



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

**NETWORK ADEQUACY ASSESSMENT REPORT
FIRST ADDENDUM TO PHASE 4**

July 29, 2013

**Submitted by the California Department of Managed Health Care and
the Department of Health Care Services**

HEALTHY FAMILIES PROGRAM TRANSITION TO MEDI-CAL NETWORK ASSESSMENT – FIRST ADDENDUM TO PHASE 4

TABLE OF CONTENTS

Section	Subject	Page Number
I	Introduction	2
II	Background	2
III	Medi-Cal Managed Care County Network Assessments	8
	Del Norte County	8
	Humboldt County	11
	Lake County	14
	Lassen County	17
	Modoc County	19
	Shasta County	21
	Siskiyou County	24
	Trinity County	27
IV	Medi-Cal Plan Responses to Continuity of Care Inquiries	30
	Attachments	
1	HFP Health Plan Enrollment – Phase 4A	32
2	Data Requested from the Health Plans	33
3	Summary Network Assessment Data	47

PHASE 4 HEALTHY FAMILIES TRANSITION TO MEDI-CAL NETWORK ASSESSMENT

FIRST ADDENDUM

I. Introduction

On June 1, 2013, the Department of Health Care Services (DHCS) and the Department of Managed Health Care (DMHC) (hereinafter “the departments”) presented the “Healthy Families Program Transition to Medi-Cal – Network Adequacy Assessment Report – Phase” (hereinafter “Phase 4 Assessment”) to the state Legislature. At that time, the departments noted that a complete assessment of the Phase 4 provider networks could not be completed because the Phase 4 Medi-Cal managed care plans were still in the process of building their provider networks. This Addendum provides a full network assessment of the Medi-Cal managed care network in the eight Phase 4A, County Organized Health System (COHS) counties: Del Norte County, Humboldt County, Lake County, Lassen County, Modoc County, Shasta County, Siskiyou County, and Trinity County.

On July 9, 2013, the DHCS announced that it would implement Phase 4 in two subphases. Phase 4A would transition children on September 1, 2013, in the eight Phase 4 COHS counties.. The remaining 20, Phase 4B, counties will transition children to Medi-Cal on November 1, 2013. To ensure the accuracy and relevancy of the health plan network assessments, the departments have arranged to deliver the full provider network assessments for Phase 4 in accordance with the new transition schedule. Therefore, this Addendum to Phase 4 addresses the Phase 4A counties transitioning on September 1, 2013. A second Addendum to Phase 4 will be issued for the Phase 4B counties closer to their transition date of November 1, 2013.

II. Background

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 4 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 4A, compared these networks to the current HFP plans in the Phase 4A counties, and individually assessed the overall Medi-Cal managed care network in each affected county.

Criteria. The departments evaluated all Medi-Cal managed care plan networks on a countywide basis against established access standards set forth in the DHCS health plan contracts. These standards include:

- One primary care provider for every 2,000 enrollees.
- One physician overall (including specialists) for every 1,200 enrollees.

- Capacity limits on physician extenders¹ 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.

DHCS health plan contracts require plans to provide a PCP within 10 miles or 30 minutes of an enrollee's residence. Due to the rural nature of the counties included in Phase 4A, DHCS may utilize a community standard for some areas. A community standard is used when time and distance to a PCP are outside the 10 mile/30 minute access requirement, but beneficiaries in that geographic location already travel these longer times/distances to a PCP. This is evidenced by the beneficiary's geographic location relative to PCP locations, and validated through a gap analysis of a plan's provider network, using fee-for-service provider utilization data. . This Addendum Report considers whether transitioning enrollees will experience greater or lesser geographic access to PCPs than was available in the HFP network. If geographic access is the same or better in Medi-Cal, then the departments consider this to be adequate.

Methodology. The two departments jointly submitted a request for data related to health plan provider networks to the Medi-Cal managed care plan operating in the Phase 4A counties. The DMHC sent a separate request to all HFP plans in these counties to provide similar provider network data. A copy of the data request that was sent to all plans is included in this report as Attachment 2. The sections below describe the types of data the departments requested and how the departments used the data to evaluate the impact of the Phase 4A HFP transition on Medi-Cal managed health plan provider networks.

- *Qualitative Continuity of Care and Provider Network Data*

The departments provided both the Phase 4A and 4B Medi-Cal managed care plans with a list of questions requiring plans to explain the efforts the plans have taken to develop new networks in these regions, develop administrative capacity to serve this new population, ensure all members will have timely access to quality health care, and work with the HFP plans and enrollees to preserve continuity of care and transition existing authorizations and referrals. The departments also asked the Medi-Cal managed care plans to specifically address what efforts they have made to bring the HFP-only providers into their Medi-Cal network. The DMHC sent a separate set of questions to the HFP-only plans inquiring as to what steps the plans have taken to coordinate the transition of enrollees to the Medi-Cal managed care plans. The departments utilized this information to evaluate whether the Medi-Cal managed care plans have taken appropriate steps to prepare their networks for the transition, estimate how patients may be affected by the transition, and assess how the plans have arranged to provide continuity of care to their patients. The departments' analysis of health plan responses to these questions were reported in the Phase 4 Report issued on June 1, 2013.

¹ 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.

In the Phase 4 Report, the departments identified some areas that required further follow-up with the plans. Health plan responses to follow-up questions are included in Section IV of this Addendum.

- *Summary Provider Network Data.* The departments tailored the summary provider network requests to the specific plan types:
 - *Medi-Cal Managed Care Plan.* The departments asked the Phase 4A Medi-Cal managed care plan to provide a high-level overview of the total available primary care providers and specialist providers in its Medi-Cal network. The Plan was also asked to identify the total number of enrollees in its Medi-Cal network and the PCP-to-enrollee and physician-to-enrollee ratios for the Medi-Cal network. This data was specific to each county in which the plan operates a Medi-Cal managed care product. The departments used this data to estimate the overall provider network capacity to meet the expected demand for health care services from HFP enrollees.
 - *HFP Plans.* The DMHC asked the Phase 4 HFP plans to provide a high-level overview of the total number of primary care providers and specialists currently available to HFP enrollees. Plans were also asked to identify the total number of enrollees in their HFP network, historic utilization of specialty types by the HFP population, and the PCP-to-enrollee and physician-to-enrollee ratios for the HFP network. The departments used this data to compare the HFP network to the Medi-Cal managed care network in the county and evaluate how the transition may affect transitioning enrollees' access to care.

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

- *Detailed Provider Network Lists.* The departments tailored the detailed provider network requests to the specific plan types:
 - *Medi-Cal Managed Care Plan.* The departments asked the Phase 4A Medi-Cal managed care plans to provide the names and locations of all contracted primary and specialist providers, as well as physician extender providers when applicable. The plan submitted a separate worksheet identifying the individual physicians who treat patients at a contracted clinic. For primary care providers, the plan also indicated each provider's total Medi-Cal capacity, the total number of Medi-Cal patients currently assigned to the provider and whether the provider is accepting new patients. For specialists, the 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, and the capacity of individual providers to take on additional patients. The departments also coordinated this data with the data provided by the HFP plans to assess continuity of care by evaluating how many primary and specialty providers in the HFP network will also be available in the Medi-Cal network.

- **HFP Plans.** The departments asked the Phase 4 HFP plans to provide a detailed list of all primary and specialist providers, as well as physician extender providers when applicable. These provider lists indicate the location of each provider. For primary care providers, the plans also indicated each provider's total HFP capacity and the total number of HFP patients currently assigned to the provider. For specialists, the plans also indicated each provider's specialty type and whether that provider operates a pediatric practice. This data allowed the departments to take a more detailed look at the geographic availability of providers and the total number of patients each provider is serving so that the departments could subsequently compare the geographic access and capacity of the HFP network to the Medi-Cal network. The departments also coordinated the HFP network data with the data provided by the Medi-Cal managed care plan to assess continuity of care by evaluating how many primary and specialty care providers in the HFP network will also be available in the Medi-Cal network.
- **Contracted Hospitals.** The departments requested a list of the hospitals with which the Medi-Cal managed care plan is contracted in each of the eight Phase 4A counties. In addition, the departments requested that the Medi-Cal managed care plan identify to which hospitals its specialists maintain admitting privileges. This information allows the departments to determine whether enrollees have access to specialists that are able to perform procedures in covered hospital facilities. The departments have identified the percentage of specialists in the Medi-Cal networks who have admitting privileges to a contracted hospital.

The departments have reported this information for each plan in four sections of the plan assessment: "Provider Overlap," "Provider Capacity," "Hospital Access" and "Geographic Accessibility."

Data Review. The departments' analysis is based on point-in-time data. The HFP plan data was provided by the plans to the departments between May 9, 2013 and May 13, 2013. The Medi-Cal plan data was provided by the Medi-Cal plan to the departments between June 25, 2013 and July 1, 2013.

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

- **Provider Network Contracting.** Because the Medi-Cal managed care plan does not currently operate in the Phase 4A counties and is in the process of building those networks to accommodate this transition, not all providers and hospitals identified in the

network data have finalized contracts with the Plan. Additionally, the Medi-Cal managed care plan has indicated that it continues to locate and contract with new providers, so the networks reviewed for this Addendum are likely to continue to grow as the transition date approaches.

- *Provider Network Overlap.* This section of the assessment looks only at the providers that are shared between the HFP and Medi-Cal networks in a particular county. Given that all Phase 4A HFP enrollees will be transitioning to a new health plan and health plans contract with different providers, the plans are not expected to have high rates of overlap. Because it is typical for enrollees under these circumstances to have to change providers, the departments have focused on the capacity of the Medi-Cal plan to accommodate the needs of the transitioning population, rather than the rate of network overlap. The HFP plan in the Phase 4A counties operates an Exclusive Provider Organization network and does not assign enrollees to PCPs; therefore, the departments were unable to evaluate what percentage of enrollees will be able to continue seeing their PCP. This section also considers the availability of specialists in the Medi-Cal network compared to the HFP network. The DHCS contract requires plans to provide access to specialists for medically necessary covered services. The Plan must arrange for services from an out-of-network provider if an in-network provider is not available and the requested services are medically necessary.² If a health plan does not contain a certain specialist in its network, it is required to arrange for out-of-network care when it is medically necessary for an enrollee to see that specialty type and the services being sought are covered benefits. Therefore, the lack of a specific specialty type alone does not constitute a major concern with the network.
- *Provider Network Capacity.* This section evaluates the total number of enrollees each PCP can accept against the number of enrollees expected to transition into the network. In evaluating capacity, the departments took into consideration the full population of Medi-Cal members who will be moving into the Medi-Cal managed care plan in that county and accessing PCP and specialist services. With regard to specialist network capacity, the departments evaluated the availability of specialty types that are available in the HFP network as compared to the specialty types available in the Medi-Cal network. The departments specifically identified any specialty types that were utilized in the HFP plan and are not available in the Medi-Cal network.
- *Hospital Access.* This evaluation focuses on the percentage of all specialists who have admitting privileges to a contracted hospital. It does not differentiate among specialty types that are more or less likely to require hospital facilities for the delivery of care. It also does not take into consideration the availability of other types of facilities such as surgery centers and outpatient facilities where a specialist may be able to perform procedures.

² See Exhibit A, Attachment 9, "Access and Availability," in the DHCS/Plan contract

- *Geographic Access.* This evaluation focuses on the location of current HFP providers within the county compared to the location of Medi-Cal providers within the county. Some of the networks reviewed in this Addendum are situated in extremely rural areas where there are frequently few providers. The HFP networks in these areas were previously approved by the DMHC and were granted alternate access standards where appropriate. For the purposes of this report, the Medi-Cal network is being measured against the existing approved HFP network. The Medi-Cal Plan's geographic access will also be reviewed for sufficiency by the DHCS for conformity to contract requirements.³
- *Continuity of Care.* Because many HFP enrollees are expected to have a change in provider, it is important to note that all plans are obligated under their contract with the State of California to provide 12 months of care with a non-network, treating PCP under certain circumstances. Furthermore, pursuant to its contract with DHCS, the Phase 4A Medi-Cal managed care plan is required to provide continuity of care consistent with the requirements set forth in Health and Safety code section 1373.96, which states that plans shall provide for the completion of covered services from a non-contracted, treating provider for specified conditions as long as the non-contracted provider agrees to the health plan reimbursement rate. The plan's strategy for ensuring continuity of care was detailed in the original Phase 4 Report and health plan responses to follow-up questions identified in that report are included in Section IV.

Assessment. This section summarizes the departments' evaluation of the adequacy of the Medi-Cal network in the county.

³ Please note that the Medi-Cal plan operating in the Phase 4A counties is a County Organized Health System (COHS) that is not licensed with the DMHC, therefore it is not subject to Knox Keene review for geographic access.

III. Medi-Cal Managed Care County Network Assessments

This section contains the departments' assessment of the Medi-Cal provider networks by county. Because the Phase 4A counties are COHS counties, the transitioning HFP enrollees will all be enrolled into the COHS health plan that operates in that county.

Del Norte County

In Del Norte County, Partnership Health Plan will serve as the Medi-Cal managed care plan after the transition and Anthem Blue Cross currently serves as the HFP plan. According to health plan data, the Medi-Cal managed care network contracts with five primary care clinics (comprised of 11 individual PCPs) and six specialists. The HFP network contracts with five individual PCPs and 12 specialists. Approximately 396 enrollees are expected to transition into Medi-Cal managed care from the HFP plan in Del Norte County in Phase 4A.

Provider Network Overlap

Primary Care Physicians

- Plan data indicate that 80% of the PCPs who currently participate in the HFP network are also available in the Medi-Cal managed care network through the Medi-Cal contracted clinics in Del Norte County.

Specialists

- Plan data indicate that 8% of the specialists who currently participate in the HFP network are also available in the Medi-Cal managed care network in Del Norte County.

Provider Capacity

Primary Care Physicians

- Plan data indicate that the Medi-Cal network will have approximately one PCP for every 585 enrollees after the transition and one physician overall for every 379 enrollees after the transition.⁴
- Plan data indicate that 60% of all Medi-Cal Managed Care PCPs in the county are accepting new Medi-Cal patients.
- According to Plan data, the Medi-Cal network will have the capacity to take 12,400 enrollees, which is adequate capacity to take on the expected 396 HFP enrollees and estimated 6,435 total Medi-Cal enrollees (including the HFP enrollees) into the Medi-Cal Managed Care network in this county.

⁴ These ratios are calculated based on the total number of individual physicians available in the network either through a direct contract with the Medi-Cal plan or through a contracted clinic. The ratios are also based on the expected enrollment from the transition of all fee-for-service Medi-Cal enrollees into the Medi-Cal Managed Care Plan in this county, including HFP enrollees. These ratios do not include the dual eligible population due to the assumption that dual eligibles often receive primary and specialty care services through the Medicare network.

Specialists

- With regard to specialist services covered under Medi-Cal, the Medi-Cal managed care network will offer fewer individual providers than the HFP product in some specialty areas. However, based on the utilization of these services by the HFP enrollees over the past year, the Medi-Cal network appears to have a sufficient number of specialists to provide enrollees access to almost all specialty types that are available and were utilized in the HFP network.
- HFP data indicate that HFP enrollees in Del Norte County utilized the following specialty types over the past year: Diagnostic Radiology and General Surgery. These specialty types are not available in the Medi-Cal managed care network. If patients require the specific specialty type that was available in the HFP network, the Medi-Cal Plan will be obligated to provide access to these specialists if medically necessary, in accordance with the DHCS contract.⁵
- The Plan's Medi-Cal network does not offer any pediatric specialists, nor does the HFP network.⁶ However, most specialists are able to treat children, so the availability of pediatric specialists does not necessarily impact transitioning HFP enrollees' access to specialty care.
- The Medi-Cal plan indicates that enrollees may access any specialist who is contracted with the Plan, even if that specialist is located out of the county. Enrollees are particularly likely to access the contracted specialist network in Humboldt, Sonoma, and Mendocino Counties, as well as contracted providers in the state of Oregon. This creates a broad array of specialists who may be available to transitioning enrollees. The Plan is also expanding the use of telemedicine in this county in order to make specialty services more easily accessible to enrollees.

Hospital Access. The Medi-Cal Plan reports that it contracts with one hospital in Del Norte County and 67% of its specialists have admitting privileges to that hospital. The Plan has identified that it is also contracted with all major hospitals in the border counties and nearby hospitals in Oregon. According to the Plan, enrollees may access hospital and specialist services from contracting hospitals and specialists outside of Del Norte County.

Geographic Access. All cities in Del Norte County that contain HFP PCPs also contain Medi-Cal PCPs who are accepting new patients. The Medi-Cal network offers PCPs in more cities than were available through the HFP network.

Assessment. The Medi-Cal managed care network appears to have adequate capacity to accommodate the transitioning HFP enrollees and provide access to care commensurate with what enrollees were receiving under the HFP network in Del Norte County. There is a high rate of overlap among the PCPs, so transitioning enrollees should not experience any major

⁵ The DHCS contract requires plans to provide access to specialists for medically necessary covered services. The Plan must arrange for services from an out-of-network provider if an in-network provider is not available and the requested services are medically necessary. (See Exhibit A, Attachment 9, "Access and Availability.") Therefore, the lack of a specific specialty type alone does not constitute a major concern with the network.

⁶ The DHCS contract provisions related to providing specialist care would also apply to pediatric specialists, if medically necessary.

disruptions in continuity of primary care. The Plan offers PCPs in the same geographic regions served by the HFP product, so all enrollees should have the same geographic access to care as they had under the HFP product.

The Medi-Cal network contains almost all specialty types available in the HFP network. Although the Medi-Cal network offers fewer specialists than were available in the HFP network, this is not unexpected given the rural nature of the region being covered. Data from both plans indicate that there is a general lack of health care providers throughout the county. The Plan has indicated that enrollees may obtain services from any of its contracted specialists, regardless of the county in which the provider is located, and the Plan is also expanding its telemedicine program to further address specialty needs. Additionally, protections set forth in the DHCS contract will require the Medi-Cal plan to arrange out-of-network care for any medically necessary covered services, so transitioning enrollees will still have specialty services available to them when necessary, even if the services they require are not in the contracted network.

Humboldt County

In Humboldt County, Partnership Health Plan will serve as the Medi-Cal managed care plan after the transition and Anthem Blue Cross currently serves as the HFP plan. According to health plan data, the Medi-Cal managed care network contracts with 30 primary care clinics (comprised of 61 individual PCPs), five individual PCPs, and 103 specialists. The HFP network contracts with 26 individual PCPs and 51 specialists. Approximately 2,214 enrollees are expected to transition into Medi-Cal managed care from the HFP plan in Humboldt County in Phase 4A.

Provider Network Overlap

Primary Care Physicians

- Plan data indicate that 77% of the PCPs who currently participate in the HFP network are also available in the Medi-Cal managed care network either through the Medi-Cal contracted clinics or as individually contracted PCPs in Humboldt County.

Specialists

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

Provider Capacity

Primary Care Physicians

- Plan data indicate that the Medi-Cal network will have approximately one PCP for every 329 enrollees after the transition and one physician overall for every 128 enrollees after the transition.⁷
- Plan data indicate that 97% of all Medi-Cal Managed Care PCPs in the county are accepting new Medi-Cal patients.
- According to Plan data, the Medi-Cal network will have the capacity to take 62,729 enrollees, which is adequate capacity to take on the expected 2,214 HFP enrollees and 21,715 total Medi-Cal enrollees⁸ (including the HFP enrollees) transitioning into the Medi-Cal Managed Care network in this county.

Specialists

- With regard to specialist services covered under Medi-Cal, the Medi-Cal managed care network will offer fewer individual providers than the HFP product in some specialty

⁷ These ratios are calculated based on the total number of individual physicians available in the network either through a direct contract with the Medi-Cal plan or through a contracted clinic. The ratios are also based on the expected enrollment from the transition of all fee-for-service Medi-Cal enrollees into the Medi-Cal Managed Care Plan in this county, including HFP enrollees. These ratios do not include the dual eligible population due to the assumption that dual eligibles often receive primary and specialty care services through the Medicare network.

⁸ Note: this number includes all fee-for-service, SPD and HFP members transitioning into the Medi-Cal network. It does not include the dual eligible population due to the fact that those enrollees will be obtaining primary and specialty care primarily through the Medicaid network.

areas. However, based on the utilization of these services by HFP enrollees over the past year, the Medi-Cal network appears to have a sufficient number of specialists to provide enrollees access to almost all specialty types that are available and were utilized in the HFP network.

- HFP data indicate that HFP enrollees in Humboldt County utilized Diagnostic Radiologists over the past year who are not available in the Medi-Cal managed care network. The Medi-Cal network does offer Radiologists/Nuclear Medicine Specialists who may be able to provide services that were provided by Diagnostic Radiologists in the HFP network. If patients require the specific specialty type that was available in the HFP network, the Medi-Cal Plan will be obligated to provide access to these specialists, if medically necessary, in accordance with their contract with the DHCS.⁹
- The Medi-Cal managed care network in Humboldt County does not contain any pediatric specialists, whereas the HFP network contains 5 pediatric specialists, comprising 10% of the Plan's HFP specialist network.¹⁰ Most specialists are available to treat children, so the availability of pediatric specialists does not necessarily impact transitioning HFP enrollees' access to specialty care.
- The Medi-Cal plan indicates that enrollees may access any specialist who is contracted with the Plan, even if that specialist is located out of the county. This creates a broad array of specialists who may be available to transitioning enrollees. The Plan is also expanding the use of telemedicine in this county in order to make specialty services more easily accessible to enrollees.

Hospital Access. The Plan reports that it contracts with four hospitals in Humboldt County and 69% of its specialists have admitting privileges to at least one of those hospitals. The Plan has identified that it is also contracted with all major hospitals in the border counties and the San Francisco Bay Area. According to the Plan, enrollees may access hospital and specialist services from contracting hospitals and specialists outside of Humboldt County.

Geographic Access. All cities in Humboldt County that contain HFP PCPs also contain Medi-Cal PCPs who are accepting new patients. The Medi-Cal network offers PCPs in more cities than were available through the HFP network.

Assessment. The Medi-Cal managed care network appears to have adequate capacity to accommodate the transitioning HFP enrollees and provide access to care commensurate with what enrollees were receiving under the HFP network in Humboldt County. There is a moderately high rate of overlap among the PCPs and the Medi-Cal network has more than adequate capacity to accommodate any HFP enrollees who must select a new PCP. The Plan offers PCPs who are accepting new patients in the same geographic regions served by the HFP

⁹ The DHCS contract requires plans to provide access to specialists for medically necessary covered services. The Plan must arrange for services from an out-of-network provider if an in-network provider is not available and the requested services are medically necessary. (See Exhibit A, Attachment 9, "Access and Availability.") Therefore, the lack of a specific specialty type alone does not constitute a major concern with the network.

¹⁰ The DHCS contract provisions related to providing specialist care would also apply to pediatric specialists, if medically necessary.

product, so all enrollees should have the same geographic access to care as they had under the HFP product.

The Medi-Cal network contains almost all specialty types available in the HFP network. The Plan has indicated that enrollees may obtain services from any of its contracted specialists, regardless of the county in which the provider is located, and the Plan is also expanding its telemedicine program to further address specialty needs. Additionally, protections set forth in the DHCS contract will require the Medi-Cal plan to arrange out-of-network care for any medically necessary covered services, so transitioning enrollees will still have specialty services available to them when necessary, even if the services they require are not in the contracted network.

Lake County

In Lake County, Partnership Health Plan will serve as the Medi-Cal managed care plan after the transition and Anthem Blue Cross currently serves as the HFP plan. According to health plan data, the Medi-Cal managed care network contracts with 13 primary care clinics (comprised of 37 individual PCPs), four individual PCPs, and 158 specialists. The HFP network contracts with 12 individual PCPs and 32 specialists. Approximately 1,078 enrollees are expected to transition into Medi-Cal managed care from the HFP plan in Lake County in Phase 4A.

Provider Network Overlap

Primary Care Physicians

- Plan data indicate that 42% of the PCPs who currently participate in the HFP network are also available in the Medi-Cal managed care network either through the Medi-Cal contracted clinics or as individually contracted PCPs in Lake County.

Specialists

- Plan data indicate that 44% of the specialists who currently participate in the HFP network are also available in the Medi-Cal managed care network in Lake County.

Provider Capacity

Primary Care Physicians

- Plan data indicate that the Medi-Cal network will have approximately one PCP for every 328 enrollees after the transition and one physician overall for every 67 enrollees after the transition.¹¹
- Plan data indicate that 72% of all Medi-Cal Managed Care PCPs in the county are accepting new Medi-Cal patients.
- According to Plan data, the Medi-Cal network will have the capacity to take 44,150 enrollees, which is adequate capacity to take on the expected 1,078 HFP enrollees and 13,458 estimated total Medi-Cal enrollees¹² (including the HFP enrollees) transitioning into the Medi-Cal Managed Care network in this county.

Specialists

- With regard to specialist services covered under Medi-Cal, the Medi-Cal managed care network will offer fewer individual providers than the HFP product in some specialty

¹¹ These ratios are calculated based on the total number of individual physicians available in the network either through a direct contract with the Medi-Cal plan or through a contracted clinic. The ratios are also based on the expected enrollment from the transition of all fee-for-service Medi-Cal enrollees into the Medi-Cal Managed Care Plan in this county, including HFP enrollees. These ratios do not include the dual eligible population due to the assumption that dual eligibles often receive primary and specialty care services through the Medicare network.

¹² Note: this number includes all fee-for-service, SPD and HFP members transitioning into the Medi-Cal network. It does not include the dual eligible population due to the fact that those enrollees will be obtaining primary and specialty care primarily through the Medicaid network.

areas. However, based on the utilization of these services by HFP enrollees over the past year, the Medi-Cal network appears to have a sufficient number of specialists to provide enrollee access to almost all specialty types that are available and were utilized in the HFP network.

- HFP data indicate that HFP enrollees in Lake County utilized Diagnostic Radiologists over the past year who are not available in the Medi-Cal managed care network. The Medi-Cal network does offer Radiologists/Nuclear Medicine Specialists who may be able to provide services that were provided by Diagnostic Radiologists in the HFP network. If patients require the specific specialty type that was available in the HFP network, the Medi-Cal Plan will be obligated to provide access to these specialists, if medically necessary, in accordance with their contract with the DHCS.¹³
- The Medi-Cal managed care network in Lake contains one pediatric specialist, comprising 0.6% of the Plan's Medi-Cal specialist network, which is slightly greater than the HFP plan, which contains no pediatric specialists.¹⁴ Most specialists are able to treat children, so the availability of pediatric specialists does not necessarily impact transitioning HFP enrollees' access to specialty care.
- The Medi-Cal plan indicates that enrollees may access any specialist who is contracted with the Plan, even if that specialist is located out of the county. Enrollees are particularly likely to access the contracted specialist network in Napa, Sonoma, and Mendocino Counties. This creates a broad array of specialists who may be available to transitioning enrollees. The Plan is also expanding the use of telemedicine in this county in order to make specialty services more easily accessible to enrollees.

Hospital Access. The Medi-Cal Plan reports that it contracts with two hospitals in Lake County and 75% of its specialists have admitting privileges to at least one of those hospitals. The Plan has identified that it is also contracted with all major hospitals in the border counties and tertiary hospitals in Sacramento and San Francisco Counties. According to the Plan, enrollees may access hospital and specialist services from contracting hospitals and specialists outside of Lake County.

Geographic Access. All cities in Lake County that contain HFP PCPs also contain Medi-Cal PCPs who are accepting new patients. The Medi-Cal network offers PCPs in more cities than were available through the HFP network.

Assessment. The Medi-Cal managed care network appears to have adequate capacity to accommodate the transitioning HFP enrollees and provide access to care commensurate with what enrollees were receiving under the HFP network in Lake County. While there is a moderately low rate of overlap among the PCPs between the two networks, the Medi-Cal network has more than adequate capacity to accommodate any HFP enrollees who must select a new PCP. The Plan offers PCPs who are accepting new patients in the same geographic regions

¹³ The DHCS contract requires plans to provide access to specialists for medically necessary covered services. The Plan must arrange for services from an out-of-network provider if an in-network provider is not available and the requested services are medically necessary. (See Exhibit A, Attachment 9, "Access and Availability.") Therefore, the lack of a specific specialty type alone does not constitute a major concern with the network.

¹⁴ The DHCS contract provisions related to providing specialist care would also apply to pediatric specialists, if medically necessary.

served by the HFP product, so all enrollees should have the same geographic access to care as they had under the HFP product.

The Medi-Cal network contains almost all specialty types available in the HFP network. The Plan has indicated that enrollees may obtain services from any of its contracted specialists, regardless of the county in which the provider is located, and the Plan is also expanding its telemedicine program to further address specialty needs. Additionally, protections set forth in the DHCS contract will require the Medi-Cal plan to arrange out-of-network care for any medically necessary covered services, so transitioning enrollees will still have specialty services available to them when necessary, even if the services they require are not in the contracted network.

Lassen County

In Lassen County, Partnership Health Plan will serve as the Medi-Cal managed care plan after the transition and Anthem Blue Cross currently serves as the HFP plan. According to health plan data, the Medi-Cal managed care network contracts with 4 primary care clinics (comprised of 11 individual PCPs), and 9 specialists. The HFP network contracts with 2 individual PCPs and 5 specialists. Approximately 149 enrollees are expected to transition into Medi-Cal managed care from the HFP plan in Lassen County in Phase 4A.

Provider Network Overlap

Primary Care Physicians

- Plan data indicate that 50% of the PCPs who currently participate in the HFP network are also available in the Medi-Cal managed care network through the Medi-Cal contracted clinics in Lassen County.

Specialists

- Plan data indicate that 100% of the specialists who currently participate in the HFP network are also available in the Medi-Cal managed care network in Lassen County.

Provider Capacity

Primary Care Physicians

- Plan data indicate that the Medi-Cal network will have approximately one PCP for every 340 enrollees after the transition and one physician overall for every 187 enrollees after the transition.¹⁵
- Plan data indicate that 50% of all Medi-Cal Managed Care PCPs in the county are accepting new Medi-Cal patients.
- According to Plan data, the Medi-Cal network will have the capacity to take 16,750 enrollees, which is adequate capacity to take on the expected 149 HFP enrollees and 3,743 total Medi-Cal enrollees (including the HFP enrollees) transitioning into the Medi-Cal Managed Care network in this county.

Specialists

- With regard to specialist services covered under Medi-Cal, the Medi-Cal managed care network will offer fewer individual providers than the HFP product in some specialty areas. However, based on the utilization of these services by HFP enrollees over the past year, the Medi-Cal network appears to have a sufficient number of specialists to provide

¹⁵ These ratios are calculated based on the total number of individual physicians available in the network either through a direct contract with the Medi-Cal plan or through a contracted clinic. The ratios are also based on the expected enrollment from the transition of all fee-for-service Medi-Cal enrollees into the Medi-Cal Managed Care Plan in this county, including HFP enrollees. These ratios do not include the dual eligible population due to the assumption that dual eligibles often receive primary and specialty care services through the Medicare network.

enrollee access to all specialty types that are available and were utilized in the HFP network.

- The Plan's Medi-Cal network does not offer any pediatric specialists, nor does the HFP network.¹⁶ Most specialists are available to treat children, so the availability of pediatric specialists does not necessarily impact transitioning HFP enrollees' access to specialty care.
- The Medi-Cal Plan indicates that enrollees may access any specialist who is contracted with the Plan, even if that specialist is located out of the county. Enrollees are particularly likely to access the contracted specialist network in Sacramento and Shasta Counties, as well as the state of Nevada. This creates a broad array of specialists who may be available to transitioning enrollees. The Plan has identified that it will honor the current referral patterns, and it is also expanding the use of telemedicine in this county in order to make specialty services more easily accessible to enrollees.

Hospital Access. The Medi-Cal Plan reports that it contracts with one hospital in Lassen County and 67% of its specialists have admitting privileges to that hospital. According to the Plan, enrollees may access hospital and specialist services from contracting hospitals and specialists outside of Lassen County

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

Assessment. The Medi-Cal managed care network appears to have adequate capacity to accommodate the transitioning HFP enrollees and provide access to care commensurate with what enrollees were receiving under the HFP network in Lassen County. There is a moderate rate of overlap among the PCPs, but the Medi-Cal network has more than adequate capacity to accommodate any HFP enrollees who must select a new PCP. The Plan offers PCPs who are accepting new patients in the same geographic regions served by the HFP product, so all enrollees should have the same geographic access to care as they had under the HFP product.

The Medi-Cal network contains all specialty types available in the HFP network. The Plan has indicated that enrollees may obtain services from any of its contracted specialists, regardless of the county in which the provider is located, and the Plan is also expanding its telemedicine program to further address specialty needs. Additionally, protections set forth in the DHCS contract will require the Medi-Cal plan to arrange out-of-network care for any medically necessary covered services, so transitioning enrollees will still have specialty services available to them when necessary, even if the services they require are not in the contracted network.

¹⁶ The DHCS contract provisions related to providing specialist care would also apply to pediatric specialists, if medically necessary.

Modoc County

In Modoc County, Partnership Health Plan will serve as the Medi-Cal managed care plan after the transition and Anthem Blue Cross currently serves as the HFP plan. According to health plan data, the Medi-Cal managed care network contracts with 5 primary care clinics (comprised of 10 individual PCPs), and 12 specialists. The HFP network contracts with 7 individual PCPs and 4 specialists. Approximately 75 enrollees are expected to transition into Medi-Cal managed care from the HFP plan in Modoc County in Phase 4A.

Provider Network Overlap

Primary Care Physicians

- Plan data indicate that 29% of the PCPs who currently participate in the HFP network are also available in the Medi-Cal managed care network through the Medi-Cal contracted clinics in Modoc County.

Specialists

- Plan data indicate that 50% of the specialists who currently participate in the HFP network are also available in the Medi-Cal managed care network in Modoc County.

Provider Capacity

Primary Care Physicians

- Plan data indicate that the Medi-Cal network will have approximately one PCP for every 151 enrollees after the transition and one physician overall for every 69 enrollees after the transition.¹⁷
- Plan data indicate that 100% of all Medi-Cal Managed Care PCPs in the county are accepting new Medi-Cal patients.
- According to Plan data, the Medi-Cal network will have the capacity to take 14,850 enrollees, which is adequate capacity to take on the expected 75 HFP enrollees and 1,514 total Medi-Cal enrollees (including the HFP enrollees) transitioning into the Medi-Cal Managed Care network in this county.

Specialists

- All specialty services available in the HFP product are also covered under the Medi-Cal managed care network.
- The Plan's Medi-Cal network does not offer any pediatric specialists, nor does the HFP network.¹⁸ Most specialists are available to treat children, so the availability of pediatric

¹⁷ These ratios are calculated based on the total number of individual physicians available in the network either through a direct contract with the Medi-Cal plan or through a contracted clinic. The ratios are also based on the expected enrollment from the transition of all fee-for-service Medi-Cal enrollees into the Medi-Cal Managed Care Plan in this county, including HFP enrollees. These ratios do not include the dual eligible population due to the assumption that dual eligibles often receive primary and specialty care services through the Medicare network.

specialists does not necessarily impact transitioning HFP enrollees' access to specialty care.

- The Medi-Cal Plan indicates that enrollees may access any specialist who is contracted with the Plan, even if that specialist is located out of the county. Enrollees are particularly likely to access the contracted specialist network in Humboldt, Shasta, Mendocino, Napa and Sonoma Counties, as well as the state of Oregon. This creates a broad array of specialists who may be available to transitioning enrollees. The Plan is also expanding the use of telemedicine in this county in order to make specialty services more easily accessible to enrollees.

Hospital Access. The Plan reports that it contracts with one hospital in Modoc County and 100% of its specialists have admitting privileges to that hospital. The Plan has identified that it is also contracted with all major hospitals in the border counties and nearby hospitals in Oregon. According to the Plan, enrollees may access hospital and specialist services from contracting hospitals and specialists outside of Modoc County.

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

Assessment. The Medi-Cal managed care network appears to have adequate capacity to accommodate the transitioning HFP enrollees and provide access to care commensurate with what enrollees were receiving under the HFP network in Modoc County. There is a low rate of overlap among the PCPs, but the Medi-Cal network has more than adequate capacity to accommodate any HFP enrollees who must select a new PCP. The Plan offers PCPs who are accepting new patients in the same geographic regions served by the HFP product, so all enrollees should have the same geographic access to care as they had under the HFP product.

The Medi-Cal network contains all specialty types available in the HFP network. Data from both plans indicate that there is a general lack of health care providers throughout the county. Protections set forth in the DHCS contract will require the Medi-Cal plan to arrange out-of-network care for any medically necessary covered services, so transitioning enrollees will still have specialty services available to them when necessary, even if the services they require are not in the contracted network.

¹⁸ The DHCS contract provisions related to providing specialist care would also apply to pediatric specialists, if medically necessary.

Shasta County

In Shasta County, Partnership Health Plan will serve as the Medi-Cal managed care plan after the transition and Anthem Blue Cross currently serves as the HFP plan. According to health plan data, the Medi-Cal managed care network contracts with 15 primary care clinics (comprised of 66 individual PCPs), 15 individual PCPs, and 178 specialists. The HFP network contracts with 52 individual PCPs and 101 specialists. Approximately 2,612 enrollees are expected to transition into Medi-Cal managed care from the HFP plan in Shasta County in Phase 4A.

Provider Network Overlap

Primary Care Physicians

- Plan data indicate that 69% of the PCPs who currently participate in the HFP network are also available in the Medi-Cal managed care network either through the Medi-Cal contracted clinics or as individually contracted PCPs in Shasta County.

Specialists

- Plan data indicate that 55% of the specialists who currently participate in the HFP network are also available in the Medi-Cal managed care network in Shasta County.

Provider Capacity

Primary Care Physicians

- Plan data indicate that the Medi-Cal network will have approximately one PCP for every 400 enrollees after the transition and one physician overall for every 125 enrollees after the transition.¹⁹
- Plan data indicate that 77% of all Medi-Cal Managed Care PCPs in the county are accepting new Medi-Cal patients.
- According to Plan data, the Medi-Cal network will have the capacity to take 38,886 enrollees, which is adequate capacity to take on the expected 2,612 HFP enrollees and 32,421 estimated total Medi-Cal enrollees (including the HFP enrollees) transitioning into the Medi-Cal Managed Care network in this county.

Specialists

- With regard to specialist services covered under Medi-Cal, the Medi-Cal managed care network will offer fewer individual providers than the HFP product in some specialty areas. However, based on the utilization of these services by HFP enrollees over the past year, the Medi-Cal network appears to have a sufficient number of specialists to provide

¹⁹ These ratios are calculated based on the total number of individual physicians available in the network either through a direct contract with the Medi-Cal plan or through a contracted clinic. The ratios are also based on the expected enrollment from the transition of all fee-for-service Medi-Cal enrollees into the Medi-Cal Managed Care Plan in this county, including HFP enrollees. These ratios do not include the dual eligible population due to the assumption that dual eligibles often receive primary and specialty care services through the Medicare network.

enrollees access to almost all specialty types that are available and were utilized in the HFP network.

- HFP data indicate that HFP enrollees in Shasta County utilized the following specialty types over the past year: Audiology, Critical Care Medicine, Diagnostic Radiology, and Perinatology. These specialty types are not available in the Medi-Cal managed care network; although the Medi-Cal network does offer Radiologists/Nuclear Medicine Specialists who may be able to provide services that were provided by Diagnostic Radiologists in the HFP network. If patients require the specific specialty type that was available in the HFP network, the Medi-Cal plan will be obligated to provide access to these specialists, if medically necessary, in accordance with their contract with the DHCS.²⁰
- The Medi-Cal managed care network in Shasta County contains 9 pediatric specialist, comprising 5% of the specialist network, which is greater than that offered by the HFP network (6 pediatric specialists, comprising 6% of the Plan's HFP specialist network).²¹ Most specialists are available to treat children, so the availability of pediatric specialists does not necessarily impact transitioning HFP enrollees' access to specialty care.
- While most specialty services can be accessed within Shasta County, the Medi-Cal plan indicates that enrollees may access any specialist who is contracted with the Plan, even if that specialist is located out of the county. This creates a broad array of specialists who may be available to transitioning enrollees. The Plan is also expanding the use of telemedicine in this county in order to make specialty services more easily accessible to enrollees.

Hospital Access. The Medi-Cal Plan reports that it contracts with five hospitals in Shasta County and 57% of its specialists have admitting privileges to at least one of those hospitals. The Plan has identified that it is also contracted with all major hospitals in the border counties and tertiary hospitals in Sacramento and San Francisco Counties. According to the Plan, enrollees may access hospital and specialist services from contracting hospitals and specialists outside of Shasta County.

Geographic Access. All cities in Shasta County that contain HFP PCPs also contain Medi-Cal PCPs who are accepting new patients. The Medi-Cal network offers PCPs in more cities than were available through the HFP network.

Assessment. The Medi-Cal managed care network appears to have adequate capacity to accommodate the transitioning HFP enrollees and provide access to care commensurate with what enrollees were receiving under the HFP network in Shasta County. There is a moderate rate of overlap among the PCPs and the Medi-Cal network has more than adequate capacity to accommodate any HFP enrollees who must select a new PCP. The Plan offers PCPs who are

²⁰ The DHCS contract requires plans to provide access to specialists for medically necessary covered services. The Plan must arrange for services from an out-of-network provider if an in-network provider is not available and the requested services are medically necessary. (See Exhibit A, Attachment 9, "Access and Availability.") Therefore, the lack of a specific specialty type alone does not constitute a major concern with the network.

²¹ The DHCS contract provisions related to providing specialist care would also apply to pediatric specialists, if medically necessary.

accepting new patients in the same geographic regions served by the HFP product, so all enrollees should have the same geographic access to care as they had under the HFP product.

The Medi-Cal network contains almost all specialty types available in the HFP network. The Plan has indicated that enrollees may obtain services from any of its contracted specialists, regardless of the county in which the provider is located, and the Plan is also expanding its telemedicine program to further address specialty needs. Additionally, protections set forth in the DHCS contract will require the Medi-Cal plan to arrange out-of-network care for any medically necessary covered services, so transitioning enrollees will still have specialty services available to them when necessary, even if the services they require are not in the contracted network.

Siskiyou County

In Siskiyou County, Partnership Health Plan will serve as the Medi-Cal managed care plan after the transition and Anthem Blue Cross currently serves as the HFP plan. According to health plan data, the Medi-Cal managed care network contracts with 16 primary care clinics (comprised of 34 individual PCPs), 3 individual PCPs, and 31 specialists. The HFP network contracts with 14 individual PCPs and 27 specialists. Approximately 486 enrollees are expected to transition into Medi-Cal managed care from the HFP plan in Siskiyou County in Phase 4A.

Provider Network Overlap

Primary Care Physicians

- Plan data indicate that 64% of the PCPs who currently participate in the HFP network are also available in the Medi-Cal managed care network either through the Medi-Cal contracted clinics or as individually contracted PCPs in Siskiyou County.

Specialists

- Plan data indicate that 19% of the specialists who currently participate in the HFP network are also available in the Medi-Cal managed care network in Siskiyou County.

Provider Capacity

Primary Care Physicians

- Plan data indicate that the Medi-Cal network will have approximately one PCP for every 221 enrollees after the transition and one physician overall for every 120 enrollees after the transition.²²
- Plan data indicate that 74% of all Medi-Cal Managed Care PCPs in the county are accepting new Medi-Cal patients.
- According to Plan data, the Medi-Cal network will have the capacity to take 21,450 enrollees, which is adequate capacity to take on the expected 486 HFP enrollees and 8,164 total Medi-Cal enrollees (including the HFP enrollees) transitioning into the Medi-Cal Managed Care network in this county.

Specialists

- With regard to specialist services covered under Medi-Cal, the Medi-Cal managed care network will offer fewer individual providers than the HFP product in some specialty areas. However, based on the utilization of these services by HFP enrollees over the past year, the Medi-Cal network appears to have a sufficient number of specialists to provide

²² These ratios are calculated based on the total number of individual physicians available in the network either through a direct contract with the Medi-Cal plan or through a contracted clinic. The ratios are also based on the expected enrollment from the transition of all fee-for-service Medi-Cal enrollees into the Medi-Cal Managed Care Plan in this county, including HFP enrollees. These ratios do not include the dual eligible population due to the assumption that dual eligibles often receive primary and specialty care services through the Medicare network.

enrollee access to almost all specialty types that are available and were utilized in the HFP network.

- HFP data indicate that HFP enrollees in Siskiyou County utilized the specialty type orthopedic hand surgery over the past year. This specialty type is not available in the Medi-Cal managed care network. If patients require the specific specialty type that was available in the HFP network, the Medi-Cal Plan will be obligated to provide access to these specialists, if medically necessary, in accordance with their contract with the DHCS.²³
- The Medi-Cal managed care network in Siskiyou County does not contain any pediatric specialist, while the HFP network contains 2 pediatric specialists, comprising 7% of the Plan's HFP specialist network.²⁴ Most specialists are available to treat children, so the availability of pediatric specialists does not necessarily impact transitioning HFP enrollees' access to specialty care.
- The Medi-Cal plan indicates that enrollees may access any specialist who is contracted with the Plan, even if that specialist is located out of the county. Enrollees are particularly likely to access the contracted specialist network in Humboldt, Shasta, Napa, Sonoma, and Mendocino Counties. This creates a broad array of specialists who may be available to transitioning enrollees. The Plan is also expanding the use of telemedicine in this county in order to make specialty services more easily accessible to enrollees.

Hospital Access. The Plan reports that it contracts with two hospitals in Siskiyou County and 48% of its specialists have admitting privileges to one of the two hospitals. The Plan has identified that it is also contracted with all major hospitals in the border counties and nearby hospitals in Oregon. According to the Plan, enrollees may access hospital and specialist services from contracting hospitals and specialists outside of Siskiyou County.

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

Assessment. The Medi-Cal managed care network appears to have adequate capacity to accommodate the transitioning HFP enrollees and provide access to care commensurate with what enrollees were receiving under the HFP network in Siskiyou County. There is a moderate rate of overlap among the PCPs and the Medi-Cal network has more than adequate capacity to accommodate any HFP enrollees who must select a new PCP. The Plan offers PCPs who are accepting new patients in the same geographic regions served by the HFP product, so all enrollees should have the same geographic access to care as they had under the HFP product.

The Medi-Cal network contains almost all specialty types available in the HFP network. The Plan has indicated that enrollees may obtain services from any of its contracted specialists, regardless of the county in which the provider is located, and the Plan is also expanding its

²³ The DHCS contract requires plans to provide access to specialists for medically necessary covered services. The Plan must arrange for services from an out-of-network provider if an in-network provider is not available and the requested services are medically necessary. (See Exhibit A, Attachment 9, "Access and Availability.") Therefore, the lack of a specific specialty type alone does not constitute a major concern with the network.

²⁴ The DHCS contract provisions related to providing specialist care would also apply to pediatric specialists, if medically necessary.

telemedicine program to further address specialty needs. Additionally, protections set forth in the DHCS contract will require the Medi-Cal plan to arrange out-of-network care for any medically necessary covered services, so transitioning enrollees will still have specialty services available to them when necessary, even if the services they require are not in the contracted network.

Trinity County

In Trinity County, Partnership Health Plan will serve as the Medi-Cal managed care plan after the transition and Anthem Blue Cross currently serves as the HFP plan. According to health plan data, the Medi-Cal managed care network contracts with three primary care clinics (comprised of three individual PCPs), two individual PCPs, and one specialist. The HFP network contracts with two individual PCPs and three specialists. Approximately 167 enrollees are expected to transition into Medi-Cal managed care from the HFP plan in Trinity County in Phase 4A.

Provider Network Overlap

Primary Care Physicians

- Plan data indicate that 50% of the PCPs who currently participate in the HFP network are also available in the Medi-Cal managed care network either through the Medi-Cal contracted clinics or as individually contracted PCPs in Trinity County.

Specialists

- Plan data indicate that 33% of the specialists who currently participate in the HFP network are also available in the Medi-Cal managed care network in Trinity County.

Provider Capacity

Primary Care Physicians

- Plan data indicate that the Medi-Cal network will have one PCP for every approximately 424 enrollees after the transition and one physician overall for every 354 enrollees after the transition.²⁵
- Plan data indicate that 100% of all Medi-Cal Managed Care PCPs in the county are accepting new Medi-Cal patients.
- According to Plan data, the Medi-Cal network will have the capacity to take 5,600 enrollees, which is adequate capacity to take on the expected 167 HFP enrollees and 2,121 estimated total Medi-Cal enrollees (including the HFP enrollees) transitioning into the Medi-Cal Managed Care network in this county.

Specialists

- With regard to specialist services covered under Medi-Cal, the Medi-Cal managed care network will offer fewer individual providers than the HFP product in some specialty areas. Given the extremely rural nature of Trinity County, there are very few specialists available in the county. The Medi-Cal and HFP networks both illustrate this issue and

²⁵ These ratios are calculated based on the total number of individual physicians available in the network either through a direct contract with the Medi-Cal plan or through a contracted clinic. The ratios are also based on the expected enrollment from the transition of all fee-for-service Medi-Cal enrollees into the Medi-Cal Managed Care Plan in this county, including HFP enrollees. These ratios do not include the dual eligible population due to the assumption that dual eligibles often receive primary and specialty care services through the Medicare network.

suggest that most specialist services will have to be accessed through neighboring counties. The Medi-Cal Managed Care plan has a large specialty network in neighboring Shasta County which Trinity County enrollees may access.

- HFP data indicate that HFP enrollees in Trinity County utilized cardiologists over the past year. The Medi-Cal managed care network does not contain this specialty type in Trinity County. If transitioning enrollees require a specific specialty type that is not available in the contracted network, the Medi-Cal Plan will be obligated to provide access to these specialists, if medically necessary, in accordance with their contract with the DHCS.²⁶
- The Plan's Medi-Cal network does not offer any pediatric specialists, nor does the HFP network.²⁷ Most specialists are available to treat children, so the availability of pediatric specialists does not necessarily impact transitioning HFP enrollees' access to specialty care.
- The Medi-Cal Plan indicates that enrollees may access any specialist who is contracted with the Plan, even if that specialist is located out of the county. Enrollees are particularly likely to access the contracted specialist network in Humboldt and Shasta Counties. This creates a broad array of specialists who may be available to transitioning enrollees. The Plan is also expanding the use of telemedicine in this county in order to make specialty services more easily accessible to enrollees.

Hospital Access. The Medi-Cal Plan reports that it contracts with one hospital in Trinity County and its contracted specialist has admitting privileges to that hospital. The Plan has identified that it is also contracted with all major hospitals in the border counties and tertiary hospitals in Sacramento and San Francisco Counties. According to the Plan, enrollees may access hospital and specialist services from contracting hospitals and specialists outside of Trinity County.

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

Assessment. The Medi-Cal managed care network appears to have adequate capacity to accommodate the transitioning HFP enrollees and provide access to care commensurate with what enrollees were receiving under the HFP network in Trinity County. There is an overall lack of providers in both the HFP and Medi-Cal network due to the extremely rural nature of the county; however, due to the small population that is expected to transition, the Medi-Cal network appears to be well within the required provider-to-enrollee ratios and offers more primary care providers than were available in the HFP network. The Medi-Cal network offers PCPs who are accepting new patients in the same geographic regions served by the HFP product, so enrollees who must change PCPs will have the same geographic access to care as they had under the HFP product.

²⁶ The DHCS contract requires plans to provide access to specialists for medically necessary covered services. The Plan must arrange for services from an out-of-network provider if an in-network provider is not available and the requested services are medically necessary. (See Exhibit A, Attachment 9, "Access and Availability.") Therefore, the lack of a specific specialty type alone does not constitute a major concern with the network.

²⁷ The DHCS contract provisions related to providing specialist care would also apply to pediatric specialists, if medically necessary.

The specialist network in Trinity County is particularly small in both the HFP and Medi-Cal networks. The Plan has indicated that enrollees may obtain services from any of its contracted specialists, regardless of the county in which the provider is located, and the Plan is also expanding its telemedicine program to further address specialty needs. Additionally, protections set forth in the DHCS contract will require the Medi-Cal plan to arrange out-of-network care for any medically necessary covered services, so transitioning enrollees will still have specialty services available to them when necessary, even if the services they require are not in the county or in the contracted network.

IV. Medi-Cal Managed Care Plan Responses to Continuity of Care Inquiries

In the Phase 4 Report, the departments described the Partnership Health Plan's strategy for ensuring continuity of care for transitioning HFP enrollees in the eight Phase 4A counties. The departments analyzed the Plan's response and identified areas for follow-up. The following summarizes the inquiries delivered to the Plan and the Plan's responses.

Partnership Health Plan

Inquiry: The Plan has identified a process in which its Care Coordination Department will evaluate enrollee requests for continued treatment with a treating provider that does not participate in the Plan's network. Based on the Plan's description of this process, it is unclear how enrollees will be informed of their right to make such a request and how to make such a request with the Plan. Please provide a detailed explanation of how the Plan will inform enrollees of their right to seek out-of-network care and continued access to care with treating, non-network providers after the transition.

- **Plan Response:** The Plan will inform enrollees of their right to seek out-of-network care and continued access to care with treating, non-network providers after the transition through their member handbook, and new member welcome calls. In the new member welcome call, enrollees are asked if they are currently undergoing any treatment, and if they have any serious medical conditions they wish to share with the Plan. The Plan's Care Coordination Department reviews and evaluates this information regularly.

Inquiry: Please provide detailed information regarding how the Plan will identify the specialty needs of the patients transitioning from HFP, and how the Plan will ensure continuity of specialist authorizations as the Phase 4 HFP enrollees transition into the Plan from the HFP program. Please also identify what efforts the Plan has made to recruit specialists into its Phase 4 Medi-Cal networks.

- **Plan Response:** The Plan will identify the specialty needs of the enrollees transitioning from HFP through the new member welcome calls, referrals and Treatment Authorization Requests from treating physicians, and any additional provider linkage data that is made available to the Plan. The Plan will work to ensure continuity of specialist authorizations by training the provider network in Phase 4 counties on the Plan's TAR and referral requirements, the Plan's Care Coordination program, and other Plan programs that are available to members and providers. The Plan indicates that its effort to recruit specialists is based on its review of fee-for-service claims data and the patterns of care and providers utilized by the fee-for-service membership. The Plan will continue to target specialists that are not under contract as further information is collected through new member welcome calls.

ATTACHMENTS

**ATTACHMENT 1 – HFP TRANSITION TO MEDI-CAL
PHASE 4A ENROLLMENT BREAKDOWN**

Upon implementation of the transition (Phase 4A), all new applicants will be evaluated for coverage under the Medi-Cal program.

Counties Transitioning on September 1, 2013

County	Medi-Cal Plan Model	HFP Health Plan	Approximate Enrollment	Medi-Cal Managed Care Plan Choices	Medi-Cal Dental Enrollment
Del Norte	COHS	Anthem Blue Cross	396	Partnership Health Plan	Denti-Cal
Humboldt	COHS	Anthem Blue Cross	2,214	Partnership Health Plan	Denti-Cal
Lake	COHS	Anthem Blue Cross	1,078	Partnership Health Plan	Denti-Cal
Lassen	COHS	Anthem Blue Cross	149	Partnership Health Plan	Denti-Cal
Modoc	COHS	Anthem Blue Cross	75	Partnership Health Plan	Denti-Cal
Shasta	COHS	Anthem Blue Cross	2,612	Partnership Health Plan	Denti-Cal
Siskiyou	COHS	Anthem Blue Cross	486	Partnership Health Plan	Denti-Cal
Trinity	COHS	Anthem Blue Cross	167	Partnership Health Plan	Denti-Cal
		Total	7,177		

ATTACHMENT 2 – DATA REQUESTED FROM HEALTH PLANS REQUEST TO HFP PLANS

Dear [Plan Name] (“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 4 of the transition requires enrollees in HFP managed health care plans operating in counties that did not previously offer Medi-Cal managed care to transition into a Medi-Cal managed care plan. Your plan has been identified as a managed care plan that operates an HFP line of business in the following Phase 4 counties: [County List]

The Department of Managed Health Care (DMHC) will be conducting a review of the Plan’s HFP provider network in order to assess the impact on continuity of care to enrollees who will be participating in Phase 4 of the transition from HFP to Medi-Cal managed care, in accordance with the legal requirements as stated in Welfare and Institutions Code Section 14005.27(e)(9) (added as part of AB1494, SEC. 11), and the Knox-Keene Health Care Service Plan Act of 1975 (Chapter 2.2 commencing with Section 1340 of Division 2 of the Health and Safety Code).

The Phase 4 transition of HFP beneficiaries into Medi-Cal managed care plans will begin no earlier than September 1, 2013. The DHCS and the DMHC must assess the impact of network changes on beneficiaries and present their findings to the California State Legislature 90 days prior to the beginning of the transition. Therefore, we are asking each Plan to complete the provider network data requests contained in Attachments A and B **no later than May 10, 2013**.

In **Attachment A**, the Plan is required to provide a detailed response to qualitative network questions addressing how the Plan is preparing for the HFP transition in accordance with legislative requirements. The Attachment A is intended to encompass all counties, so the Plan need only complete this document once.

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 4 transition. The provider network assessment workbook has two major components:

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

Please submit the requested information to the DMHC through its e-filing portal by **April 15, 2013**. When submitting, please file this as an Amendment with the Attachment B provider network assessment workbook submitted as an **Exhibit I-1** and the responses to qualitative questions in Attachment A submitted as an **Exhibit I-8**. Please include a brief summary of the filing in an **Exhibit E-1** as well. In the subject line, please identify this filing as “Phase 4 Healthy Families Program transition to Medi-Cal managed care network adequacy data elements.” This will allow the DMHC to effectively track related filings.

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

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

Sincerely,

Gary L. Baldwin

Assistant Chief Counsel

Department of Managed Health Care

ATTACHMENT 2 – DATA REQUESTED FROM HEALTH PLANS REQUEST TO HFP PLANS

Specialist Providers

Healthy Families Plan:

County:

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

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

ATTACHMENT 2 – DATA REQUESTED FROM HEALTH PLANS REQUEST TO HFP PLANS

Physician Extenders
Healthy Families Plan:
County:

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

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

Supervising Provider's NPI#	Physician Extender Last Name	Physician Extender First Name	Physician Extender License Type (e.g. Physician Assistant, Nurse Practitioner, Nurse Midwife)	Duplicate Entry? (Y or N)	Supervising Physician Last Name or Clinic Name	Supervising Physician First Name	Physician Extender is Part of a Clinic (Y/N)	Name of Clinic (if applicable)	Physician Extender Address	Physician Extender City	Physician Extender Zip	Physician Extender Phone	Total Number of Patients Assigned to Physician Extender
<i>Examples:</i>													
***** ***** ***** ***** *****	Jones Jones Lee Lee Smith	Jody Jody Rick Andrew	NP NP PA PA PA	Y Y Y Y N	Smith Smith James Brown Main Street Clinic	Sandy Sandy Todd Rachel	N N N N Y		123 Main Street 456 Broadway 789 1st Street 1011 2nd Ave. Main Street Clin 1011 Main St.	Sacramento Sacramento Sacramento Sacramento Sacramento	12346 12346 12346 12346 95629	123-456-7891 123-123-4567 123-456-7891 123-789-1011 (xxx) xxx-xxxx	600 300 200 600 N/A

ATTACHMENT 2 – DATA REQUESTED FROM HEALTH PLANS REQUEST TO HFP PLANS

Instructions: Please complete the following data requests with regard to the enrollees in the Plan that will be transitioning from the Plan's Healthy Families product in this county into Medi-Cal during Phase 4.

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

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

PCPs: 1:_____

Physicians:
1:_____

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

PCPs:_____

Specialists:_____

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

Specialty types available in the Plan's network	For each specialty type, indicate the total number of providers in the Plan's Healthy Families network	By specialty type, provide the total number of Healthy Families enrollees that have accessed that specialty type in the past 12 months.
Example		
<i>Allergist</i>	12	215
Allergist/ Immunologists		
Anesthesiologists		
Cardiologists		
Dermatologists		
Endocrinologists		
Gastroenterologists		
Geneticists		
Hematologists/ Oncologists		

HIV/AIDS Specialists		
Infectious Disease		
Neonatologists		
Nephrologists		
Neurologists		
Obstetricians/ Gynecologists		
Ophthalmologists		
Otolaryngologists		
Pain Medicine Specialists		
Perinatologists		
Physical Medicine and Rehabilitation		
Podiatrists		
Pulmonologists		
Radiologists/ Nuclear Medicine Specialists		
Rheumatologists		
Surgeons General		
Surgeons Neurological		
Surgeons Orthopedic		
Surgeons Plastic		
Surgeons Thoracic		
Surgeons Vascular		
Urologists		
<i>Add in additional rows for other specialty types provided by the Plan including any pediatric sub-specialists.</i>		

ATTACHMENT 2 – DATA REQUESTED FROM HEALTH PLANS REQUEST TO MEDI-CAL PLANS

Clinics: _____
 Medical Plan: _____
 County: _____

Instructions: Please list all individual physicians available at each contracted **Medi-Cal** clinic in the Plan's network for this county. For physicians operating in multiple clinics, please list the provider a separate time for each location or group (see examples in blue cells below). 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.

Physician's MPI#	Physician's License #	Physician Last Name	Physician First Name	Title	Physician type (Pediatrician, OB/GYN, Family Practitioner, General Practitioner, Internal Medicine, or Other)	Name of clinic where the physician practices	Clinic's NPI#	Street Address	City	County	Zip	Current Number of Plan Medi-Cal Members Assigned to this Physician (if clinic does not assign physicians, put "N/A")	Business Hours Start	Business Hours Stop	Percent of time physician is available at this clinic	Status of contract ("C" for contract, "L" for signed Letter of Intent, or "P" for Pending)
*****	*****	Jones	Mary	M.D.	OB/GYN	Main Street Clinic	*****	1011 Main St.	Sacramento	Sacramento	95829	600	8:00	17:00	30 C	
*****	*****	Smith	Mary	M.D.	OB/GYN	Get Well Clinic	*****	12 Broadway	Sacramento	Sacramento	95814	200	8:00	17:00	30 C	
*****	*****	Smith	John	M.D.	Pediatrician	Main Street Clinic Children's Clinic	*****	1011 Main St.	Sacramento	Sacramento	95829	300	8:00	17:00	50 LOI	
*****	*****	Smith	John	M.D.	Pediatrician	Children's Clinic	*****	1311 8th Street	Sacramento	Sacramento	95811	N/A	8:00	17:00	50 LOI	

ATTACHMENT 2 – DATA REQUESTED FROM HEALTH PLANS REQUEST TO MEDI-CAL PLANS

Medi-Cal Plan:

County:

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

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

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

PCPs: 1: _____

Physicians: 1: _____

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

PCPs: _____

Physicians: _____

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

Specialty types available in the Plan's network	For each specialty type, indicate the total number of providers in the Plan's Medi-Cal network
<i>Example</i>	
<i>Allergist</i>	<i>12</i>
Allergist/ Immunologists	
Anesthesiologists	
Cardiologists	
Dermatologists	

Endocrinologists	
Gastroenterologists	
Geneticists	
Hematologists/ Oncologists	
HIV/AIDS Specialists	
Infectious Disease	
Neonatologists	
Nephrologists	
Neurologists	
Obstetricians/ Gynecologists	
Ophthalmologists	
Otolaryngologists	
Pain Medicine Specialists	
Perinatologists	
Physical Medicine and Rehabilitation	
Podiatrists	
Pulmonologists	
Radiologists/ Nuclear Medicine Specialists	
Rheumatologists	
Surgeons General	
Surgeons Neurological	
Surgeons Orthopedic	
Surgeons Plastic	
Surgeons Thoracic	
Surgeons Vascular	
Urologists	
<i>Add in additional rows for other specialty types provided by the Plan including any pediatric sub-specialists.</i>	

ATTACHMENT 3 – SUMMARY NETWORK ASSESSMENT DATA

County	Medi-Cal PCP to enrollee ratio post-transition (1: _____)	Medi-Cal Physician to enrollee ratio post-transition	Total Number of PCPs in the Medi-Cal Network	Total Number of Physicians in the Medi-Cal Network	Total Number of PCPs in the HFP Network	Total Number of Physicians in the HFP Network	% of Medi-Cal PCPs Accepting New Patients	% of HFP PCPs who are in the Medi-Cal network
Del Norte County	585	379	11*	17*	5	17	60%	80%
Humboldt County	329	1288	66*	169*	26	77	97%	77%
Lake County	328	67	41*	199*	12	32	72%	42%
Lassen County	340	187	11*	20*	2	5	50%	50%
Modoc County	151	69	10*	22*	7	11	100%	29%
Shasta County	400	125	81*	259*	52	153	77%	69%
Siskiyou County	221	120	37*	68*	14	27	74%	64%
Trinity County	424	354	5*	6*	2	3	100%	50%

* Count of PCPs and physicians includes individual physicians who are available at contracting clinics.