# Schedule F

**Alternative Methodology for a Combined County Threshold
PCP, Accepting New Patients
CEAC and Rural Counties**

1. To account for more limited availability of primary care physicians (PCP) in CEAC and Rural counties, the Department of Managed Health Care (DMHC) may combine a CEAC or Rural County that is unable to meet the County Threshold for PCPs, Accepting New Patients, with an adjacent county or counties, to achieve a combined county threshold. The counties shall be combined for the purposes of determining the following:
	* + 1. Whether at least 75% of PCP locations in the combined counties are a PCP location accepting new patients.
2. The DMHC will follow the steps below to calculate the applicable county compliance threshold within a combined county grouping, subject to the rules identified within subsection I.C. of the Primary Care Physician Accepting New Patients Standards and Methodology document:
3. Identify all deficient CEAC and Rural counties within the network service area. For reporting year (RY) 2025 designated CEAC counties include: *Alpine, Del Norte, Inyo, Lassen, Modoc, Mono, Siskiyou, and Trinity*. Designated Rural counties include: *Calaveras, Colusa, Glenn, and Mariposa.*
4. Identify adjacent sufficient counties within the network service area or adjacent to the network service area.
	1. Adjacent counties include counties bordering the deficient county, whether inside or outside of the network service area. Adjacent counties in other states are applicable to this analysis. Additionally, the DMHC has identified certain counties as exceptions to the county adjacency rule. These counties will be treated as an adjacent county to the deficient county being evaluated for the Combined County Alternative, due to the travel distance from the county’s metro center to the deficient county.
	2. For a list of adjacent counties, and non-adjacent county exceptions, refer to the document entitled **“Adjacent Counties and Exceptions for RY 2025 Standards and Methodology”** attached to the Reporting Year 2025 Primary Care Physician Accepting New Patients Standards and Methodology document.
5. Define a potential county grouping. A county grouping consists of two or more adjacent counties that meet the parameters of either a deficient county grouping, or a sufficient county grouping, as described in subsection I.C. of the Primary Care Physician Accepting New Patients Standards and Methodology document.
6. Once a county is included in a county grouping, exclude the county from consideration in other county groupings. The DMHC will not evaluate a combined county separately under the standard for accepting new patients.
7. Calculate a single rate for accepting new patients across the combined county grouping. The single threshold evaluates whether at least 75% of PCP locations in the combined counties are a PCP location accepting new patients, as defined.
	1. The combined county rate is the sum across all included counties, of all PCP locations accepting new patients, as defined, divided by the sum of all PCP locations in the combined counties.
	2. When a CEAC or Rural County within the network service area has no reported PCP locations, for the purposes of calculating the combined county threshold, a minimum expected number of PCP locations will be allocated to the county to reflect the number of PCP locations most networks in that county type are providing to enrollees. A value of one PCP location will be added to the CEAC county, and a value of two PCP locations will be added to the Rural County. The PCP locations allocated to the county will be included in the denominator when determining the percentage of providers accepting new patients.
8. **Example - Deficient County Anchor Groupings**

**Table 1** below presents an example calculation for a combined county measurement based on a deficient county anchor grouping.

In this example, Colusa and Sutter are network service area counties, and Yolo is not in the network service area but has PCP locations within the network. As stated in the standards and methodology document, counties that fall outside of the network service area may be combined with the network service area as long as the non-network service area county has more than 75% of PCP locations accepting new patients for this network.

Colusa is a Rural County that has no PCP locations reported for the network, so the value of 2 will be used as the expected number of PCP locations. Sutter has 12 PCP locations reported for the network, and the individual county PCP location rate is 86%. The individual county PCP location rate for Yolo County is 90%. The Sutter and Yolo County PCP locations will be combined with Colusa County. In this example, the combined PCP location rate for the three counties equals 81%.

**Table 1: Example Combined County Calculation for a Deficient County Anchor Grouping**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Colusa (Rural County)** | **Sutter** | **Yolo** |
| Network Service Area County | Yes | Yes | No |
| PCP Locations (or expected PCP Locations if CEAC/Rural County has zero PCP Locations) | 0 (2) | 14 | 10 |
| PCP Locations that are Accepting New Patients | 0 | 12 | 9 |
| Include in Calculation | Yes | Yes | Yes, non-network service area with ANP Rate > 75% |
| ANP Rate Calculation | (0 + 12 + 9) ÷ (2 + 14+ 10) = 21/26 = 81% |