%) participating in Health Net’s HFP product are also in Cal Viva’s Medi-Cal product. These 269 providers will continue to treat the 10,775 HFP enrollees currently assigned to them post-transition; therefore 81% of the HFP enrollees will be able to retain their PCPs post-transition. Health Net is continuing discussions with the remaining 44 PCPs to determine if they will contract for the Medi-Cal product and continue to treat the 2,574 HFP enrollees currently assigned to these providers after the transition.
- **Kings County**: The Plan states that 62 of the 72 PCPs (86%) participating in Health Net’s HFP product are also in Cal Viva’s Medi-Cal product. These 62 providers will continue to treat the 467 HFP enrollees currently assigned to them post-transition; therefore, 96% of the HFP enrollees will be able to retain their PCPs post-transition. Health Net is continuing discussions with the remaining 10 PCPs to determine if they will contract with the Medi-Cal product and continue to treat the 21 HFP enrollees currently assigned to these providers after the transition.
- **Madera County**: The Plan states that 53 of the 62 PCPs (85%) participating in Health Net’s HFP product are also in Cal Viva’s Medi-Cal product. These 53 providers will continue to

treat the 663 HFP enrollees currently assigned to them post-transition; therefore, 82% of the HFP enrollees will be able to retain their PCPs post-transition. Health Net is continuing discussions with the remaining nine PCPs to determine if they will contract with the Medi-Cal product and continue to treat the 146 HFP enrollees currently assigned to these providers after the transition.

Assessment: This data indicates that a large number of providers will continue to treat HFP enrollees post-transition which means a large percentage of enrollees will be able to keep their PCP post-transition. While the departments still intend to reassess the Plan's provider network once the Plan has submitted its updated network data for review, the departments believe the Plan's network in this county will be ready to transition in Phase 2 as currently planned.

## **Care 1<sup>st</sup> Health Plan**

Care 1<sup>st</sup> Health Plan (“Plan”) serves as a Medi-Cal subcontractor to L.A. Care Health Plan in Los Angeles County. The Plan also operates a HFP line of business in that county. Plan data indicate that the Plan’s subcontracting Medi-Cal network contains 2,007 PCPs and 4,454 total physicians, whereas the Plan’s HFP network contains 1,417 PCPs and 2,744 total physicians.

### ***Los Angeles County***

#### **Provider Overlap**

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

- The Plan indicates that 97% of its HFP enrollees will be able to keep their PCPs post-transition.
- Plan data indicate that 100% of its providers who currently treat HFP patients and participate in both the Medi-Cal and HFP networks will continue seeing their HFP patients post-transition. The Plan is in the process of reaching out to its HFP-only providers and intends to have 100% cross-over of its HFP network to its Medi-Cal network prior to the transition.
- With regard to PCPs in the HFP network who treat children, 90% of HFP pediatricians are in the Medi-Cal network, 54% of HFP OB/GYNs are in the Medi-Cal network, 85% of the HFP family practitioners are in the Medi-Cal network, 89% of the HFP general practitioners are in the Medi-Cal network, and 77% of HFP internal medicine practitioners are in the Medi-Cal network.

##### ***Specialists***

- With regard to specialists, 76% of the Plan’s HFP specialists are in the Medi-Cal network.
- All highly-utilized specialty types available in the Plan’s HFP network are also available in the Plan’s Medi-Cal network.
- The Plan’s Medi-Cal network offers 485 pediatric specialists, comprising 14% of the Plan’s total Medi-Cal specialist network, which is greater than that offered by the Plan’s HFP network (173 pediatric specialists, comprising 9% of the Plan’s HFP specialist network).

#### **Provider Capacity**

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

- Plan data indicate that the Medi-Cal network will have one PCP for every 138 enrollees after the transition and one physician overall for every 62 enrollees after the transition.



- Plan data indicate that 73% of its Medi-Cal PCPs are accepting new Medi-Cal patients beyond those who are transitioning from the HFP.

### ***Specialists***

- With regard to specialty care covered under Medi-Cal, there will be no decrease in specialists in any of the high-volume specialty areas for this population.

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

***Continuity of Care.*** The Plan provided its policies and procedures describing the Plan's process for ensuring continued access to a treating provider for enrollees meeting the Knox Keene eligibility requirements for completion of covered services. According to these procedures, the Plan's UM Department will review all open referrals and authorizations to identify members who are in an active course of treatment. Plan case managers will contact the members who have open referrals and assist them in receiving continuity of care either with the Plan or with the relevant carved-out programs (e.g. behavioral health, dental, CCS). The Plan will give reasonable consideration to the potential clinical effect on an enrollee's treatment caused by a change in a provider when determining whether to approve ongoing care with a non-network provider. The Plan will also honor existing approvals for non-formulary drugs so long as the medication meets the Medi-Cal coverage requirements. The Plan will cover a 30-day supply of an authorized non-formulary drug during the transition period.

***Timely Access to Care.*** The Plan will ensure that all new members or members assigned to a new PCP have an initial health assessment completed within 120 days of the assignment. The Plan has policies and procedures in place regarding timeframes for appointment availability that conform to the Knox Keene timely access standards. The Plan also conducts annual access to care studies to document and measure the Plan's ability to meet these requirements.

***Assessment.*** The departments have no concerns with the Plan's network. The Plan's Medi-Cal and HFP networks have significant overlap to ensure a high degree of continuity of care. The Plan's Medi-Cal network appears to have ample providers with adequate capacity to accommodate any new enrollees and ensure adequate access to care. The Plan also has processes in place to monitor and provide for continuity of care and timely access to care.

## **Health Net**

Health Net of California serves as a Medi-Cal subcontractor to CalOptima in Orange County and as a subcontractor to Molina Health Plan of California in Riverside and San Bernardino counties. The Plan also operates a HFP line of business in these counties.

### ***Orange County***

Plan data indicate that the Plan's subcontracting Medi-Cal network contains 65 PCPs and 242 total physicians, whereas the Plan's HFP network contains 1,259 PCPs and 4,029 total physicians.

### **Provider Overlap**

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

- The Plan states that it is still in the process of negotiating contracts with its current Medi-Cal and HFP providers and cannot yet indicate which of its providers will continue serving HFP enrollees after the transition to Medi-Cal. Therefore, the Plan is not yet able to determine how many HFP enrollees will be able to keep their current PCPs after the transition. However, CalOptima, the Primary Plan in Orange County that subcontracts with Health Net to supplement its network, indicates its Medi-Cal network has ample providers with adequate capacity to accommodate HFP enrollees and other new Medi-Cal enrollees and ensure adequate access to care.<sup>10</sup> For current Health Net HFP members who are not able to receive care from their current PCPs after the transition, DHCS may allow them to choose another PCP from within the CalOptima network.
- Plan data indicate that currently 4% of HFP individual PCPs and 100% of HFP clinics are in the Medi-Cal network.
- With regard to PCPs in the HFP network who treat children, 6% of HFP pediatricians are currently in the Medi-Cal network, 0% of HFP OB/GYNs are currently in the Medi-Cal network, 3% of the HFP family practitioners are currently in the Medi-Cal network, and 1% of the HFP general practitioners are currently in the Medi-Cal network.

#### ***Specialists***

- With regard to specialists, 2% of the Plan's HFP specialists are currently in the Medi-Cal network.
- Because the Plan is still in the process of arranging contracts with its Medi-Cal providers, there are some specialty types available in the HFP product that are not currently available in the Medi-Cal product. However, CalOptima's Medi-Cal network contains nearly all of the provider types not offered in Health Net's Medi-Cal network. Enrollees

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<sup>10</sup> See "Healthy Families Program Transition to Medi-Cal Network Adequacy Assessment Report Phase 1" (November 1, 2012), at p. 26-27, for a full assessment of the Cal Optima network.

requiring specialty services not available within the Health Net's network may choose to enroll in CalOptima, or they may stay in Health Net and request medically necessary specialty treatment from out-of-network providers.

- The Plan's Medi-Cal network offers 13 pediatric specialists, comprising 5% of the Plan's total Medi-Cal specialist network, which is fewer than that offered by the Plan's HFP network (627 pediatric specialists, comprising 9% of the Plan's HFP specialist network).

### Provider Capacity

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

- Plan data indicate that the current Medi-Cal network will have one PCP for every 504 enrollees after the transition and one physician overall for every 135 enrollees after the transition.
- Plan data indicate that 39% of its Medi-Cal PCPs are accepting new Medi-Cal patients beyond those who are transitioning from the HFP.
- Health Net HFP enrollees may choose to enroll in CalOptima as their Medi-Cal plan. CalOptima has ample capacity for additional Medi-Cal enrollment. Its Medi-Cal network currently provides one PCP for every 207 enrollees and one physician overall for every 96 enrollees after the transition. Seventy-six percent (76%) of PCPs in CalOptima's network are accepting new Medi-Cal patients and will be able to accommodate Health Net's HFP enrollees, should any enrollee choose to change plans.

#### ***Specialists***

- With regard to specialty care covered under Medi-Cal, based on the network data provided by the Plan, there will be a decrease in specialists in many specialty areas for the HFP population. The Plan did not provide utilization data; therefore the departments cannot determine which of these specialty areas will have the greatest impact on patients.

Geographic Access. The following cities in Orange County currently have HFP PCPs but no Medi-Cal PCPs: Aliso Viejo, Brea, Costa Mesa, Cypress, Dana Point, El Toro, Foothill Ranch, Fullerton, Irvine, La Habra, La Palma, Ladera Ranch, Laguna Beach, Laguna Hills, Laguna Niguel, Laguna Woods, Lake Forest, Los Alamitos, Mission Viejo, Newport Beach, Placentia, Rancho Santa Margarita, San Clemente, San Juan Capistrano, Seal Beach, Tustin, Villa Park, and Yorba Linda.

#### ***Riverside County***

Plan data indicate that the Plan's subcontracting Medi-Cal network contains 136 PCPs and 595 total physicians, whereas the Plan's HFP network contains 381 PCPs and 993 total physicians.

## Provider Overlap

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

- The Plan states that it is still in the process of negotiating contracts with its current Medi-Cal and HFP providers and cannot yet indicate which of its providers will continue serving HFP enrollees after the transition to Medi-Cal. Therefore, the Plan is not yet able to determine how many HFP enrollees will be able to keep their current PCPs after the transition. However, Inland Empire Health Plan (IEHP) and Molina Health Plan of California, the primary plans in Riverside County, have ample providers with adequate capacity to accommodate Health Net HFP enrollees as well as new Medi-Cal enrollees and ensure adequate access to care.<sup>11</sup> For those members who cannot continue care with their current HFP PCPs, the DHCS may allow those members to select from the primary Medi-Cal plans and their networks in the county.
- Plan data indicate that currently 30% of HFP individual PCPs and 100% of HFP clinics are in the Medi-Cal network.
- With regard to PCPs in the HFP network who treat children, 37% of HFP pediatricians are currently in the Medi-Cal network, 0% of HFP OB/GYNs are currently in the Medi-Cal network, 24% of the HFP family practitioners are currently in the Medi-Cal network, and 60% of the HFP general practitioners are currently in the Medi-Cal network.

### ***Specialists***

- With regard to specialists, 30% of the Plan's HFP specialists are currently in the Medi-Cal network.
- Because the Plan is still in the process of arranging contracts with its Medi-Cal providers, there are some specialty types that are available in the HFP product that are not currently available in the Medi-Cal product. However, Molina Health Plan of California and Inland Empire Health Plan's Medi-Cal networks contain most of the provider types not offered in Health Net's Medi-Cal network. Enrollees requiring those specialty services may choose to change plans so that they may obtain those specialty services through Molina Health Plan or Inland Empire Health Plan, or enrollees may stay in Health Net and request medically necessary specialty treatment from out-of-network providers.
- The Plan's Medi-Cal network offers 13 pediatric specialists, comprising 2% of the Plan's total Medi-Cal specialist network, which is fewer than that offered by the Plan's HFP network (45 pediatric specialists, comprising 2% of the Plan's HFP specialist network).

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<sup>11</sup> See "Healthy Families Program Transition to Medi-Cal Network Adequacy Assessment Report Phase 1" (November 1, 2012), at p. 54-57, for a full assessment of the Inland Empire Health Plan network and at p. 64-68 for a full assessment of the Molina Health Plan of California network.

## Provider Capacity

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

- Plan data indicate that the current Medi-Cal network will have one PCP for every 81 enrollees after the transition and one physician overall for every 18 enrollees after the transition.
- Plan data indicate that 87% of its Medi-Cal PCPs are accepting new Medi-Cal patients beyond those who are transitioning from the HFP.
- Health Net HFP enrollees in Riverside County may choose to enroll in Molina Health Plan of California or Inland Empire Health Plan as their Medi-Cal plan.
  - Molina Health Plan has ample capacity for additional Medi-Cal enrollees. Its Medi-Cal network in Riverside County currently provides one PCP for every 128 enrollees and one physician overall for every 40 enrollees after the transition. Ninety-one percent (91%) of PCPs in Molina’s network are accepting new Medi-Cal patients and will be able to accept Health Net’s HFP enrollees, should any enrollee choose to change plans.
  - Inland Empire Health Plan also has ample capacity for additional Medi-Cal enrollees. Its Medi-Cal network in Riverside County currently provides one PCP for every 746 enrollees and one physician overall for every 264 enrollees after the transition. Eighty-three percent (83%) of PCPs in Inland Empire’s network are accepting new Medi-Cal patients and will be able to accept Health Net’s HFP enrollees, should any enrollee choose to change plans.

### ***Specialists***

- With regard to specialty care covered under Medi-Cal, based on the network data provided by the Plan, there will be a decrease in specialists in many specialty areas for the HFP population. The Plan did not provide utilization data; therefore the departments cannot determine which of these specialty areas will have the greatest impact on patients.

Geographic Access. The following cities in Riverside County currently have HFP PCPs but no Medi-Cal PCPs: Anza, Beaumont, Blythe, Canyon Lake, La Quinta, Norco, Rancho Mirage, and Sun City.

### ***San Bernardino County***

Plan data indicate that the Plan’s subcontracting Medi-Cal network contains 157 PCPs and 622 total physicians, whereas the Plan’s HFP network contains 360 PCPs and 1,290 total physicians.

## Provider Overlap

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

- The Plan states that it is still in the process of negotiating contracts with its current Medi-Cal and HFP providers and cannot yet indicate which of its providers will continue serving HFP enrollees after the transition to Medi-Cal. Therefore, the Plan is not yet able to determine how many HFP enrollees will be able to keep their current PCPs after the transition. However, Inland Empire Health Plan (IEHP) and Molina Health Plan of California, the primary plans in San Bernardino County, have ample providers with adequate capacity to accommodate any Health Net HFP enrollees as well as new Medi-Cal enrollees and ensure adequate access to care.<sup>12</sup> For those members who cannot continue care with their current HFP PCPs, the DHCS may allow those members to change to a different Medi-Cal plan within the county.
- Plan data indicate that currently 25% of all HFP PCPs are in the Medi-Cal network.
- With regard to PCPs in the HFP network who treat children, 38% of HFP pediatricians are currently in the Medi-Cal network, 0% of HFP OB/GYNs are currently in the Medi-Cal network, 16% of the HFP family practitioners are currently in the Medi-Cal network, and 42% of the HFP general practitioners are currently in the Medi-Cal network.

### ***Specialists***

- With regard to specialists, 23% of the Plan's HFP specialists are currently in the Medi-Cal network.
- Because the Plan is still in the process of arranging contracts with its Medi-Cal providers, there are some specialty types that are available in the HFP product that are not currently available in the Medi-Cal product. However, Molina Health Plan of California and Inland Empire Health Plan's Medi-Cal networks contain most of the provider types not offered in Health Net's Medi-Cal network. Enrollees requiring those specialty services may choose to change plans so that they may obtain those specialty services through Molina Health Plan or Inland Empire Health Plan, or enrollees may stay in Health Net and request medically necessary specialty treatment from out-of-network providers.
- The Plan's Medi-Cal network offers 9 pediatric specialists, comprising 2% of the Plan's total Medi-Cal specialist network, which is fewer than that offered by the Plan's HFP network (25 pediatric specialists, comprising 3% of the Plan's HFP specialist network).

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<sup>12</sup> See "Healthy Families Program Transition to Medi-Cal Network Adequacy Assessment Report Phase 1" (November 1, 2012), at p. 54-57, for a full assessment of the Inland Empire Health Plan network and at p. 64-68 for a full assessment of the Molina Health Plan of California network.

## Provider Capacity

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

- Plan data indicate that the current Medi-Cal network will have one PCP for every 61 enrollees after the transition and one physician overall for every 15 enrollees after the transition.
- Plan data indicate that 78% of its Medi-Cal PCPs are accepting new Medi-Cal patients beyond those who are transitioning from the HFP. Enrollees may choose to remain in Health Net and access care through a different PCP.
- Additionally, Health Net HFP enrollees in San Bernardino County may choose to enroll in Molina Health Plan of California or Inland Empire Health Plan as their Medi-Cal plan.
  - Molina Health Plan has ample capacity for additional Medi-Cal enrollees. Its Medi-Cal network in San Bernardino County currently provides one PCP for every 160 enrollees and one physician overall for every 41 enrollees after the transition. Eighty-nine percent (89%) of PCPs in Molina’s network are accepting new Medi-Cal patients and will be able to accept Health Net’s HFP enrollees, should any enrollee choose to change plans.
  - Inland Empire Health Plan also has ample capacity for additional Medi-Cal enrollees. Its Medi-Cal network in San Bernardino County currently provides one PCP for every 611 enrollees and one physician overall for every 208 enrollees after the transition. Eighty-three percent (83%) of PCPs in Inland Empire’s network are accepting new Medi-Cal patients and will be able to accept Health Net’s HFP enrollees, should any enrollee choose to change plans.

### ***Specialists***

- With regard to specialty care covered under Medi-Cal, based on the network data provided by the Plan, there will be a decrease in specialists in many specialty areas for the HFP population. The Plan did not provide utilization data; therefore the departments cannot determine which of these specialty areas will have the greatest impact on patients.

Geographic Access. The following cities in San Bernardino County currently have HFP PCPs but no Medi-Cal PCPs: Alta Loma, Grand Terrace, Helendale, Highland, Lake Arrowhead, and Phelan.

Continuity of Care. In Orange County, Health Net follows CalOptima’s “Continuity of Care During Health Network or Practitioner Termination” policy, as Health Net is a subcontractor of CalOptima for Medi-Cal managed care in this county. Health Net has processes in place to provide authorizations and generate individual Letters of Agreement to non-participating providers when a patient is approved for continuing care with a non-contracting provider.

In Riverside and San Bernardino counties, Health Net follows Molina's "Transition of Care" policy, as Health Net is a subcontractor of Molina for Medi-Cal managed care in these counties. Health Net has processes in place to provide authorizations and generate individual Letters of Agreement to non-participating providers when a patient is approved for continuing care with a non-contracting provider.

With regard to provider overlap, the Plan explains that it is still in the process of negotiating contracts with its current HFP providers and cannot yet indicate which of those providers will continue serving HFP enrollees after the transition to Medi-Cal. The Plan is currently in discussions with various physician groups about continuing to treat HFP members post-transition and the Plan's goal is to conclude its negotiations by the end of December 2012.

Pharmacy services are carved out of Health Net's contract with CalOptima, therefore Health Net will not be involved in the transition of pharmacy services for these enrollees. Health Net indicates it will provide any information requested by CalOptima for the purposes of making medication authorization decisions.

Pharmacy benefits for transitioning members in Riverside and San Bernardino counties will be handled by the same pharmacy benefit manager and pharmacy prior authorization program as exists under Health Net's HFP product. The transition of pharmacy services from HFP to Medi-Cal will be seamless, except for those medications where the Medi-Cal pharmacy benefit differs from the HFP benefit (e.g. antipsychotic, HIV, and alcohol/heroin withdrawal medications).

*Timely Access to Care.* Health Net states that it has a comprehensive network of Medi-Cal providers and has not had problems with members obtaining timely access to these providers. The Plan reports annually on its compliance with Knox Keene timely access regulations. The Plan provides Member Services representatives to assist enrollees 24 hours a day, seven days a week in accessing timely care. The Plan will continue to monitor its provider network to ensure appropriate access.

*Assessment.* The departments have significant concerns about the provider overlap of Health Net's HFP network with its Medi-Cal network in all three counties. The departments have requested Health Net submit updated data once the Plan has completed the negotiation process and is able to determine which HFP providers will continue serving HFP enrollees after the transition to Medi-Cal. At this time, the Plan has indicated that HFP enrollees may not be able to continue seeing their current HFP PCPs after the transition, due to the fact that the Plan is uncertain which of its PCPs will participate in the Medi-Cal network. Once the Plan has identified which of its providers will be participating in the Medi-Cal network, the departments will be able to adequately assess the Plan's network as it relates to the transition.

To the extent Health Net is able to ensure an adequate network and continued care with HFP enrollees' current PCPs, enrollees will be auto-assigned to Health Net. If Health Net cannot ensure an adequate network and HFP enrollees cannot continue to receive care from their current



PCPs, the DHCS may give these enrollees the opportunity to choose a different Medi-Cal managed care plan in the county. Once the Plan has finalized its Medi-Cal provider network, the departments will issue an addendum to this report.

## **Kaiser Foundation Health Plan**

The Kaiser Foundation Health Plan contracts exclusively with Kaiser Foundation Hospitals, The Permanente Medical Group (TPMG), and the Southern California Permanente Medical Group (SCPMG) to provide health care services to all of its members. The Plan occasionally contracts with other provider groups and hospitals in areas that are not served by these three entities. Unless otherwise noted, this assessment was conducted based on the TPMG and SCPMG provider networks.

Kaiser does not differentiate its enrollees by line of business. All enrollees of Kaiser have access to the same provider network, regardless of product line. Therefore, Medi-Cal enrollees have access to the same provider network as is available to commercial enrollees.

Kaiser limits the number of Medi-Cal enrollees it will accept as a subcontracting plan. Kaiser will accept only those enrollees who were previously enrolled in the Plan within the past 90 days or enrollees who have an immediate family member enrolled in the Plan. Because Phase 2 HFP enrollees are already in Kaiser, they will be able to transition to the Kaiser Medi-Cal line of business with no problems.

Health plans that subcontract with Kaiser in Northern California have access to TPMG and Kaiser Foundation Hospitals. In Northern California, Kaiser serves as a Medi-Cal subcontractor to the following plans:

- Alameda Alliance for Health in Alameda County;
- Contra Costa Health Plan in Contra Costa County;
- Santa Clara Health Plan in Santa Clara County;
- Partnership Health Plan in Solano, Sonoma, Napa and Yolo counties; and
- San Francisco Health Plan in San Francisco County.

Kaiser also operates a HFP line of business in these counties.

Health plans that subcontract with Kaiser in Southern California have access to SCPMG and Kaiser Foundation Hospitals. In Southern California, Kaiser serves as a Medi-Cal subcontractor to the following plans:

- L.A. Care in Los Angeles County;
- CalOptima in Orange County; and
- Inland Empire Health Plan in Riverside and San Bernardino counties.

Kaiser also operates a HFP line of business in these counties.

### Provider Overlap

The Plan indicates that all current HFP enrollees will be able to remain in the Plan as Medi-Cal enrollees after the transition. The Plan's providers are already treating all of the HFP patients that will be in the Medi-Cal program post-transition. There will be no actual change in the number of enrollees these providers will be treating, so the Plan does not anticipate any problems with continuity of care.

The following applies for all counties in which Kaiser participates as a subcontracting Medi-Cal health plan:

- The Plan indicates that 100% of its HFP enrollees will be able to keep their PCPs post-transition.
- Plan data indicate that 100% of its providers participate in both Medi-Cal and HFP and will continue seeing all HFP patients post-transition.
- With regards to PCPs that treat children, the Plan's Medi-Cal PCP network is identical to the Plan's HFP PCP network.

### Provider Capacity

The Plan's medical groups determine the capacity of each PCP based upon a risk-adjusted formula. To identify the total number of patients a PCP can treat, the Plan takes into consideration the amount of time the physician has available to see patients and certain patient characteristics, such as: frequency of office visits, medical conditions, comorbidities, and prescribed medications. Utilizing this formula, the Plan determines how many patients a PCP can reasonably treat. If a provider's patient assignment level is greater than the risk-adjusted capacity, the Plan will close that provider's panel and allow the number of members to decrease via attrition, rather than forcibly move patients.

Because the Plan does not differentiate its enrollment by product line, the capacity data provided by the Plan represents network capacity for all enrollees, not just HFP and Medi-Cal enrollees. As a result, the departments are unable to determine the overall PCP-to-enrollee and physician-to-enrollee ratios specific to the Medi-Cal product line; however, the Plan has provided data which shows that all service areas are within the required Knox Keene ratios for all product lines combined.

Similarly, because the Plan's network is available to all product lines and the Medi-Cal enrollees have the same access as all other Kaiser enrollees, the departments cannot derive a Medi-Cal specific percentage of providers who are accepting new patients. Plan data indicate that all regions have capacity to accept new members; however, it is unlikely that a large number of new Medi-Cal members will be joining the Kaiser network after the transition due to Kaiser's limits on enrollment. New Medi-Cal members in Kaiser will have the same access as they would have had if they had joined Kaiser through the HFP.

The Plan's providers are already treating all of the HFP patients that will be in the Medi-Cal program post-transition so there will be no actual change in the number of enrollees these providers will be treating. Therefore, the capacity of the network to absorb the HFP enrollees will not change as a result of this transition.

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

The following identifies the Plan's current PCP capacity in each of its subcontracting service areas:

- **Alameda County.** Kaiser is a subcontractor to Alameda Alliance for Health in Alameda County. Alameda Alliance enrollees who are assigned to Kaiser have access to services through TPMG's Diablo, Greater Southern Alameda, and East Bay service areas.
  - Plan data indicate that its direct medical group between these three service areas contains 167 pediatric PCPs, 680 total PCPs, and 1,627 total physicians.
  - Plan data indicate that its PCPs have ample capacity for new enrollment in this county.
- **Contra Costa County.** Kaiser is a subcontractor to Contra Costa Health Plan in Contra Costa County. Contra Costa Health Plan enrollees who are assigned to Kaiser have access to services through TPMG's Diablo and East Bay service areas.
  - Plan data indicate that its direct medical group between these two service areas contains 112 pediatric PCPs, 506 total PCPs, and 1,460 physicians.
  - Plan data indicate that its PCPs have ample capacity for new enrollment in this county.
- **Los Angeles County.** Kaiser subcontracts to L.A. Care in Los Angeles County. L.A. Care enrollees assigned to Kaiser have access to services through SCPMG's Baldwin Park, Downey, South Bay, Los Angeles, Panorama City, West Los Angeles, and Woodland Hills service areas.
  - Plan data indicate that its direct medical group between these seven service areas contains 162 pediatric PCPs, 795 total PCPs, and 3,360 physicians.
  - Plan data indicate that its PCPs have ample capacity for new enrollment in this county.
- **Marin County.** Kaiser subcontracts to Partnership Health Plan in Marin County. Partnership Health Plan enrollees assigned to Kaiser have access to services through TPMG's Marin/Sonoma service area, which is comprised of the Santa Rosa and San Rafael medical centers.
  - Plan data indicate that its direct medical group in this service area contains 43 pediatric PCPs, 225 total PCPs, and 569 physicians.
  - Plan data indicate that its PCPs have ample capacity for new enrollment in this county.

- **Napa County.** Kaiser subcontracts to Partnership Health Plan in Napa County. Partnership Health Plan enrollees assigned to Kaiser have access to services through TPMG’s Napa/Solano service area.
  - Plan data indicate that its direct medical group in this service area contains 39 pediatric PCPs, 195 total PCPs, and 595 physicians.
  - Plan data indicate that its PCPs have ample capacity for new enrollment in this county.
  - HFP Kaiser enrollees in the Napa/Solano Service Area will gain access to eight additional providers that are available through Partnership Health Plan.
- **Orange County.** Kaiser subcontracts to CalOptima Health Plan in Orange County. CalOptima Health Plan enrollees assigned to Kaiser have access to services through SCPMG’s Anaheim service area.
  - Plan data indicate that its direct medical group in this service area contains 45 pediatric PCPs, 239 total PCPs, and 872 physicians.
  - Plan data indicate that its PCPs have ample capacity for new enrollment in this county.
- **Riverside County.** Kaiser subcontracts to Inland Empire Health Plan to provide services in Riverside County. Inland Empire Health Plan enrollees who are assigned to Kaiser have access to services through SCPMG’s Riverside and Fontana service areas.
  - Plan data indicates that its direct medical group in this service area contains 90 pediatric PCPs, 373 total PCPs, and 1,365 physicians.
  - Plan data indicate that its PCPs have ample capacity for new enrollment in this county.
- **San Bernardino County.** Kaiser subcontracts to Inland Empire Health Plan in San Bernardino County. Inland Empire Health Plan enrollees assigned to Kaiser have access to services through SCPMG’s Riverside and Fontana service areas. See the assessment for the Riverside Service Area and Fontana Service Area reported in the Riverside County section above.
- **San Francisco County.** Kaiser subcontracts to San Francisco Health Plan in San Francisco County. San Francisco Health Plan enrollees assigned to Kaiser have access to services through TPMG’s San Francisco service area.
  - Plan data indicate that its direct medical group contains 24 pediatric PCPs, 136 total PCPs, and 442 physicians.
  - Plan data indicate that its PCPs have ample capacity for new enrollment in this county.
- **Santa Clara.** Kaiser subcontracts to Santa Clara Family Health Plan in Santa Clara County. Santa Clara Family Health Plan enrollees who are eligible for assignment to Kaiser have access to services through TPMG’s San Jose and Santa Clara service areas.
  - Plan data indicate that its direct medical group and subcontracting network in this service area contain 90 pediatric PCPs, 357 total PCPs, and 1,064.

- Plan data indicate that its PCPs have ample capacity for new enrollment in this county.
- **Solano County.** Kaiser subcontracts to Partnership Health Plan in Solano County. Partnership Health Plan enrollees assigned to Kaiser have access to services through TPMG's Napa/Solano service area. See the assessment for the Napa/Solano Service Area reported in the Napa County section above.
- **Sonoma County.** Kaiser subcontracts to Partnership Health Plan in Sonoma County. Partnership Health Plan enrollees assigned to Kaiser have access to services through TPMG's Marin/Sonoma service area, which is comprised of the Santa Rosa and San Rafael medical centers. See the assessment for the Marin/Sonoma Service Area reported in the Marin County section above.

### *Specialists*

- With regard to specialty care covered under Medi-Cal, based on the network data provided by the Plan, all specialty areas available in the HFP network will be available in the Medi-Cal network. There will be no decrease in specialists in any specialty area.

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

Continuity of Care. The Plan utilizes the same provider network for all lines of business, so members transitioning from the Plan's HFP product to the Plan's Medi-Cal product will not experience a change in care. The Plan will work with DHCS and MRMIB to assist members who receive Behavioral Health and Substance Abuse benefits to obtain those services which are carved out of the Plan's Medi-Cal product. The Plan maintains a Completion of Covered Services policy which sets forth the steps the Plan will take to ensure eligible patients are able to complete covered services with a non-network provider. The Plan has also convened a statewide multi-disciplinary team to develop a communication plan to provide detailed information about the transition to its enrollees. The Plan's integrated model will ensure continued access to specialist services and prescription medications during the transition.

Timely Access to Care. The Plan indicates that it annually reviews its network related to: geographic accessibility, provider-to-enrollee ratios, telephone triage or screening wait times, and appointment access standards for primary, specialty, behavioral health, and ancillary care services. The Plan's quality committees also monitor timely access to care by regularly reviewing quarterly appointment access data, annual geographic access analyses, annual provider-to-enrollee ratio analyses, quarterly grievance and appeals data, annual enrollee satisfaction surveys, annual provider surveys, and semi-annual Regional and quality subcommittee reports.

**Assessment.** The departments have no concerns with the Plan's network. The Plan's Medi-Cal and HFP networks have 100% overlap which will ensure a high degree of continuity of care for HFP enrollees transitioning to Medi-Cal. Plan data indicate that it has ample providers with adequate capacity to serve transitioning enrollees. The Plan has a sophisticated method of evaluating provider capacity that goes beyond simply identifying the number of enrollees assigned. This method includes regular review of the demands being place on Plan providers and adjustment of provider panels in response to that demand. Therefore, the departments believe the Plan is engaging in regular and appropriate provider network monitoring.

## **Molina Health Plan of California**

Molina Health Plan of California serves as a Medi-Cal subcontractor to Health Net of California in Los Angeles County. Plan data indicate that the Plan's subcontracting Medi-Cal network contains 1,394 PCPs and 4,331 total physicians, whereas the Plan's HFP network contains 527 PCPs and 2,949 total physicians.

### ***Los Angeles County***

#### **Provider Overlap**

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

- The Plan indicates that 97% of its HFP enrollees will be able to keep their PCPs post-transition.
- Plan data indicate that 96% of its providers who currently participate in both the Medi-Cal and HFP networks will continue seeing their HFP patients post-transition.
- With regard to PCPs in the HFP network who treat children, 100% of HFP pediatricians are in the Medi-Cal network, 99% of the HFP family practitioners are in the Medi-Cal network, and 99% of the HFP general practitioners are in the Medi-Cal network. Additionally, 100% of the clinics in the HFP network are also in the Medi-Cal network.

##### ***Specialists***

- With regard to specialists, 99% of the Plan's HFP specialists are in the Medi-Cal network.
- All specialty types covered under Medi-Cal that are available in the HFP network are also available in the Medi-Cal network.
- The Plan's Medi-Cal network offers 106 pediatric specialists, comprising 1% of the Plan's total Medi-Cal specialist network, which is the same as that offered by the Plan's HFP network.

#### **Provider Capacity**

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

- Plan data indicate that the Medi-Cal network will have one PCP for every 79 enrollees after the transition and one physician overall for every 25 enrollees after the transition.
- Plan data indicate that 89% of its Medi-Cal PCPs are accepting new Medi-Cal patients beyond those who are transitioning from the HFP.



### *Specialists*

- With regard to specialty care covered under Medi-Cal, there will be no decrease in specialists in any of the high-volume specialty areas for this population.

Geographic Access. All HFP enrollees transitioning into the Medi-Cal network will have the same geographic access to providers that they currently have under the HFP.

Continuity of Care. The Plan does not anticipate disruption in care as a result of this transition, as a large percentage of the Plan's HFP providers are also in the Medi-Cal network. Therefore, most enrollees will be seamlessly transitioned into the new product line. For enrollees who will be affected by the transition, the Plan will request all open authorizations from the enrollees' PCPs prior to the transition. The approved prior authorizations for HFP members will transfer over to the Medi-Cal line of business for all services covered by Medi-Cal until the expiration of the authorization. If the enrollee is undergoing a course of treatment with a non-contracted provider that requires continuity of care, the Plan will reach out to the treating provider to execute a Letter of Agreement to facilitate ongoing care. The Plan utilizes Continuity of Care policies and procedures that reference Knox Keene Act requirements.

With regard to pharmacy benefits, the Plan utilizes the same contracted pharmacy network for both the HFP and Medi-Cal product lines. All pharmacy claims history will be transferred and all prior authorization approvals will transfer over until the expiration of the authorization. Transitioning enrollees will be able to continue filling prescriptions at their current pharmacies, as long as those medications are covered under Medi-Cal.

Timely Access. The Plan indicates that it has recently implemented a Health Care Services redesign structure that provides enrollee-centric care encompassing care coordination, care management and utilization management services to address the critical medical, behavioral health and home and community based needs of assigned enrollees. This redesign resulted in the addition of 13 new staff to its utilization management and care management teams, which the Plan anticipates will minimize disruptions in services resulting from the transition.

Assessment: The departments have no concerns with the Plan's network. The Plan has a high rate of overlap amongst its PCPs and specialists and the PCP network appears to have adequate capacity to serve the transitioning HFP enrollees as well as new members. The Plan offers the same geographic access as is available under the HFP product and has processes in place to ensure continuity of care and timely access to its current and future Medi-Cal enrollees.

# **ATTACHMENTS**

## ATTACHMENT 1

### Healthy Families Program Health Plan Enrollment

<b>Healthy Families Program Transition to Medi-Cal – Phase 2 Healthy Families Program Enrollment by Plan</b>		
<b>County</b>	<b>Healthy Families Health Plan</b>	<b>Approximate Enrollment</b>
Alameda	Kaiser	9,925
Contra Costa	Kaiser	8,135
Fresno	Health Net HMO	14,119
Kings	Health Net HMO	532
Los Angeles	Anthem Blue Cross	62,639
	Kaiser	54,561
	Molina	7,510
	Care 1st	12,804
Madera	Health Net HMO	862
Marin	Kaiser	1,395
Napa	Kaiser	1,197
Orange	Health Net	13,189
	Kaiser	13,492
Riverside	Health Net	7,049
	Kaiser	18,149
San Bernardino	Health Net	6,345
	Kaiser	16,234
San Francisco	Kaiser	1,646
Santa Clara	Kaiser	9,775
Solano	Kaiser	3,808
Sonoma	Kaiser	5,480
<b>Total</b>		<b>268,846</b>

**ATTACHMENT 2  
HEALTH PLAN SUBCONTRACTING ARRANGEMENTS**

<b>Healthy Families Program Transition to Medi-Cal – Phase 2</b>				
<b>Combined Enrollment by Plan</b>				
<b>County</b>	<b>Medi-Cal Managed Care Plan</b>	<b>Healthy Families Health Plan</b>	<b>Healthy Families Approximate Enrollment</b>	<b>Combined Healthy Families and Medi-Cal Enrollment</b>
Alameda	Alameda Alliance for Health	Kaiser	9,925	23,172
Contra Costa	Contra Costa Health Plan	Kaiser	8,135	19,311
Fresno	CalViva Health	Health Net HMO	14,119	174,183
Kings	CalViva Health	Health Net HMO	532	14,405
Los Angeles	LA Care Health Plan	Anthem Blue Cross	62,639	392,129
	LA Care Health Plan	Kaiser	54,561	114,337
	Health Net	Molina	7,510	113,917
	LA Care Health Plan	Care 1st	12,804	276,436
Madera	CalViva Health	Health Net HMO	862	20,586
Marin	Partnership Health	Kaiser	1,395	2,461
Napa	Partnership Health	Kaiser	1,197	2,956
Orange	CalOptima	Health Net	13,189	30,872
	CalOptima	Kaiser	13,492	24,426
Riverside	Molina Healthcare	Health Net	7,049	12,536
	Inland Empire Health Plan	Kaiser	18,149	26,679
San Bernardino	Molina Healthcare	Health Net	6,345	11,257
	Inland Empire Health Plan	Kaiser	16,234	29,496
San Francisco	San Francisco Health Plan	Kaiser	1,646	4,757
Santa Clara	Santa Clara Family Health Plan	Kaiser	9,775	18,777
Solano	Partnership Health Plan	Kaiser	3,808	15,158
Sonoma	Partnership Health Plan	Kaiser	5,480	11,770
<b>Total</b>			<b>268,846</b>	<b>1,339,621</b>

### ATTACHMENT 3 – DATA REQUESTED FROM THE HEALTH PLANS

Dear [Subcontracting Plan] (“Plan”) -

Assembly Bill 1494 (2011-2012 Sess.) 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 2 of the transition requires enrollees in an HFP managed health care plan that is a subcontractor of a Medi-Cal managed health care plan to be enrolled into the Medi-Cal managed health care plan that includes the enrollees’ current HFP health care plan, to the extent possible. Your plan has been identified as having a subcontracting arrangement with [Primary Plan] for the delivery of Medi-Cal services. The DHCS and the DMHC will be conducting a joint review of the Plan’s current HFP and Medi-Cal provider networks in order to assess Medi-Cal managed care health plan network adequacy for the upcoming transition of 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 2 transition of HFP beneficiaries into Medi-Cal managed care plans will begin no earlier than April 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. Therefore, we are asking each Plan to complete the provider network data requests contained in Attachments A and B **no later than November 21, 2012**. Information responsive to this request should be for **Phase 2 only, the April 1, 2013 transition**. Subsequent Phases will get separate data requests as appropriate.

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.

**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 2 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 follow the instructions at the top of each provider table on how to list physicians who practice at multiple locations. 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 **November 21, 2012**. 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 2 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 Gary Baldwin at 916.324.2560 or [gbaldwin@dmhc.ca.gov](mailto:gbaldwin@dmhc.ca.gov).

Sincerely,

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

Javier Portela  
Branch Chief  
Department of Health Care Services

cc: [Primary Plan]

## **ATTACHMENT 3 – DATA REQUESTED FROM HEALTH PLANS**

### **Qualitative Data Elements**

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 ensure the subcontracting plan answers the following questions. Provide clear and detailed explanatory answers to the following questions with regard to Phase 2 of the transition:

#### Continuity of Care

1. For the HFP members who will have to change PCPs or specialists as a result of the transition, what steps will the subcontracting plan (hereinafter “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.
2. 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 transition existing authorizations and referrals into the Medi-Cal line of business for HFP members.
3. Please describe the Plan’s outreach and communication that explains the PCP reassignment process to enrollees.
4. 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?
5. 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?
6. Has the Plan made any changes in its network to ensure there are no disruptions in services as a result of the transition?
7. Has the Plan made any administrative changes to ensure there are no disruptions in services as a result of the transition (e.g. care management staff, expedited utilization management services, etc.)?

#### Provider Network Availability

8. 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?

9. What efforts has the Plan made to contract with HFP providers who are not currently in the Plan's Medi-Cal network?
10. 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?
11. 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).

Please explain whether the Plan assigns enrollees to primary care physicians, primary care clinics, 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 3 – DATA REQUESTED FROM HEALTH 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?" Please do not separately list the individual physicians operating in that clinic in this chart.

NP#	Provider Last Name or Clinic Name	Provider First Name	Title	PCP type (Pediatrics in OB/GYN Family Practitioner, General Practitioner, Internal Medicine, 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	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 (including those assigned to a physician extender supervised 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 Once Those Members Are Transitioned to Medi-Cal?	Accepting New Medi-Cal Members Other than Those Identified in the Previous Column (Y/N)
.....	Jones	Mary	M.D.	OB/GYN	P		3	Hill's Physicians		1234 Lake View Dr.	Sacramento	95829	(xxx) xxx-xxxx	Y	N	2000	500	1500	0	Y	Y
.....	Jones	Mary	M.D.	OB/GYN	P		3	Apple Care		1234 Lake View Dr.	Sacramento	95829	(xxx) xxx-xxxx	Y	N						
.....	Smith	John	M.D.	Pediatrician	P		1			1234 Olive St.	Sacramento	95829	(xxx) xxx-xxxx	Y	Y	2000	1000	1000	20	N	N
.....	Smith	John	M.D.	Pediatrician	P		1			5678 Main St.	Sacramento	95829	(xxx) xxx-xxxx	Y	Y						
.....	Main Street Clinic	Main Street Clinic	Clinic	Clinic	C		5		Main Street Clinic	1011 Main St.	Sacramento	95829	(xxx) xxx-xxxx	Y	Y	8000	4000	4000	1000	Y	Y

## ATTACHMENT 3 – DATA REQUESTED FROM HEALTH PLANS

**Specialist Providers**

**Primary Plan:**

**Subcontracting Plan:**

**County:**

**Instructions:** Please list all Healthy Families and Medi-Cal providers serving as specialists 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).

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

# ATTACHMENT 3 – DATA REQUESTED FROM HEALTH PLANS

**Physician Extenders**

**Primary Plan:**

**Subcontracting Plan:**

**County:**

Instructions: Please list all Healthy Families and Medi-Cal providers serving as physician extenders in the subcontracting plan's network for this county. For physician extenders operating in multiple locations, please list the physician extenders a separate time for each location (see example below). If physician extender serves multiple physicians, please make a separate entry for each supervising physician. In cases of multiple locations, provide the data requested in the yellow column only once and place an asterisk (\*) in the yellow column for subsequent locations.

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#	Physician Extender Last Name	Physician Extender First Name	Physician Extender License Type (e.g. Physician Assistant, Nurse Practitioner)	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)	Supervising Physician is a Medi-Cal Provider	Supervising Physician is a HF Provider	Physician Extender Address	Physician Extender City	Physician Extender Zip	Physician Extender Phone	Total Number of Patients Assigned to Physician Extender
Examples: *****	Jones	Jody	NP	Smith	Sandy	N		X	X	123 Main Street	Sacramento	12345	123-456-7891	900
*****	Jones	Jody	NP	Smith	Sandy	N		X	X	456 Broadway	Sacramento	12346	123-123-4567	*
*****	Lee	Rick	PA	James	Todd	N		X	X	789 1st Street	Sacramento	12345	123-456-7891	200
*****	Lee	Rick	PA	Brown	Rachel	N		X	X	1011 2nd Ave.	Sacramento	12346	123-789-1011	600
*****	Smith	Andrew	PA	Main Street Clinic		Y	Main Street Clinic	X	X	1011 Main St.	Sacramento	95829	(xxx) xxx-xxxx	N/A

## ATTACHMENT 3 – DATA REQUESTED FROM HEALTH PLANS

### Att B - Summary Data

**Primary Plan:** \_\_\_\_\_

**Subcontracting Plan:** \_\_\_\_\_

**County:** \_\_\_\_\_

**Instructions:** Please complete the following data requests with regard to the enrollees in the subcontracting plan that will be transitioning from the Plan's Healthy Families product into the Plan's Medi-Cal product during Phase 2.

1. Provide the total number of enrollees who are currently enrolled in the subcontracting plan's Medi-Cal line of business. \_\_\_\_\_

2. Provide the total number of enrollees who will be transitioning from the subcontracting plan's Healthy Families product into Medi-Cal: \_\_\_\_\_

3. Provide both the total number and percentage of enrollees transitioning into the subcontracting plan's Medi-Cal network from the subcontracting plan's Healthy Families product in Phase 2 who will be able to keep their current PCP post-transition: \_\_\_\_\_

\_\_\_\_\_  
%

4. For the enrollees who will not be able to keep their current PCP, please fill out the table below.

PCP Type (include all PCP types used by the Plan in this County. Add or delete PCP types as necessary.)	By PCP type, provide the total number of Healthy Families enrollees in the subcontracting plan that will be unable to keep their current PCP after the transition to Medi-Cal.	By PCP type, provide the total number of PCPs in the subcontracting plan's network who are accepting new Medi-Cal patients resulting from the Healthy Families transition.	Provide the average number of enrollees each PCP type will have to accept as part of the transition. (Column 2 divided by column 3).
<i>Example:</i>			
Family Practice	100	25	4 (100 ÷ 25 = 4)
Family Practice			
OB-GYN			
Pediatrics			
Internal Medicine			
General Practice			

5. Provide the total number of unduplicated PCPs and specialists available in the subcontracting plan's Medi-Cal network. \_\_\_\_\_

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

Specialists: \_\_\_\_\_

**ATTACHMENT 3 – DATA REQUESTED FROM HEALTH PLANS**

Att B - Summary Data

6. Please complete the following chart to indicate the total number of specialty types and specialists available in the subcontracting plan's Medi-Cal and Healthy Families networks 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	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 Healthy Families enrollees that have accessed that specialty type in the past 12 months.	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>10</i>	<i>215</i>	<i>125</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 4 – SUMMARY NETWORK ASSESSMENT DATA**

Primary Plan	Subcontracting Plan	County	Medi-Cal PCP to enrollee ratio post-transition (1:_____)	Medi-Cal Physician to enrollee ratio post-transition	Total Number of PCP's in the Medi-Cal network	Total Number of Physicians in the Medi-Cal Network	Total Number of PCP's in the Healthy Families Network	Total Number of Physicians in the Healthy Families Network	% of PCP's that will continue to see Healthy Families Members Post-Transition	% of PCP's Accepting New Patients	% of HFP Enrollees Who Will Keep Their PCP Post-Transition
L.A. Care	Aurum Blue Cross/Partnership Plan	Los Angeles	208	64	1,819	5,908	1,423	4,993	100	91	99
L.A. Care	Care 1st	Los Angeles	138	62	2,007	4,454	1,417	2,744	100	73	97
CalOptima	Health Net	Orange	410	243	65	242	1,259	4,029	N/A	39	N/A
Molina Health Care	Health Net	Riverside	81	18	136	595	381	993	N/A	87	N/A
Molina Health Care	Health Net	San Bernardino	61	15	137	662	360	1,390	N/A	78	N/A
Alameda Alliance	Kaiser Foundation Health Plan	Alameda	N/A*	N/A*	680	1,627	680	1,627	100	N/A*	100
Contra Costa Health Plan	Kaiser Foundation Health Plan	Contra Costa	N/A*	N/A*	506	1,460	506	1,460	100	N/A*	100
L.A. Care	Kaiser Foundation Health Plan	Los Angeles	N/A*	N/A*	795	3,360	795	3,360	100	N/A*	100
Partnership Health Plan	Kaiser Foundation Health Plan	Marin	N/A*	N/A*	225	569	225	569	100	N/A*	100
Partnership Health Plan	Kaiser Foundation Health Plan	Napa	N/A*	N/A*	195	595	195	595	100	N/A*	100
CalOptima	Kaiser Foundation Health Plan	Orange	N/A*	N/A*	239	872	239	872	100	N/A*	100
Inland Empire Health Plan	Kaiser Foundation Health Plan	Riverside	N/A*	N/A*	373	1,365	373	1,365	100	N/A*	100
Inland Empire Health Plan	Kaiser Foundation Health Plan	San Bernardino	N/A*	N/A*	373	1,365	373	1,365	100	N/A*	100
San Francisco Health Plan	Kaiser Foundation Health Plan	San Francisco	N/A*	N/A*	136	442	136	442	100	N/A*	100
Santa Clara Family Health Plan	Kaiser Foundation Health Plan	Santa Clara	N/A*	N/A*	637	1,064	637	1,064	100	N/A*	100
Partnership Health Plan	Kaiser Foundation Health Plan	Solano	N/A*	N/A*	195	595	195	595	100	N/A*	100
Partnership Health Plan	Kaiser Foundation Health Plan	Sonoma	N/A*	N/A*	225	569	225	569	100	N/A*	100
Health Net	Molina Health Care	Los Angeles	79	25	1,394	4,331	537	2,949	96	89	97

\* Because Kaiser Foundation Health Plan does not separate its provider network by line of business, the departments are not able to derive Medi-Cal-specific statistics for these items.