



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

**NETWORK ADEQUACY ASSESSMENT REPORT
PHASE 1**

November 1, 2012

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

HEALTHY FAMILIES PROGRAM TRANSITION TO MEDI-CAL

NETWORK ASSESSMENT – PHASE 1

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SECTION I. EXECUTIVE SUMMARY

Background

Pursuant to Assembly Bill (AB) 1494 (Chapter 28, Statutes of 2012), the Department of Health Care Services (DHCS) plans to commence Phase 1 of the transition of Healthy Families Program (HFP) enrollees to the Medi-Cal program beginning January 1, 2013. HFP, administered by the Managed Risk Medical Insurance Board (MRMIB), currently provides health, dental, vision, and behavioral health coverage to over 863,000 low-income children. Children currently enrolled in the HFP will receive their health, dental, and vision benefits through the Medi-Cal program.

The Department of Managed Health Care (DMHC) licenses and regulates health plans pursuant to the Knox-Keene Health Care Services Plan Act of 1975, as amended (“Knox-Keene Act”). MRMIB contracts with 20 health plans and five dental plans licensed by the DMHC to provide coverage for HFP enrollees.¹

Pursuant to AB 1494, the transition of the HFP enrollees will be conducted in four phases, with the first phase occurring no sooner than January 1, 2013. Children who will be transitioned during Phase 1 are enrollees of health plans that participate in both the HFP and the Medi-Cal managed care program. There are eighteen (18) health plans in Phase 1 and approximately 400,000 children will transition in Phase 1. They will be assigned to the same health plan in the Medi-Cal program as they were in the HFP. Therefore, there should be minimal disruption in services for these children since they will not be switching health plans.

To ensure that the Phase 1 transition is smooth and orderly, Phase 1 has been separated into two distinct sub-phases.² The first group of children, Part A, will transition effective January 1, 2013,³ and the second group, Part B, will transition effective March 1, 2013.⁴ Dental services will transition during the same phase as the medical coverage transition.⁵

As required by AB 1494 and in order to determine which health plans are most ready to proceed with the Phase 1 transition, the DMHC and the DHCS (hereafter “the departments”) have collaborated in assessing the adequacy of the Medi-Cal managed care plans’ networks. Both Parts A and B are addressed in this report. The departments have assessed the network for each

¹ A Table listing the health plans providing coverage for HFP enrollees and their respective enrollment is included as Attachment 1.

² The decision to separate into two distinct sub-phases was proposed in the Healthy Families Transition to Medi-Cal Strategic Plan submitted by the California Health and Human Services Agency to the Legislature, based on significant input received from stakeholders.

³ A Table listing the counties that will be transitioning during the first sub-phase on January 1, 2013 is included as Attachment 2.

⁴ A Table listing the counties that will be transition during the second sub-phase on March 1, 2013 is included as Attachment 3.

⁵ All children, with the exception of children residing in Sacramento and Los Angeles County, will receive dental services under Denti-Cal, the Medi-Cal Fee-for-Service dental program.

full-service and dental Medi-Cal managed care plan scheduled to transition during Phase 1.⁶ DHCS took the lead in evaluating DHCS contractual requirements and DMHC took the lead in evaluating Knox-Keene Act compliance. The results of those assessments are the subject of this Report.⁷

Key Findings

Health Plans

In general, there is a high degree of overlap between providers contracted in the HFP and Medi-Cal networks in each county in which the health plans operate these lines of business. The health plans generally have sufficient capacity to handle the transition-related enrollment, as well as new enrollment as children enter the Medi-Cal program. Moreover, each health plan has indicated that it will provide continuity of care consistent with the requirements of the Knox-Keene Act, when necessary.⁸

Although the departments have minor or moderate concerns with some health plan networks in Phase 1, the only health plans that the departments believe are not ready to transition on January 1, 2013 are Health Net of California, CalViva, and Anthem Blue Cross in Tulare County.

Health Net is a commercial plan operating in the following counties: Kern, Los Angeles, Sacramento, San Diego, Stanislaus and Tulare. Health Net has a low percentage of provider overlap between its HFP and Medi-Cal networks. Health Net is unable to report how many primary care physicians (PCPs) will continue to see HFP enrollees post-transition. Health Net's HFP enrollees will be transitioned during Part B with a start date of March 1, 2013. Prior to the transition, Health Net will need to provide updated data so that the departments can re-assess Health Net's network in its HFP counties.

CalViva is a local initiative health plan operating in Fresno, Kings, and Madera counties. CalViva has an administrative services agreement with Health Net, whereby Health Net administers all health care services for CalViva, and CalViva uses Health Net's Medi-Cal provider network. The concerns with CalViva are similar to the departments' concerns regarding Health Net. CalViva is unable to report how many primary care physicians (PCPs) will continue to see HFP enrollees post-transition. Cal Viva will also need to provide updated data so that the departments can re-assess the capacity of its Medi-Cal network to serve enrollees.

⁶ There are 18 health plans that are a part of the Phase 1 transition. Even though the Phase 1 transition has been separated into two sub-phases, the network adequacy review was conducted for all plans that are part of Phase 1.

⁷ A Table providing a summary of the key network data elements is included as Attachment 6.

⁸ Health plans must comply with the continuity of care requirements set forth in Health and Safety Code section 1373.96 of the Knox-Keene Act. Health plans may be required to continue an enrollee's treatment with a non-network provider, when that enrollee is in mid-treatment for the conditions identified in the statute, and/or has a previously scheduled surgery or hospitalization. However, if the non-network provider does not agree to accept the health plan's provider rates offered to contracted providers, then the health plan has the right to require the enrollee to continue the course of treatment with a network provider. Also, for conditions that are not listed in the statute, the health plan may choose to transfer the patient to an in-network provider.

The departments also identified network concerns with the Anthem Blue Cross provider network in Tulare County. In Tulare County, Anthem provides HFP coverage through an Exclusive Provider Organization⁹ (EPO), which does not require enrollees to be assigned to PCPs. Instead, enrollees can seek services from any contracted PCP. Additionally, the PCP overlap between Anthem's HFP network and the Medi-Cal network in Tulare County is relatively low. Therefore, it is difficult to determine whether the transitioning enrollees will be able to maintain their PCPs post-transition. In other counties where Anthem uses an EPO product, there is greater overlap between the HFP and Medi-Cal networks with regard to PCPs who treat children. In those counties, the likelihood of HFP enrollees being able to keep their PCP is significantly higher. Anthem Blue Cross' HFP enrollment in Tulare County is scheduled to transition March 1, 2013. The DMHC will work with Anthem Blue Cross to address the departments' concerns before it transitions its Tulare County HFP enrollees into Medi-Cal managed care.

Dental Plans

While the departments have some concerns about the capacity of the dental plan primary care networks, most PCDs treating HFP enrollees indicate they will continue to do so after the transition. In general, the dental plans have provider capacity to accept HFP enrollees beginning January 1, 2013. The Plans indicate that they will have some challenges expanding their networks to include more HFP dentists in the Medi-Cal program due to the lower reimbursement rates in Medi-Cal compared to HFP. Regarding Denti-Cal fee-for-service (FFS), the DHCS does not have concerns regarding the adequacy of the Denti-Cal FFS network to accommodate the transition of HFP into Denti-Cal. The DMHC does not have jurisdiction over the Denti-Cal FFS program.

⁹ An Exclusive Provider Organization (EPO) does not reimburse for out-of-network services. Although a patient may obtain care outside of the EPO network, no coverage will be provided for those services and the patient will be responsible to pay for the full costs of services received.

SECTION II. INTRODUCTION

As required in Welfare and Institutions Code § 14005.27(e)(9)(A), the Department of Health Care Services (DHCS) and the Department of Managed Health Care (DMHC) (hereinafter “the departments”) have collaborated in assessing Medi-Cal managed care plan network adequacy for the Phase 1 transition of Healthy Families Program (HFP) enrollees into Medi-Cal. The departments reviewed the networks for all full-service and dental Medi-Cal managed care plans scheduled to transition during Phase 1 and have individually assessed each health plan’s network.

Criteria. The departments evaluated the health plan networks against established Knox-Keene Act network and access standards as well as standards set forth in the DHCS health plan contracts. These standards include:

- One primary care provider within 10 miles or 30 minutes of an enrollee’s residence.
- One primary care provider for every 2,000 enrollees.
- One physician overall (including specialists) for every 1,200 enrollees.
- Capacity limits on physician extenders¹⁰ who serve as primary care providers. No more than one full-time equivalent physician extender per 1,000 enrollees. Readily available and accessible medically required specialists.

Methodology. The two departments jointly submitted a request to each Medi-Cal managed care plan participating in Phase 1 to provide data related to its provider network.¹¹ This request was also submitted to each dental managed care plan participating in the Medi-Cal program.¹² The following describes the types of data the departments received and how the departments utilized this data to evaluate the impact of the HFP transition on Medi-Cal managed health care provider networks:

- *Qualitative Continuity of Care and Provider Network Data*
The departments provided each plan a list of questions requiring the plan to explain the efforts it has taken to preserve continuity of care, evaluate the capacity of the existing provider network to treat additional Medi-Cal patients, build additional network capacity when necessary, develop administrative capacity to serve the new population, and ensure all enrollees will have timely access to quality health and dental care. The departments also asked each plan to specifically address what efforts it had made to bring HFP-only providers into its Medi-Cal network. The departments have reported this information for each plan in two sections of the plan assessment: “Continuity of Care” and “Timely Access to Care.”

¹⁰ 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.

¹¹ This data request is included as Attachment 4.

¹² The data request is included as Attachment 5.

- *Summary Provider Network Data*

The departments asked each plan to provide a high-level overview of the total number of available primary care providers, specialist providers, and physician extenders (when appropriate) in the plan's network, the total number of patients expected to transition into the plan, an overall percentage of transitioning patients who will be able to keep their primary care providers post-transition, and an estimate of the future utilization of services based on past Medi-Cal and HFP utilization. This data is specific to each county in which the plan operates a Medi-Cal managed care product. This data allowed the departments to estimate the increase in demand for provider services after the transition and to evaluate whether each plan's provider network will be sufficient to accommodate that demand. The departments have reported this information for each plan in two sections of the plan assessment: "Provider Overlap" and "Provider Capacity."

- *Detailed Provider Network Lists*

The departments asked each plan to provide a detailed list of all primary and specialist providers, as well as physician extender providers when applicable. These provider lists indicated the location of each provider and whether the provider currently serves Medi-Cal and/or HFP patients. For primary care providers, the plans also indicated each provider's total Medi-Cal capacity, the total Medi-Cal and HFP patients currently assigned to the provider, whether the provider is accepting new patients, and whether the provider will continue to treat HFP children after they transition to Medi-Cal. For specialists, the plans also indicated each provider's specialty type and whether that provider operates a pediatric practice. This data allowed the departments to take a more detailed look at the geographic availability of providers, the provider network overlap, the total number of patients each provider is serving, the capacity of individual providers to take on additional patients, and whether the provider will be available to treat HFP enrollees post-transition. The departments have reported this information for each plan into three sections of the plan assessment: "Provider Overlap," "Provider Capacity," and "Geographic Accessibility."

Data. The departments' analysis is based on point-in-time data provided by the plans to the departments between September 14, 2012, and October 12, 2012. The departments will continue to monitor health plan networks throughout the transition. Many plans indicate they are in the process of negotiating new Medi-Cal contracts and attempting to bring more providers into their networks.

When reviewing the assessments below, it is important to be mindful of the limits of the data reviewed such as:

- *Provider Network Overlap.* This section of the assessment looks only at the providers that are shared between the two networks. It is not a reflection of the total number of providers available in the Medi-Cal network, as the Medi-Cal network often has many

more providers than are available in the HFP network. The full Medi-Cal network is described at the beginning of each assessment.

- *Provider Network Capacity.* This section evaluates the total number of enrollees each provider can accept against the number of enrollees projected to be assigned to that provider post-transition. For those providers who currently have HFP and Medi-Cal enrollees assigned, those providers' actual number of patients will not change, they will just all be categorized as Medi-Cal for purposes of calculating enrollee assignment. It is not possible to draw a complete picture of provider capacity because the departments do not know whether the providers in these networks contract with other plans or product lines and have enrollees assigned from those other sources in addition to their HFP and Medi-Cal membership.
- *Geographic Access.* Each Plan's existing Medi-Cal network was previously approved by DMHC as part of the plan's current Knox-Keene Act license. Thus, prior to this transition, the DMHC determined the networks to be compliant with the geographic access standards at the time the service area was established. This evaluation focuses on the location of current HFP providers and how that compares to the location of Medi-Cal providers. The comparison was based on a provider's city, as that most closely approximates a 10 mile/30 minute radius.
- *Continuity of Care.* The Medi-Cal plans receiving the HFP membership are required to provide continuity of care consistent with the requirements set forth in Health and Safety code section 1373.96, which requires plans to provide for the continuation of covered services from a non-contracted provider for specified conditions as long as the non-contracted provider agrees to the health plan reimbursement rate. This section evaluates the steps each plan will take in order to provide continuity of care.
- *Assessment.* This section summarizes the departments' evaluation of the adequacy of the Medi-Cal network in the county. The departments indicate whether there are no concerns with the network, or whether there are minor, moderate or significant concerns with network adequacy. Where the departments have significant concerns, the departments recommend transitioning those plans in Phase 1, Part B, rather than in Phase 1, Part A, in order to allow time for the departments to work with the plans to address outstanding issues.

SECTION III. HEALTH PLAN ASSESSMENTS

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

Alameda Alliance for Health

Alameda Alliance is the local initiative plan operating in Alameda County. It is one of two Medi-Cal managed care plans that serve that county. Plan data indicate that the Plan's Medi-Cal network contains 475 individual PCPs and 4,295 total physicians, whereas the Plan's HFP network contains 479 individual PCPs and 4,079 total physicians.

Provider Network Overlap

- **Primary Care Physicians.** The Plan indicates that almost 100% of its HFP enrollees will be able to keep their PCPs post-transition. The Plan indicates that one primary care clinic will not be able to treat HFP patients after the transition to the Medi-Cal network. This primary care clinic currently treats 26 HFP enrollees and the Plan is making efforts to negotiate a Medi-Cal contract with this provider. Plan data indicate that 100% of its providers who currently participate in both the Medi-Cal and HFP networks will continue seeing their HFP patients post-transition. With regard to PCPs that treat children, the Plan's Medi-Cal PCP network is almost identical to the Plan's HFP PCP network. The only area without 100% overlap is family practitioners,¹³ where 95% of HFP Family Practitioners are in the Medi-Cal network.
- **Specialists.** With regard to specialists, 99% of the Plan's HFP specialists are in the Medi-Cal network. The only specialty type available in the HFP network and not in the Medi-Cal network is chiropractors, and chiropractic services are not a required benefit under the Medi-Cal program. The Plan's Medi-Cal network offers 457 pediatric specialists, comprising 8.53% of the Plan's total Medi-Cal specialist network, which is slightly greater than that offered by the Plan's HFP network (455 pediatric specialists, comprising 9.02% of the Plan's HFP specialist network). The Plan notes that the transition to Medi-Cal will result in reduced payments to providers, which could impact the availability of providers in the Medi-Cal network.

Provider Capacity

- **Primary Care Physicians.** Plan data indicate that the Medi-Cal network will have one PCP for every 291 enrollees after the transition and one physician overall for every 32 enrollees after the transition. Eight (8) PCPs in the Plan's Medi-Cal network will have more than 2,000 enrollees assigned post-transition. Four (4) additional PCPs appear to be approaching 2,000 enrollees assigned and are continuing to accept new patients. The

¹³ As used throughout this document, the term "family practitioners" includes both family practice and family medicine designations.

majority of these providers have physician extenders to assist with patient volume. However, these assignment levels reflect the providers' current patient assignment. For those physicians who are currently contracted in both networks, the total volume of patients will not change when HFP patients are transitioned into the Medi-Cal program. If enrollees assigned to over-capacity providers have difficulty accessing care, they will be able to choose a new PCP with fewer assigned enrollees. All other PCPs in the network appear to have adequate capacity to continue accepting new Medi-Cal patients. Plan data indicate that all of its Medi-Cal PCPs are accepting new Medi-Cal patients beyond those who are transitioning from the HFP.

- ***Specialists.*** With regard to specialty care, there will be no decrease in specialists in any of the high-volume specialty areas for this population. Moreover, with 99% overlap in the specialist networks, the capacity of the network to provide specialty services will be essentially the same pre and post transition.

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

Continuity of Care. The Plan will follow its existing continuity of care policy for enrollees who will have to change their PCP or specialist as a result of this transition. The Plan's continuity of care provisions conform to Health and Safety Code section 1373.96. With regard to pharmacy benefits, the Plan indicates that the formulary is the same for Medi-Cal and HFP. The Plan will migrate patient medication history into its Medi-Cal line of business to mitigate any potential problems surrounding the prior authorization process.

Timely Access to Care. The Plan will track any enrollees changing to new providers and reach out to those enrollees to ensure they see their new doctor as soon as possible. The Plan will give providers a listing of all HFP enrollees who have joined the provider's practice as a result of the transition. The Plan will continue to analyze its networks for potential access issues as the transition proceeds. As stated above, because most HFP enrollees will continue with their existing providers, the Plan anticipates very little change in the accessibility of providers. The Plan expects its current processes and procedures to function effectively in the transition such that administrative issues should not create barriers to access.

Assessment. The departments have no concerns with the Plan's network. The Plan's Medi-Cal and HFP networks have significant overlap to ensure a high degree of continuity of care. The Plan's Medi-Cal network appears to have ample providers with adequate capacity to accommodate any new enrollees and ensure adequate access to care.

Anthem Blue Cross

Anthem Blue Cross is the commercial Medi-Cal plan operating in the following Two-Plan¹⁴ counties: Alameda, Contra Costa, Fresno, Kings, Madera, San Francisco, Santa Clara, and Tulare. Anthem Blue Cross also operates under the Geographic Managed Care (GMC)¹⁵ model in Sacramento County.¹⁶

Provider Network Overlap. The Plan indicates that most of its providers in the Two-Plan Medi-Cal counties are contracted for both the HFP and Medi-Cal products. For those providers who have HFP-only agreements, the Plan is contacting those providers to bring them into the network. The Plan does not anticipate many of its providers declining the Medi-Cal contract, as most of its physician membership is capitated and the physician groups would only have to update their rosters to indicate their physicians participate in the Medi-Cal program.

In some counties, the Plan indicates that HFP enrollees are not assigned to a PCP. This situation occurs with new enrollees who have not yet selected a PCP and in counties where the plan operates an Exclusive Provider Organization (EPO) rather than a Health Maintenance Organization (HMO).¹⁷ Enrollees in an EPO are not assigned to a PCP. In an EPO, patients may see any PCP in the network and do not have to inform the Plan of which PCP they see and do not have to contact the Plan to change their PCP. As a result, the Plan does not track which PCPs each of its EPO patients regularly see. Once these enrollees are transitioned to Medi-Cal, they will be assigned to a PCP. The Plan is reviewing claims data to identify which PCPs these HFP enrollees regularly visit so that the Plan can automatically assign these enrollees to their regular PCP when they transition to Medi-Cal. Where the Plan is not able to identify a regular PCP for its EPO enrollees, enrollees will have an opportunity to select a PCP from the Plan's Medi-Cal network. The Plan operates an EPO in Kings, Madera, and Tulare counties.

The following identifies the provider overlap for each county in which the Plan operates a Medi-Cal line of business:

- **Alameda County**
 - **Primary Care Physicians.** The Plan indicates that 97.3% of HFP enrollees who are assigned to a PCP will be able to keep their current PCP. The Plan states that 87 HFP enrollees (11%) do not have an assigned PCP or have a HFP Default provider as PCP. Plan data indicate that 93% of its providers that currently

¹⁴ A Two-Plan county is one where Medi-Cal services are provided by two health plans. One plan is required to be a commercial plan and the other plan is required to be a Local Initiative.

¹⁵ The GMC model operates in Sacramento and San Diego counties. In this model, DHCS contracts with several commercial plans operating in each county to provide Medi-Cal managed care services.

¹⁶ Although Anthem Blue Cross currently operates a Medi-Cal plan in Stanislaus and San Joaquin counties it is not renewing its contract with the DHCS in those counties. Therefore, the departments did not review the Plan's network in those counties.

¹⁷ An EPO is similar to a Preferred Provider Organization (PPO) in that an enrollee can choose to receive services from any physician within the PPO network. However, in an EPO, the Plan will not pay for non-emergency services an enrollee receives from an out-of-network provider, unless the Plan has authorized those services prior to the enrollee receiving them.

participate in the HFP network also participate in the Plan's Medi-Cal program and will continue seeing their HFP patients post-transition. With regard to PCPs in the HFP network who treat children, 97% of HFP pediatricians are in the Medi-Cal network, 90% of the HFP OB/GYNs are in the Medi-Cal network, 66% of the HFP family practitioners are in the Medi-Cal network, and 100% of the HFP general practitioners are in the Medi-Cal network.

- **Specialists.** With regard to specialists, 84% of HFP specialists are in the Medi-Cal network. The Medi-Cal network includes all specialty types that are available in the HFP network. The Plan's Medi-Cal network offers 327 pediatric specialists, comprising 21% of the Plan's specialist network, which is greater than what is available in the Plan's HFP network (313 pediatric specialists comprising 19.7% of the Plan's HFP specialist network).

- **Contra Costa County**

- **Primary Care Physicians.** The Plan indicates that 85.7% of HFP enrollees who are assigned to a PCP will be able to keep their current PCP. The Plan states that 68 HFP enrollees (11%) do not have an assigned PCP or have a HFP Default provider as PCP. Plan data indicate that 81% of its providers that currently participate in the HFP network also participate in the Plan's Medi-Cal program and will continue seeing their HFP patients post-transition. With regard to PCPs in the HFP network who treat children, 94% of HFP pediatricians are in the Medi-Cal network, 17% of the HFP family practitioners are in the Medi-Cal network, and 100% of HFP primary care clinics are in the Medi-Cal network. The Plan did not list any OB/GYNs or general practitioners in its networks,
- **Specialists.** With regard to specialists, 71% of HFP specialists are in the Medi-Cal network. The Medi-Cal network does not include endocrinologists or neurologists, both of which are available in the HFP network. The Plan's Medi-Cal network offers 53 pediatric specialists, comprising 15.2% of the Plan's specialist network, which is slightly less than what is available in the Plan's HFP network (55 pediatric specialists comprising 13% of the Plan's HFP specialist network). Health plans are required to provide access to medically required specialists.¹⁸ The departments have followed up with the Plan regarding how enrollees will access the services provided by a neurologist.

- **Fresno County**

- **Primary Care Physicians.** The Plan indicates that 99.2% of HFP enrollees who are assigned to a PCP will be able to keep their current PCPs. Plan data indicate that 99% of its providers that currently participate in the HFP also participate in Medi-Cal and will continue seeing their HFP patients post-transition. With regard

¹⁸ California Code of Regulations, title 28, section 1300.67.2(g) requires plans to provide access to medically required specialists.

to PCPs in the HFP network who treat children, 100% of HFP pediatricians are in the Medi-Cal network, 100% of HFP OB/GYNs are in the Medi-Cal network, and 100% of the HFP family practitioners are in the Medi-Cal network. Although the Plan operates a HFP HMO product in this county, the Plan states that 123 HFP enrollees (9%) have not selected a PCP or are not assigned to a PCP. Due to the high percentage of overlap between the Plan's HFP and Medi-Cal networks, that transitioning HFP enrollees who are not currently assigned to a PCP will likely be able to continue seeing their regular physician post-transition.

- **Specialists.** With regard to specialists, 88% of HFP specialists are in the Medi-Cal network. The Medi-Cal network includes all specialty types that are available in the HFP network. The Plan's Medi-Cal network offers 78 pediatric specialists, comprising 4% of the Plan's specialist network, which is less than what is available in the Plan's HFP network (110 pediatric specialists comprising 5.8% of the Plan's HFP specialist network).

- **Kings County**

- **Primary Care Physicians.** The Plan operates a HFP EPO product in this county. Consequently, many HFP patients in this county do not have an assigned PCP. The Plan indicates that 90% of HFP enrollees who are assigned to a PCP will be able to keep their current PCP. Plan data indicate that 96% of its HFP providers that currently participate in the HFP also participate in the Plan's Medi-Cal network and will continue seeing their HFP patients post-transition. With regard to PCPs in the HFP network who treat children, 90% of HFP pediatricians are in the Medi-Cal network, 100% of HFP OB/GYNs are in the Medi-Cal network, 95% of HFP family practitioners are in the Medi-Cal network, and 100% of HFP general practitioners are in the Medi-Cal network. The Plan states that 2,935 HFP enrollees (99.5%) do not have an assigned PCP because they participate in the EPO product. Due to the high percentage of overlap between the Plan's HFP and Medi-Cal networks, HFP enrollees who are not currently assigned to a PCP will likely be able to continue seeing their regular physician post-transition.
- **Specialists.** With regard to specialists, 53% of HFP specialists are in the Medi-Cal network. The Medi-Cal network includes all specialty types that are available in the HFP network. The Plan's Medi-Cal network offers 1 pediatric specialist, comprising 0.05% of the Plan's specialist network, which is less than what is available in the Plan's HFP network (6 pediatric specialists comprising 2.6% of the Plan's HFP specialist network). Health plans are required to provide access to medically required specialists. The departments have followed up with the Plan as to the steps the Plan will take to assure adequate access to a pediatric specialist.

- **Madera County**

- **Primary Care Physicians.** The Plan operates a HFP EPO product in this county. Consequently, many HFP patients in this county do not have an assigned PCP. The Plan indicates that 100% of HFP enrollees who are assigned to a PCP will be able to keep their current PCP. Plan data indicate that 93% of its providers that currently participate in the HFP network also participate in the Plan's Medi-Cal program and will continue seeing their HFP patients post-transition. With regard to PCPs in the HFP network who treat children, 92% of HFP pediatricians are in the Medi-Cal network, 100% of HFP OB/GYNs are in the Medi-Cal network, 78% of the HFP family practitioners are in the Medi-Cal network, and 100% of the HFP general practitioners are in the Medi-Cal network. The Plan states that 2,503 HFP enrollees (99.8%) do not have an assigned PCP because they participate in the EPO product. Due to the high percentage of overlap between the Plan's HFP and Medi-Cal networks, transitioning HFP enrollees who are not currently assigned to a PCP will likely be able to continue seeing their regular physician post-transition.
- **Specialists.** With regard to specialists, 87% of HFP specialists are in the Medi-Cal network. The Medi-Cal network does not include nuclear medicine or orthopedic hand surgery, both of which are available in the HFP network. The Plan's Medi-Cal network offers 172 pediatric specialists, comprising 43% of the Plan's specialist network, which is less than what is available in the Plan's HFP network (189 pediatric specialists comprising 45% of the Plan's HFP specialist network). Health plans are required to provide access to medically required specialists. The departments have followed up with the Plan regarding the steps it will take to assure adequate access to specialists not in the Plan's network.

- **Sacramento County**

- **Primary Care Physicians.** The Plan indicates that 99.4% of HFP enrollees who are assigned to a PCP will be able to keep their current PCPs. Plan data indicate that 97% of its providers that currently participate in the HFP network also participate in the Plan's Medi-Cal program and will continue seeing their HFP patients post-transition. With regard to PCPs in the HFP network who treat children, 94% of HFP pediatricians are in the Medi-Cal network, 100% of HFP OB/GYNs are in the Medi-Cal network, 85% of the HFP family practitioners are in the Medi-Cal network, and 95% of the HFP general practitioners are in the Medi-Cal network. The Plan states that 126 HFP enrollees (10%) do not have an assigned PCP. These enrollees will be able to select a Medi-Cal PCP from the numerous available PCPs.
- **Specialists.** With regard to specialists, 98% of HFP specialists are in the Medi-Cal network. The Medi-Cal network includes all specialty types that are available in the HFP network. The Plan's Medi-Cal network offers 210 pediatric

specialists, comprising 7.5% of the Plan's specialist network, which is greater than what is available in the Plan's HFP network (154 pediatric specialists comprising 8% of the Plan's HFP specialist network).

- **San Francisco County**

- **Primary Care Physicians.** The Plan indicates that 99% of HFP enrollees who are assigned to a PCP will be able to keep their current PCPs. Plan data indicate that 99% of its providers that currently participate in the HFP also participate in the Plan's Medi-Cal program and will continue seeing their HFP patients post-transition. With regard to PCPs in the HFP network who treat children, 98% of HFP pediatricians are in the Medi-Cal network, 100% of HFP OB/GYNs are in the Medi-Cal network, 100% of the HFP family practitioners are in the Medi-Cal network, and 100% of the HFP general practitioners are in the Medi-Cal network. The Plan states that 24 HFP enrollees (10%) do not have an assigned PCP or have a HFP Default provider as a PCP. These enrollees will be able to select a Medi-Cal PCP from the numerous available PCPs.
- **Specialists.** With regard to specialists, 98% of HFP specialists are in the Medi-Cal network. The Medi-Cal network does not include the following specialty types that are available in the HFP network: chiropractor and pediatric emergency medicine. However, chiropractic services are not required to be covered by Medi-Cal managed care plans and emergency services are covered by the Plan even if received out of network. The Plan's Medi-Cal network offers 421 pediatric specialists, comprising 9.6% of the Plan's specialist network, which is slightly less than what is available in the Plan's HFP network (425 pediatric specialists comprising 10% of the Plan's HFP specialist network).

- **Santa Clara County**

- **Primary Care Physicians.** The Plan indicates that 93.2% of HFP enrollees who are assigned to a PCP will be able to keep their current PCP. Plan data indicate that 99% of its providers that currently participate in the HFP network also participate in the Plan's Medi-Cal program and will continue seeing their HFP patients post-transition. With regard to PCPs in the HFP network who treat children, 91% of HFP pediatricians are in the Medi-Cal network, 100% of HFP OB/GYNs are in the Medi-Cal network, 98% of the HFP family practitioners are in the Medi-Cal network, and 93% of the HFP general practitioners are in the Medi-Cal network. The Plan states that 186 HFP enrollees (4%) do not have an assigned PCP. These enrollees will be able to continue seeing their treating provider if they have one, or select a Medi-Cal PCP from the numerous available PCPs.
- **Specialists.** With regard to specialists, 96% of HFP specialists are in the Medi-Cal network. The Plan's Medi-Cal network does not include addiction medicine

specialists; however, these services are not covered services under Medi-Cal managed care and are provided directly by the Medi-Cal program. The Plan's Medi-Cal network offers 303 pediatric specialists, comprising 19.2% of the Plan's specialist network, which is greater than what is available in the Plan's HFP network (160 pediatric specialists comprising 14.5% of the Plan's HFP specialist network).

- **Tulare County**

- **Primary Care Physicians.** The Plan operates a HFP EPO product in this county. Consequently, many HFP patients in this county do not have an assigned PCP. The Plan indicates that 82.4% of HFP enrollees who are assigned to a PCP will be able to keep their current PCP. Plan data indicate that 91% of its providers that currently participate in the HFP network also participate in the Plan's Medi-Cal program and will continue seeing their HFP patients post-transition. With regard to PCPs who treat children, 68% of HFP pediatricians are in the Medi-Cal network, 100% of HFP OB/GYNs are in the Medi-Cal network, 66% of the HFP family practitioners are in the Medi-Cal network, and 67% of the HFP general practitioners are in the Medi-Cal network. The Plan states that 8,845 HFP enrollees (99.2%) do not have an assigned PCP because they participate in the EPO product. Because the majority of PCPs who treat children participate in both the HFP and Medi-Cal networks, it appears likely that the majority of transitioning HFP enrollees who are not currently assigned to a PCP will be able to continue seeing their regular physician post-transition.
- **Specialists.** With regard to specialists, 76% of HFP specialists are in the Medi-Cal network. The Medi-Cal network does not include pulmonary disease specialists which are available in the HFP network. The Plan's Medi-Cal network offers 62 pediatric specialists, comprising 10% of the Plan's specialist network, which is greater than what is available in the Plan's HFP network (40 pediatric specialists comprising 12.4% of the Plan's HFP specialist network). Health plans are required to provide access to medically required specialists. The departments have followed up with the Plan regarding the steps it will take to assure adequate access to specialists not in the Plan's network.

Provider Capacity

- **Alameda County.** The Plan's Medi-Cal network contains 274 PCPs and 1,458 total physicians, whereas the Plan's HFP network contains 281 PCPs and 1,320 total physicians.
 - **Primary Care Physicians.** Plan data indicate that the Medi-Cal network will have one PCP for every 126 enrollees after the transition and one physician overall for every 24 enrollees after the transition. All PCPs currently participating in both the Medi-Cal and HFP products will have less than 2,000 enrollees assigned after

the transition, assuming they continue to treat their HFP patients post-transition. All PCPs in the network appear to have adequate capacity to continue accepting new Medi-Cal patients. The Plan data indicate that only 8% of its Medi-Cal PCPs are not accepting new Medi-Cal patients other than those transitioning from the HFP.

Specialists. With regard to specialists, the Medi-Cal network will offer fewer individual providers than the HFP product in some specialty areas. However, based on the utilization of these services by both HFP and Medi-Cal enrollees over the past year, the Medi-Cal network appears to have a sufficient number of specialists to provide enrollee access to each specialty type.

- **Contra Costa County.** The Plan’s Medi-Cal network contains 88 PCPs and 449 total physicians, whereas the Plan’s HFP network contains 100 PCPs and 423 total physicians.
 - ***Primary Care Providers.*** Plan data indicate that the Medi-Cal network will have one PCP for every 156 enrollees after the transition and one physician overall for every 31 enrollees after the transition. All PCPs currently participating in both the Medi-Cal and HFP products will have less than 2,000 enrollees assigned after the transition, assuming they continue to treat their HFP patients post-transition. All PCPs in the network appear to have adequate capacity to continue accepting new Medi-Cal patients. The Plan data indicate that 10% of its Medi-Cal PCPs are not accepting new Medi-Cal patients other than those transitioning from the HFP.
 - ***Specialists.*** With regard to specialists, the Medi-Cal network will offer fewer individual providers than the HFP product in some specialty areas. However, based on the utilization of these services by both HFP and Medi-Cal enrollees over the past year, the Medi-Cal network appears to have a sufficient number of specialists to provide enrollee access to each specialty type.

- **Fresno County.** The Plan’s Medi-Cal network contains 236 PCPs and 1,158 total physicians, whereas the Plan’s HFP network contains 238 PCPs and 1,065 total physicians.
 - ***Primary Care Providers.*** Plan data indicate that the Medi-Cal network will have one PCP for every 319 enrollees after the transition and one physician overall for every 65 enrollees after the transition. Two PCPs will have over 2,000 enrollees assigned after the transition and these providers do not have physician extenders to expand their capacity. However, these assignment levels reflect the providers’ current patient assignment before the transition. For those physicians who are currently contracted in both networks, the total volume of patients will not change when those patients are transitioned into the Medi-Cal program. If enrollees assigned to over-capacity providers have difficulty accessing care, they will be able to choose a new PCP with fewer assigned enrollees. All other PCPs in the network appear to have adequate capacity to continue accepting new Medi-Cal

patients. Plan data indicate that 12% of its Medi-Cal PCPs are not accepting new Medi-Cal patients other than those transitioning from the HFP.

- **Specialists.** With regard to specialists, the Medi-Cal network will offer fewer individual providers than the HFP product in some specialty areas. However, based on the utilization of these services by both HFP and Medi-Cal enrollees over the past year, the Medi-Cal network appears to have a sufficient number of specialists to provide enrollee access to each specialty type.
- **Kings County.** The Plan's Medi-Cal network contains 50 PCPs and 176 total physicians, whereas the Plan's HFP network contains 47 PCPs and 147 total physicians
 - **Primary Care Physicians.** Plan data indicate that the Medi-Cal network will have one PCP for every 220 enrollees after the transition and one physician overall for every 62 enrollees after the transition. All PCPs currently participating in the Medi-Cal network have less than 2,000 enrollees assigned. Because many of the HFP enrollees are not assigned to a PCP, the departments cannot estimate what the total assignment to each of the PCPs in the Medi-Cal network will be post-transition. Enrollees will have to select a PCP from those available in the network. The Plan data indicate that only 4% of its Medi-Cal PCPs are not accepting new Medi-Cal patients other than those transitioning from the HFP.
 - **Specialists.** With regard to specialists, the Medi-Cal network will offer fewer individual providers than the HFP product in some specialty areas. However, based on the utilization of these services by both HFP and Medi-Cal enrollees over the past year, the Medi-Cal network appears to have a sufficient number of specialists to provide enrollee access to each specialty type.
- **Madera County.** The Plan's Medi-Cal network contains 43 PCPs and 323 total physicians, whereas the Plan's HFP network contains 40 PCPs and 298 total physicians.
 - **Primary Care Physicians.** Plan data indicate that the Medi-Cal network will have one PCP for every 255 enrollees after the transition and one physician overall for every 34 enrollees after the transition. All PCPs currently participating in the Medi-Cal network have less than 2,000 enrollees assigned. Because many of the HFP enrollees are not assigned to a PCP, the departments cannot estimate what the total assignment to each of the PCPs in the Medi-Cal network will be post-transition. Enrollees will be able to select a PCP from those available in the network. The Plan data indicate that 12% of its Medi-Cal PCPs are not accepting new Medi-Cal patients other than those transitioning from the HFP.
 - **Specialists.** With regard to specialists, the Medi-Cal network will offer fewer individual providers than the HFP product in some specialty areas. However, based on the utilization of these services by both HFP and Medi-Cal enrollees over the past year, the Medi-Cal network appears to have a sufficient number of specialists to provide enrollee access to each specialty type.

- **Sacramento County.** The Plan’s Medi-Cal network contains 239 PCPs and 1,819 total physicians, whereas the Plan’s HFP network contains 220 PCPs and 1,293 total physicians.
 - **Primary Care Physicians.** Plan data indicate that the Medi-Cal network will have one PCP for every 418 enrollees after the transition and one physician overall for every 55 enrollees after the transition. Seven (7) PCPs will have over 2,000 enrollees assigned after the transition and only one of these providers has physician extenders to expand their capacity. Eight additional PCPs will be approaching the 2,000 enrollee limit after the transition and do not have physician extenders to expand their capacity. However, these assignment levels reflect the providers’ current patient assignment before the transition. For those physicians who are currently contracted in both networks, the total volume of patients will not change when those patients are transitioned into the Medi-Cal program. If enrollees assigned to over-capacity providers have difficulty accessing care, they will be able to choose a new PCP with fewer assigned enrollees. All other PCPs in the network appear to have adequate capacity to continue accepting new Medi-Cal patients; however, the Plan data indicate that 42% of its Medi-Cal PCPs are not accepting new Medi-Cal patients other than those transitioning from the HFP.
 - **Specialists.** With regard to specialists, the Medi-Cal network offers the same or more individual providers than the HFP product in all Plan-identified specialty areas that have been utilized by HFP enrollees in the past year.

- **San Francisco County.** The Plan’s Medi-Cal network contains 387 PCPs and 3,425 total physicians, whereas the Plan’s HFP network contains 355 PCPs and 3,270 total physicians.
 - **Primary Care Physicians.** Plan data indicate that the Medi-Cal network will have one PCP for every 38 enrollees after the transition and one physician overall for every four enrollees after the transition. All PCPs currently participating in both the Medi-Cal and HFP products will have less than 2,000 enrollees assigned after the transition, assuming they continue to treat their HFP patients post-transition. All PCPs in the network appear to have adequate capacity to continue accepting new Medi-Cal patients. The Plan data indicate that only 5% of its Medi-Cal PCPs are not accepting new Medi-Cal patients other than those transitioning from the HFP.
 - **Specialists.** With regard to specialists, the Medi-Cal network will offer fewer individual providers than the HFP product in some specialty areas. However, based on the utilization of these services by both HFP and Medi-Cal enrollees over the past year, the Medi-Cal network appears to have a sufficient number of specialists to provide enrollee access to each specialty type.

- **Santa Clara County.** The Plan’s Medi-Cal network contains 308 PCPs and 1,603 total physicians, whereas the Plan’s HFP network contains 322 PCPs and 1,185 total physicians
 - **Primary Care Physicians.** Plan data indicate that the Medi-Cal network will have one PCP for every 136 enrollees after the transition and one physician for every 26 enrollees after the transition. All PCPs currently participating in both the Medi-Cal and HFP products will have less than 2,000 enrollees assigned after the transition, assuming they continue to treat their HFP patients post-transition. All PCPs in the network appear to have adequate capacity to continue accepting new Medi-Cal patients. The Plan data indicate that 44% of its Medi-Cal PCPs are not accepting new Medi-Cal patients other than those transitioning from the HFP.
 - **Specialists.** With regard to specialists, assuming the Medi-Cal network does not change, the Medi-Cal network offers the same or more individual specialists than the HFP product in all Plan-identified specialty areas that have been utilized by HFP enrollees in the past year.

- **Tulare County.** The Plan’s Medi-Cal network contains 151 PCPs and 497 total physicians, whereas the Plan’s HFP network contains 91 PCPs and 249 total physicians.
 - **Primary Care Physicians.** Plan data indicate that the Medi-Cal network will have one PCP for every 459 enrollees after the transition and one physician overall for every 140 enrollees after the transition. Because the Plan operates a HFP EPO product in this county, the Plan was able to provide only minimal information about how many HFP enrollees are currently assigned to their PCPs. As a result, the departments are unable to fully evaluate the likely provider capacity post-transition. Based on the limited enrollee assignment data provided by the Plan, three PCPs currently participating in the Medi-Cal network have more than 2,000 enrollees assigned and only one of these providers has a physician extender to expand capacity. Four additional PCPs appear to be approaching the 2,000 enrollee limit after the transition and do not have physician extenders to expand their capacity. However, these assignment levels reflect the providers’ current patient assignment before the transition. For those physicians who are currently contracted in both networks, the total volume of patients will not change when those patients are transitioned into the Medi-Cal program. If enrollees assigned to over-capacity providers have difficulty accessing care, they will be able to choose a new PCP with fewer assigned enrollees. All other PCPs in the network appear to have adequate capacity to continue accepting new Medi-Cal patients and the Plan data indicate that less than 1% of its Medi-Cal PCPs are not accepting new Medi-Cal patients other than those transitioning from the HFP.
 - **Specialists.** With regard to specialists, assuming the Medi-Cal network does not change, the Medi-Cal network will offer fewer individual providers than the HFP product in some specialty areas. However, based on the utilization of these

services by both HFP and Medi-Cal enrollees over the past year, the Medi-Cal network appears to have a sufficient number of specialists to provide enrollee access to each specialty type.

Geographic Access. The following cities in each county currently have HFP PCPs but limited or no Medi-Cal PCPs:

- **Alameda:** Albany.
- **Contra Costa:** Danville and Orinda.
- **Fresno:** None.
- **Kings:** None.
- **Madera:** None.
- **Sacramento:** Orangevale.
- **San Francisco:** None.
- **Santa Clara:** None.
- **Tulare:** None.

This evaluation focuses on the location of current HFP providers and how that compares to the location of Medi-Cal providers. It is highly likely that enrollees residing in these cities will still be within 10 miles/30 minutes of a provider whose offices are in a neighboring city. Furthermore, the Department of Managed Health Care previously determined the Plan's network to be compliant with Knox Keene geographic access standards at the time the service area was approved.

Continuity of Care. The Plan has indicated that its "Care Management/Transition Assistance/Continuity of Care" policy and procedure would be applied to any transitioning enrollee requesting continuity of care with a provider that is not in the Medi-Cal network. The Plan's policy is slightly more expansive than the "completion of covered services" provisions in the Knox Keene Act, in that it also includes "degenerative and disabling conditions" among the list of conditions for which it will approve continuity of care with a treating, non-contracting provider. The policy also indicates that the Plan will actively prepare a transition plan for enrollees once they complete their course of treatment with the non-contracting provider. The Plan also indicates it has an Access to Care team comprised of registered nurses who will work with transitioning enrollees and providers to identify and authorize required services that may not be available within the network. With regard to prescription medication, the Plan states that its case management team works with its pharmacy benefits management team to provide authorizations and overrides for prescription medications, when required, in order to continue the supply of the enrollee's medication until the enrollee has transitioned to a new provider.

Timely Access to Care. The Plan indicates it expects all of its providers to adhere to Plan requirements for timely access to care. Additionally, the Plan offers "outreach specialists" who will work with provider offices to facilitate appointments for enrollees to assure timely access compliance.

Assessment

- **Alameda County.** The departments have no concerns with the adequacy of the Plan's Medi-Cal network to handle transitioning HFP enrollees. While a small percentage of enrollees will not be able to keep their current PCPs as a result of the transition, the Plan has a geographically diverse group of providers with capacity to take additional patients. With regard to specialists, while the Plan does not have 100% overlap of its specialist network, the Medi-Cal network provides all specialty types utilized by the transitioning population and those specialists have adequate capacity to accommodate the demand created by the HFP enrollees.
- **Contra Costa County.** The departments have no concerns with the adequacy of the Plan's Medi-Cal network to handle transitioning HFP enrollees. The overall Medi-Cal network appears to have ample diversity and capacity to accept any HFP patients who are unable to stay with their current treating provider. Similarly, while the Medi-Cal network offers fewer providers in some high-demand specialties, the network has enough providers in each specialty type to handle the expected post-transition utilization. With regard to geographic access, the departments identified two cities in the county that have HFP PCPs but no Medi-Cal PCPs. The departments have followed-up with the Plan regarding this issue to confirm that enrollees residing in those cities have adequate geographic access to Medi-Cal providers.
- **Fresno County.** The departments have no concerns with the adequacy of the Plan's Medi-Cal network to handle the transition of enrollees from the HFP. The Plan has a high level of provider network overlap, so most transitioning enrollees, including those who participate in the EPO product and do not have an assigned PCP, will be able to keep their treating providers. For those enrollees who will not be able to continue seeing their regular provider, the Plan's network appears to have an ample number of PCPs with adequate capacity and patients may select among these providers when they transition into Medi-Cal. Only two providers appear to have more than 2,000 enrollees assigned. The departments have followed-up with the Plan regarding how it monitors these providers to ensure ongoing access. However, because the Plan's overall network capacity is well within the 1:2,000 requirement, the departments believe that the network contains an adequate number of diverse providers with ample capacity to take on additional membership if patients experience difficulties accessing those providers who are at or above capacity. With regard to specialists, while the Plan does not have 100% overlap of its specialist network, the Medi-Cal network provides all specialty types utilized by the transitioning population and those specialists appear to have adequate capacity to accommodate the demand created by the HFP enrollees.
- **Kings County.** The departments have minor concerns regarding the adequacy of the Plan's Medi-Cal network to handle transitioning enrollees from the HFP. A large number

of transitioning enrollees do not have an assigned PCP due to the structure of the EPO product, so it is difficult to evaluate post-transition PCP assignment and continuity of care for these patients. The Plan is reviewing claims data to identify which of the primary care physicians in its HFP EPO product line have been treating transitioning enrollees so that the Plan can assign these enrollees to their treating physicians post-transition. The Departments will review the Plan's analysis once it is complete. However, the high percentage of PCP overlap between the EPO and HMO networks indicates that most HFP members will be able to continue to see their regular provider post-transition. Furthermore, for those enrollees who will not be able to continue seeing their regular provider, the Plan's network has an ample number of PCPs with adequate capacity. These patients may select among these providers when they transition into Medi-Cal. While the HFP and Medi-Cal primary care networks have a high rate of overlap, it appears that the overlap of specialty providers for these two product lines is not comparable. This could create some continuity of care issues for transitioning enrollees. The Plan indicates that it has policies and procedures in place to ensure continuity of care with the patients' treating providers under certain circumstances, consistent with the statutory requirements. Furthermore, the Plan's overall Medi-Cal specialist and primary care networks appear to have ample capacity to accept new patients transitioning into Medi-Cal from HFP. The departments have followed up with the Plan regarding the availability of specialty services for transitioning enrollees.

- **Madera County.** The departments have minor concerns regarding the adequacy of the Plan's Medi-Cal network to handle the transition of enrollees from the HFP. A large number of transitioning enrollees participate in the HFP EPO product and do not have an assigned PCP, so it is difficult to evaluate post-transition PCP assignment and continuity of care for these patients. The Plan is reviewing claims data to identify which of the primary care physicians in its HFP EPO product line have been treating transitioning enrollees so that the Plan can assign these enrollees to their treating physicians post-transition. The Departments will review the Plan's analysis once it is complete. However, the high percentage of PCP overlap between the two products indicates that most HFP members will be able to continue to see their regular provider post-transition. Furthermore, for those enrollees who will not be able to continue seeing their regular provider, the Plan's network appears to have an ample number of PCPs with adequate capacity and these patients may select among these providers when they transition into Medi-Cal. The data indicate that the Medi-Cal network does not offer three specialty types that were available in the HFP network. The departments have followed-up with the Plan to identify how the Plan will arrange care for any Medi-Cal enrollee requiring these services.
- **Sacramento County.** The departments have no concerns regarding the adequacy of the Plan's Medi-Cal network to handle the transition of enrollees from the HFP. The

departments identified 15 providers that are approaching or over 2,000 enrollees assigned, so the departments have followed-up with the Plan regarding how it monitors these providers to ensure ongoing access. However, because the Plan's overall network capacity is well within the 1:2,000 requirement, the departments believe that the network contains an appropriate number of diverse providers with ample capacity to take on additional membership if patients experience difficulties accessing those providers who are at or above capacity.

- **San Francisco County.** The departments have no concerns regarding the adequacy of the Plan's Medi-Cal network in to handle the transition of enrollees from the HFP. Plan data indicate that there is a very high level of provider overlap between the Medi-Cal and HFP networks. The Medi-Cal network overall appears to have ample providers with adequate capacity to treat transitioning HFP enrollees.
- **Santa Clara County.** The departments have no concerns regarding the adequacy of the Plan's Medi-Cal network in to handle the transition of enrollees from the HFP. Plan data indicate that there is a very high level of provider overlap between the Medi-Cal and HFP networks. The Medi-Cal network overall appears to have ample providers with adequate capacity to treat transitioning HFP enrollees. The departments are concerned that 43% of PCPs are not accepting new patients other than those transitioning from HFP. While this does not pose a problem for existing HFP enrollees scheduled to transition in Phase 1, this could create barriers to primary care for new applicants and future enrollees. The departments have followed-up with the Plan regarding how it will assure adequate access to primary care for future enrollees.
- **Tulare County.** The departments have significant concerns regarding the adequacy of the Plan's Medi-Cal network to handle the transition of enrollees from the HFP. Nearly all transitioning enrollees do not have an assigned PCP, so it is difficult to evaluate post-transition PCP assignment and continuity of care for these patients. Additionally, the Plan's HFP PCP network has a lower rate of overlap with the Medi-Cal PCP network when compared to other HFP EPO counties. This may result in fewer enrollees being able to continue seeing their regular PCP post-transition. The Plan is reviewing claims data to identify which of the primary care physicians in its HFP EPO product line have been treating transitioning enrollees so that the Plan can assign these enrollees to their treating physicians post-transition. The Departments will review the Plan's analysis once it is complete. That said, the Plan's network appears to have additional PCPs with adequate capacity who can see these patients post-transition if they are unable to keep their treating providers. The Plan data also indicate that there is a low rate of specialist overlap between the HFP and Medi-Cal network. However, the Medi-Cal network contains more specialists than the HFP network and the overall PCP- and overall provider-to-enrollee ratios for the Medi-Cal network are well within the statutory

standards. The networks appear to have capacity for any patients that must move to a new provider. Additionally, the departments identified that pulmonary disease specialists are available within the HFP network but not in the Medi-Cal network. The departments have followed-up with the Plan to confirm that transitioning enrollees requiring that specialty service will have adequate access to that specialty type. Finally, the departments identified seven providers who will be close to or over 2,000 enrollees assigned after the transition. This may create access problems for the enrollees assigned to those providers. The departments have followed-up with the Plan regarding how the Plan is monitoring its providers who are approaching or over 2,000 enrollees assigned to ensure that these enrollees have adequate care. Based on this analysis, the departments will need to re-assess this network prior to transitioning HFP enrollees. Therefore, the departments do not recommend transitioning enrollees in this county in Phase 1, Part A.

Cal Optima

Cal Optima is the County Organized Health System operating in Orange County. It is the only Medi-Cal managed care plan available in that county. Plan data indicate that the Plan's Medi-Cal network contains 2,006 PCPs and 4,319 total physicians, whereas the Plan's HFP network contains 1,032 PCPs and 2,494 total physicians.

Provider Network Overlap

- **Primary Care Physicians.** The Plan indicates that 98.8% of its current HFP enrollees will be able to keep their PCPs post-transition and 91% of its providers will continue to see HFP enrollees after the transition. The Plan continues to reach out to HFP providers who are not in the Medi-Cal network to contract with them and bring them into their Medi-Cal network.
- **Specialists.** With regard to specialists, 87% of the Plan's HFP specialists are in the Medi-Cal network. The only utilized specialty type available in the HFP network and not in the Medi-Cal network is nuclear medicine. The Medi-Cal network does not have pathology-anatomic specialists or reproductive endocrinologists, however, no HFP members or Medi-Cal members have accessed those specialist services in the past year. The Plan's Medi-Cal network offers 187 pediatric specialists, comprising 4.1% of the Plan's total Medi-Cal specialist network, which is greater than that offered by the Plan's HFP network (118 pediatric specialists, comprising 4.2% of the Plan's HFP specialist network).

Provider Capacity

- **Primary Care Physicians.** Plan data indicate that the Medi-Cal network will have one PCP for every 207 enrollees and one physician overall for every 96 enrollees after the transition. It appears that 12 individual PCPs in the Plan's Medi-Cal network will have more than 2,000 enrollees assigned post-transition and do not utilize physician extenders. However, these assignment levels reflect the providers' current patient assignment before the transition. For those physicians who are currently contracted in both networks, the total volume of patients will not change when those patients are transitioned into the Medi-Cal program. If enrollees assigned to over-capacity providers have difficulty accessing care, they will be able to choose a new PCP with fewer assigned enrollees. All other PCPs in the network have adequate capacity to continue accepting new Medi-Cal patients. The Plan data indicate that 24% of its Medi-Cal PCPs are not accepting new Medi-Cal patients other than those transitioning from the HFP.
- **Specialists.** With regard to specialty care, there will be no decrease in specialists in any of the high-volume specialty areas for this population. The Plan indicates that the Medi-Cal network has the same number or more providers compared to its HFP network in the specialty areas that were utilized by HFP enrollees in the past year.

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

Continuity of Care. The Plan has indicated that it will follow its existing continuity of care policy for enrollees who will have to change their PCP or specialist as a result of this transition. This will include making efforts to maintain patients with their existing provider if the patient is in the middle of treatment. The Plan will continue to reach out to HFP providers who are not currently contracted with the Plan's Medi-Cal line of business to further address continuity of care.

Timely Access to Care. The Plan indicates its existing access and availability policy will apply to all transitioning enrollees. Due to the extensive overlap in provider networks, providers receiving HFP patients are familiar with the Plan's provider policies. The Plan indicates it will continue to analyze its networks and monitor complaints related to access to identify access issues as the transition proceeds. As stated above, because most enrollees are continuing with their current providers, the Plan anticipates very little change in the accessibility of providers. The Plan indicates that it is also undertaking administrative changes to help patients access care, including care management staff training, Health Risk Assessment review for all transitioning enrollees, customer service training specific to the transition, and review of guidelines for referral to case management when higher level intervention is necessary.

Assessment. The departments have minor concerns with the adequacy of the Plan's network to receive HFP enrollees. The Plan's Medi-Cal and HFP networks have significant overlap to ensure a high degree of continuity of care. The Plan's Medi-Cal network also appears to have ample providers with adequate capacity to accommodate any new enrollees and ensure adequate access to care. The departments have followed-up with the Plan regarding how enrollees will access services requiring a nuclear medicine specialist.

Cal Viva Health Plan

Cal Viva is the local initiative health plan that serves Fresno, Kings, and Madera counties. Cal Viva has an Administrative Services Agreement and a Capitated Provider Services Agreement with Health Net whereby Health Net administers all health care services for Cal Viva enrollees and Cal Viva utilizes Health Net's provider network for service delivery. Cal Viva does not have a HFP line of business but, because it utilizes Health Net's Medi-Cal network and Health Net maintains a HFP line of business in these counties, Cal Viva is included in Phase 1 of the transition. The departments compared the Cal Viva Medi-Cal network to the Health Net HFP network for the purposes of this network assessment.

Provider Network Overlap. The Plan states that it is not yet able to determine how many HFP enrollees will be able to keep their current PCP after the transition. Until Medi-Cal reimbursement rates have been published, the Plan states it is unable to enter into Medi-Cal contracts with its current HFP-only providers. The Plan states it is also unable to secure assurances that existing Medi-Cal providers who also treat HFP enrollees will continue to see their HFP patients post-transition. The Plan has contacted its existing HFP-only providers and states it will continue to make efforts to contract with these providers for its Medi-Cal line of business as soon as rates are known. The Plan indicates that pediatricians, family practitioners, general practitioners and OB/GYNs are all available to act as PCPs to children. The following compares HFP and Medi-Cal networks in each county:

- **Fresno County**

- *Primary Care Physicians.* Plan data indicate the Medi-Cal network contains 331 PCPs and 1,146 total physicians, whereas the Health Net HFP network contains 385 PCPs and 1,149 total physicians. With regard to PCPs who treat children, 32% of the HFP pediatricians are in the Medi-Cal network, 100% of the HFP OB/GYNs are in the Medi-Cal network, 42% of the HFP family practitioners are in the Medi-Cal network, and 57% of the HFP general practitioners are in the Medi-Cal network. The Plan's data indicate that 42% of HFP PCPs also participate in the Medi-Cal network and currently have HFP patients assigned. If the Plan is successful in maintaining these providers in its network, the HFP patients assigned to these PCPs will be able to maintain their PCP post-transition.
- *Specialists.* With regard to specialists, 86% of the HFP specialists are in the Medi-Cal network. All specialty types available in the HFP network are also available in the Medi-Cal network. The Plan's Medi-Cal network offers 28 pediatric specialists, comprising 2% of the Plan's total Medi-Cal specialist network, which is almost the same as that offered by the Plan's HFP network (31 pediatric specialists, comprising 2% of the Plan's HFP specialist network).

- **Kings County**
 - **Primary Care Physicians.** Plan data indicate the Medi-Cal network contains 93 PCPs and 213 total physicians, whereas the Health Net HFP network contains 114 PCPs and 231 total physicians. With regard to PCPs who treat children, 53% of the HFP pediatricians are in the Medi-Cal network, 100% of the HFP OB/GYNs are in the Medi-Cal network, 57% of the HFP family practitioners are in the Medi-Cal network, and 100% of the HFP general practitioners are in the Medi-Cal network. The Plan's data indicate that 82% of HFP PCPs also participate in the Medi-Cal network and currently have HFP patients assigned. If the Plan is successful in maintaining these providers in its network, the HFP patients assigned to these PCPs will be able to maintain their PCP post-transition.
 - **Specialists.** With regard to specialists, 61% of the HFP specialists are in the Medi-Cal network. The Medi-Cal network does not include neurosurgeons, oncologists, nor pathologists, which are available in the HFP network. The Plan's Medi-Cal network offers 1 pediatric specialist, comprising 1% of the Plan's total Medi-Cal specialist network, which is the same as that offered by the Plan's HFP network (1 pediatric specialist, comprising 0.7% of the Plan's HFP specialist network).

- **Madera County.**
 - **Primary Care Physicians.** Plan data indicate the Medi-Cal network contains 75 PCPs and 329 total physicians, whereas the Health Net HFP network contains 74 PCPs and 240 total physicians. With regard to PCPs, 65% of the HFP pediatricians are in the Medi-Cal network, 50% of the HFP OB/GYNs are in the Medi-Cal network, 22% of the HFP family practitioners are in the Medi-Cal network, and 0% of the HFP general practitioners are in the Medi-Cal network. The Plan's data indicate that 54% of HFP PCPs also participate in the Medi-Cal network and currently have HFP patients assigned. If the Plan is successful in maintaining these providers in its network, the HFP patients assigned to these PCPs will be able to maintain their PCP post-transition.
 - **Specialists.** With regard to specialists, 94% of the HFP specialists are in the Medi-Cal network. The Medi-Cal network does not include pediatric orthopedists nor pediatric urologists, which are available in the HFP network. The Plan's Medi-Cal network offers 67 pediatric specialists, comprising 43% of the Plan's total Medi-Cal specialist network, which is greater than that offered by the Plan's HFP network (53 pediatric specialists, comprising 42% of the Plan's HFP specialist network).

Provider Capacity

Because the Plan was unable to identify which of its providers will continue to treat HFP patients after the transition, the departments are unable to assess the total capacity of each PCP after the transition. The following describes providers who are at or approaching capacity in each county:

- **Fresno County**

- **Primary Care Physicians.** Assuming all current Medi-Cal providers will be available to treat HFP enrollees post-transition, Plan data indicate that the Medi-Cal network will have one PCP for every 519 enrollees after the transition and one physician overall for every 150 enrollees after the transition. If all providers currently participating in both the Medi-Cal and HFP continue to treat all of their HFP patients post-transition, then 14 individual providers will have more than 2,000 enrollees assigned post-transition. Of these providers, only one utilizes a physician extender to expand capacity. Five additional Medi-Cal providers appear to be approaching 2,000 enrollees and therefore may not have the capacity to take on additional enrollees after the transition. However, these assignment levels reflect the providers' current patient assignment before the transition. For those physicians who are currently contracted in both networks, the total volume of patients will not change when those patients are transitioned into the Medi-Cal program. If enrollees assigned to over-capacity providers have difficulty accessing care, they will be able to choose a new PCP with fewer assigned enrollees. All other PCPs in the network appear to have adequate capacity to continue accepting new Medi-Cal patients; however, the Plan data indicate that 81% of its Medi-Cal PCPs are not accepting new Medi-Cal patients.
- **Specialists.** With regard to specialists, the Medi-Cal network will offer fewer individual providers than the HFP product in some specialty areas. However, based on the utilization of these services by both HFP and Medi-Cal enrollees over the past year, the Medi-Cal network appears to have a sufficient number of specialists to provide enrollee access to each specialty type.

- **Kings County**

- **Primary Care Physicians.** Assuming all current Medi-Cal providers will be available to treat HFP enrollees post-transition, Plan data indicate that the Medi-Cal network will have one PCP for every 161 enrollees after the transition and one physician overall for every 70 enrollees after the transition. Among all providers currently participating in both the Medi-Cal and HFP, no provider has a total of 2,000 or more combined HFP and Medi-Cal patients assigned. There are no individual Medi-Cal providers who appear to be approaching 2,000 enrollees. This data suggests that all of the PCPs in the Plan's Medi-Cal network appear to have adequate capacity to accept new Medi-Cal patients, however the Plan data indicate that 97% of its Medi-Cal PCPs are not accepting new Medi-Cal patients.

- **Specialists.** With regard to specialists, the Medi-Cal network will offer fewer individual providers than the HFP product in some specialty areas. However, based on the utilization of these services by both HFP and Medi-Cal enrollees over the past year, the Medi-Cal network appears to have a sufficient number of specialists to provide enrollee access to each specialty type.
- **Madera County.**
 - **Primary Care Physicians.** Assuming all current Medi-Cal providers will be available to treat HFP enrollees post-transition, Plan data indicate that the Medi-Cal network will have one PCP for every 273 enrollees after the transition and one physician overall for every 62 enrollees after the transition. Among all providers currently participating in both the Medi-Cal and HFP, no provider has a total of 2,000 or more combined HFP and Medi-Cal patients assigned. There are no individual Medi-Cal providers who appear to be approaching 2,000 enrollees. This data suggests that all of the PCPs in the Plan's Medi-Cal network appear to have adequate capacity to accept new Medi-Cal patients. However, the Plan data indicate that 84% of its Medi-Cal PCPs are not accepting new Medi-Cal patients other than those transitioning from the HFP.
 - **Specialists.** With regard to specialists, the Medi-Cal network will offer fewer individual providers than the HFP product in some specialty areas. However, based on the utilization of these services by both HFP and Medi-Cal enrollees over the past year, the Medi-Cal network appears to have a sufficient number of specialists to provide enrollee access to each specialty type. The Plan was not able to provide information detailing the rate at which specialties are utilized in the HFP, so the departments cannot determine whether fewer numbers of specialists in the Medi-Cal network will affect access to care and provider capacity post-transition. Access to services will likely be affected.

Geographic Access. All cities currently served by the HFP in the three counties contain Medi-Cal PCPs. The Plan does not know whether these Medi-Cal providers will accept HFP enrollees post-transition.

Continuity of Care. For enrollees whose PCP is not contracted with the Medi-Cal network, the Plan will transition those enrollees to a contracting PCP. The Plan has indicated that it will follow its existing Transition of Care policy for those HFP enrollees. Transitioning enrollees will receive a Transition of Care request form in their welcome packet. For HFP providers who are not in the Medi-Cal network, Health Net will offer to pay those providers at its customary contracted provider rate. If the provider will not accept that rate, the Plan will move the patient to a contracted provider. The Plan indicated that the transition of open prior authorizations may be delayed if the Plan does not receive the patient's eligibility file in a timely fashion, which could impact continuity of care. Additionally, the Plan noted that, while the Plan may offer a letter of agreement or contract to current HFP providers in order to provide continuity of care to

transitioning enrollees, there is no guarantee the providers will agree to the Plan's rates and therefore may not participate in the Plan's Medi-Cal network. Finally, the Plan noted that HFP enrollees using mail order pharmacies will no longer have that service available under Cal Viva's Medi-Cal product and therefore will have to transition their prescriptions to alternate pharmacies.

Timely Access to Care. The Plan states that due to the rural nature of the area it serves, some enrollees may experience delays in accessing care. The Plan explains that there is a high concentration of membership in areas where available providers may be limited. This will be particularly acute if current HFP providers will not participate in the Plan's Medi-Cal network. The Plan will continually monitor the HFP transition into Medi-Cal to identify any potential timely access to care concerns. The Plan indicates that it has the ability to enter into Letters of Agreement with non-contracting providers in order to provide enrollees with access to medically necessary covered services.

Assessment. The departments have significant concerns about the adequacy of CalViva's network to receive HFP enrollees in all three counties. The ability of the Plan's Medi-Cal network to provide appropriate access for transitioning enrollees is unknown. The Plan has not demonstrated that its Medi-Cal network provides appropriate access to transitioning members. The departments will not be able to engage in an accurate network assessment until the Plan has identified which of its HFP providers will be participating in the Medi-Cal network. Additionally, the Plan's statements regarding difficulties in providing timely access to care and continuity of care will need to be addressed. Prior to transitioning HFP enrollees, the departments will conduct a follow-up evaluation of the Plan's network and monitor the Plan's ability to provide timely access to care and continuity of care for these enrollees. The departments will re-assess the network prior to transitioning enrollees. Therefore, the departments do not recommend transitioning enrollees in this county in Phase 1A.

CenCal Health Plan

Cen Cal Health Plan is the local initiative plan for Santa Barbara and San Luis Obispo counties. Under its contract with the DHCS, the Plan maintains an open network between the two counties, such that patients in both counties can access providers in both counties. The departments have therefore analyzed the Plan's provider network in the two counties as one network. Plan data indicate the Plan's Medi-Cal network contains 59 PCPs and 721 total physicians, whereas the Plan's HFP network contains 62 PCPs and 724 total physicians.

Provider Network Overlap

- **Primary Care Physicians.** The Plan indicates that 94% of its current HFP enrollees will be able to keep their PCP post-transition. The Plan has identified eight HFP PCPs who are not currently in the Plan's Medi-Cal network. These providers currently treat 530 enrollees and the Plan has identified existing Medi-Cal providers who will treat these patients after the transition. With regard to PCPs that treat children, 90% of the HFP pediatricians are in the Medi-Cal network and 100% of the HFP family practitioners are in the Medi-Cal network.
- **Specialists.** With regard to specialists, 100% of the Plan's HFP specialists are in the Medi-Cal network. The Plan's Medi-Cal network offers the same number of pediatric specialists as the HFP network. The Plan notes that it contacted every HFP practitioner in its HFP network to encourage those providers to participate in the Plan's Medi-Cal network. The Plan also offered assistance in preparing providers for the Medi-Cal site review to facilitate HFP providers' migration to Medi-Cal.

Provider Capacity

Plan data indicate that enrollees are assigned to an individual provider or a clinic. The Plan did not provide data regarding how many individual physicians are available within each clinic, so the departments could not determine the overall provider-to-enrollee ratio for this plan. However, the Plan indicated the maximum capacity for each of its clinics and Plan data demonstrate that the total HFP and Medi-Cal members assigned to each clinic is below the maximum capacity. Therefore, the data indicate that the network's overall capacity is sufficient to absorb the transitioning enrollees.

- **Primary Care Physicians.** Based on data provided by the Plan, it appears that no PCPs in the Plan's Medi-Cal network will have more than 2,000 enrollees assigned post-transition. Only two PCPs appear to be approaching 2,000 enrollees assigned and are continuing to accept new patients. However, these assignment levels reflect the providers' current patient assignment before the transition. For those physicians who are currently contracted in both networks, the total volume of patients will not change when those patients in the HFP transition into the Medi-Cal program. If enrollees assigned to over-capacity providers have difficulty accessing care, they will be able to choose a new PCP with fewer assigned enrollees. All other PCPs in the network appear to have

adequate capacity to continue accepting new Medi-Cal patients. However, the Plan data indicate that 47% of its Medi-Cal PCPs are not accepting new Medi-Cal patients other than those transitioning from the HFP.

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

Continuity of Care. The Plan indicates that it has made efforts to contact all of its HFP providers to encourage them to join the Plan's Medi-Cal network and has expedited the credentialing and contracting process for physicians who wish to join the Medi-Cal network. For those enrollees who will have to change PCPs, the Plan has ensured providers are available for those enrollees. The Plan will address any continuity of care issues pursuant to its Continuity of Care Policies and Procedures. The Plan will send a special mailing to HFP enrollees transitioning to new providers that will identify their new PCP and provide instructions for changing their PCP if they wish to do so.

Timely Access to Care. The Plan has identified Medi-Cal PCPs for all enrollees who cannot keep their HFP PCPs and has contacted those Medi-Cal PCPs regarding the new enrollees in order to facilitate access to care. Approved specialty referrals, authorizations, out-of-network referrals, and prescriptions for HFP enrollees will be automatically transitioned from HFP coding to Medi-Cal coding by the Plan to provide for a seamless transition of those services and to avoid potential delays.

Geographic Access. The departments have identified five cities that have HFP PCPs but do not have any Medi-Cal PCPs: Atascadero, Paso Robles, Pismo Beach, Solvang, and Templeton. The Plan indicates that all enrollees who will be changing PCPs have access to a number of individual PCPs and clinics in their geographic area.

This evaluation focuses on the location of current HFP providers and how that compares to the location of Medi-Cal providers. It is likely that enrollees residing in these cities will still be within 10 miles/30 minutes of a provider whose offices are in a neighboring city. Furthermore, the DMHC previously determined the Plan's network to be compliant with Knox Keene geographic access standards at the time the service area was approved.

Assessment: The departments have minor concerns about the adequacy of the Medi-Cal network to receive HFP enrollees. The high rate of network overlap indicates there would be relatively little disruption in care or services for HFP enrollees. While the departments cannot determine the overall provider-to-enrollee ratio for this plan, the Plan's Medi-Cal network appears to have ample providers with appropriate capacity to take transitioning HFP enrollees. The departments identified several cities that have HFP PCPs but do not have Medi-Cal PCPs, but expect that HFP enrollees residing in these cities will still have adequate geographic access to providers. The departments have followed-up with the Plan regarding ongoing access in the geographic areas identified above to ensure transitioning enrollees and new applicants will have adequate geographic access.

The departments have minor concerns regarding the adequacy of the Plan's network to provide care for new Medi-Cal enrollees after the transition. The departments have identified a moderately high number of current Medi-Cal PCPs in the Plan's network that are not accepting new Medi-Cal patients other than those transitioning from the HFP. The departments have followed up with the Plan regarding how the Plan will ensure that new enrollees will have an adequate number of PCPs available to them.

Central California Alliance for Health

Central California Alliance for Health is the County Organized Health System serving Monterey and Santa Cruz counties. It is the only Medi-Cal health plan operating in these counties. Under its contract with the DHCS, the Plan maintains an open network between the two counties, such that patients in both counties can access providers in both counties. The Plan reported data separately for each of its counties, so Monterey and Santa Cruz counties are separately analyzed.

Provider Network Overlap

- **Monterey County.** Plan data indicate the Plan's Medi-Cal network in Monterey contains 295 PCPs and 652 total physicians, whereas the Plan's HFP network contains 310 PCPs and 657 total physicians.
 - **Primary Care Physicians.** Plan data indicate that 95% of its current HFP enrollees will be able to keep their PCPs post-transition. Plan data indicate that 96% of its providers that participate in the HFP will also participate in the Plan's Medi-Cal program and will continue seeing their HFP patients post-transition. With regard to PCPs who accept children, 100% of the Plan's HFP PCPs are in the Plan's Medi-Cal network.
 - **Specialists.** With regard to specialists, 99.8% of the Plan's HFP specialists are in the Medi-Cal network. The Medi-Cal network includes all specialty types that are available in the HFP network. The Plan's Medi-Cal network offers 3 pediatric specialists, comprising less than 1% of the Plan's specialist network, which is the same as what is available in the Plan's HFP network (3 pediatric specialists comprising 0.9% of the Plan's HFP specialist network).

- **Santa Cruz County.** Plan data indicate the Plan's Medi-Cal network contains 217 PCPs and 536 total physicians, whereas the Plan's HFP network contains 216 PCPs and 527 total physicians.
 - **Primary Care Physicians.** Plan data indicate that 97% of its current HFP enrollees will be able to keep their PCPs post-transition and that 99% of its providers participating in both the Medi-Cal and HFP networks will continue seeing their HFP patients post-transition. With regard to PCPs who accept children, 83% of the Plan's HFP general practitioners are in the Plan's Medi-Cal network and 100% of all other applicable HFP PCPs are in the Plan's Medi-Cal network.
 - **Specialists.** With regard to specialists, 100% of the Plan's HFP specialists are in the Medi-Cal network. The Medi-Cal network includes all specialty types that are available in the HFP network. The both networks offer 5 pediatric specialists, comprising 1.5% of the Plan's specialist network.

Provider Capacity

The Plan indicates that it assigns patients to clinics and facilities rather than to individual providers. The departments reviewed the total capacity of the clinics in the Medi-Cal network in comparison to the HFP network and estimated available capacity based on the total number of HFP and Medi-Cal enrollees assigned and the total number of physicians and physician extenders who were available at each clinic.

- **Monterey County**

- **Primary Care Physicians.** Plan data indicate that the Medi-Cal network will have one PCP for every 316 enrollees after the transition and one physician overall for every 143 enrollees after the transition. It appears that all clinics and individual PCPs in the Plan's Medi-Cal network will have less than 2,000 enrollees assigned to each individual provider after the transition. The departments did not identify any providers that are nearing capacity, therefore all providers appear to have the capacity to continue accepting new Medi-Cal patients. The Plan data indicate that 39% of its PCPs are not accepting new Medi-Cal patients other than those transitioning from the HFP.
- **Specialists.** With regard to specialists, the Medi-Cal network will offer one less dermatologist than the HFP product. Based on the utilization of this service by both HFP and Medi-Cal enrollees over the past year, the Medi-Cal network appears to have a sufficient number of dermatologists to provide enrollee access for this specialty type. There will be no decrease in specialists in any of the other high-volume specialty areas for this population.

- **Santa Cruz County**

- **Primary Care Physicians.** Plan data indicate that the Medi-Cal network will have one PCP for every 182 enrollees after the transition and one physician overall for every 74 enrollees after the transition. Based on data provided by the Plan, all clinics and individual PCPs in the Plan's Medi-Cal network will have less than 2,000 enrollees assigned to each individual provider after the transition. The departments did not identify any providers that are nearing capacity, therefore all providers appear to have the capacity to continue accepting new Medi-Cal patients. The Plan data indicate that 71% of its PCPs are not accepting new Medi-Cal patients other than those transitioning from the HFP.
- **Specialists.** With regard to specialty care, there will be no decrease in specialists in any of the high-volume specialty areas for this population.

Geographic Access. The following cities in each county currently have HFP PCPs but limited Medi-Cal PCPs:

- **Monterey County.** All cities containing HFP PCPs also have Medi-Cal PCPs, however in Big Sur and Prunedale no Medi-Cal PCPs are accepting new patients other than those transitioning into Medi-Cal from HFP.
- **Santa Cruz County.** All cities containing HFP PCPs also have Medi-Cal PCPs, however in Ben Lomond, Scotts Valley, and Freedom there are no Medi-Cal PCPs accepting new patients other than those transitioning into Medi-Cal from HFP.

This evaluation focuses on the location of current HFP providers and how that compares to the location of Medi-Cal providers. It is likely that enrollees residing in these cities will still be within 10 miles/30 minutes of a provider whose offices are in a neighboring city. Furthermore, the DMHC previously determined the Plan's network to be compliant with Knox Keene geographic access standards at the time the service area was approved.

Continuity of Care. The Plan indicates that it is contacting all of its HFP-only PCPs to recruit them into the Plan's Medi-Cal network. For those enrollees assigned to a HFP provider that is not in the Medi-Cal network, the Plan will assist the enrollees in selecting a new PCP and will contact the enrollee both by phone and by mail. Due to the Plan's open specialty care network, if an enrollee was referred by a PCP to a particular specialist and has been receiving care from a non-contracted specialist, the enrollee may be able to continue seeing that specialist if the provider is in the service area and is willing to accept the Plan's reimbursement rate. With regard to prescription medication, the Plan states it will continue to honor any existing authorization so long as the medication is a Medi-Cal benefit. Enrollees may continue to fill those prescriptions through network pharmacies. The Plan is also reviewing any carve-out medications prior to the transition and will assist enrollees in how to obtain those medications after the transition. Additionally, the Plan states it is coordinating behavioral health services with the County Mental Health Departments.

Timely Access to Care. The Plan indicates that, for any enrollee who must change PCPs, the Plan will update its list of linked enrollees and communicate that information with the affected PCPs. The Plan will also remind parents to initiate the transfer of their children's medical records if there is a change in PCP. According to the Plan, all providers are required to provide timely access to care to all patients under the terms of their contract.

Assessment. The departments have minor concerns about the adequacy of the Plan's Medi-Cal networks to receive HFP enrollees. The PCP overlap is very high with few enrollees being required to switch PCPs. The networks have adequate capacity to take on the additional enrollees, as the networks contain geographically accessible providers with adequate capacity to treat the enrollees who must change their PCPs. Almost all specialists available in the HFP network are available in the Medi-Cal network, so transitioning enrollees will have comparable access to specialist care.

The departments have moderate concerns regarding the adequacy of the Plan's network to provide care for new Medi-Cal enrollees after the transition. The Plan indicates that a large

percentage of Medi-Cal PCPs are not accepting new patients other than those enrollees transitioning into Medi-Cal from HFP. This may cause access problems for new applicants, so the departments have followed-up with the Plan regarding the network capacity for new enrollees.

Community Health Group

Community Health Group is a Medi-Cal managed care plan operating in San Diego County, a Geographic Managed Care county. Community Health Group is one of five plans operating in that county. Plan data indicate the Plan's Medi-Cal network contains 461 PCPs and 2,468 total physicians, whereas the Plan's HFP network contains 370 PCPs and 2,209 total physicians.

Provider Network Overlap

- **Primary Care Physicians.** The Plan indicates that 99% of its current HFP enrollees will be able to keep their PCPs post-transition. Plan data indicate that 95% of its HFP providers participating in the Medi-Cal network will continue seeing their HFP patients post-transition. With regard to PCPs that treat children, 100% of all HFP pediatricians, family practitioners, and general practitioners are in the Plan's Medi-Cal network.
- **Specialists.** With regard to specialists, 96% of the Plan's HFP specialists are in the Medi-Cal network and all specialty types available in the HFP network are also available in the Medi-Cal network. Plan data indicate that all specialty types available in the HFP network are also available in the Medi-Cal network. The Plan's Medi-Cal network offers 163 pediatric specialists, comprising 7% of the Plan's total Medi-Cal specialist network, which is slightly more than that offered by the Plan's HFP network (157 pediatric specialists comprising 9% of the Plan's total HFP network).

Provider Capacity

- **Primary Care Physicians.** Plan data indicate that the Medi-Cal network will have one PCP for every 320 enrollees after the transition and one physician overall for every 60 enrollees after the transition. It appears that four individual PCPs in the Plan's Medi-Cal network will have more than 2,000 enrollees assigned post-transition and none of these PCPs utilize physician extenders. An additional four PCPs will be nearing 2,000 enrollees assigned post-transition and do not utilize physician extenders to expand capacity. However, these assignment levels reflect the providers' current patient assignment before the transition. For those physicians who are currently contracted in both networks, the total volume of patients will not change when those patients in the HFP are transitioned into the Medi-Cal program. If enrollees assigned to over-capacity providers have difficulty accessing care, they will be able to choose a new PCP with fewer assigned enrollees. All other PCPs in the network appear to have adequate capacity to continue accepting new Medi-Cal patients and the Plan data indicate that only 15% of its Medi-Cal PCPs are not accepting new Medi-Cal patients other than those transitioning from the HFP.
- **Specialists.** With regard to specialists, assuming the Medi-Cal network does not change, the Medi-Cal network will offer fewer individual providers than the HFP product in some specialty areas. However, based on the utilization of these services by both HFP and

Medi-Cal enrollees over the past year, the Medi-Cal network appears to have a sufficient number of specialists to provide enrollee access to each specialty type. enrollee

Geographic Access. All cities containing HFP PCPs also have Medi-Cal PCPs, therefore enrollees transitioning into the Medi-Cal network will have the same geographic access to providers that they currently have in the HFP. However, there are currently no providers accepting new Medi-Cal patients other than those transitioning from the Medi-Cal program in the following cities: Alpine, Borrego Springs, El Cajon, Encinitas, Imperial Beach, Julian, Lakeside, Lemon Grove, Oceanside, Pauma Valley, Poway, Ramona, San Marcos, San Ysidro, Santee, Spring Valley, and Valley Center. Currently, there are HFP providers in all of these cities. It is uncertain whether enrollees residing in these cities will still be within 10 miles/30 minutes of a provider whose offices are in a neighboring city. The Plan needs to demonstrate this access.

This evaluation focuses on the location of current HFP providers and how that compares to the location of Medi-Cal providers. Furthermore, the DMHC previously determined the Plan's network to be compliant with Knox Keene geographic access standards at the time the service area was approved.

Continuity of Care. The Plan indicates that almost all of its transitioning HFP enrollees will be able to keep their current HFP providers post-transition, so there should not be a disruption in access to primary care, specialty care, or pharmacy services as a result of the transition. Only three PCPs with assigned HFP enrollees are not in the Medi-Cal network. The Plan is attempting to bring these providers into its Medi-Cal network. If the Plan is unsuccessful in these efforts, the Plan will issue a letter to affected enrollees explaining the Plan's provider transition process. The Plan does not anticipate having difficulties bringing its HFP providers into the Medi-Cal network, as the Plan bases its HFP rates on Medi-Cal rates.

Timely Access. The Plan indicates that its high level of provider overlap between the two networks should mitigate any timely access issues, as there will not be any significant change in the number of patients their contracted providers are seeing. The Plan believes that, after the transition, its providers should be able to see patients in as timely a manner as they are currently seeing patients.

Assessment. The departments have minor concerns about the adequacy of this network to receive HFP enrollees into the Medi-Cal network. The high rate of network overlap indicates that there would be relatively little disruption in care or services for HFP enrollees. There is a small number of providers who are reaching their capacity limits, and the departments have followed-up with the Plan to identify how the Plan is monitoring these providers and ensuring patients get appropriate and timely access to care. However, the Plan's overall network is within the regulatory provider-to-enrollee ratio and appears to have ample providers with appropriate capacity to take any enrollees who are unable to see an over-capacity provider. The departments have moderate concerns about the number of cities with PCPs that are not accepting new Medi-

Cal enrollees. The departments have also followed-up with the Plan regarding geographically diverse open practices for future Medi-Cal enrollees.

Contra Costa Health Plan

Contra Costa Health Plan is the local initiative operating in Contra Costa County. It is one of two Medi-Cal managed care plans in the county. Plan data indicate the Plan's Medi-Cal and HFP networks both contain 228 PCPs and 1,561 total physicians.

Provider Network Overlap

- ***Primary Care Physicians.*** The Plan indicates that 100% of its current HFP enrollees will be able to keep their PCP post-transition. Plan data indicate that 100% of its providers participating in both the Medi-Cal and HFP networks will continue seeing their HFP patients post-transition. The Plan indicates that all of its contracted providers accept all of the Plan's product lines and all of its current providers will continue to treat their HFP enrollees after the transition to Medi-Cal.
- ***Specialists.*** With regard to specialists, the Plan's Medi-Cal network is identical to the Plan's HFP network. The Plan's Medi-Cal network offers 450 pediatric specialists, comprising 22.3% of the Plan's total Medi-Cal specialist network, the same as the Plan's HFP network.

Provider Capacity

- ***Primary Care Physicians.*** Plan data indicate that the Medi-Cal network will have one PCP for every 361 enrollees after the transition and one physician overall for every 53 enrollees after the transition. It appears that no PCPs in the Plan's Medi-Cal network will have more than 2,000 enrollees assigned post-transition. Only one PCP appears to be approaching 2,000 enrollees assigned and is continuing to accept new patients. All other PCPs in the network appear to have adequate capacity to continue accepting new Medi-Cal patients. The Plan data indicate that 37% of its PCPs are not accepting new Medi-Cal patients other than those transitioning from the HFP.
- ***Specialists.*** With regard to specialty care, there will be no decrease in specialists in any of the high-volume specialty areas for this population.

Geographic Access. The data provided by the Plan indicate that all HFP enrollees transitioning into the Medi-Cal network will have the same geographic access to providers that they currently have under the HFP. However, there are currently no providers in Bay Point who are accepting new Medi-Cal patients other than those transitioning from the HFP.

This evaluation focuses on the location of current HFP providers and how that compares to the location of Medi-Cal providers. It is likely that enrollees residing in these cities will still be within 10 miles/30 minutes of a provider whose offices are in a neighboring city. Furthermore, the DMHC previously determined the Plan's network to be compliant with Knox Keene geographic access standards at the time the service area was approved.

Continuity of Care. The Plan has indicated that all of its HFP enrollees will continue to have access to their treating providers once transitioned into Medi-Cal. The Plan states that it has a process for approving single patient agreements with out-of-network providers to ensure continuity of care if necessary. The Plan also indicates that it will ensure enrollees have continued access to their prescription medications via the same contracted pharmacy network as is available in the HFP.

Timely Access to Care. The Plan anticipates that there will be no disruptions in services upon transition, as all enrollees will retain their treating providers. Should an enrollee request a provider change, the Plan will refer the enrollee to a provider who can provide services within the timely access guidelines.

Assessment. The departments have no concerns about the adequacy of the Plan's network to receive HFP enrollees. The departments have minor concerns regarding the adequacy of the Plan's network to provide care for new Medi-Cal enrollees after the transition because 36% of Medi-Cal providers are not accepting new Medi-Cal patients other than those transitioning from the HFP. The departments will continue to monitor whether the Plan's network will be adequate to serve new applicants after the transition.

Health Net of California

Health Net is the commercial plan operating in the following Medi-Cal Two-Plan counties: Kern, Los Angeles, Stanislaus, and Tulare. Health Net also operates in both GMC counties, Sacramento and San Diego. Health Net is expected to take over as the commercial plan in San Joaquin county in the beginning of 2013. Because Health Net's expansion into San Joaquin county is in progress and the Plan is not yet operating in that county, the departments are unable to review Health Net's network in that county. Furthermore, due to changes in health plans operating in Stanislaus County, that county will not be included in Phase 1 and is not included in this assessment.

Provider Network Overlap

The Plan states that it is not yet able to determine how many HFP enrollees will be able to keep their current PCPs after the transition. The available data indicates the overlap is very low. According to the Plan, until Medi-Cal reimbursement rates have been published, the Plan is unable to enter into Medi-Cal contracts with its current HFP-only providers. The Plan states it is also unable to secure assurances that existing Medi-Cal providers who also treat HFP enrollees will continue to see their HFP patients post-transition. The Plan has contacted its existing HFP-only providers and states it will continue to make efforts to contract with these providers for its Medi-Cal line of business as soon as rates are known.

- **Kern County.** Plan data indicate the Plan's Medi-Cal network contains 176 PCPs and 499 total physicians, whereas the Plan's HFP network contains 335 PCPs and 643 total physicians.
 - **Primary Care Physicians.** With regard to PCPs who treat children, 47% of the HFP pediatricians are in the Medi-Cal network, 25% of the HFP OB/GYNs are in the Medi-Cal network, 34% of the HFP family practitioners are in the Medi-Cal network, and 28% of the HFP general practitioners are in the Medi-Cal network. The Plan's data indicate that 87% of HFP PCPs also participate in the Medi-Cal network and currently have HFP patients assigned. If the Plan is successful in maintaining these providers in its network, the HFP patients assigned to these PCPs will be able to maintain their PCP post-transition.
 - **Specialists.** With regard to specialists, 61% of the HFP specialists are in the Medi-Cal network. The HFP network includes the following specialty types which are not available in the Medi-Cal network: neonatologists, cardiovascular surgeons, and occupational medicine specialists. The Plan's Medi-Cal network offers 4 pediatric specialists, comprising 0.9% of the Plan's total Medi-Cal specialist network, which is less than what is available in the Plan's HFP network (7 pediatric specialists, comprising 2.4% of the Plan's HFP specialist network).

- **Los Angeles County.** Plan data indicate the Plan’s Medi-Cal network contains 2,794 PCPs and 8,163 total physicians, whereas the Plan’s HFP network contains 8,149 PCPs and 13,397 total physicians.
 - **Primary Care Physicians.** With regard to PCPs who treat children, 29% of the HFP pediatricians are in the Medi-Cal network, 36% of the HFP OB/GYNs are in the Medi-Cal network, 20% of the HFP family practitioners are in the Medi-Cal network, and 29% of the HFP general practitioners are in the Medi-Cal network. The Plan’s data indicate that 62% of HFP PCPs also participate in the Medi-Cal network and currently have HFP patients assigned. If the Plan is successful in maintaining these providers in its network, the HFP patients assigned to these PCPs will be able to maintain their PCP post-transition.
 - **Specialists.** With regard to specialists, 37% of the HFP specialists are in the Medi-Cal network. The Medi-Cal network includes all of the specialty types that are currently available in the HFP network. The Plan’s Medi-Cal network offers 67 pediatric specialists, comprising 3.6% of the Plan’s total Medi-Cal specialist network, which is less than what is available in the Plan’s HFP network (211 pediatric specialists, comprising 4% of the Plan’s HFP specialist network).

- **Sacramento County.** Plan data indicate the Plan’s Medi-Cal network contains 265 PCPs and 2,011 total physicians, whereas the Plan’s HFP network contains 529 PCPs and 1,857 total physicians.
 - **Primary Care Physicians.** With regard to PCPs who treat children, 38% of the HFP pediatricians are in the Medi-Cal network, 0% of the HFP OB/GYNs are in the Medi-Cal network, 18% of the HFP family practitioners are in the Medi-Cal network, and 55% of the HFP general practitioners are in the Medi-Cal network. The Plan’s data indicate that 42% of HFP PCPs also participate in the Medi-Cal network and currently have HFP patients assigned. If the Plan is successful in maintaining these providers in its network, the HFP patients assigned to these PCPs will be able to maintain their PCP post-transition.
 - **Specialists.** With regard to specialists, 53% of the HFP specialists are in the Medi-Cal network. The HFP network includes occupational medicine specialists which are not available in the Medi-Cal network. The Plan’s Medi-Cal network offers 104 pediatric specialists, comprising 8.5% of the Plan’s total Medi-Cal specialist network, which is greater than what is available in the Plan’s HFP network (71 pediatric specialists, comprising 5.8% of the Plan’s HFP specialist network).

- **San Diego County.** Plan data indicate the Plan’s Medi-Cal network contains 413 PCPs and 2,836 total physicians, whereas the Plan’s HFP network contains 539 PCPs and 2,944 total physicians.

- ***Primary Care Physicians.*** With regard to PCPs who treat children, 77% of the HFP pediatricians are in the Medi-Cal network, 100% of the HFP OB/GYNs are in the Medi-Cal network, 39% of the HFP family practitioners are in the Medi-Cal network, and 67% of the HFP general practitioners are in the Medi-Cal network. The Plan's data indicate that 70% of HFP PCPs also participate in the Medi-Cal network and currently have HFP patients assigned. If the Plan is successful in maintaining these providers in its network, the HFP patients assigned to these PCPs will be able to maintain their PCP post-transition.
- ***Specialists.*** With regard to specialists, 80% of the HFP specialists are in the Medi-Cal network. The HFP network includes the following specialty types which are not available in the Medi-Cal network: ophthalmologist, speech pathology, and therapeutic radiology. With regard to specialists, the Plan's Medi-Cal network offers 128 pediatric specialists, comprising 6.9% of the Plan's total Medi-Cal specialist network, which is less than what is available in the Plan's HFP network (135 pediatric specialists, comprising 5.6% of the Plan's HFP specialist network).
- **Tulare County.** Plan data indicate the Plan's Medi-Cal network contains 200 PCPs and 485 total physicians, whereas the Plan's HFP network contains 261 PCPs and 528 total physicians.
 - ***Primary Care Physicians.*** With regard to PCPs who treat children, 53% of the HFP pediatricians are in the Medi-Cal network, 79% of the HFP OB/GYNs are in the Medi-Cal network, 49% of the HFP family practitioners are in the Medi-Cal network, and 47% of the HFP general practitioners are in the Medi-Cal network. The Plan's data indicate that 69% of HFP PCPs also participate in the Medi-Cal network and currently have HFP patients assigned. If the Plan is successful in maintaining these providers in its network, the HFP patients assigned to these PCPs will be able to maintain their PCP post-transition.
 - ***Specialists.*** With regard to specialists, 74% of the HFP specialists are in the Medi-Cal network. The HFP network includes the following specialty types which are not available in the Medi-Cal network: rheumatology and plastic surgery. The Plan's Medi-Cal network offers 15 pediatric specialists, comprising 7.3% of the Plan's total Medi-Cal specialist network, which is slightly less than what is available in the Plan's HFP network (16 pediatric specialists, comprising 5.9% of the Plan's HFP specialist network).

Provider Capacity

Because the Plan was unable to identify which of its providers will continue to treat HFP patients after the transition, the departments are unable to assess what the total capacity of each PCP would be after the transition. The following describes the current capacity of all Medi-Cal primary care providers in each county:

- Kern County.** Plan data indicate that the Medi-Cal network will have one PCP for every 278 enrollees after the transition and one physician overall for every 98 enrollees after the transition. Among all providers currently participating in both the Medi-Cal and the HFP, one individual provider has a total of more than 2,000 HFP and Medi-Cal patients assigned, however this provider utilizes a physician extender to expand capacity. One additional Medi-Cal provider appears to be approaching 2,000 enrollees and does not have a physician extender, so that provider may not have the capacity to take on additional enrollees after the transition. However, these assignment levels reflect the providers' current patient assignment before the transition. For those physicians who are currently contracted in both networks, the total volume of patients will not change when those patients in the HFP are transitioned into the Medi-Cal program. If enrollees assigned to over-capacity providers have difficulty accessing care, they will be able to choose a new PCP with fewer assigned enrollees. All other PCPs in the Plan's Medi-Cal network appear to have adequate capacity to accept new Medi-Cal patients, however Plan data indicate that 74% of its Medi-Cal PCPs are not accepting new Medi-Cal patients.
- Los Angeles County.** Plan data indicate that the Medi-Cal network will have one PCP for every 197 enrollees after the transition and one physician overall for every 67 enrollees after the transition. Among all providers currently participating in both the Medi-Cal and the HFP, five individual providers have a total of more than 2,000 HFP and Medi-Cal patients assigned, which reflects current assignment level concerns rather than a transition related concern. Three of these providers utilize physician extenders to expand capacity. Fifteen additional Medi-Cal providers appear to be approaching 2,000 enrollees and do not utilize physician extenders. However, these assignment levels reflect the providers' current patient assignment before the transition. For those physicians who are currently contracted in both networks, the total volume of patients will not change when those patients in the HFP are transitioned into the Medi-Cal program. If enrollees assigned to over-capacity providers have difficulty accessing care, they will be able to choose a new PCP with fewer assigned enrollees. All other PCPs in the network appear to have adequate capacity to continue accepting new Medi-Cal patients; however, the Plan data indicate that 74% of its Medi-Cal PCPs are not accepting new Medi-Cal patients.
- Sacramento County.** Plan data indicate that the Medi-Cal network will have one PCP for every 305 enrollees after the transition and one physician overall for every 40 enrollees after the transition. Among all providers currently participating in both the Medi-Cal and the HFP, five individual providers have a total of 2,000 or more combined HFP and Medi-Cal patients assigned. Three of these providers utilize physician extenders to expand capacity. Six additional Medi-Cal providers appear to be approaching 2,000 total enrollees assigned and do not utilize physician extenders. However, these assignment levels reflect the providers' current patient assignment before

the transition. For those physicians who are currently contracted in both networks, the total volume of patients will not change when those patients in the HFP are transitioned into the Medi-Cal program. If enrollees assigned to over-capacity providers have difficulty accessing care, they will be able to choose a new PCP with fewer assigned enrollees. All other PCPs in the network appear to have adequate capacity to continue accepting new Medi-Cal patients; however, Plan data indicate that 51% of its Medi-Cal PCPs are not accepting new Medi-Cal patients.

- **San Diego County.** Plan data indicate that the Medi-Cal network will have one PCP for every 113 enrollees after the transition and one physician overall for every 16 enrollees after the transition. Among all providers currently participating in both the Medi-Cal and The HFP, no individual providers have a total of 2,000 or more combined HFP and Medi-Cal patients assigned. All PCPs in the Plan's Medi-Cal network appear to have adequate capacity to accept new Medi-Cal patients; however, the Plan data indicate that 65% of its Medi-Cal PCPs are not accepting new Medi-Cal patients.
- **Tulare County.** Plan data indicate that the Medi-Cal network will have one PCP for every 269 enrollees after the transition and one physician overall for every 111 enrollees after the transition. Among all providers currently participating in both the Medi-Cal and the HFP, one provider has more than 2,000 combined HFP and Medi-Cal patients assigned and does not utilize physician extenders to expand capacity. However, this assignment level reflects the provider's current patient assignment before the transition. For those physicians who are currently contracted in both networks, the total volume of patients will not change when those patients are transitioned into the Medi-Cal program. All other PCPs in the Plan's Medi-Cal network appear to have adequate capacity to accept new Medi-Cal patients; however, the Plan data indicate that 95% of its PCPs are not accepting new Medi-Cal patients.

With regard to specialty care, in each county there is a large number of specialty types in which the Plan offers fewer providers in the Medi-Cal network compared to the HFP network. The Plan was not able to provide information regarding the rate at which the specialties are utilized in the HFP, so the departments cannot determine whether fewer numbers of specialists in the Medi-Cal network will affect access to care and provider capacity post-transition.

Geographic Access. The following cities in each county currently have HFP PCPs but limited or no Medi-Cal PCPs:

- **Kern:** Rosamond and Frazier Park. There are no Medi-Cal PCPs currently accepting new patients in Buttonwillow, McFarland, Shafter, and Wasco.
- **Los Angeles:** Agoura Hills, Calabasas, Commerce, La Canada Flintridge, Lincoln Heights, Manhattan Beach, Marina Del Rey, Palos Verdes Peni, Palos Verdes East, Rancho Palos Verdes, Porter Ranch, Rolling Hills East, Sierra Madre, Signal Hill, South

Pasadena, and Tujunga. There are no Medi-Cal PCPs currently accepting new patients in Arleta, Cerritos, Cudahy, East Rancho Dominguez, Sherman Oaks, Valley Village, and Walnut Park.

- **Sacramento:** Orangevale. There are no Medi-Cal PCPs currently accepting new patients in Courtland, Galt, and North Highlands.
- **San Diego:** Alpine, Ramona, or Spring Valley. There are no Medi-Cal PCPs currently accepting new patients in Borrego Springs, Escinitas, Escondido, Fallbrook, Julian, Poway, San Marcos, San Ysidro, Spring Valley.
- **Tulare:** There are no Medi-Cal PCPs currently accepting new patients in Exeter, Farmersville, Ivanhoe, Orosi, Lindsay, Pixley, Springville, Three Rivers, Tipton, and Woodlake.

The departments are unable to determine the true impact of the geographic distribution of providers on enrollees transitioning into Medi-Cal from HFP because the Plan is unable to determine whether Medi-Cal providers will accept the HFP enrollees.

Continuity of Care. For enrollees whose PCPs are not contracted with the Medi-Cal network, the Plan will transition those enrollees to contracting PCPs. The Plan has indicated that it will follow its existing Transition of Care policy for enrollees who are seeking to see a provider who is not in the Plan's Medi-Cal network. Transitioning enrollees will receive a Transition of Care request form in their welcome packet. For HFP providers who are not in the Medi-Cal network, the Plan will offer to pay those providers at its customary contracted provider rate. If the provider will not accept that rate, then the Plan will move the patient to a contracted provider. The Plan indicated that the transition of open prior authorizations may be delayed if the Plan does not receive the patient's eligibility file in a timely fashion, which could impact continuity of care. Additionally, the Plan noted that, while the Plan may offer a letter of agreement or contract to current HFP providers in order to provide continuity of care to transitioning enrollees, there is no guarantee the providers will agree to the Plan's rates and therefore may not participate in the Plan's Medi-Cal network.

Timely Access to Care. The Plan states that it has not identified any issues regarding timely access to care within its Medi-Cal network. The Plan will closely monitor its network over the course of the HFP transition for any timely access concerns.

Assessment. The departments have significant concerns about the adequacy of this Plan's network in all five counties. The ability of the Plan's Medi-Cal network to provide appropriate access for transitioning enrollees is unknown. The departments will not be able to adequately assess the Plan's network until the Plan has identified which of its HFP providers will be participating in the Medi-Cal network. The Plan's data regarding provider capacity for both PCPs and specialists suggests that, even if all of the Plan's Medi-Cal providers agree to see HFP enrollees post-transition, the Plan's existing Medi-Cal network does not have adequate provider types, geographic diversity, or capacity for the transitioning patients. Prior to transitioning HFP enrollees into this Plan, the departments will conduct a follow-up evaluation of the Plan's

network and monitor the Plan's ability to provide continuity of care for these enrollees. Therefore, the departments do not recommend transitioning enrollees in this county in Phase 1A.

Health Plan of San Mateo

Health Plan of San Mateo is the County Organized Health System serving San Mateo County. It is the only Medi-Cal plan operating in that county. Plan data indicate the Plan's Medi-Cal network contains 975 PCPs and 3,406 total physicians, whereas the Plan's HFP network contains 817 PCPs and 2,964 total physicians.

Provider Network Overlap

- **Primary Care Physicians.** The Plan indicates that 98% of its current HFP enrollees will be able to keep their PCP post-transition. Plan data indicate that 80% of its providers that participate in the HFP currently participate in the Medi-Cal program and will continue seeing their HFP patients post-transition. With regard to PCPs who accept children, 96% of the Plan's HFP pediatricians, 98% of the Plan's HFP family practitioners, and 100% of the Plan's general practitioners are in the Plan's Medi-Cal network.
- **Specialists.** With regard to specialists, 99% of the Plan's HFP specialists are in the Medi-Cal network and all specialty types available in the HFP network are also available in the Medi-Cal network. The Plan's Medi-Cal network offers 222 pediatric specialists, comprising 8.8% of the Plan's specialist network, which is slightly more than what is available in the Plan's HFP network (216 pediatric specialists comprising 9.6% of the Plan's HFP specialist network).

Provider Capacity

The Plan indicates that it assigns patients to clinics and facilities as well as to individual providers. To evaluate clinic and facility capacity, the departments reviewed the total capacity of the clinics in the Medi-Cal network in comparison to the HFP network and estimated available capacity based on the total number of HFP and Medi-Cal enrollees assigned and the total number of physicians and physician extenders who were available at each clinic.

- **Primary Care Physicians.** Plan data indicate that the Medi-Cal network will have one PCP for every 68 enrollees after the transition and one physician overall for every 20 enrollees after the transition. It appears that all individual PCPs will have less than 2,000 enrollees assigned after the transition. The data indicates that one clinic averages more than 2,000 enrollees per physician and does not have physician extenders to expand the clinic's capacity. However, these assignment levels reflect the clinic's current patient assignment before the transition. For those clinics who are currently contracted in both networks, the total volume of patients will not change when those patients are transitioned into the Medi-Cal program. If enrollees assigned to over-capacity providers have difficulty accessing care, they will be able to choose a new PCP with fewer assigned enrollees. All other PCPs in the network appear to have adequate capacity to continue accepting new Medi-Cal patients; however, the Plan data indicate that 38% of individual Medi-Cal PCPs and 27% of clinic providers are not accepting new Medi-Cal patients other than those transitioning from the HFP.

- ***Specialists.*** With regard to specialty care, the Medi-Cal network will offer the same or more individual providers than the HFP network in all specialty areas.

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

Continuity of Care. The Plan indicates it continues to attempt to bring its two HFP-only providers into the Medi-Cal network. If the Plan is unsuccessful, it will contact each of the 109 affected enrollees by phone and the Plan's Members Services staff and HFP Specialist will assist the enrollees in selecting a new PCP. The Plan does not anticipate any difficulty providing continuity of care for enrollees seeing specialists, as all HFP specialists are in the Medi-Cal specialist network except for two individual providers. Additionally, all pharmacy providers in the HFP network are also in the Medi-Cal network.

Timely Access to Care. The Medi-Cal providers' contracts include the DMHC timely access standards and all providers are contractually required to adhere to these standards.

Assessment. The departments have no concerns about the adequacy of the Medi-Cal network to receive HFP enrollees. The Plan's Medi-Cal network has a very high percentage of overlap with the HFP network, so patients are unlikely to experience any major disruptions in care. The provider network appears to have adequate capacity to treat the transitioning enrollees and any future enrollees to join this product line.

The departments have moderate concerns regarding the adequacy of the Plan's network to provide care for new Medi-Cal enrollees after the transition. Plan data indicate a high percentage of PCPs (38% individuals providers and 72% of clinics) who are not accepting new Medi-Cal patients other than those transitioning from HFP. This could create access problems for future enrollees, so the departments have followed-up with the Plan to identify how the Plan will ensure future enrollees will have an adequate network.

Inland Empire Health Plan

Inland Empire Health Plan is the local initiative plan for Riverside and San Bernardino Counties. Under its contract with the DHCS, the Plan maintains an open network between the two counties, such that patients in both counties can access providers in both counties. The Plan reported data separately for each of its counties, so Riverside and San Bernardino counties are separately analyzed.

Provider Network Overlap

Overall, Inland Empire Health Plan indicates that 100% of its current HFP enrollees will be able to keep their PCPs post-transition. The Plan indicates that five of its HFP PCPs are not currently in the Plan's Medi-Cal network. However the Plan is in the process of bringing these providers into its Medi-Cal network.

- **Riverside County.** Plan data indicate the Plan's Medi-Cal network contains 359 PCPs and 1,015 total physicians, whereas the Plan's HFP network contains 354 PCPs and 1,010 total physicians.
 - **Primary Care Physicians.** Plan data indicate that 100% of its HFP PCPs in Riverside County are in the Medi-Cal network and will continue to see their HFP patients after the transition. With regard to PCPs who accept children, 100% of all applicable PCP types in the HFP network are in the Plan's Medi-Cal network.
 - **Specialists.** The Plan's Medi-Cal specialist network is the same as the HFP network and offers 20 pediatric specialists, comprising 3% of the specialist network.
- **San Bernardino County.** Plan data indicate the Plan's Medi-Cal network contains 488 PCPs and 1,436 total physicians, whereas the Plan's HFP network contains 477 PCPs and 1,425 total physicians.
 - **Primary Care Physicians.** Plan data indicate that 98% of its HFP PCPs in San Bernardino County are in the Medi-Cal network and will continue to see their HFP patients after the transition. With regard to PCPs who accept children, 98% of the Plan's HFP pediatricians are in the Plan's Medi-Cal network and 100% of all other applicable HFP PCPs are in the Plan's Medi-Cal network.
 - **Specialists.** The Plan's Medi-Cal specialist network is the same as the HFP network and offers 80 pediatric specialists, comprising 8.4% of the specialist network.

Provider Capacity

- **Riverside County**

- **Primary Care Physicians.** Plan data indicate that the Medi-Cal network will have one PCP for every 746 enrollees after the transition and one physician overall for every 264 enrollees after the transition. Based on data provided by the Plan, it appears that nine PCPs will have over 2,000 enrollees assigned after the transition and these providers do not have physician extenders to expand their capacity. Thirteen additional PCPs will be approaching the 2,000 enrollee limit after the transition and do not have physician extenders to expand their capacity. However, these assignment levels reflect the providers' current patient assignment before the transition. For those physicians who are currently contracted in both networks, the total volume of patients will not change when those patients in the HFP are transitioned into the Medi-Cal program. If enrollees assigned to over-capacity providers have difficulty accessing care, they will be able to choose a new PCP with fewer assigned enrollees. All other PCPs in the network appear to have adequate capacity to continue accepting new Medi-Cal patients. Plan data indicate that 17% of its Medi-Cal PCPs are not accepting new Medi-Cal patients other than those transitioning from the HFP.
- **Specialists.** With regard to specialty care, there will be no decrease in specialists in any of the high-volume specialty areas for this population as a result of the transition.

- **San Bernardino County**

- **Primary Care Physicians.** Plan data indicate that the Medi-Cal network will have one PCP for every 611 enrollees after the transition and one physician overall for every 208 enrollees after the transition. It appears that seven PCPs will have over 2,000 enrollees assigned after the transition and these providers do not have physician extenders to expand their capacity. Thirteen additional PCPs will be approaching the 2,000 enrollee limit after the transition and do not have physician extenders to expand their capacity. However, these assignment levels reflect the providers' current patient assignment before the transition. For those physicians who are currently contracted in both networks, the total volume of patients will not change when those patients in the HFP are transitioned into the Medi-Cal program. If enrollees assigned to over-capacity providers have difficulty accessing care, they will be able to choose a new PCP with fewer assigned enrollees. All other PCPs in the network appear to have adequate capacity to continue accepting new Medi-Cal patients. Plan data indicate that 17% of its Medi-Cal PCPs are not accepting new Medi-Cal patients other than those transitioning from the HFP.

- **Specialists.** With regard to specialty care, there will be no decrease in specialists in any of the high-volume specialty areas for this population as a result of the transition.

Geographic Access. The data provided by the Plan indicate that all HFP enrollees transitioning into the Medi-Cal network will have the same geographic access to providers that they currently have under the HFP.

- **Riverside.** There are currently no providers in Beaumont or La Quinta who are accepting new Medi-Cal patients other than those transitioning from the HFP. All other cities served by the HFP in this county contain providers who are accepting new Medi-Cal patients.
- **San Bernardino.** There are currently no providers in Phelan who are accepting new Medi-Cal patients other than those transitioning from the HFP. All other cities served by the HFP in this county contain providers who are accepting new Medi-Cal patients.

This evaluation focuses on the location of current HFP providers and how that compares to the location of Medi-Cal providers. It is likely that enrollees residing in these cities will still be within 10 miles/30 minutes of a provider accepting new patients whose offices are in a neighboring city. Furthermore, the DMHC previously determined the Plan's network to be compliant with Knox Keene geographic access standards at the time the service area was approved.

Continuity of Care. The Plan has indicated that it is currently working with its five HFP-only PCPs to move them into their Medi-Cal network, thus providing for all of its HFP enrollees to continue to have access to their treating providers once transitioned into Medi-Cal. Should a patient not be able to keep his/her treating provider after the transition, the Plan has a detailed process for reaching out directly to that enrollee to assist in locating a new provider and arranging for ongoing care with a non-Medi-Cal treating provider when necessary. The Plan will remind its care management staff of plan policies for continuity of care and standing referrals so they can coordinate care for transitioning patients. With regard to pharmacy services, the Plan will move all existing HFP authorizations into the Medi-Cal system so enrollees will be able to continue to receive prescriptions.

Timely Access to Care. The Plan indicates that it monitors timely access through its annual access study and grievances. To improve timely access when a patient is assigned to a new provider, the Plan ensures the patient is effective with their PCP on the first day of the month and provides the PCP with patient assignment information and access to patient ID cards on the Plan's website.

Assessment. The departments have minor concerns with the adequacy of the Plan's network to receive HFP enrollees. Although some Medi-Cal providers are at capacity or are close to capacity, the Plan's overall network meets the required regulatory ratios. Plan data indicate that it has ample providers with adequate capacity to see transitioning enrollees. Furthermore, these

providers are currently treating all of the assigned patients. There will be no change to the number of patients the provider will see when the HFP transitions to Medi-Cal. While the total number of patients assigned to these providers will not change the actual experience of any enrollees currently in the HFP, it may create access problems for new Medi-Cal enrollees after the transition. The departments have followed-up with the Plan to identify how the Plan is monitoring these providers and ensuring current and future patients get appropriate and timely access to care.

Kaiser Foundation Health Plan

Kaiser Foundation Health Plan contracts with the DHCS to provide Medi-Cal managed care services in Sacramento and San Diego counties. It is one of four health plans operating in Sacramento county and one of five health plans operating in San Diego county.

Provider Network Overlap. The Plan attests that its Medi-Cal network has 100% overlap with its HFP network. Due to the organization of Kaiser, the Plan's full network is available to all enrollees. There are no restrictions on access to particular providers based on line of business. Therefore, transitioning HFP enrollees will experience no changes in the providers available to them after they transition into Medi-Cal.

Provider Capacity. The Plan indicates that all current HFP enrollees will be able to remain in the Plan as Medi-Cal enrollees after the transition. The Plan's providers are already treating all of the patients that will be in the Medi-Cal program post-transition, there will be no actual change in the number of enrollees these providers will be treating, so the Plan does not anticipate any problems with providers exceeding capacity. The Plan generally implements conditions on accepting new Medi-Cal patients, namely that the patient has to have either been an enrollee of Kaiser within the past 90 days or the enrollee has a direct family enrollee already enrolled in Kaiser. Since HFP children are already in Kaiser, they will be able to transition to Medi-Cal with no problems. However, due to Kaiser's restrictions on accepting new Medi-Cal enrollees, it is unlikely that Kaiser will be receiving many new enrollees after the transition.

The following describes Kaiser's provider network in each county:

- **Sacramento County.** With regard to PCPs, the Plan has 510 PCPs and 144 physician extenders distributed among 16 provider locations. With regard to specialists, the Plan has 515 specialists distributed among 18 provider locations.
- **San Diego County.** With regard to PCPs, the Plan has 445 PCPs and 164 physician extenders distributed among 21 provider locations. With regard to specialists, the Plan has 358 specialists distributed among 17 provider locations.

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

Continuity of Care. The Plan does not anticipate any issues regarding continuity of care for medical benefits due to the fact that enrollees will not experience any change in providers. The Plan indicates that it will work with MRMIB and DHCS to respond to any continuity of care issues for HFP enrollees receiving Behavioral Health and Substance Abuse benefits, which are not covered benefits under the Plan's Medi-Cal contract with DHCS. The Plan indicates it will review all out-of-network authorizations to ensure the services authorized are covered benefits under the Medi-Cal program.

Timely Access to Care. The Plan states that its existing network provides adequate access for its membership. The Plan does not anticipate a significant enough increase in new patients resulting from this transition to interfere with the Plan's ability to meet timely access standards.

Assessment. The departments have no concerns regarding the adequacy of the Plan's network to receive HFP enrollees. HFP enrollees will not experience any change in providers as a result of the transition to Medi-Cal. Furthermore, the Plan data indicate that the Plan's Medi-Cal network has adequate capacity to serve transitioning enrollees.

Kern Health System

Kern Health System is the local initiative plan operating in Kern County. It is one of two Medi-Cal managed care plans operating in that county. Plan data indicate the Plan's Medi-Cal and HFP networks both contain 182 PCPs and 765 total physicians.

Provider Network Overlap

- **Primary Care Physicians.** The Plan indicates that 99.8% of its current HFP enrollees will be able to keep their PCPs post-transition. Plan data indicate that 99% of its providers that participate in the HFP currently participate in the Plan's Medi-Cal program and will continue seeing their HFP patients post-transition. All of the HFP PCPs who treat children are in the Plan's Medi-Cal network, although one of these providers has indicated that it will no longer treat HFP patients after the transition. That one provider has 19 enrollees assigned.
- **Specialists.** With regard to specialists, the Plan states that 100% of the Plan's HFP specialists are in the Medi-Cal network, aside from mental health, chiropractic, and acupuncture specialists whose services are not required to be covered by the Medi-Cal managed care plans. The Plan's Medi-Cal network offers 2 pediatric specialists, comprising 0.2% of the Plan's total Medi-Cal specialist network, which is the same as that offered by the Plan's HFP network.

Provider Capacity

- **Primary Care Physicians.** Plan data indicate that the Medi-Cal network will have one PCP for every 698 enrollees after the transition and one physician overall for every 166 enrollees after the transition. It appears that six individual PCPs in the Plan's Medi-Cal network will have more than 2,000 enrollees assigned post-transition, will continue to accept new Medi-Cal enrollees, and do not utilize physician extenders. An additional six PCPs are nearing 2,000 enrollees assigned post-transition, will continue to accept new Medi-Cal enrollees, and do not utilize physician extenders to expand capacity. However, these assignment levels reflect the providers' current patient assignment before the transition. For those physicians who are currently contracted in both networks, the total volume of patients will not change when those patients in the HFP that they are already treating are transitioned into the Medi-Cal program. If enrollees assigned to over-capacity providers have difficulty accessing care, they will be able to choose a new PCP with fewer assigned enrollees. All other PCPs in the network appear to have adequate capacity to continue accepting new Medi-Cal patients and the Plan data indicate that only 4% of its Medi-Cal PCPs are not accepting new Medi-Cal patients other than those transitioning from the HFP.
- **Specialists.** With regard to specialty care, there will be no decrease in specialists in any of the high-volume specialty areas for this population.

For those physicians who are currently contracted in both networks, the total volume of patients will not change when those patients in the HFP who they are already treating are transitioned into the Medi-Cal program.

Continuity of Care. The Plan indicates that 19 HFP enrollees will have to change PCPs because their existing PCP will not accept those patients under the Medi-Cal program. The Plan will call these enrollees to assist them in selecting a new PCP and will confirm all transitioning enrollees' assigned PCP during its new enrollee entry call. With regard to specialists and pharmacy services, the Plan does not anticipate any access issues due to the full network overlap between the two programs.

Timely Access to Care. The Plan indicates that it will address any timely access concerns on a case-by-case basis. The Plan does not anticipate timely access issues as a result of the transition because almost all enrollees are remaining with their existing providers.

Assessment. The departments have minor concerns with the adequacy of the Plan's network to receive HFP enrollees and serve new Medi-Cal enrollees. While the data indicate that eight providers are close to or over 2,000 enrollees assigned, the departments note that the Plan's network overall is well below the 1:2,000 threshold. The Plan's has a significant number of providers with excess capacity to take any enrollees that may need to change PCPs if their existing PCP is not accessible due to the number of patients assigned. The departments have followed-up with the Plan to ensure the Plan is monitoring those providers who are at or over capacity to ensure that enrollees continue to have appropriate access to those providers.

L.A. Care

L.A. Care is the local initiative health plan operating in Los Angeles County. L.A. Care's network consists of a directly contracted provider network and subcontracted provider networks maintained by three health plan partners. This network review only addresses L.A. Care's directly contracted provider network. Enrollees assigned to the Plan's subcontracted health plans will be addressed in Phase 2 of the transition. Plan data indicate the Plan's directly-contracted Medi-Cal network contains 2,028 PCPs and 4,334 total physicians, whereas the Plan's HFP network contains 1,731 PCPs and 3,934 total physicians.

Provider Network Overlap

- **Primary Care Physicians.** The Plan indicates that 99% of its current HFP enrollees will be able to keep their PCPs post-transition and 99.8% of the Plan's HFP PCPs are currently in the Medi-Cal network and will continue to see their assigned HFP enrollees after the transition. With regard to PCPs that treat children, 99% of the HFP pediatricians are in the Medi-Cal network, 100% of the HFP OB/GYNs are in the Medi-Cal network, 100% of the HFP family practitioners are in the Medi-Cal network, and 100% of the HFP general practitioners are in the Medi-Cal network.
- **Specialists.** With regard to specialists, 100% of the Plan's HFP specialists are in the Medi-Cal network. The Plan's Medi-Cal network offers 444 pediatric specialists, comprising 7.1% of the Plan's total Medi-Cal specialist network, which is greater than that offered by the Plan's HFP network (429 pediatric specialists, comprising 7.32% of the Plan's HFP specialist network).

Provider Capacity

- **Primary Care Physicians.** Plan data indicate that the Medi-Cal network will have one PCP for every 502 enrollees after the transition and one physician overall for every 235 enrollees after the transition. It appears that four PCPs in the Plan's Medi-Cal network will have more than 2,000 enrollees assigned post-transition and do not utilize physician extenders to expand capacity. Forty additional PCPs will have close to 2,000 enrollees assigned post-transition and are continuing to accept new patients but do not have physician extenders to expand capacity. However, these assignment levels reflect the providers' current patient assignment before the transition. For those physicians who are currently contracted in both networks, the total volume of patients will not change when those patients in the HFP are transitioned into the Medi-Cal program. If enrollees assigned to over-capacity providers have difficulty accessing care, they will be able to choose a new PCP with fewer assigned enrollees. All other PCPs in the network appear to have adequate capacity to continue accepting new Medi-Cal patients and the Plan data indicate that only 9% of its Medi-Cal PCPs are not accepting new Medi-Cal patients other than those transitioning from the HFP.

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

Geographic Access. Plan data indicate that there are HFP PCPs in the city of Avalon, on Catalina Island, but there are no Medi-Cal PCPs in that city. Additionally, while the city of Marina del Rey has both HFP and Medi-Cal PCPs, none of the Medi-Cal PCPs in that city are accepting new patients other than those transitioning from the HFP.

This evaluation focuses on the location of current HFP providers and how that compares to the location of Medi-Cal providers. It is likely that enrollees residing in these cities will still be within 10 miles/30 minutes of a provider whose offices are in a neighboring city. Furthermore, the DMHC previously determined the Plan's network to be compliant with Knox Keene geographic access standards at the time the service area was approved.

Continuity of Care. The Plan indicates that it ensures compliance with all Knox-Keene Act continuity of care requirements. HFP transitioning enrollees with certain conditions will be able to continue care with a non-network, treating provider for a limited period of time after the enrollee transitions. The Plan indicates it will work with its delegated provider groups to identify patients being treated for conditions that would meet completion of covered services requirements. The Plan and its delegated groups will contact those patients to find out if they want to continue receiving care from their treating providers and will initiate the process of arranging continuity of care for those enrollees. The Plan will also send formal communication to enrollees that will have to change providers to inform them of the Plan's continuity of care processes. With regard to pharmacy services, the Plan indicates that its pharmacy network is the same for both HFP enrollees and Medi-Cal enrollees, so there should be no disruption to pharmacy services resulting from the transition.

Timely Access to Care. The Plan indicates that, for HFP enrollees who will not have to change providers, the plan has conducted a crossover analysis and has validated that the providers in its Medi-Cal network are accepting new patients. The Plan states that for those patients who will have to change providers, the Plan has ensured that its network has PCPs that are available within the appropriate time and distance standards for those patients.

Assessment. The departments have minor concerns about the adequacy of the Plan's Medi-Cal network to receive HFP enrollees. The high rate of network overlap indicates that there would be relatively little disruption in care or services for HFP enrollees. The Plan appears to have a number of providers who are at or near capacity. However, the Plan's overall provider network is within the regulatory ratio and Plan data indicate that it has ample providers with adequate capacity to see transitioning enrollees. Furthermore, these providers have been seeing these enrollees under both programs, so they will not have any change in capacity after the transition. The departments have followed-up with the Plan to identify how the Plan is monitoring these providers and ensuring current and future patients get appropriate and timely access to care.

Molina Health Plan of California

Molina Health Plan of California is the commercial Medi-Cal plan operating in the following Two-Plan counties: Riverside and San Bernardino. This Plan also operates in the two GMC counties: Sacramento and San Diego.

Provider Network Overlap

- **Riverside County.** Plan data indicate the Plan’s Medi-Cal network contains 332 PCPs and 1,063 total physicians, whereas the Plan’s HFP network contains 341 PCPs and 1,035 total physicians.
 - **Primary Care Physicians.** Plan data indicate that 94.1% of its current HFP enrollees will be able to keep their PCPs post-transition. Plan data indicate that 97% of its providers that participate in the HFP currently participate in the Plan’s Medi-Cal program and will continue seeing their HFP patients post-transition. With regard to PCPs who accept children, 93% of the Plan’s HFP pediatricians are in the Plan’s Medi-Cal network and 100% of all other applicable HFP PCPs are in the Plan’s Medi-Cal network. The Plan indicates that these numbers reflect one HFP-only medical group that has 295 HFP enrollees currently enrolled.
 - **Specialists.** With regard to specialists, 99% of the Plan’s HFP specialists are in the Medi-Cal network. The Medi-Cal network includes all specialty types that are available in the HFP network. The Plan’s Medi-Cal network offers 52 pediatric specialists, comprising 2.2% of the Plan’s specialist network, which is greater than what is available in the Plan’s HFP network (45 pediatric specialists comprising 1.9% of the Plan’s HFP specialist network).

- **Sacramento County.** Plan data indicate the Plan’s Medi-Cal network contains 126 PCPs and 482 total physicians, whereas the Plan’s HFP network contains 126 PCPs and 475 total physicians.
 - **Primary Care Physicians.** Plan data indicate that 100% of its current HFP enrollees will be able to keep their PCPs post-transition. All providers participating in the HFP also participate in the Plan’s Medi-Cal program and will continue seeing their HFP patients post-transition.
 - **Specialists.** With regard to specialists, 99% of the Plan’s HFP specialists are in the Medi-Cal network. The Medi-Cal network includes all specialty types that are available in the HFP network and covered under the Medi-Cal product. The HFP network includes marriage and family therapists, psychologists, psychiatrists, and social workers. Under the Medi-Cal program, most mental health services are not provided through the health plan and are instead provided by the county mental health system. The Plan’s Medi-Cal network offers 50 pediatric specialists, comprising 0.4% of the Plan’s specialist network, which is almost the same as the Plan’s HFP network (49 pediatric specialists comprising 0.3% of the Plan’s HFP specialist network).

- **San Bernardino County.** Plan data indicate the Plan’s Medi-Cal network contains 360 PCPs and 1,394 total physicians, whereas the Plan’s HFP network contains 360 PCPs and 1,184 total physicians.
 - **Primary Care Physicians.** Plan data indicate that 100% of its current HFP enrollees will be able to keep their PCP post-transition. All of its providers that participate in the HFP also participate in the Plan’s Medi-Cal program and will continue seeing their HFP patients post-transition. With regard to PCPs who accept children, 100% of all HFP PCPs are in the Plan’s Medi-Cal network.
 - **Specialists.** With regard to specialists, 75% of the Plan’s HFP specialists are in the Medi-Cal network. The Medi-Cal network includes all specialty types that are available in the HFP network. The Plan’s Medi-Cal network offers 81 pediatric specialists, comprising 3.5% of the Plan’s specialist network, which is greater than what is available in the Plan’s HFP network (33 pediatric specialists comprising 1.7% of the Plan’s HFP specialist network).

- **San Diego County.** Plan data indicates the Plan’s Medi-Cal network contains 666 PCPs and 1,858 total physicians, whereas the Plan’s HFP network contains 673 PCPs and 1,860 total physicians.
 - **Primary Care Physicians.** Plan data indicate that 99.9% of its current HFP enrollees will be able to keep their PCP post-transition. Ninety-nine percent (99%) of its providers that participate in the HFP currently participate in the Plan’s Medi-Cal program and will continue seeing their HFP patients post-transition. With regard to PCPs who accept children, 100% of the HFP pediatricians are in the Plan’s Medi-Cal network, 98% of the HFP family practitioners are in the Medi-Cal network, and 96% of the HFP general practitioners are in the Medi-Cal network. Three HFP-only Federally Qualified Indian Health Centers do not contract for Medi-Cal.
 - **Specialists.** With regard to specialists, 93% of the Plan’s HFP specialists are in the Medi-Cal network. The Medi-Cal network includes all specialty types that are available in the HFP network and covered under the Medi-Cal product. The Plan’s Medi-Cal network offers 267 pediatric specialists, comprising 11.3% of the Plan’s specialist network, which is the same as what is available in the Plan’s HFP network (267 pediatric specialists comprising 10.5% of the Plan’s HFP specialist network).

Provider Capacity

- **Riverside County**
 - **Primary Care Physicians.** Plan data indicate that the Medi-Cal network will have one PCP for every 128 enrollees after the transition and one physician overall for every 40 enrollees after the transition. Based on data provided by the Plan, it

appears that no individual PCPs in the Plan's Medi-Cal network will have more than 2,000 enrollees assigned post-transition. All PCPs in the network appear to have adequate capacity to continue accepting new Medi-Cal patients. The Plan data indicate that 9% of its Medi-Cal PCPs are not accepting new Medi-Cal patients other than those transitioning from the HFP.

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

- **Sacramento County**

- *Primary Care Physicians.* Plan data indicate that the Medi-Cal network will have one PCP for every 290 enrollees after the transition and one physician overall for every 76 enrollees after the transition. It appears that no individual PCPs in the Plan's Medi-Cal network will have more than 2,000 enrollees assigned post-transition. All PCPs in the network appear to have adequate capacity to continue accepting new Medi-Cal patients. Plan data indicate that only 2% of its Medi-Cal PCPs are not accepting new Medi-Cal patients other than those transitioning from the HFP.

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

- **San Bernardino County**

- *Primary Care Physicians.* Plan data indicate that the Medi-Cal network will have one PCP for every 160 enrollees after the transition and one physician overall for every 41 enrollees after the transition. It appears that no individual PCPs in the Plan's Medi-Cal network will have more than 2,000 enrollees assigned post-transition. All PCPs in the network appear to have adequate capacity to continue accepting new Medi-Cal patients. Plan data indicate that 11% of its Medi-Cal PCPs are not accepting new Medi-Cal patients other than those transitioning from the HFP.

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

- **San Diego County**

- *Primary Care Physicians.* Plan data indicate that the Medi-Cal network will have one PCP for every 127 enrollees after the transition and one physician overall for every 45 enrollees after the transition. It appears that no individual PCPs in the Plan's Medi-Cal network will have more than 2,000 enrollees assigned post-transition. All PCPs in the network appear to have adequate capacity to continue accepting new Medi-Cal patients. Plan data indicate that 10% of its Medi-Cal PCPs are not accepting new Medi-Cal patients other than those transitioning from the HFP.

- ***Specialists.*** With regard to specialty care, the Medi-Cal network offers fewer podiatrists than the HFP network. Given utilization of this specialty by Medi-Cal and HFP enrollees for the past year, it appears that the Medi-Cal network has sufficient specialists to serve these enrollees.

Geographic Access. There are no geographic access concerns with Riverside, Sacramento, or San Bernardino Counties. With regard to San Diego County, the Plan's HFP network includes PCPs in the city of Santa Ysabel but the Medi-Cal network does not.

This evaluation focuses on the location of current HFP providers and how that compares to the location of Medi-Cal providers. It is likely that enrollees residing in these cities will still be within 10 miles/30 minutes of a provider whose offices are in a neighboring city. Furthermore, the DMHC previously determined the Plan's network to be compliant with Knox Keene geographic access standards at the time the service area was approved.

Continuity of Care. The Plan states that it does not anticipate a significant disruption in the continuity of care to its enrollees due to its high level of provider overlap between its HFP and Medi-Cal networks. The Plan is attempting to bring the HFP-only providers in San Diego and Riverside counties into the Medi-Cal program. The Plan indicates that for those enrollees who will have to change providers, the Plan will request all open authorizations from the enrollees' treating PCPs or specialists prior to the transition. If the enrollee is in a course of treatment that falls within the Plan's continuity of care provisions, the Plan will reach out to the non-network treating providers to engage those providers in a Letter of Agreement for post-transition care. With regard to pharmacy access, the Plan indicates that its contracted network is the same for both the HFP and the Medi-Cal products. The Plan will transfer all patient claims histories and prior authorization approvals so that enrollees can continue to fill their prescriptions during the transition.

Timely Access to Care. For enrollees who will have to change PCPs as a result of the transition, the Plan will provide enrollees with ID cards that include contact information for their new PCPs. The Plan will also issue a communication to its providers regarding the enrollee eligibility verification process so that providers can easily accommodate enrollees when they attempt to schedule appointments. The Plan also indicates that it has recently implemented a Health Care Services redesign structure that provides enrollee-centric care encompassing care coordination, care management and utilization management services to address the critical medical, behavioral health and home and community based needs of assigned enrollees. This redesign resulted in the addition of 13 new staff to its utilization management and care management teams, which the Plans says should minimize disruptions in services resulting from the transition.

Assessment. The departments have no concerns with the adequacy of the Plan's Medi-Cal network in all four counties to accommodate the addition of HFP enrollees. Plan data indicate that a large number of HFP enrollees will be able to keep their PCPs and a large percentage of the Plan's HFP providers in the four counties are available through the Plan's Medi-Cal network.

For those enrollees who will have to change providers, the Plan will arrange for continuity of care. The providers in the Medi-Cal network appear to have adequate capacity to receive the transitioning enrollees. Medi-Cal providers are operating in the same geographic regions as the HFP providers with the exception of one city in San Diego County.

Partnership Health Plan

Partnership Health Plan is the County Organized Health System serving Napa, Solano, Sonoma, and Yolo counties. It is the only Medi-Cal plan operating in those counties. The Plan indicates that it assigns enrollees to both individual providers and clinics. The Plan provided the departments with information regarding which individual physicians are available in each clinic. Where possible, the departments have evaluated the Plan's network based on individual physicians rather than clinics.

Provider Network Overlap

- **Napa County.** Plan data indicate the Medi-Cal network and HFP network both contain 20 individual PCPs and 95 individual physicians.
 - **Primary Care Physicians.** The Plan indicates that 100% of its current HFP enrollees will be able to keep their PCPs post-transition and the Plan's Medi-Cal network has 100% overlap with the HFP network for all PCP types. Plan data indicate that 100% of its providers participating in both the Medi-Cal and HFP networks will continue seeing their HFP patients post-transition.
 - **Specialists.** With regard to specialists, 100% of the Plan's HFP specialists are in the Medi-Cal network. The Plan's Medi-Cal network offers 4 pediatric specialists, comprising 5% of the Plan's total Medi-Cal specialist network, which is exactly the same as that offered by the Plan's HFP network.

- **Solano County.** Plan data indicate the Plan's Medi-Cal network and HFP network both contain 101 individual PCPs and 558 individual physicians.
 - **Primary Care Physicians.** The Plan indicates that 100% of its current HFP enrollees will be able to keep their PCPs post-transition and the Plan's Medi-Cal network has 100% overlap with the HFP network for all PCP types. Plan data indicate that 100% of its providers participating in both the Medi-Cal and HFP networks will continue seeing their HFP patients post-transition.
 - **Specialists.** With regard to specialists, 100% of the Plan's HFP specialists are in the Medi-Cal network. The Plan's Medi-Cal network offers 165 pediatric specialists, comprising 30.3% of the Plan's total Medi-Cal specialist network, which is exactly the same as that offered by the Plan's HFP network.

- **Sonoma County.** Plan data indicate the Plan's Medi-Cal network contains 130 individual PCPs and 422 individual physicians, whereas the HFP network contains 131PCPs and 423 individual physicians.
 - **Primary Care Physicians.** The Plan indicates that 98% of its current HFP enrollees will be able to keep their PCPs post-transition. Only one HFP PCP is not in the Medi-Cal network and the Plan states that the provider is currently considering joining the Medi-Cal network. Plan data indicate that 100% of its

providers that participate in the HFP will participate in the Plan's Medi-Cal program and will continue seeing their HFP patients post-transition.

- **Specialists.** With regard to specialists, 100% of the Plan's HFP specialists are in the Medi-Cal network. Neither the Plan's Medi-Cal network nor the Plan's HFP network contain pediatric specialists.
- **Yolo County.** Plan data indicate the Plan's Medi-Cal network and HFP network both contain 82 individual PCPs and 439 individual physicians.
 - **Primary Care Physicians.** The Plan indicates that 100% of its current HFP enrollees will be able to keep their PCP post-transition and the Plan's Medi-Cal network has 100% overlap with the HFP network for all PCP types. All of its providers participating in both the Medi-Cal and HFP networks will continue seeing their HFP patients post-transition.
 - **Specialists.** With regard to specialists, 100% of the Plan's HFP specialists are in the Medi-Cal network. The Plan's Medi-Cal network offers 9 pediatric specialists, comprising 2% of the Plan's total Medi-Cal specialist network, which is exactly the same as that offered by the Plan's HFP network.

Provider Capacity. The Plan indicates that it assigns patients to clinics and facilities rather than to individual providers. The departments reviewed the total capacity of the clinics in the Medi-Cal network compared to the HFP network and estimated available capacity based on the total number of HFP and Medi-Cal enrollees assigned and the total number of physicians and physician extenders who were available at each clinic.

- **Napa County**
 - **Primary Care Physicians.** Plan data indicate that the Medi-Cal network will have one PCP for every 711 enrollees after the transition and one physician overall for every 150 enrollees after the transition. It appears that no individual PCPs will have over 2,000 enrollees assigned after the transition. No clinic averages more than 2,000 enrollees per physician. Plan data indicate that 100% of its Medi-Cal PCPs are accepting new Medi-Cal patients.
 - **Specialists.** With regard to specialty care, there will be no decrease in specialty providers in any of the high-volume specialty areas for this population as a result of the transition.
- **Solano County**
 - **Primary Care Physicians.** Plan data indicate that the Medi-Cal network will have one PCP for every 602 enrollees after the transition and one physician overall for every 109 enrollees after the transition. It appears that no individual PCPs will have over 2,000 enrollees assigned after the transition. Two clinics average more than 2,000 enrollees per physician but these clinics have physician extenders to expand the clinics' capacity. The Plan data indicate that 83% of individual Medi-

Cal PCPs and 47% of clinics are not accepting new Medi-Cal patients other than those transitioning from the HFP.

- *Specialists.* With the level of overlap between the networks, the transition of the HFP enrollees to Medi-Cal should not generate network adequacy concerns in regards to the capacity of or access to specialists.

- **Sonoma County**

- *Primary Care Physician.* Plan data indicate that the Medi-Cal network will have one PCP for every 415 enrollees after the transition and one physician overall for every 128 enrollees after the transition. It appears that no individual PCPs will have over 2,000 enrollees assigned after the transition. The data indicate that one clinic averages more than 2,000 enrollees per physician but this clinic has physician extenders to expand the clinic's capacity. The Plan data indicate that 100% of individual Medi-Cal PCPs and 57% of clinics are not accepting new Medi-Cal patients other than those transitioning from the HFP.
- *Specialists.* With the level of overlap between the networks, the transition of the HFP enrollees to Medi-Cal should not generate network adequacy concerns in regards to the capacity of or access to specialists.

- **Yolo County**

- *Primary Care Physicians.* Estimates based on Plan data indicate that the Medi-Cal network will have one PCP for every 337 enrollees after the transition and one physician overall for every 63 enrollees after the transition. Based on data provided by the Plan, it appears that no individual PCPs will have over 2,000 enrollees assigned after the transition. The data indicate that one clinic averages more than 2,000 enrollees per physician but this clinic has appropriate physician extenders to expand the clinic's capacity. One other clinic appears to be approaching 2,000 enrollees per physician and does not have physician extenders to expand the clinic's capacity. The Plan data indicate that 75% of individual Medi-Cal PCPs and 30% of clinics are not accepting new Medi-Cal patients other than those transitioning from the HFP.
- *Specialists.* With regard to specialty care, there will be no decrease in specialty providers in any of the high-volume specialty areas for this population as a result of the transition.

Geographic Access. For all four counties, all cities containing HFP PCPs also have Medi-Cal PCPs. However, in Rohnert Park in Sonoma County there are no Medi-Cal PCPs accepting new patients other than those transitioning into Medi-Cal from HFP.

This evaluation focuses on the location of current HFP providers and how that compares to the location of Medi-Cal providers. It is likely that enrollees residing in these cities will still be within 10 miles/30 minutes of a provider whose offices are in a neighboring city. Furthermore,

the DMHC previously determined the Plan's network to be compliant with Knox Keene geographic access standards at the time the service area was approved.

Continuity of Care. The Plan indicates that it is continuing to make efforts to bring the one HFP-only PCP into its network. If the Plan is unsuccessful, it will facilitate re-assignment of the affected enrollees. For specialty care, the Plan will monitor referrals and treatment authorizations to ensure that all ongoing treatment continues after the transition. With regard to pharmacy benefits, the Plan is alerting its network physicians and pharmacists regarding the process for payment for and approval of those carve-out medications that will be processed by fee-for-service Medi-Cal after the transition.

Timely Access. The Plan states it will utilize its Care Coordination team to help facilitate the transition to a new provider when necessary. The Plan may also conduct periodic surveys of its provider network to ensure timely access standards are being met. At this time, the Plan monitors access through enrollee complaints, feedback from providers, and input from Plan staff that facilitates and coordinates patient care.

Assessment. The departments have no concerns about the adequacy of the Medi-Cal networks in the four counties to receive HFP enrollees. Almost all enrollees will remain with their HFP providers after the transition and the providers all have the capacity to continue seeing these patients.

The departments have significant concerns regarding the adequacy of the Plan's network to provide care for new Medi-Cal enrollees after the transition. The Plan indicates that a significant percentage of individual Medi-Cal PCPs and clinics are not accepting new patients other than those enrollees transitioning into Medi-Cal from HFP. This may cause access problems for new applicants, so the departments have followed-up with the Plan regarding the network capacity for new enrollees.

San Francisco Health Plan

San Francisco Health Plan is the local initiative operating in San Francisco County. It is one of two Medi-Cal managed care plans operating in that county. Plan data indicate the Plan's Medi-Cal network contains 613 PCPs and 3,139 total physicians, whereas the Plan's HFP network contains 517 PCPs and 3,042 total physicians.

Provider Network Overlap

- **Primary Care Physicians.** The Plan indicates that 100% of providers participating in both the Medi-Cal and the HFP networks and have HFP members assigned to them will continue to see these members post-transition. According to Plan data, the Plan's Medi-Cal network has 100% overlap with the Medi-Cal network. The Plan has confirmed that 100% of the Plan's current HFP enrollees will be able to keep their PCPs post-transition.
- **Specialists.** With regard to specialists, 100% of the Plan's HFP specialists are in the Medi-Cal network. The only specialty type available in the HFP network and not in the Medi-Cal network is chiropractors, which is not a required service under the Medi-Cal program. The Plan's Medi-Cal network offers 292 pediatric specialists, comprising 9.43% of the Plan's total Medi-Cal specialist network, which is exactly the same as that offered by the Plan's HFP network.

Provider Capacity

- **Primary Care Physicians.** Plan data indicate that the Medi-Cal network will have one PCP for every 105 enrollees after the transition and one physician overall for every 21 enrollees after the transition. It appears that no individual PCPs in the Plan's Medi-Cal network will have more than 2,000 enrollees assigned post-transition. All individual PCPs in the network appear to have adequate capacity to accept new Medi-Cal patients. The Plan data indicate that 47% of its Medi-Cal PCPs are not accepting new Medi-Cal patients other than those transitioning from the HFP.
- **Specialists.** With regard to specialty care, there will be no decrease in specialists in any of the high-volume specialty areas for this population.

Continuity of Care. The Plan has indicated that, because there will be no change in provider for transitioning patients, the Plan does not anticipate any continuity of care issues. The Plan states that it has policies and procedures aligned with the Knox Keene Act related to completion of covered services and the Plan has instructed its internal provider relations, customer service, and care management teams to apply this policy should any enrollee have issues related to continuity of care. Additionally, the Plan indicates that its Medi-Cal pharmacy network is the same as the HFP network, so it does not anticipate any continuity of care issues with regard to those services.

Timely Access to Care. The Plan states that it is developing a process to transition open authorizations for enrollees as they change from HFP to Medi-Cal and will be auditing its delegated providers for compliance with this process to avoid any disruptions in care. The Plan

also has care management and provider relations teams available to assist enrollees if they have difficulty receiving timely access to care.

Geographic Access. Because the Medi-Cal network mirrors the HFP network, enrollees will have the same geographic access as they currently have in the HFP.

Assessment. The departments have no concerns with the ability of the Plan's Medi-Cal network to provide care to transitioning HFP enrollees. The Plan's Medi-Cal network is the same as the HFP network, so current enrollees will not experience any changes in providers. Furthermore, a review of provider capacity indicates that all providers are well within established standards. The network of PCPs appears to have sufficient capacity to take on additional membership.

The departments have moderate concerns regarding the adequacy of the Plan's network to provide care for new Medi-Cal enrollees after the transition. The Plan indicates that a large percentage of Medi-Cal PCPs are not accepting new patients other than those enrollees transitioning into Medi-Cal from HFP. This may cause access problems for new applicants, so the departments have followed-up with the Plan regarding the network capacity for new enrollees.

Santa Clara Family Health Plan

Santa Clara Family Health Plan is the local initiative serving Santa Clara County. It is one of two plans operating in this county. Plan data indicate the Plan's Medi-Cal network contains 570 PCPs and 2,601 total physicians, whereas the Plan's HFP network contains 569 PCPs and 2,591 total physicians.

Provider Network Overlap

- ***Primary Care Physicians.*** The Plan indicates that 99% of its current HFP enrollees will be able to keep their PCP post-transition. The Plan has identified five HFP PCPs who are not currently in the Plan's Medi-Cal network and have declined Medi-Cal contracts. These providers currently treat approximately 600 enrollees, representing 0.04% of the plan's total enrollment. The Plan continues to make efforts to obtain Medi-Cal contracts with these providers. All PCPs who currently participate in both the HFP and Medi-Cal networks will continue seeing their HFP patients post-transition. With regard to PCPs who treat children, 99% of HFP pediatricians are in the Medi-Cal network, 100% of the HFP OB/GYNs are in the Medi-Cal network, 97% of the HFP family practitioners are in the Medi-Cal network, and 100% of the HFP general practitioners are in the HFP network.
- ***Specialists.*** With regard to specialists, 98% of the Plan's HFP specialists are in the Medi-Cal network. The only specialty types available in the HFP network and not in the Medi-Cal network are psychiatry and child psychiatry. Under the Medi-Cal program, most mental health services are not required to be covered by the Medi-Cal managed care plan. The Plan's Medi-Cal network offers 482 pediatric specialists, comprising 20% of the Plan's total Medi-Cal specialist network, which is slightly less than that offered by the Plan's HFP network (491 pediatric specialists, comprising 20% of the Plan's HFP specialist network).

Provider Capacity

- ***Primary Care Physicians.*** Plan data indicate that the Medi-Cal network will have one PCP for every 234 enrollees after the transition and one physician overall for every 51 enrollees after the transition. It appears that only one PCP in the Plan's Medi-Cal network will have more than 2,000 enrollees assigned post-transition and does not have a physician extender to expand capacity. However, this assignment level reflects the provider's current patient assignment before the transition. For those physicians who are currently contracted in both networks, the total volume of patients will not change when those patients in the HFP are transitioned into the Medi-Cal program. If enrollees assigned to over-capacity providers have difficulty accessing care, they will be able to choose a new PCP with fewer assigned enrollees. All other PCPs in the network appear to have adequate capacity to continue accepting new Medi-Cal patients, but the Plan data

indicate that 60% of its Medi-Cal PCPs are not accepting new patients other than those transitioning from the HFP.

- ***Specialists.*** With regard to specialty care covered by the Medi-Cal managed care plan, there will be no decrease in specialists in any of the high-volume specialty areas for this population. For those physicians who are currently contracted in both networks, the total volume of patients will not change when those patients in the HFP are transitioned into the Medi-Cal program.

Continuity of Care. The Plan indicates that it is attempting to bring its remaining HFP-only providers into the Medi-Cal network. If it is unsuccessful in these efforts, the Plan has identified geographically appropriate providers who have adequate capacity to accept the enrollees currently assigned to HFP-only providers. The Plan will be communicating with all providers, including pharmacy providers, to inform those providers of the Plan's transition plan for its HFP enrollees. Additionally, the Plan has developed a process for contacting enrollees who will have to change PCPs that includes both an outbound call effort and a written communication. The Plan is updating its Medi-Cal Out of Network Policy and Procedure and its Continuity of Care Policy and Procedure to include its transition plan for HFP enrollees.

Timely Access to Care. The Plan's Medical Management Department's Transition Plan includes identifying all outstanding authorizations to specialists and vendors and "re-issuing" those authorizations under the enrollee's Medi-Cal status so as to ensure no disruptions in care during the transition. All providers contracted with the Plan are informed of timely access standards both through provider education and through the provider contract. The Plan will also communicate the timely access requirements to its enrollees to ensure timely access issues are brought to the Plan's attention.

Geographic Access. Plan data indicate that there are HFP PCPs in the city of Campbell, but no Medi-Cal PCPs. This evaluation focuses on the location of current HFP providers and how that compares to the location of Medi-Cal providers. It is likely that enrollees residing in these cities will still be within 10 miles/30 minutes of a provider whose offices are in a neighboring city. Furthermore, the DMHC previously determined the Plan's network to be compliant with Knox Keene geographic access standards at the time the service area was approved.

Assessment. The departments have minor concerns about the adequacy of the Medi-Cal network to receive HFP enrollees. Only a very small percentage of HFP enrollees will have to change providers as a result of the transition and it appears that the Plan's Medi-Cal network has adequate capacity to serve these enrollees. Furthermore, a review of provider capacity indicates that all but one provider are well within established standards.

The departments have moderate concerns regarding the adequacy of the Plan's network to provide care for new Medi-Cal enrollees after the transition. The Plan indicates that a large percentage of Medi-Cal PCPs are not accepting new patients other than those enrollees transitioning into Medi-Cal from HFP. This may cause access problems for new applicants, so

the departments have followed-up with the Plan regarding the network capacity for new enrollees.

SECTION IV. DENTAL MANAGED CARE

The DHCS operates a Dental Managed Care (DMC) program in Los Angeles and Sacramento counties only. In Los Angeles County, HFP enrollees transitioning into Medi-Cal will be able to choose to join a DMC plan or participate in the Denti-Cal fee-for-service program. In Sacramento, all HFP enrollees transitioning into Medi-Cal will be required to join a DMC plan.

DMC contracts are set to expire in Sacramento County on December 31, 2012 and in Los Angeles County on June 30, 2013. A Request for Proposal was procured and new dental plan contracts were awarded mid-October 2012. In Los Angeles County beginning on July 1, 2013, there will be three dental plans: Access Dental, Health Net of California, and LIBERTY Dental. In Sacramento County beginning on January 1, 2013 there will also be three dental plans; Access Dental, Health Net of California and LIBERTY Dental. Currently, Western Dental, who is providing services in Los Angeles and Sacramento County, has appealed the dental contract awards. The appeal is currently underway. Sacramento County is set to have new contracts January 1, 2013, and the transition of HFP children is set to begin March 1, 2013, children in Western Dental will need to select a new dental plan if Western Dental is unsuccessful in its appeal.

Additionally, there are differences in dental coverage between Medi-Cal and HFP. Most notably, the HFP does not cover orthodontic services. In HFP, children needing orthodontia may be referred to the California Children's Services program. The Medi-Cal program offers a limited benefit for orthodontic services. DMC plans are required to cover orthodontic services when enrollees meet the Denti-Cal medical necessity criteria.

The following assessment evaluates provider network adequacy for all DMC plans that are currently operating in Los Angeles and Sacramento counties.

Access Dental

Access Dental is a dental managed care plan serving Medi-Cal and HFP enrollees in Sacramento and Los Angeles county.

Provider Overlap

- **Los Angeles County.** Plan data indicate the Plan's Medi-Cal network contains 614 primary care dentists (PCDs) and 1,843 total providers, whereas the Plan's HFP network contains 732 PCDs and 1,840 total providers.
 - **Primary Care Dentists.** The Plan indicates that 88.4% of HFP enrollees will be able to keep their current PCD post-transition, and 62% of Medi-Cal PCDs are currently treating HFP enrollees. Eighty-eight percent (88%) of the Plan's providers from both networks will continue to treat HFP enrollees post-transition.
 - **Specialists.** With regard to specialists, it appears that 87% of HFP dental specialists are in the Medi-Cal network. All specialty types that are available in the HFP network are also available in the Medi-Cal network.

- **Sacramento County.** Plan data indicate the Plan's Medi-Cal network contains 61 PCDs and 132 total providers, whereas the Plan's HFP network contains 132 PCDs and 269 total providers.
 - **Primary Care Dentists.** The Plan indicates that 81.5% of HFP enrollees will be able to keep their current PCDs post-transition, and 44% of Medi-Cal PCDs are currently treating HFP enrollees. Forty-eight (48%) of its providers from both networks will continue to treat HFP enrollees post-transition.
 - **Specialists.** With regard to specialists, 51.2% of HFP dental specialists are in the Medi-Cal network. All specialty types that are available in the HFP network are also available in the Medi-Cal network.

Provider Capacity

- **Los Angeles County**
 - **Primary Care Dentists.** Plan data indicate that the Medi-Cal network will have one PCD for every 251 enrollees after the transition. Seventeen (17) PCDs have more than 2,000 combined HFP and Medi-Cal patients. These PCDs have indicated that they will continue to see patients post-transition. However, these assignment levels reflect the providers' current patient assignment before the transition. For those physicians who are currently contracted in both networks, the total volume of patients will not change when those patients are transitioned into the Medi-Cal program. If enrollees assigned to over-capacity providers have difficulty accessing care, they will be able to choose a new PCD with fewer assigned enrollees. The remaining 593 PCDs in the Plan's Medi-Cal network have adequate capacity to take additional enrollees.

- ***Specialists.*** With regard to specialty care, 21% of the Medi-Cal specialists have a pediatric specialty, which is less than the HFP network (26% of specialists have a pediatric specialty). The Medi-Cal network offers fewer individual dental specialists than the HFP network in some specialty areas. However, based on actual utilization of these specialty types by HFP and Medi-Cal enrollees, the transition of the HFP enrollees to Medi-Cal will not generate network adequacy concerns in regards to the capacity of or access to dental specialists.
- **Sacramento County**
 - ***Primary Care Dentists.*** Plan data indicate that the Medi-Cal network will have one PCD for every 665 enrollees after the transition. The Plan data indicate that 14 individual PCDs have more than 2,000 combined HFP and Medi-Cal patients and these PCDs have indicated that they will continue to see their assigned patients post-transition. However, these assignment levels reflect the providers' current patient assignment before the transition. For those physicians who are currently contracted in both networks, the total volume of patients will not change when those patients are transitioned into the Medi-Cal program. If enrollees assigned to over-capacity providers have difficulty accessing care, they will be able to choose a new PCP with fewer assigned enrollees. The remaining 47 PCDs in the Plan's Medi-Cal network have adequate capacity to take additional enrollees.
 - ***Specialists.*** With regard to specialists, 31% of the Medi-Cal specialists offer a pediatric specialty, which is the same as the HFP network. Plan data indicate that the Medi-Cal network contains more dental specialists than the HFP network.

Continuity of Care. The Plan is attempting to bring its HFP-only providers into the Medi-Cal network. If the Plan is unsuccessful, the Plan states that its Medi-Cal network has the capacity to treat HFP enrollees who will have to change providers as a result of the transition. The Plan maintains ongoing contact with its contracted providers and has secured a commitment from its existing Medi-Cal providers that they will continue to treat Medi-Cal enrollees after the transition of HFP enrollees. The Plan is also conducting outreach to HFP dental specialists not currently contracted with the Medi-Cal network to improve continuity of care for transitioning enrollees.

Timely Access to Care. The Plan states that, due to the size of its Medi-Cal network, it has more than adequate capacity to provide timely services to all transitioning enrollees. The Plan is engaging in education and outreach to transitioning families who will have to change providers to assist them in selecting a new PCD prior to the transition.

Assessment. The departments have minor concerns about the capacity of the Plan's Medi-Cal network to take on transitioning HFP members. Most HFP enrollees will be able to maintain their PCDs after the transition. The Plan's network overall has enough capacity to treat the additional enrollees. The departments have followed up with the Plan regarding continuity of

care for patients in Sacramento County. With regard to specialists, even in those specialty areas where the Medi-Cal network has fewer providers than the HFP network, the network still has an adequate number of providers to meet the expected utilization. The departments have followed-up with the Plan regarding those PCDs with more than 2,000 patients assigned to ensure that the Plan is monitoring those providers for any access issues.

Care 1st

Care 1st is a dental managed care plan serving Medi-Cal enrollees in Los Angeles County. The Plan does not have a HFP product, so the departments have evaluated the Plan's Medi-Cal network capacity to determine if the Plan is prepared to accept former HFP patients resulting from the transition. The Plan will no longer be participating in the Medi-Cal program after June 30, 2013, so patients transitioning into this Plan will be in this network only until the end of June. Plan data indicate the Plan's Medi-Cal network contains 117 PCDs and 1,365 total providers.

Provider Capacity. Plan data indicate that the Medi-Cal network currently contains one PCD for every 91 enrollees. None of the Plan's contracted PCDs has more than 2,000 Medi-Cal patients assigned. All 117 PCDs in the Plan's Medi-Cal network appear to have adequate capacity to take additional enrollees. With regard to specialty care, 16% of the Medi-Cal specialists offer a pediatric specialty. The Medi-Cal network contains all major dental specialty types.

Continuity of Care. The Plan indicates that it will reach out to enrollees and providers to identify situations where there is treatment in progress. According to the Plan, it will communicate with providers and enrollees regarding what to expect and who to contact during the transition. The Plan states it will honor existing authorizations. Although the Plan does not operate an HFP product, the Plan is attempting to identify providers outside of its Medi-Cal network who are currently treating HFP members so that the Plan can contract with those providers. The Plan's ability to recruit new providers will depend largely on the reimbursement rates from the Medi-Cal program, which are presently unconfirmed for next year. If the reimbursement rate is decreased, the Plan believes providers may not be receptive to absorbing transitioning HFP members and continuing to treat their existing HFP members.

Timely Access to Care. All providers are required to comply with the Plan's timely access standards under their contract with the Plan. The Plan utilizes provider manuals, newsletters, fax-blasts, service calls, and in-office provider training to ensure providers are aware of the Plan's access standards and to evaluate provider compliance with these standards. Additionally, the Plan performs "blind calls" to validate appointment availability and the Plan also administers provider surveys to measure compliance with timely access standards. The Plan indicates that it is currently evaluating the capacity of its existing providers to provide access to services in light of the expected increase in utilization that will arise with the transition of HFP enrollees into the Medi-Cal network.

Assessment. The departments have minor concerns about the capacity of the Plan's Medi-Cal network to accept new members who are transitioning from HFP. The Plan's network contains ample providers with capacity to take new enrollees, such that the network can accommodate transitioning HFP enrollees. However, the Plan has indicated that some providers may not continue to treat HFP members post-transition or participate in the Medi-Cal network once

reimbursement rates are established. The departments have followed-up with the Plan regarding its provider network once reimbursement rates have been established.

Health Net Dental

Health Net Dental is a dental managed care plan serving Medi-Cal and HFP enrollees in Sacramento and Los Angeles counties.

Provider Overlap

- **Los Angeles County.** Plan data indicate the Plan's Medi-Cal network contains 585 PCDs and 1,833 total providers, whereas the Plan's HFP network contains 1,062 PCDs and 2,310 total providers.
 - **Primary Care Dentists.** The Plan indicates that 76% of HFP enrollees will be able to keep their current primary care dentist (PCD) post-transition. Plan data indicate that the 91% of Medi-Cal PCDs are currently treating HFP enrollees. Plan data indicate 95% of its providers from both networks will continue to treat HFP enrollees post-transition.
 - **Specialists.** With regard to specialists, it appears that 100% of HFP dental specialists are in the Medi-Cal network. All specialty types that are available in the HFP network are also available in the Medi-Cal network.
- **Sacramento County.** Plan data indicate the Plan's Medi-Cal network contains 39 PCDs and 237 total providers, whereas the Plan's HFP network contains 138 PCDs and 336 total providers.
 - **Primary Care Dentists.** The Plan indicates that 61% of HFP enrollees will be able to keep their current primary care dentist (PCD) post-transition and 74% of Medi-Cal PCDs are currently treating HFP enrollees. According to Plan data, 80% of its Medi-Cal providers who are currently treating HFP enrollees will continue to treat those enrollees post-transition and 79% of its providers from both networks will continue to treat HFP enrollees post-transition.
 - **Specialists.** With regard to specialists, it appears that 100% of HFP dental specialists are in the Medi-Cal network. All specialty types that are available in the HFP network are also available in the Medi-Cal network.

Provider Capacity

- **Los Angeles County**
 - **Primary Care Dentists.** Plan data indicate that the Medi-Cal network will have one PCD for every 139 enrollees after the transition. One PCD has more than 2,000 combined HFP and Medi-Cal patients and this PCD has indicated that it will continue to see patients post-transition. However, this assignment level reflects the provider's current patient assignment before the transition. For those physicians who are currently contracted in both networks, the total volume of patients will not change when those patients are transitioned into the Medi-Cal program. If enrollees assigned to over-capacity providers have difficulty

accessing care, they will be able to choose a new PCD with fewer assigned enrollees. The remaining 584 PCDs in the Plan's Medi-Cal network have adequate capacity to take additional enrollees.

- **Specialists.** With regard to specialty care, 16% of the Medi-Cal specialists offer a pediatric specialty, which is the same as the HFP network. The Medi-Cal network contains the same number of dental specialists as the HFP network for all specialty types.

- **Sacramento County**

- **Primary Care Dentists.** Plan data indicate that the Medi-Cal network will have one PCD for every 665 enrollees after the transition. Plan data indicate that one PCD has more than 2,000 combined HFP and Medi-Cal patients. This PCD has indicated that it will continue to see patients post-transition. However, this assignment level reflects the provider's current patient assignment before the transition. For those physicians who are currently contracted in both networks, the total volume of patients will not change when those patients are transitioned into the Medi-Cal program. If enrollees assigned to over-capacity providers have difficulty accessing care, they will be able to choose a new PCD with fewer assigned enrollees. The remaining 38 PCDs in the Plan's Medi-Cal network have adequate capacity to take additional enrollees.
- **Specialists.** With regard to specialty care, 12% of the Medi-Cal specialists offer a pediatric specialty, which is the same as the HFP network. The Medi-Cal network contains the same number of dental specialists as the HFP network for all specialty types.

Continuity of Care. The Plan is reaching out to its HFP-only providers in an effort to bring those providers into the Medi-Cal network. The Plan states that recent reductions in reimbursement rates may result in current HFP providers choosing not to contract with the Plan's Medi-Cal network. This may create continuity of care issues for transitioning enrollees.

Timely Access to Care. The Plan confirms that offices are meeting timely access during every service call made to provider offices. The Plan educates its providers on the importance of meeting the timely access standards and conducts "blind calls" to evaluate compliance. When an office hires new front office staff, the Plan conducts an orientation for staff members on the timely access standards.

Assessment. The departments have moderate concerns about the capacity of the Medi-Cal network to receive HFP enrollees. While the Medi-Cal specialty network is the same as the HFP network and appears to have adequate capacity to provide services for all dental specialty types, the primary care network raises some concerns. Fewer enrollees will be able to keep their primary care dentists compared to other plans. Furthermore, the Plan indicates it may lose providers from its network based on rate reductions. The departments have followed-up with the

Plan regarding its efforts to bring more providers into its network and the impact of any rate reductions on the Plan's network prior to transitioning enrollees.

LIBERTY Dental

LIBERTY Dental is a dental managed care plan serving Medi-Cal enrollees in Sacramento and Los Angeles counties. The Plan does not have a HFP product, so the departments have evaluated the Plan's Medi-Cal network capacity to determine if the Plan is prepared to accept former HFP patients resulting from the transition.

Provider Capacity

- **Los Angeles County.** Plan data indicate the Plan's Medi-Cal network contains 373 PCDs and 1,621 total providers.
 - **Primary Care Dentists.** Plan data indicate that the Medi-Cal network currently contains one PCD for every 35 enrollees. One PCD has more than 2,000 Medi-Cal patients assigned. However, this assignment level reflects the provider's current patient assignment before the transition. For those physicians who are currently contracted in both networks, the total volume of patients will not change when those patients are transitioned into the Medi-Cal program. If enrollees assigned to over-capacity providers have difficulty accessing care, they will be able to choose a new PCD with fewer assigned enrollees. The remaining 638 PCDs in the Plan's Medi-Cal network have adequate capacity to take additional enrollees.
 - **Specialists.** With regard to specialty care, 16% of the Medi-Cal specialists offer a pediatric specialty. The Medi-Cal network contains all major dental specialty types.
- **Sacramento County.** Plan data indicate the Plan's Medi-Cal network contains 44 PCDs and 242 total providers.
 - **Primary Care Dentists.** The Medi-Cal network currently contains one PCD for every 580 enrollees. One PCD has more than 2,000 Medi-Cal patients assigned and one other PCD appears to be approaching 2,000 Medi-Cal patients assigned. However, this assignment level reflects the provider's current patient assignment before the transition. For those physicians who are currently contracted in both networks, the total volume of patients will not change when those patients are transitioned into the Medi-Cal program. If enrollees assigned to over-capacity providers have difficulty accessing care, they will be able to choose a new PCD with fewer assigned enrollees. The remaining 58 PCDs in the Plan's Medi-Cal network have adequate capacity to take additional enrollees.
 - **Specialists.** With regard to specialty care, 12% of the Medi-Cal specialists offer a pediatric specialty. The Medi-Cal network contains all major dental specialty types: oral surgeons, orthodontists, periodontists, pedodontists, and endodontists.

Continuity of Care. The Plan is attempting to identify providers that participate in the HFP but are not contracted with the Plan to bring those providers into its network. Potential rate

reductions in the Medi-Cal dental managed care program will make it difficult for the Plan to bring these providers into its network, according to the Plan.

Timely Access to Care. The Plan has written policies and procedures addressing how the Plan will communicate, monitor, and enforce provider compliance with timely access standards. The provider agreement requires contracting providers to comply with timely access standards and the Plan confirms compliance during every service visit or call made to its provider offices.

Assessment. The departments have minor concerns about the adequacy of the Medi-Cal network to receive HFP enrollees. The departments have identified only three providers that may have potential capacity issues, but the Plan's network overall contains ample providers with capacity to take new enrollees, such that the network can accommodate transitioning HFP enrollees. The departments have followed up with the Plan regarding the providers who are at or nearing capacity.

Safeguard Dental

Safeguard Dental is a dental managed care plan serving HFP and Medi-Cal enrollees in Los Angeles County. Safeguard serves HFP enrollees in Sacramento, but does not participate in the Medi-Cal program in that county. With regard to the plan's operations in Los Angeles County, the Plan will no longer be participating in the Medi-Cal program after June 30, 2013, so HFP enrollees transitioning into this Plan will be in this network only until the end of June. For the purposes of this assessment, the departments have only evaluated the Plan's network in Los Angeles County, as that is the only county in which the Plan participates in the Medi-Cal program. Enrollees in the Plan's HFP network in Sacramento County will be transitioned into a Plan that operates a Medi-Cal dental managed care plan. Plan data indicate the Plan's Los Angeles County Medi-Cal network contains 762 PCDs and 2,114 total providers, whereas the Plan's HFP network contains 1,082 PCDs and 2,998 total providers.

Provider Network Overlap

- ***Primary Care Dentists.*** The Plan indicates that 64% of HFP enrollees will be able to keep their current primary care dentist (PCD) post-transition. Plan data indicate that 98% of Medi-Cal PCDs are currently treating HFP enrollees. According to Plan data, 71% of its providers from both networks will continue to treat HFP enrollees post-transition.
- ***Specialists.*** With regard to specialists, it appears that 71% of HFP dental specialists are in the Medi-Cal network. All specialty types that are available in the HFP network are also available in the Medi-Cal network.

Provider Capacity

- ***Primary Care Dentists.*** Plan data indicate that the Medi-Cal network will have one PCD for every 105 enrollees after the transition. One individual PCD has more than 2,000 combined HFP and Medi-Cal patients and this PCD has indicated that it will continue to see patients post-transition. However, this assignment level reflects the provider's current patient assignment before the transition. For those physicians who are currently contracted in both networks, the total volume of patients will not change when those patients are transitioned into the Medi-Cal program. If enrollees assigned to over-capacity providers have difficulty accessing care, they will be able to choose a new PCD with fewer assigned enrollees. The remaining 761 PCDs in the Plan's Medi-Cal network have adequate capacity to take additional enrollees.
- ***Specialists.*** With regard to specialty care, 21.4% of the Medi-Cal specialists offer a pediatric specialty, which is less than the HFP network. The Medi-Cal network contains fewer dental specialists as the HFP network for all specialty types. The Medi-Cal network offers fewer individual dental specialists than the HFP network in some specialty areas. However, given the actual utilization of these specialty types by HFP and Medi-Cal enrollees, it does not appear that the transition of the HFP enrollees to Medi-Cal will

generate network adequacy concerns in regards to the capacity of or access to dental specialists.

Continuity of Care. The Plan indicates that it is conducting outreach to its providers and facilities to ensure they are prepared for the transition.

Timely Access to Care. The Plan states that its provider contract requires compliance with provider-to-enrollee ratios and the Plan ensures compliance with timely access requirements. The Plan states it will continually monitor patient ratios to evaluate provider compliance.

Assessment. The departments have no concerns about the capacity of the Medi-Cal network in Los Angeles County to accept transitioning HFP enrollees. Although only 71% of enrollees will be able to keep their current PCD post-transition, the Plan has ample providers with capacity to take new patients, so those patients who will have to move to a new PCD will have a variety of available providers from which to choose. With regard to dental specialists, while the Medi-Cal network offers fewer numbers of providers, the network still has an adequate number of providers to meet the expected utilization from the post-transition Medi-Cal population.

Western Dental

Western Dental is a dental managed care plan serving Medi-Cal and HFP enrollees in Sacramento and Los Angeles counties. Currently, Western Dental has appealed the dental contract awards. The appeal is currently underway. Since Sacramento County is set to have new contracts January 1, 2013 and the transition of HFP children is set to begin March 1, 2013, children in Western Dental will need to select a new dental plan if Western Dental is unsuccessful in its appeal.

Provider Network Overlap

- **Los Angeles County.** Plan data indicate the Plan's Medi-Cal network contains 277 PCDs and 442 total providers, whereas the Plan's HFP network contains 433 PCDs and 598 total providers.
 - **Primary Care Dentists.** The Plan indicates that 90% of HFP enrollees will be able to keep their current primary care dentist (PCD) post-transition. Plan data indicate that 62% of Medi-Cal PCDs are currently treating HFP enrollees and 60% of its providers will continue to treat HFP enrollees post-transition.
 - **Specialists.** With regard to specialists, 100% of HFP dental specialists are in the Medi-Cal network. All specialty types that are available in the HFP network are also available in the Medi-Cal network.
- **Sacramento County.** Plan data indicate the Plan's Medi-Cal network contains 84 PCDs and 149 total providers, whereas the Plan's HFP network contains 85 PCDs and 150 total providers.
 - **Primary Care Dentists.** The Plan indicates that 99% of HFP enrollees will be able to keep their current primary care dentist (PCD) post-transition. Plan data indicate that 24% of Medi-Cal PCDs are currently treating HFP enrollees and 99% of its providers will continue to treat HFP enrollees post-transition.
 - **Specialists.** With regard to specialists, it appears that 100% of HFP dental specialists are in the Medi-Cal network. All specialty types that are available in the HFP network are also available in the Medi-Cal network.

Provider Capacity

- **Los Angeles County.**
 - **Primary Care Dentists.** Plan data indicate that the Medi-Cal network will have one PCD for every 215 enrollees after the transition. Eight (8) PCDs have more than 2,000 combined HFP and Medi-Cal patients. These PCDs have indicated that they will continue to see these patients post-transition. However, these assignment levels reflect the providers' current patient assignment before the transition. For those physicians who are currently contracted in both networks, the total volume of patients will not change when those patients in the HFP are

transitioned into the Medi-Cal program. If enrollees assigned to over-capacity providers have difficulty accessing care, they will be able to choose a new PCD with fewer assigned enrollees. The remaining 269 PCDs in the Plan's Medi-Cal network have adequate capacity to take additional enrollees.

- **Specialists.** With regard to specialty care, 27% of Medi-Cal specialists are pediatric specialists, which is the same as the HFP network. The Medi-Cal network contains the same number of dental specialists as the HFP network for all specialty types.

- **Sacramento County.**

- **Primary Care Dentists.** Plan data indicate that the Medi-Cal network will have one PCD for every 722 enrollees after the transition. The Plan data indicates that one PCD has more than 2,000 combined HFP and Medi-Cal patients and this PCD has indicated that it will continue to see these patients post-transition. However, this assignment level reflects the provider's current patient assignment before the transition. For those physicians who are currently contracted in both networks, the total volume of patients will not change when those patients are transitioned into the Medi-Cal program. If enrollees assigned to over-capacity providers have difficulty accessing care, they will be able to choose a new PCD with fewer assigned enrollees. The remaining 83 PCDs in the Plan's Medi-Cal network have adequate capacity to take additional enrollees.
- **Specialists.** With regard to specialty care, 23% of Medi-Cal specialists are pediatric specialists, which is the same as the HFP network. The Medi-Cal network contains the same number of dental specialists as the HFP network for all specialty types.

Continuity of Care. The Plan Has communicated with its providers regarding the potential increase in Medi-Cal enrollment resulting from this transition. The Plan has also engaged in outreach to HFP-only providers to add them in the Medi-Cal network and has added new providers to its network to ensure appropriate capacity for the new enrollment.

Timely Access to Care. The Plan states that it consistently monitors access and availability to care to ensure that timely access requirements are being met.

Assessment. The departments have minor concerns about the adequacy of the Medi-Cal network to receive HFP enrollees. The Plan reports high levels of provider overlap and indicates that very few enrollees will have to change providers. While a few providers are at their capacity limits, the network overall appears to have ample providers with adequate capacity to treat these new enrollees. The departments have followed up with the Plan regarding those providers who are at or nearing capacity.

SECTION V. DENTI-CAL FEE-FOR-SERVICE (DENTI-CAL)

Denti-Cal serves children in all counties with the exception of children residing in Sacramento County and some of Los Angeles County (members residing in Los Angeles County have the option of selecting Denti-Cal or a dental managed care plan). The DHCS oversees the Denti-Cal fee-for-service program; the DMHC does not have jurisdiction over this program.

Provider Network Overlap

The Denti-Cal network contains 15,085 individual providers, whereas the Healthy Families network contains 9,398 individual providers. Data indicate 82% of Healthy Families providers are also enrolled in Denti-Cal. A recent survey of Healthy Families providers indicates that 92.1% of Healthy Families members will continue to receive care from their same provider post-transition.

Provider Capacity

Data indicate that the Denti-Cal network will have no less than one provider per every 903 beneficiaries for all counties with the exception of Alpine and Sierra County. In addition, although Denti-Cal has a sufficient number of enrolled providers in Inyo, Mariposa, and Yuba counties, there are no service offices billing Denti-Cal although there are clinics that provide dental services located in these counties at this time.

- **Alpine County**

Alpine is a rural county with a population of less than 2,000 and there are no licensed dentists registered with the Dental Board; therefore, no dentists within the Denti-Cal nor Healthy Families networks. There are 77 enrolled Denti-Cal providers located in surrounding counties. Denti-Cal claims history indicates beneficiaries residing in this county receive care in counties such as El Dorado, Nevada, and Sacramento.

- **Sierra County**

In Sierra County, Denti-Cal has no providers, whereas Healthy Families has four providers. Sierra County is also a small county with a population of less than 3,500 and has only two providers registered with the Dental Board. Sierra County has one clinic that accepts Medi-Cal patients with the ability to provide dental services. There are 284 enrolled Denti-Cal providers located in surrounding counties. Denti-Cal claims history indicates that beneficiaries residing in this county receive care in counties such as Placer, Plumas, Nevada, El Dorado, and Sacramento.

- **Inyo County**

Denti-Cal has five enrolled providers in Inyo County who provide services to Healthy Families beneficiaries whereas Healthy Families has eight providers and three service offices. Three of these Healthy Families providers are not enrolled in Denti-Cal, however Denti-Cal is actively reaching out to these offices for their enrollment. There

are only six providers registered with the Dental Board not enrolled in Denti-Cal. Inyo County has one clinic that accepts Medi-Cal patients with the ability to provide dental services. There are over 2,700 enrolled Denti-Cal providers located in surrounding counties. Denti-Cal claims history indicates beneficiaries residing in this county receive care in counties such as Kern, Los Angeles, Mono, Orange, Riverside, and San Bernardino.

- **Mariposa County**

Denti-Cal has six enrolled providers in Mariposa County who provide services to Healthy Families beneficiaries whereas Healthy Families has seven providers and two service offices. One of these Healthy Families providers is not enrolled in Denti-Cal, however Denti-Cal is actively reaching out to these offices for their enrollment. There are four providers registered with the Dental Board not enrolled in Denti-Cal. Mariposa County has one clinic that provides dental services and accepts Medi-Cal patients. There are almost 1,800 Denti-Cal providers located in surrounding counties. Denti-Cal claims history indicates beneficiaries residing in this county receive care in counties such as Fresno, Los Angeles, Madera, Merced, Stanislaus, Tulare, and Tuolumne.

- **Yuba County**

Denti-Cal has seven enrolled providers in Yuba County who provide services to Healthy Families beneficiaries whereas Healthy Families has 20 providers and two service offices. Thirteen of these Healthy Families providers are not enrolled in Denti-Cal however Denti-Cal is actively reaching out to these offices for their enrollment. There are ten providers registered with the Dental Board not enrolled in Denti-Cal. Yuba County has three clinics that accept Medi-Cal patients with the ability to provide dental services. There are 664 enrolled Denti-Cal providers located in surrounding counties. There is a Western Dental located in Yuba City (Sutter County) that provides services to many Denti-Cal beneficiaries residing in this county, and claims history indicates beneficiaries also receive care in counties such as Butte, Sutter, Nevada, and Placer.

Continuity of Care

Denti-Cal has launched an extensive outreach campaign which includes call campaigns to all Healthy Families providers not enrolled in Denti-Cal and all recently licensed dentists registered with the Dental Board. The call campaigns were designed to encourage enrollment into the Denti-Cal program and assess possible barriers to care. Denti-Cal is targeting outreach efforts to Alpine, Sierra, Inyo, Mariposa, and Yuba counties, and those with a higher beneficiary to provider ratio; focusing on Healthy Families providers or service offices not enrolled in Denti-Cal and those registered with the Dental Board not enrolled in Denti-Cal. Denti-Cal's provider referral process has been improved with the addition of customer service representatives who will directly contact providers while the beneficiary is still on the phone, thereby helping to ensure access to care. Recently conducted surveys indicate that 86.3% of Denti-Cal providers are

currently accepting new patients and over 1,600 have requested to be added to the referral list. Denti-Cal has updated the provider referral form and streamlined the process in order to increase provider options for beneficiaries. In addition, Denti-Cal has streamlined its provider enrollment process and is closely monitoring the enrollment/disenrollment of providers, specifically Health Families providers, to help continue to ensure network adequacy.

Timely Access to Care

Data indicates that the Denti-Cal network has adequate capacity to provide timely services to all transitioning beneficiaries. To further ensure timely access to care, the DHCS will be reaching out to transitioning families in an effort to assist and educate them regarding quality of and access to care. Denti-Cal will be performing outreach to beneficiaries through a survey, which will assess if they have received services, any barriers to care they experience and how we can help them access services.

Assessment

Based on the data gathered, the DHCS does not have concerns regarding the adequacy of the Denti-Cal network. The current network is sufficient to accommodate the transitioning beneficiaries, as the majority of counties have more than adequate beneficiary to provider ratios. Denti-Cal will continue to monitor network capacity and perform outreach in those areas that show a lower utilization rate to ensure timely access to care throughout the entire transition.

ATTACHMENTS

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

Table A is listing the health plans providing coverage for HFP enrollees and their respective enrollment.

HFP Health Plans	HFP Enrollment Numbers
Alameda Alliance for Health	10,177
Anthem Blue Cross	23,674
CalOptima	35,983
Cal Viva Health Health Plan	14,745
CenCal Health Plan	9,185
Cental California Alliance for Health	23,687
Community Health Group	23,824
Contra Costa Health Plan	4,752
Health Net	86,424
Health Plan of San Mateo	6,028
Inland Empire Health Plan	56,797
Kaiser Foundation Health Plan	25,525
Kern Health System	10,669
L.A. Care	11,323
Molina Health Plan of California	24,832
Partnership Health Plan	2,345
San Francisco Health Plan	7,166
Santa Clara Family Health	6,934

ATTACHMENT 2 - COUNTIES TRANSITIONING JANUARY 1, 2013

Counties Transitioning on January 1, 2013		
County	Health Plan	Enrollment
Alameda	Alameda Alliance for Health	10,177
	Anthem Blue Cross	805
Riverside	Inland Empire Health Plan	31,803
	Molina Health Plan of California	5,395
San Bernardino	Inland Empire Health Plan	24,994
	Molina Health Plan of California	4,392
San Francisco	San Francisco Health Plan	7,166
	Anthem Blue Cross	221
Santa Clara	Santa Clara Family Health	16,934
	Anthem Blue Cross	4,670
Orange	CalOptima	35,983
San Mateo	Health Plan of San Mateo	6,028
San Diego	Community Health Group	23,824
	Kaiser Foundation Health Plan	11,967
	Molina Health Plan of California	13,606

ATTACHMENT 3 - COUNTIES TRANSITIONING MARCH 1, 2013

Counties Transitioning on March 1, 2013		
County	Health Plan	Enrollment
Contra Costa	Contra Costa Health Plan	4,752
	Anthem Blue Cross	606
Fresno	CalViva Health	13,351
	Anthem Blue Cross	1,350
Kern	Kern Family Health	10,669
	Heath Net	5,056
Kings	CalViva Health	541
	Anthem Blue Cross	2,966
Los Angeles	LA Care	11,323
	Health Net	56,856
Madera	CalViva Health	853
	Anthem Blue Cross	2,573
Tulare	Anthem Blue Cross	9,097
	Health Net	3,026
Sacramento	Anthem Blue Cross	1,386
	Health Net	11,075
	Kaiser Foundation Health Plan	13,568
	Molina Health Plan of California	1,449
Napa	Partnership Health Plan	138
Solano		859
Sonoma		528
Yolo		820
Monterey	Central California Alliance for Health	18,856
Santa Cruz		4,831
Santa Barbara	CenCal Health Plan	7,764
San Luis Obispo		1,421
San Diego		10,411

ATTACHMENT 4 – DATA REQUESTED FROM THE HEALTH PLANS

Dear Plan Partner-

The Department of Health Care Services (DHCS) and the Department of Managed Health Care (DMHC) will be conducting a joint review of your current Medi-Cal provider network in order to assess Medi-Cal managed care health plan network adequacy for the upcoming transition of Healthy Families Program (HFP) beneficiaries into Medi-Cal managed care, in accordance with the legal requirements as stated in Welfare and Institutions Code Section 14005.27(e)(9) (added as part of AB1494, SEC. 11), and the Knox-Keene Health Care Service Plan Act of 1975 (Chapter 2.2 commencing with Section 1340 of Division 2 of the Health and Safety Code).

The transition of HFP beneficiaries into Medi-Cal managed care plans (Plans) will begin no earlier than January 1, 2013. The DHCS and the DMHC must assess each Plan's provider network and present its findings to the California State Legislature 60 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 September 14, 2012**. Information responsive to this request should be for **Phase 1 only, the January 1, 2013 transition**. Subsequent Phases will get separate data requests as appropriate.

In **Attachment A**, the Plan is required to provide a detailed response to qualitative network questions addressing how the Plan is preparing for the HFP transition in accordance with legislative requirements.

Attachment B is a provider network assessment workbook containing several spreadsheets that the Plan is required to complete. The Plan is required to submit a **separate workbook, including all spreadsheets, for each county** that is part of the Phase 1 transition. The provider network assessment workbook has two major components:

- 1) The first three tabs are for Plans to list each PCP, Specialist, and Physician Extender within their Medi-Cal provider network. Please follow the instructions at the top of each provider table on how to list physicians who practice at multiple locations. Be sure to report only those providers who are directly contracted with the Plan, or who are in a provider group that directly contracts with the Plan, or who are otherwise included in the Plan's provider network separate from a relationship with a subcontracting health plan. Do not include providers that are available in the Plan's network only as a result of a subcontracting health plan.
- 2) The last tab is a data summary request. Plans must provide summary data regarding the number and type of providers, the number of HFP beneficiaries who will be transitioning, and a breakdown of how many of these beneficiaries will not be able to keep their current Primary Care Provider. Again, do not include providers that are only available in the Plan's network as a result of a subcontracting health plan.

Please submit the requested information to the DMHC through its e-filing portal by **September 14, 2012**. When submitting, please file this as an Amendment with the 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 1 Healthy Families Program transition to Medi-Cal managed care network adequacy data elements." This will allow the DMHC to effectively track related filings. The DMHC will share this information with the DHCS.

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

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

If you have questions for the DMHC regarding this request, please contact Gary Baldwin at 916.324.2560 or gbaldwin@dmhc.ca.gov.

Sincerely,

Javier Portela
Branch Chief
Department of Health Care Services

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

ATTACHMENT 4 – DATA REQUESTED FROM HEALTH PLANS

Qualitative Data Elements

As required by law, the Department of Health Care Services and the Department of Managed Health Care are assessing the ability of Medi-Cal managed care plans to provide adequate provider networks and continuity of care to current Healthy Families Program (HFP) members who will be transitioned to Medi-Cal Managed Care starting in January 2013. Please provide clear and detailed explanatory answers to the following questions with regard to Phase 1 of the transition:

Continuity of Care

1. For the HFP members who will have to change PCPs or specialists as a result of the transition, what steps will the health plan take to preserve continuity of care to ensure a smooth transition? Please describe the Plan's transition process relating to continuity of care, including communications to members and providers.
2. Please describe how the Plan will ensure access to specialist(s) and prescription medication so that there is no disruption in services.
3. Please describe the Plan's outreach and communication that explains the PCP reassignment process to enrollees.
4. What efforts has the Plan made to contract with HFP providers who are not currently in the Plan's Medi-Cal network?
5. Has the Plan taken any steps to review its out-of-network authorization process to ensure that, under circumstances where a patient cannot be transitioned to a new provider, the Plan is able to preserve continuity of care for transitioning HFP members whose treating providers are not in the Plan's network?
6. What steps has the Plan taken to ensure that individuals moving to new providers as a result of the Healthy Families transition will have timely access to their new provider and will not have a disruption in services?
7. Has the Plan made any changes in its network to ensure there are no disruptions in services as a result of the transition?
8. Has the Plan made any administrative changes to ensure there are no disruptions in services as a result of the transition (e.g. care management staff, expedited utilization management services, etc.)?

Provider Network Availability

9. What steps has the Plan taken to evaluate whether its current Medi-Cal contracted providers will continue to contract and treat the Medi-Cal enrollees after the transition of HFP enrollees?
10. What steps has the Plan taken to evaluate whether its current Medi-Cal contracted provider groups will remain financially solvent with the addition of HFP lives into the Medi-Cal product?
11. Please identify the patient age ranges accepted by each of the Plan's PCP specialty types (i.e. pediatrics, family practice, OB/GYN, general practice, or internal medicine).

ATTACHMENT 4 – DATA REQUESTED FROM HEALTH PLANS

Primary Care Providers												
Plan:												
Country:												

Instructions: Please list all Healthy Families and Medi-Cal providers serving as a Primary Care Provider in the Plan's network for this county. Do not include providers who are only available in the Plan's network as a result of a subcontracting health plan. For providers operating in multiple locations or for multiple groups, please list the provider a separate time for each location or group (see examples in blue cells below). In cases of multiple locations or multiple groups, provide the data requested in the yellow columns only once and place an asterisk (*) in the yellow columns for subsequent locations and groups.

NP#	Provider Last Name	Provider First Name	Title	PCP type (Pediatric n,OB/GYN, Family Practitioner, General Practitioner, Internal Medicine, or Other)	Total Number of Physicians Supervised by This Physician Extenders	Provider Group Association	Address	City	Zip	Phone	Medi-Cal Provider	HF Provider	Number of Members this Physician Will Accept by this PCP?	Current Number of Members Assigned to those a physician supervised by this PCP?	Total Number of Additional Members That Can Be Assigned to This Provider	Current Number of Healthy Families Members Assigned	Will This Provider Continue to Treat Healthy Families Members That Are Currently Assigned Once Those Members Are Transferred to Medi-Cal?	Not Accepting New Medi-Cal Members Other than Those Identified in the Previous Column	
*****	Jones	Mary	M.D.	OB/GYN	3	Hills Physicians	1234 Late View Dr	Sacramento	95829	(xx) xxx-xxxx	X		2000	500	1500	0	Y		
*****	Jones	Mary	M.D.	OB/GYN	3	Apple Care	1234 Late View Dr	Sacramento	95829	(xx) xxx-xxxx	X		*	*	*	*	*		*
*****	Smith	John	M.D.	Pediatrician	1		1234 Olive St.	Sacramento	95829	(xx) xxx-xxxx	X	X	2000	1000	1000	20	N		X
*****	Smith	John	M.D.	Pediatrician	1		5678 Main St.	Sacramento	95829	(xx) xxx-xxxx	X	X	*	*	*	*	*		*

ATTACHMENT 4 – DATA REQUESTED FROM HEALTH PLANS

Physician Extenders																				
Plan:																				
County:																				

Instructions: Please list all Healthy Families and Medi-Cal providers serving as physician extenders in the Plan's network for this county. Do not include providers who are only available in the Plan's network as a result of a subcontracting health plan. For physician extenders operating in multiple locations, please list the physician extenders a separate time for each location (see example below). If physician extender serves multiple physicians, please make a separate entry for each supervising physician. In cases of multiple locations, provide the data requested in the yellow column only once and place an asterisk (*) in the yellow column for subsequent locations.

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

ATTACHMENT 4 – DATA REQUESTED FROM HEALTH PLANS

Plan:				
County:				
<i>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 into the Plan's Medi-Cal product during Phase 1. Do not include data for providers who are available in the Plan's network only as a result of a subcontracting health plan.</i>				
1. Provide the total number of enrollees who will be transitioning from Healthy Families into Medi-Cal:				
2. Provide both the total number and percentage of enrollees who will be able to keep their current PCP when transitioning from Healthy Families into Medi-Cal:				
				%
3. For the enrollees who will not be able to keep their current PCP, please fill out the table below.				
PCP Type (include all PCP types used by the Plan in this County. Add or delete PCP types as necessary.)	By PCP type, provide the total number of Healthy Families enrollees that will be unable to keep their current PCP after the transition to Medi-Cal.	By PCP type, provide the total number of PCPs who are accepting new Medi-Cal patients resulting from the Healthy Families transition.	Provide the average number of enrollees each PCP type will have to accept as part of the transition. (Column 2 divided by column 3).	
<i>Example:</i>				
Family Practice	100	25	4 (100 ÷ 25 = 4)	
Family Practice				
OB-GYN				
Pediatrics				
Internal Medicine				
General Practice				
4. Please complete the following chart to indicate the total number of specialty types and specialists available in the Identified Plan's Medi-Cal and Healthy Families networks:				

ATTACHMENT B – PROVIDER NETWORK ASSESSMENT

Specialty types available in the Plan’s network	For each specialty type, indicate the total number of providers in the Plan’s Healthy Families network	For each specialty type, indicate the total number of providers in the Plan’s Medi-Cal network	By specialty type, provide the total number of Healthy Families enrollees that have accessed that specialty type in the past 12 months.	By specialty type, provide the total number of Medi-Cal enrollees that have accessed that specialty type in the past 12 months.
Example				
<i>Allergist</i>	12	10	215	125
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 5 - DATA REQUESTED FROM THE DENTAL PLANS

Dear Dental Plan Partner:

The Department of Health Care Services (DHCS) and the Department of Managed Health Care (DMHC) will be conducting a joint review of your current Medi-Cal dental provider network in order to assess Medi-Cal managed care health plan network adequacy for the upcoming transition of Healthy Families Program (HFP) beneficiaries into Medi-Cal managed care, in accordance with the legal requirements as stated in Welfare and Institutions Code section 14005.27(e)(9) (added as part of AB 1494, 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 transition of HFP beneficiaries into Medi-Cal dental managed care plans (Plans) will begin no earlier than January 1, 2013. The DHCS and the DMHC must assess each Plan's provider network and present its findings to the California State Legislature 60 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 September 14, 2012**.

In **Attachment A**, the Plan is required to provide a detailed response to qualitative network questions addressing how the Plan is preparing for the HFP transition in accordance with legislative requirements.

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

- 1) The first two tabs are for Plans to list each primary care dentist (PCD) and Specialist within their Medi-Cal dental provider network. Please follow the instructions at the top of each provider table on how to list providers who practice at multiple locations.
- 2) The last tab is a data summary request. Plans will provide summary data regarding primary and specialist dental providers, the number of HFP beneficiaries who will be transitioning, and a breakdown of how many of these beneficiaries will not be able to keep their current PCD.

Please submit the requested information to the DMHC through its e-filing portal by **September 14, 2012**. When submitting, please file this as an Amendment with the 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 "Healthy Families Program transition to Medi-Cal

managed care dental network adequacy data elements.” This will allow the DMHC to effectively track related filings. The DMHC will share this information with the DHCS.

Both the DHCS and the DMHC look forward to receiving Plan submissions as we work toward assessing whether Medi-Cal dental managed care plan provider networks will continue to provide quality access and care to Medi-Cal beneficiaries, both present and future.

If you have any questions for the DHCS regarding this request, please contact Alisha Sipin at 916.464.0373 or dentalmanagedcare@dhcs.ca.gov.

If you have questions for the DMHC regarding this request, please contact Gary Baldwin at 916.324.2560 or gbaldwin@dmhc.ca.gov.

Sincerely,

Alisha Sipin
Chief, Dental Managed Care Contracts & Analysis Unit
Department of Health Care Services

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

ATTACHMENT 5 - DATA REQUESTED FROM THE DENTAL PLANS

Qualitative Data Elements

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

1. What steps has the Plan taken to prepare its Medi-Cal dental network for the additional enrollment it will receive as part of the Healthy Families Program (“HFP”) transition?
2. What efforts has the Plan made to contract with HFP dental providers who are not currently in the Plan’s Medi-Cal dental network?
3. What steps has the Plan taken to evaluate whether its current Medi-Cal contracted dental providers will continue to contract with the Plan and treat Medi-Cal enrollees after the transition of HFP enrollees?
4. What steps has the Plan taken to ensure that individuals moving to new dental providers as a result of the Healthy Families transition will have timely access to their new provider and will not have a disruption in services?
5. Has the Plan made any changes in its dental network to ensure there are no disruptions in services as a result of the transition?
6. Has the Plan made any administrative changes to ensure there are no disruptions in services as a result of the transition (e.g. care management staff, expedited utilization management services, etc.)?

ATTACHMENT 5 - DATA REQUESTED FROM THE DENTAL PLANS

Specialist Providers

Plan:

County:

Instructions: Please list all Healthy Families and Medi-Cal providers serving as dental specialists in the Plan's network for this county. For providers operating in multiple locations, please list the provider an additional time to indicate the different location (see examples in blue below).

NP#	Provider Last Name	Provider First Name	Title	Primary Specialty / Type	Secondary Specialty/Type	Pediatric Specialist (Y/N)	Address	City	Zip	Phone	Medi-Cal Provider	HF Provider
*****	Jones	Mary	D.D.S.	Periodontist		N	1234 Lake View Dr.	Sacramento	95829	(xxx) xxx-xxxx	X	
*****	Smith	John	D.D.S.	orthodontist		Y	1234 Olive St.	Sacramento	95829	(xxx) xxx-xxxx	X	X
*****	Smith	John	D.D.S.	orthodontist		Y	5678 Main St.	Sacramento	95829	(xxx) xxx-xxxx	X	X

ATTACHMENT 5 - DATA REQUESTED FROM THE DENTAL PLANS

Plan:						
County:						
<p>Instructions: Please complete the following data requests with regard to the transition from the Healthy Families Program to Medi-Cal.</p>						
<p>1. Please indicate the total number of enrollees who will be transitioning from the Identified Plan's Healthy Families dental product into the Identified Plan's Medi-Cal dental managed care product:</p>						
<p>2. Provide both the total number and percentage of enrollees who will be able to keep their current primary care dentist ("PCD") when transitioning from the Identified Plan's Healthy Families dental product into its Medi-Cal dental product:</p>						
%						
<p>3. Please list the total number of PCDs available in the Plan's Healthy Families dental network and the total number of PCDs available in the Plan's Medi-Cal dental network.</p>						
					(Healthy Families PCDs)	
					(Medi-Cal PCDs)	
<p>4. Please list the total number of PCDs in the Plan's Medi-Cal dental network that are accepting new Medi-Cal patients resulting from the Healthy Families transition:</p>						
<p>5. Please complete the following chart related to dental specialist availability and use:</p>						
Dental Specialty types available in the Plan's dental network	For each specialty type, indicate the total number of providers in the Plan's Healthy Families dental network	For each specialty type, indicate the total number of providers in the Plan's Medi-Cal dental network	By specialty type, provide the total number of Healthy Families enrollees that have accessed that specialty type in the past 12 months.	By specialty type, provide the total number of Medi-Cal enrollees that have accessed that specialty type in the past 12 months.		
<i>Example:</i> Pedodontist	12	10	215	125		
Oral Surgeon						
Orthodontist						
Periodontist						
Pedodontist						
<i>Add in additional rows for other specialty types provided by the Plan including any pediatric sub-specialists.</i>						

ATTACHMENT 6 – SUMMARY NETWORK ASSESSMENT DATA

County	Medi-Cal PCP to enrollee ratio post-transition (1:___)	Medi-Cal Physician to enrollee ratio post-transition	Total Number of PCPs in the Medi-Cal network	Total Number of Physicians in the Medi-Cal Network	Total Number of PCPs in the Healthy Families Network	Total Number of Physicians in the Healthy Families Network	% of PCPs that will continue to see Healthy Families Members Post-Transition	% of PCPs Not Accepting New Patients	% of HFP Enrollees Who Will Keep Their PCP Post-Transition
Alameda	291	32	475	4295	479	4079	100	0	100
Alameda	126	24	274	1458	281	1320	93	8	97.3
Contra Costa	156	31	88	449	100	423	81	10	85.7
Fresno	319	65	236	1158	238	1065	99	12	99.2
Kings	220	62	50	176	47	147	96	4	90 (does not include EPO enrollees not assigned to a PCP)
Madera	255	34	43	323	40	298	93	12	100 (does not include EPO enrollees not assigned to a PCP)
Sacramento	418	55	239	1819	220	1293	97	42	99.4
San Francisco	38	4	387	3425	355	3270	99	5	99
Santa Clara	136	26	308	1603	322	1185	99	44	93.2
Tulare	459	140	151	497	91	249	91	0.7	82.4 (does not include EPO enrollees not assigned to a PCP)
Fresno	519	150	331	1146	385	1149	Not available	81	Not available
Kings	161	70	93	213	114	231	Not available	97	Not available
Madera	273	62	75	329	74	240	Not available	84	Not available
Orange	207	96	2006	4319	1032	2494	91	24	98.8
San Luis Obispo	Not available	Not available	59 (combined individual providers and clinics)	721 (combined individual providers and clinics)	62 (combined individual providers and clinics)	724 (combined individual providers and clinics)	87	47	94
Santa Barbara	Not available	Not available	59 (combined individual providers and clinics)	721 (combined individual providers and clinics)	62 (combined individual providers and clinics)	724 (combined individual providers and clinics)	87	47	94
Monterey	316	143	295	652	310	657	96	39	95
Santa Cruz	182	74	217	536	216	527	99	71	97
San Diego	320	60	461	2468	370	2109	95	15	99
Contra Costa	361	53	228	1561	228	1561	100	37	100
Kern	278	98	176	499	335	643	Not available	74	Not available
Los Angeles	197	67	2794	8163	8149	13,397	Not available	74	Not available
Sacramento	305	40	265	2011	529	1857	Not available	51	Not available
San Diego	113	16	413	2836	539	2944	Not available	65	Not available
Tulare	269	111	200	485	261	528	Not available	95	Not available
San Mateo	68	20	975	3406	817	2964	80	38 (individual PCPs), 27 (clinics)	98
Riverside	746	264	359	1015	354	1010	100	17	100
San Bernardino	611	208	488	1436	477	1425	98	17	100
Sacramento	Not available	Not available	510	1025	510	1025	Not available	Not Available	100
San Diego	Not available	Not available	445	803	445	803	Not available	Not Available	100
Kern	698	166	182	765	182	765	99	4	99.8
Los Angeles	502	235	2028	4334	1731	3934	99.8	9	99
Riverside	128	40	332	1063	341	1035	97	9	94.1
Sacramento	290	76	126	482	126	475	100	2	100
San Bernardino	160	41	360	1394	360	1184	100	11	100
San Diego	127	45	666	1858	673	1860	99	10	99.9
Napa	711	150	20	95	20	95	100	0	100
Solano	602	109	101	558	101	558	100	83% (individual PCPs), 47% (clinics)	100
Sonoma	415	128	130	422	131	423	100	(individual PCPs), 57% (clinics)	98
Yolo	337	63	82	439	82	439	100	75% (individual PCPs), 30% (clinics)	100
San Francisco	105	21	613	3139	517	3042	100	47	100
Santa Clara	234	51	570	2601	569	2591	100	60	99

ATTACHMENT 6 – SUMMARY DENTAL NETWORK ASSESSMENT DATA

Plan	County	Total Medi-Cal PCD's	Total Medi-Cal Providers	PCD to enrollee ratio	Total HFP PCDs	Total HFP Providers	% HFP Enrollees Who Will Keep Their PCD Post-Transition
Access	Los Angeles	614	1843	251	732	1840	88.4
Access	Sacramento	61	132	665	132	269	81.5
Care 1st	Los Angeles	117	1365	91			
Health Net	Los Angeles	585	1833	139	1062	2310	76
Health Net	Sacramento	39	237	665	138	336	61
Liberty	Los Angeles	373	1621	35			
Liberty	Sacramento	44	242	580			
Safeguard	Los Angeles	762	2114	105	1082	2998	64
Western	Los Angeles	277	442	215	433	598	90
Western	Sacramento	84	149	722	85	150	99