



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

**NETWORK ADEQUACY ASSESSMENT REPORT
FIRST ADDENDUM TO PHASE 1**

January 1, 2013

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

HEALTHY FAMILIES PROGRAM TRANSITION TO MEDI-CAL NETWORK ASSESSMENT – FIRST ADDENDUM TO PHASE 1

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PHASE 1 HEALTHY FAMILIES TRANSITION TO MEDI-CAL NETWORK ASSESSMENT

ADDENDUM

I. Introduction

On November 1, 2012, the Department of Health Care Services (DHCS) and the Department of Managed Health Care (DMHC) (hereinafter “the departments”) presented the “Healthy Families Program Transition to Medi-Cal – Network Adequacy Assessment Report – Phase 1” (hereinafter “Phase 1 Assessment”) to the state Legislature and the public at large. This Addendum clarifies certain items included in the Phase 1 Assessment, including a detailed description of physician extenders, discussion of the impact of new provider reimbursement rates, updated information on Dental Managed Care for Sacramento County, strategies for ongoing monitoring, and efforts to notify enrollees regarding provider changes. This Addendum also provides new information from the Phase 1 plans related to concerns identified in the Phase 1 Assessment. The plans responded to the departments’ concerns involving geographic access, provider assignments, missing specialty types, and capacity for new members. The departments describe the follow-up questions sent to the plans, a summary of the plans’ responses, and the departments’ assessment of those responses. The departments separately address those plans that were identified as requiring a re-assessment prior to transition. Finally, the departments have included a section that provides corrections to the Phase 1 Assessment.

II. Physician extenders

Under the health plans’ contracts with DHCS, plans must ensure provider networks continuously meet a provider to member ratio, utilizing a combination of primary care physician (PCP) and non-physician medical practitioners, of one PCP to every 2000 members and/or one physician extender per 1000 members.. The DHCS defines non-physician medical practitioners (aka “physician extender”) as nurse practitioners, physician assistants, and nurse midwives. The DHCS requires physician extenders to be supervised by a physician and places limits on how many physician extenders a physician may supervise. A physician may supervise four nurse practitioners, two physician assistants, three nurse midwives, or a combination of four physician extenders, but may not exceed three nurse midwives or two physician assistants.

III. Provider Reimbursement Rates

The DHCS communicated the reimbursement rates for 2013 to health plans 60 days in advance of January 1, 2013. At this time, the Plans have not reported any changes to their Phase 1 provider networks as a result of the rate change. The DMHC receives notice of provider group

terminations via its block transfer process.¹ As of the date of publication of this Addendum, the DMHC has received notice of three provider group contract terminations involving Medi-Cal health plans. None of these terminations appear to be related to changes in the Medi-Cal provider reimbursement rate.

IV. Phase 1 Health Plan Re-Assessments

The departments have gathered updated information regarding the networks that raised significant concerns in the Phase 1 Assessment and therefore required re-assessment prior to transition. The following sections describe the status of each of those networks requiring re-assessment.

A. Health Net of California

According to the departments' assessment, Health Net's networks could not be fully evaluated in the Phase 1 network assessment and, as a result, the departments recommended delaying the transition of Health Net Healthy Families Program (HFP) enrollees into Medi-Cal until Part B of Phase 1, currently scheduled for March 1, 2013. The departments indicated they would conduct a complete reassessment of Health Net's networks for all Phase 1 counties prior to the transition. While the Plan has been providing continual updates to the departments regarding its progress in obtaining new Medi-Cal providers, the Plan has indicated that it does not expect to finalize which providers will participate in its Medi-Cal network until the end of December 2012. As a result, the departments will not be able to complete a full network re-assessment prior to January 1, 2013. Given this timeframe, the departments will not be able to re-assess the network in time to determine network adequacy for a March 1, 2013, transition date. DHCS will not send a notice to Health Net Healthy Families enrollees 60 days in advance of March 1, 2013. Therefore, the departments intend to delay the transition of Health Net Healthy Families members into Medi-Cal until Phase 1, Part C, scheduled for April 1, 2013. The departments do not intend to transition Healthy Families enrollees into the Health Net Medi-Cal network until the Plan alleviates the departments' concerns.

For the Phase 1 counties in which Health Net participates, the departments have determined that the other participating health plans in these counties have sufficient capacity within their Medi-Cal networks to serve the Healthy Families population. If Health Net's network continues to raise continuity of care concerns, DHCS may provide Health Net members in Phase 1 who cannot remain with their PCP the choice to select a new plan and provider, rather than being auto-assigned into Health Net.

¹ Pursuant to Health & Safety Code § 1373.65 and California Code of Regulations, title 28, § 1300.67.1.3, a health plan must submit to the DMHC a filing for approval regarding a contract termination with a provider group resulting in the transfer of 2,000 from the terminated provider group.

B. 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 Healthy Families line of business but, because it utilizes Health Net's Medi-Cal network and Health Net maintains a Healthy Families line of business in these counties, Cal Viva was included in Phase 1 of the transition. As with Health Net, Cal Viva was unable to provide some key pieces of data for the network assessment. In the Phase 1 Assessment, the departments recommended delaying the Healthy Families transition for this plan until Phase 1, Part B, so that the departments would have an opportunity to receive updated data from the Plan and conduct a full and complete review of the networks.

Upon further review, the DHCS has decided to move the transition of Healthy Families members in Cal Viva to Phase 2. The DHCS believes that Cal Viva is more similar to a Phase 2 plan with regard to the impact on the network because it contracts with Health Net, an HFP plan in Fresno, Kings, and Madera counties, to administer its Medi-Cal plan.

In the Phase 1 Assessment, the departments noted some concerns about the adequacy of the Cal Viva network to provide care for transitioning Healthy Families enrollees. The departments have conducted follow-up with the Plan and the results of that follow-up are included in the Phase 2 Network Adequacy Assessment.

C. Anthem Blue Cross – Tulare County²

In the Phase 1 Assessment, the departments identified significant concerns with the Anthem Blue Cross network in Tulare County. These concerns related to the fact that most Healthy Families enrollees were in the Plan's EPO product and therefore did not have assigned PCPs through which the enrollees could be linked to the Medi-Cal product line. Furthermore, the Plan's Healthy Families network in Tulare County had a low rate of overlap with the Plan's Medi-Cal network in this county. At the time of the Phase 1 assessment, the Plan indicated it was in the process of negotiating Medi-Cal contracts with its Healthy Families providers. The Plan has subsequently provided the departments with updated network data and the departments have re-assessed the network as follows:

Provider Overlap

- **Primary Care Physicians.** The Plan indicates that 51 out of 52 HFP enrollees (98%) who are assigned to a PCP will be able to keep their current PCPs; however 9,194 HFP enrollees (99%) are not assigned to a PCP. According to the Plan, for those HFP enrollees that are not assigned to a PCP, 6,182 enrollees had claims data that matched a

² Information related to concerns with all other Anthem Blue Cross networks is reported in Section V. of this Addendum.

PCP available in the Medi-Cal network,³ therefore 67% of the transitioning HFP enrollees who are not assigned to a PCP will be able to continue seeing a PCP who previously delivered care to them. Plan data indicate that 97% of its providers who currently participate in both the HFP and Medi-Cal networks will continue seeing their HFP patients post-transition. With regard to PCPs in the HFP network who treat children, 88% of HFP pediatricians are in the Medi-Cal network, 100% of HFP OB/GYNs are in the Medi-Cal network, 85% of HFP family practitioners are in the Medi-Cal network, and 100% of HFP general practitioners are in the Medi-Cal network. Due to the high percentage of overlap between the Plan's HFP and Medi-Cal networks, the 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, 76% 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 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 11% of the Plan's HFP specialist network).

Provider Network Capacity

The Plan's Medi-Cal network in Tulare County contains 171 PCPs and 490 total physicians, whereas the Plan's HFP network in Tulare County contains 95 PCPs and 278 total physicians.

- **Primary Care Providers.** Plan data indicate that the Medi-Cal network will have one PCP for every 410 enrollees after the transition and one physician overall for every 142 enrollees after the transition. Two (2) PCPs in the Plan's Medi-Cal network will have more than 2,000 enrollees assigned post-transition and do not utilize physician extenders. The Plan has stated that these providers are closed to new enrollment and these providers will continue to treat the HFP enrollees who are already assigned to them. 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 providers have difficulty accessing care, they will be able to choose a new PCP, at any time, with fewer assigned enrollees. Ninety eight (98) percent of the PCPs in the network appear to have adequate capacity to continue accepting new Medi-Cal patients. The Plan data indicate that 2% 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.

³ The Plan indicates that in Tulare County, 2,359 members did not have claims data and 677 members had claims data but their claims did not match a provider in the Medi-Cal network.

Assessment

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 updated network data shows that 98% of the network's providers have capacity to take on new patients and that the 2% not accepting new Medi-Cal patients will continue to treat their HFP enrollees. The updated network data also indicate that the Tulare County Medi-Cal network has a high provider overlap with the HFP network and that a large percentage of unassigned HFP enrollees will have access to a PCP from whom they have previously sought treatment. Due to the nature of the HFP EPO product, there are still about 33% of HFP enrollees for whom the Plan cannot connect the enrollee to a treating PCP. While this raises some concerns about continued access to their PCP for these members, the high rate of network overlap suggests that a large number of HFP enrollees will be able to continue seeing their treating providers. Furthermore, the Plan's contract with the Medi-Cal program requires the Plan to allow an HFP enrollee to continue seeing an out-of-network PCP for up to 12 months, if the PCP is willing to accept the Medi-Cal rate. This provision should help to ensure access to their PCP for the HFP enrollees transitioning into Medi-Cal. Based on this re-assessment and the data provided by the Plan, the departments believe the Plan's HFP enrollees in Tulare County can transition on March 1, 2013 as scheduled.

V. Health Plan Response to Departmental Follow-Up Inquiries

As described in the Phase 1 Assessment, the departments identified areas of concern with certain plans' networks and conducted follow-up. For each plan listed below, the departments have repeated the inquiry posed to the health plan, summarized the health plan response, and provided their assessment of the plan's response.

A. Full Service Plans

Anthem Blue Cross

Contra Costa County

Inquiry: Data submitted by the Plan for Contra Costa County indicate that the HFP network has PCPs available in Danville and Orinda, but the Medi-Cal network does not. Please describe how the Plan is ensuring that HFP enrollees who are currently assigned to PCPs in these cities can access a PCP within 10 miles/30 minutes of their residence after they transition into the Medi-Cal program. Furthermore, please describe what efforts the Plan will make to ensure that new Medi-Cal enrollees residing in these cities will have adequate geographic access to a PCP.

- **Plan Response:** The Plan has Medi-Cal agreements with three providers in the city of Danville. Enrollees in Orinda may access primary care services in Alameda County, which is approximately 9 miles and 13 minutes from Orinda. Additionally, according to the Plan's contract with DHCS, the Plan will allow transitioning HFP enrollees to

continue seeing a non-network treating provider for up to 12 months in the event the PCP does not join the Plan's network, as long as the provider will accept the Medi-Cal rate.

- **Assessment:** The Plan's response indicates that there are providers who are geographically accessible to members residing in Danville and Orinda, therefore, the Plan's response adequately addresses the departments' concerns about geographic accessibility in these areas.

Fresno County

Inquiry: *Plan data for Fresno County indicate that two PCPs have more than 2,000 combined HFP and Medi-Cal patients assigned and do not utilize physician extenders to expand their capacity. Please describe how the Plan monitors patient assignment to ensure that providers are not exceeding their capacity. For providers that have exceeded their capacity, please explain what steps the Plan takes to ensure that patients assigned to these providers have adequate access to care.*

- **Plan Response:** The Plan indicates that the two providers identified by the departments as having more than 2,000 patients assigned each have physician extenders to expand the capacity of those providers.
- **Assessment:** The information provided by the Plan indicates that the providers identified by the departments have appropriate physician extenders to handle the additional capacity, therefore the departments' concerns have been adequately addressed.

Sacramento County

Inquiry: *Plan data for Sacramento County indicate that 15 PCPs have more than 2,000 combined HFP and Medi-Cal patients assigned and do not utilize physician extenders to expand their capacity. Please describe how the Plan monitors patient assignment to ensure that providers are not exceeding their capacity. For providers that have exceeded their capacity, please explain what steps the Plan takes to ensure that patients assigned to these providers have adequate access to care.*

- **Response:** The plan states that eleven of the providers identified by the departments currently have member panels that are less than 2,000 members. According to the Plan, the panel sizes for these providers decreased between the time the Plan submitted its Phase 1 data (October 1, 2012) and the time the Plan responded to the departments' comments (December 3, 2012). The four remaining PCPs either participate in practices that employ additional physicians to assist with the assigned enrollees or employ physician extenders to expand capacity.
- **Assessment:** The information provided by the Plan indicates that the majority of the providers identified by the departments no longer have more than 2,000 patients assigned. The remaining providers identified by the departments have appropriate physician extenders or partner physicians to handle the additional capacity; therefore the departments' concerns have been adequately addressed.

Inquiry: Data submitted by the Plan in this filing indicate that the HFP network has PCPs available in Orangevale, but the Medi-Cal network does not. Please describe how the Plan is ensuring that HFP enrollees who are currently assigned to PCPs in this city can access a PCP within 10 miles/30 minutes of their residence after they transition into the Medi-Cal program. Furthermore, please describe what efforts the Plan will make to ensure that new Medi-Cal enrollees residing in this city will have adequate geographic access to a PCP.

- **Plan Response:** The Plan received confirmation on November 30, 2012, that the PCP in Orangevale who has been treating HFP enrollees will enter into a Medi-Cal agreement with the Plan. The Plan also states that it continually monitors network adequacy in accordance with its policies and procedures and engages in corrective action if a network deficiency is identified.
- **Assessment:** The addition of the HFP PCP in Orangevale to the Plan's network adequately addresses the departments' concerns regarding access to care for enrollees residing in that city.

Madera County

Inquiry: Plan data for Madera County indicate that the HFP network includes nuclear medicine and orthopedic hand surgery specialists, but the Plan's Medi-Cal network does not include these specialty types. Please explain how the Plan will ensure access to these specialty types for HFP enrollees transitioning into Medi-Cal and for new Medi-Cal enrollees.

- **Plan Response:** The Plan has Medi-Cal contracts with three nuclear medicine specialists in the county and their information is in the process of being loaded to the Plan's provider databases. The Plan also has Medi-Cal agreements with two orthopedic hand surgeons. Plastic surgeons are also available to repair complicated hand injuries.
- **Assessment:** The Plan's active Medi-Cal contracts with nuclear medicine specialists, orthopedic hand surgeons, and plastic surgeons adequately addresses the departments' concerns.

Santa Clara County

Inquiry: Plan data for Santa Clara County indicate that 43% of Medi-Cal PCPs are not accepting new Medi-Cal patients other than HFP enrollees transitioning into Medi-Cal. Please explain how the Plan is ensuring that new Medi-Cal members have an adequate number of primary care providers available to them such that these patients have adequate access to care.

- **Plan Response:** As of November 26, 2012, 58 PCPs have been re-credentialed and are now identified as contracting providers who are accepting new patients. The Plan is in the process of re-credentialing 142 remaining PCPs and expects to complete this process on or about January 25, 2013. Additionally, the Plan has requested that two medical groups expand their PCP panels in preparation for the HFP transition.

- **Assessment:** Based on the data submitted, the Plan has made efforts to improve the number of PCPs who will accept new patients. The improvement in the number of providers who are accepting new patients adequately addresses the departments' concerns for the Phase 1 transition. The availability of providers who are accepting new patients will be part of the departments' ongoing monitoring of this transition (see Section VIII. of this Addendum).

Tulare County

Inquiry: *Plan data for Tulare County indicate that the HFP network includes pulmonary disease specialists, but the Plan's Medi-Cal network does not include this specialty type. Please explain how the Plan will ensure access to this specialty type for HFP enrollees transitioning into Medi-Cal and for new Medi-Cal enrollees.*

- **Plan Response:** The Plan has Medi-Cal contracts with two pulmonary disease specialists and is currently in discussions with a third provider about joining the Plan's Medi-Cal network.
- **Assessment:** The Plan indicates it has pulmonary disease specialists in its Medi-Cal network; therefore the departments' concerns have been adequately addressed.

Inquiry: *Plan data for Tulare County also indicate that seven PCPs have more than 2,000 combined HFP and Medi-Cal patients assigned and do not utilize physician extenders to expand their capacity. Please describe how the Plan monitors patient assignment to ensure that providers are not exceeding their capacity. For providers that have exceeded their capacity, please explain what steps the Plan takes to ensure that patients assigned to these providers have adequate access to care.*

- **Plan Response:** The Plan indicates that it has identified five PCPs with more than 2,000 patients assigned. Of those five providers, three have physician extenders to expand capacity. The remaining two providers do not utilize physician extenders and the Plan has closed the physicians' panels to ensure that additional membership is not assigned.
- **Response:** The Plan has provided data to demonstrate that five of the PCPs identified by the departments either have expanded capacity or will decrease their panel size by closing their panels. With regard to these five providers, the Plan has adequately addressed the departments' concerns. For further analysis, see the network re-assessment in section III.C. of this Addendum.

Kings, Madera, Tulare Counties

Inquiry: *The Plan has explained that HFP enrollees in the Plan's Healthy Families EPO product in Kings, Madera, and Tulare counties are not assigned to a PCP. The Plan has indicated that it is reviewing claims data for HFP enrollees in the Healthy Families EPO product to identify what PCPs they have been seeing and to link these enrollees to the same PCPs in the Medi-Cal network. Please provide the outcome of this review for the Plan's HFP*

enrollees in Kings, Madera, and Tulare counties. Please indicate what percentage of enrollees in each of these counties will be able to continue seeing their HFP PCP when they transition into Medi-Cal.

- **Plan Response:** The Plan indicated that it was unable to identify claims data for about 26% unassigned HFP enrollees. For those enrollees in which the Plan was able to identify claims data, the Plan provided the following:
 - Kings County: 1,901 HFP enrollees had claims data that matched a PCP available in the Medi-Cal network, therefore 64% of the transitioning HFP enrollees will be able to continue seeing a PCP who previously delivered care to them.
 - Madera County: 1,821 HFP enrollees had claims data that matched a PCP available in the Medi-Cal network, therefore 72% of the transitioning HFP enrollees will be able to continue seeing a PCP who previously delivered care to them.
 - Tulare County: 6,182 HFP enrollees had claims data that matched a PCP available in the Medi-Cal network, therefore 67% of the transitioning HFP enrollees will be able to continue seeing a PCP who previously delivered care to them.
- **Assessment:** The Plan’s response provides the departments with a more accurate view of how the HFP transition will affect HFP enrollees’ relationships with their treating PCPs. For all three counties, the majority of HFP enrollees will be able to see a PCP with whom they previously sought care. Given that the majority of HFP enrollees were not assigned to a PCP in the HFP product, it is difficult to know how many of the PCPs identified above regularly treated these enrollees and had an ongoing relationship with these enrollees. However, the Phase 1 Assessment identified that PCPs in Kings and Madera counties have adequate additional capacity to appropriately provide care for the unassigned HFP enrollees who will be entering the Medi-Cal network. The re-assessment of Tulare County described in section III.C. of this report provided similar capacity results for Tulare County. Therefore, the Plan’s response adequately addresses the departments’ concerns.

Furthermore, the Plan’s contract with the Medi-Cal program requires the Plan to allow an enrollee to continue seeing a non-network treating provider for up to 12 months, as long as the provider will accept the Medi-Cal rate. This provision will allow unassigned patients to request to continue seeing their HFP PCPs if their PCPs are not in the Medi-Cal network.

Cal Optima

Inquiry: Plan data indicate that the HFP network includes nuclear medicine specialists, but the Plan’s Medi-Cal network does not include this specialty type. Please explain how the Plan will ensure access to this specialty type for HFP enrollees transitioning into Medi-Cal and for new Medi-Cal enrollees.

- Plan Response: The Plan's Medi-Cal network includes two nuclear medicine specialists. These specialists were not provided in the original data request because they are contracted directly with the Plan, not with a subcontracted medical group. Additionally, the Plan has confirmed that it will provide medically necessary and covered services to a member through an out-of-network provider when an in-network provider is unavailable.
- Assessment: The departments are satisfied that the Plan has nuclear medicine specialists in its network and that, should an enrollee require any service that is not available in-network, the Plan has a policy for providing out-of-network care to patients for medically necessary covered services.

CenCal Health Plan

Inquiry: Data submitted by the Plan in this filing indicate that both the HFP and Medi-Cal networks have PCPs in Atascadero, Paso Robles, Pismo Beach, Solvang, and Templeton, but the Medi-Cal PCPs in these cities are not accepting new patients. Please describe what efforts the Plan will make to ensure that new Medi-Cal enrollees residing in these cities will have access to a PCP within 10 miles/30 minutes of their residence.

- Plan Response:

With regard to Atascadero and Paso Robles, the Plan has confirmed that Community Health Centers (CHC) are willing to accept new Medi-Cal patients at their Atascadero and Paso Robles clinics and the CHC has increased their maximum capacity to 5,000 patients at each location to ensure access for new members.

With regard to Templeton, the Plan reports that CHC hired a new full-time pediatrician for its Paso Pediatrics clinic site. This clinic is 5.3 miles and 9 minutes from the city of Templeton, so new members residing in Templeton will have access to that clinic.

With regard to Pismo Beach, the Plan has confirmed that enrollees residing in Pismo Beach have access to CHC clinics in Oceano (3.8 miles/7 minutes from Pismo Beach) and Arroyo Grande (4 miles/7 minutes from Pismo Beach). Furthermore, the CHC is increasing its maximum capacity to 5,000 patients at its Arroyo Grande site to ensure access for new Medi-Cal members.

With regard to Solvang, the Plan has confirmed that Sansum Country Clinic in Solvang has increased its capacity by 10% and will accept new members post-transition. Enrollees residing in Solvang will also be able to access the Santa Ynez Health Clinic (2.7 miles, 4 minutes from Solvang), which is accepting new patients.

- Assessment: The information provided by the Plan indicates that the Plan's network offers providers who are accepting new patients that are within time and distance standards of all four cities identified. Therefore, the departments' concerns have been adequately addressed.

Central California Alliance for Health

Inquiry: Plan data indicate that 39% of Medi-Cal PCPs in Monterey County and 71% of Medi-Cal PCPs in Santa Cruz County are not accepting new Medi-Cal patients other than HFP enrollees transitioning into Medi-Cal. Please explain how the Plan is ensuring that new Medi-Cal members in these counties have an adequate number of primary care providers available to them such that these patients have adequate access to care.

- **Plan Response:** The Plan states that in Monterey County, 61% of PCPs are accepting new patients and have capacity for an additional 50,559 new Medi-Cal patients. In Santa Cruz County, 29% of PCPs are accepting new patients and have capacity for an additional 15,507 new Medi-Cal patients. The Plan states that it monitors primary care network capacity on a monthly basis to ensure the Plan has adequate access for new enrollees. The Plan also indicates that it currently contracts with 87% of all PCPs in Santa Cruz County and with 73% of all PCPs in Monterey County, so the Plan contracts with a large majority of providers in each county. Based on this information, the Plan asserts that it has adequate capacity and accessibility for new Medi-Cal members.
- **Assessment:** Based on the data provided by the Plan, it appears that the Plan has adequate excess capacity in Monterey and Santa Cruz counties and appropriate mechanisms for ensuring ongoing access for new Medi-Cal members. Therefore, the Plan data addresses the departments' concerns regarding capacity for new Medi-Cal members.

Inquiry (Monterey County): Data submitted by the Plan in this filing indicate that the both the HFP and Medi-Cal networks have PCPs in Big Sur and Prunedale, but the Medi-Cal PCPs in these cities are not accepting new patients. Please describe what efforts the Plan will make to ensure that new Medi-Cal enrollees residing in these cities will have access to a PCP within 10 miles/30 minutes of their residence.

- **Response:** Enrollees residing in Prunedale have access to PCPs at the Laurel Family Health Clinic in Salinas which is within 10 miles/30 minutes of enrollees residing in Prunedale. Big Sur is an extremely rural area with approximately 1,000 residents. The Plan indicates that Big Sur Health Center will have capacity for an additional 45 Medi-Cal enrollees. This provider is not open to auto assignment, but the Plan has mechanisms in place to connect enrollees to this provider upon request. Patients in Big Sur may also access physicians at the Seaside Community Health Center in Seaside, which is approximately 33 miles and 47 minutes from Big Sur.
- **Assessment:** The Plan's response indicates that it has available primary care capacity for new Medi-Cal members in Prunedale and Big Sur, therefore the Plan has addressed the departments' concerns regarding the availability of PCPs in these areas.

Inquiry (Santa Cruz County): Data submitted by the Plan in this filing indicate that the both the HFP and Medi-Cal networks have PCPs in Ben Lomond, Scotts Valley, and Freedom, but the Medi-Cal PCPs in these cities are not accepting new patients. Please describe what efforts

the Plan will make to ensure that new Medi-Cal enrollees residing in these cities will have access to a PCP within 10 miles/30 minutes of their residence.

- **Response:** Enrollees residing in Ben Lomond may access PCPs at the Santa Cruz County Health Services Agency Emeline Clinic, which is within 10 miles/30 minutes of Ben Lomond by highway. Enrollees residing in Scotts Valley have access to PCPs at the Planned Parenthood Westside clinic and at the Santa Cruz County Health Services Agency Emeline Clinic in Santa Cruz. Both of these facilities are within 7 miles of Scotts Valley by highway and can be accessed within 30 minutes. Enrollees residing in Freedom have access to the Planned Parenthood and Watsonville Health Center sites in Watsonville, which is less than 1 mile away from Freedom.
- **Assessment:** The Plan's response indicates that it has available primary care capacity for new Medi-Cal members in Ben Lomond, Scotts Valley, and Freedom; therefore the departments' concerns regarding the availability of PCPs are alleviated in these areas for new patients.

Community Health Group

Inquiry: Plan data indicate that four PCPs have more than 2,000 combined HFP and Medi-Cal patients assigned and do not utilize physician extenders to expand their capacity. Plan data also indicate that four additional PCPs are approaching 2,000 combined HFP and Medi-Cal patients assigned and do not utilize physician extenders to expand their capacity. Please describe how the Plan monitors patient assignment to ensure that providers are not exceeding their capacity. For providers that have exceeded their capacity, please explain what steps the Plan takes to ensure that patients assigned to these providers have adequate access to care.

- **Plan Response:** The Plan provided data indicating that all providers with more than 2,000 patients assigned have either non-physician extenders or other physicians within their practice that can appropriately expand the provider's capacity.
- **Assessment:** The response provided by the Plan adequately addresses the departments' concerns.

Inquiry: Data submitted by the Plan indicate that the both the HFP and Medi-Cal networks have PCPs in 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, but the Medi-Cal PCPs in these cities are not accepting new patients. Please describe what efforts the Plan will make to ensure that new Medi-Cal enrollees residing in these cities will have access to a PCP within 10 miles/30 minutes of their residence.

- **Plan Response:** The Plan identified at least one clinic or individual PCP who is accepting new Medi-Cal patients in each of these cities.

- Assessment: The response provided by the Plan adequately addresses the departments' concerns.

Contra Costa Health Plan

Inquiry: Data submitted by the Plan in this filing indicate that the both the HFP and Medi-Cal networks have PCPs in Bay Point, but the Medi-Cal PCPs in this city are not accepting new patients. Please describe what efforts the Plan will make to ensure that new Medi-Cal enrollees residing in this city will have access to a PCP within 10 miles/30 minutes of their residence.

- Plan Response: The Plan provided data that indicate it has an adequate number of providers at health centers in the neighboring cities of Pittsburg, Concord, and Antioch which will satisfy geo-access standards of time and distance for any enrollee residing in Bay Point.
- Assessment: The responses provided by the Plan adequately address the departments' concerns.

Health Plan of San Mateo

Inquiry: Plan data indicate that 38% of individual PCPs and 72% of primary care clinics in the Medi-Cal network are not accepting new Medi-Cal patients other than HFP enrollees transitioning into Medi-Cal. Please explain how the Plan is ensuring that new Medi-Cal members have an adequate number of primary care providers available to them such that these patients have adequate access to care.

- Plan Response: The Plan corrected the data, identifying that, in fact, only 27% (as opposed to the originally reported 72%) of the primary care clinics are not accepting new patients. The Plan also explained that less than 5% of the Plan's enrollees utilize primary clinics that are closed to new Medi-Cal enrollees. The most highly utilized clinics all have sufficient excess capacity to serve new members. Additionally, two new FQHC providers in San Mateo County recently opened and, combined, they will be available to take a total of 500 Medi-Cal enrollees.
- Assessment: The departments have confirmed that 27% of primary care clinics in the Plan's network are not accepting new patients. This correction, combined with the Plan's description of its excess capacity among primary care providers, adequately addresses the departments' concerns.

Inland Empire Health Plan

Inquiry: Plan data for Riverside County indicate that nine PCPs have more than 2,000 combined HFP and Medi-Cal patients assigned and do not utilize physician extenders to expand their capacity. Plan data also indicate that 13 additional providers are approaching 2,000 combined HFP and Medi-Cal patients assigned and do not utilize physician extenders to expand their capacity. Plan data for San Bernardino County indicate that seven PCPs have

more than 2,000 combined HFP and Medi-Cal patients assigned and do not utilize physician extenders to expand their capacity. Plan data also indicate that 13 additional PCPs are approaching 2,000 combined HFP and Medi-Cal patients assigned and do not utilize physician extenders to expand their capacity. Please describe how the Plan monitors patient assignment to ensure that providers are not exceeding their capacity. For providers that have exceeded their capacity, please explain what steps the Plan takes to ensure that patients assigned to these providers have adequate access to care.

- Plan Response: The Plan states that the utilization of PCP services diminishes for patients aged 6 to 18 and overall the number of visits per year for pediatricians is significantly less than all other PCP types. Consequently, IEHP does not believe that enrollees assigned to these providers are experiencing any impact to quality of care or access to care. The Plan data indicate that there are sufficient numbers of PCPs accepting new patients in the event a member elects to change providers. Annual monitoring of appointment availability and after-hours access indicates that Plan pediatricians are meeting Plan goals for appointment availability. Additionally, the overall grievance rate for pediatricians is lower than for other PCP types. Despite the higher assignment level for some pediatricians, the Plan has not seen any access-related grievances for pediatricians. Because all sources appear to indicate that the increased assignment levels for some pediatricians has not affected access to care, the Plan states that the assignment levels reflected in the HFP Transition Data do not have any impact on patient care.
- Assessment: The Plan data supports the Plan's assertion that access to care is not being impacted by these assignment levels and that greater harm may occur from the disruption of moving patients to new PCPs. As indicated in the Phase 1 Assessment, the Plan maintains an overall network of 1 PCP for every 2,000 enrollees. The issue of patient assignment does not present a transition-related concern, as these providers will not be experiencing any actual change in the number of patients they treat as a result of this transition. The Plan has over 400 PCPs who are accepting new patients that are available to existing patients if they have difficulty accessing their assigned provider and who are accessible to new enrollees joining the Plan post-transition.

Inquiry (Riverside County): Data submitted by the Plan indicate that the both the HFP and Medi-Cal networks have PCPs in Beaumont and La Quinta, but the Medi-Cal PCPs in these cities are not accepting new patients. Please describe what efforts the Plan will make to ensure that new Medi-Cal enrollees residing in these cities will have access to a PCP within 10 miles/30 minutes of their residence.

- Plan Response: The Plan indicates that it has not been able to contract with other PCPs in these cities. In addition, the providers in these cities are not accepting new patients from the Plan, regardless of line of business. However, the Plan indicates that it has providers available within the 10 mile/30 minute standard for enrollees residing in these

cities.⁴ Specifically, with regard to Beaumont, the Plan has providers in Banning (6 miles/8 minutes from Beaumont) and Yucaipa (10.3 miles/14 minutes from Beaumont) that are within geographic access standards for members residing in Beaumont. With regard to La Quinta, the Plan has providers in Indio (9 miles/21 minutes from La Quinta) and Palm Desert (9.3 miles/19 minutes from La Quinta) that are within geographic access standards for members residing in La Quinta.

- **Assessment:** The Plan data support the Plan's assertion that there are other providers that are accessible to members residing in Beaumont and La Quinta. Therefore, the Plan has adequately addressed the departments' concerns about the geographic accessibility of PCPs to serve these areas.

Inquiry (San Bernardino): Data submitted by the Plan in this filing indicate that the both the HFP and Medi-Cal networks have PCPs in Phelan, but the Medi-Cal PCPs in this city are not accepting new patients. Please describe what efforts the Plan will make to ensure that new Medi-Cal enrollees residing in this city will have access to a PCP within 10 miles/30 minutes of their residence.

- **Plan Response:** The Plan indicates that it has not been able to contract with other PCPs in this city. In addition, the providers in Phelan are not accepting new patients from the Plan, regardless of line of business. However, the Plan indicates that it has providers available within the 10 miles or 30 minute standard for enrollees residing in this city. Specifically, the Plan has providers in Hesperia (15 miles/19 minutes from Beaumont) that are within the travel time requirements for enrollees residing in Phelan.
- **Assessment:** The Plan data supports the Plan's assertion that there are other providers that are accessible to members residing in Phelan. Therefore, the Plan has adequately addressed the departments' concerns about the geographic accessibility of the Plan's PCPs in this area.

Kern Family Health Plan

Inquiry: Plan data indicate that six PCPs have more than 2,000 combined HFP and Medi-Cal patients assigned and do not utilize physician extenders to expand their capacity. Plan data also indicate that six additional PCPs are approaching 2,000 combined HFP and Medi-Cal patients assigned and do not utilize physician extenders to expand their capacity. Please describe how the Plan monitors patient assignment to ensure that providers are not exceeding their capacity. For providers that have exceeded their capacity, please explain what steps the Plan takes to ensure that patients assigned to these providers have adequate access to care.

⁴ Pursuant to the Medi-Cal contract between the health plans and the DHCS, all plans must provide a PCP within 10 miles or 30 minutes of an enrollee's residence. The Knox Keene Act requires all plans to provide a PCP within 15 miles or 30 minutes of an enrollee's residence or workplace (see California Code of Regulations, title 28, § 1300.51(c)(H)(i).) Because the DHCS contractual standard is more restrictive, the departments have applied this standard throughout its assessment of health plan Medi-Cal networks.

- **Plan Response:** The Plan corrected the data for one provider who was identified as having over 2,000 patients assigned and indicated that only 446 patients were assigned to that physician. For the remaining five providers with more than 2,000 HFP and Medi-Cal patients currently assigned, the Plan indicates that these physicians are part of provider groups in which multiple providers or physician extenders assist in treating the patients assigned to the identified providers. The Plan provided additional data identifying the total number of physicians available within those provider groups and the total number of enrollees assigned to the provider groups. For each of these provider groups, the overall ratio does not exceed 1:2000. For those providers who are approaching capacity, the Plan states that it monitors patient assignment via software that assigns patients according to certain limits defined by the plan. Once the patient assignment reaches the established threshold or limit, the software prevents the Plan from assigning additional members to that physician.
- **Assessment:** The Plan's method for monitoring providers approaching capacity appears to be sufficient to avoid over-assignment of patients to a particular provider. With regard to the providers who have over 2,000 patients assigned, the availability of additional providers in each provider group to treat their patients suggests that appropriate access to care is being maintained. The Plan's response adequately addresses the departments' concerns.

L.A. Care

Inquiry: Plan data indicate that four PCPs have more than 2,000 combined HFP and Medi-Cal patients assigned and do not utilize physician extenders to expand their capacity. Plan data also indicate that 40 additional PCPs are approaching 2,000 combined HFP and Medi-Cal patients assigned and do not utilize physician extenders to expand their capacity. Please describe how the Plan monitors patient assignment to ensure that providers are not exceeding their capacity. For providers that have exceeded their capacity, please explain what steps the Plan takes to ensure that patients assigned to these providers have adequate access to care.

- **Plan Response:** The Plan states that its PCPs occasionally exceed 2,000 assigned members due, in part, to Medi-Cal managed care default assignment. The Plan utilizes regular reports to monitor panel size and if it identifies providers with over 2,000 patients assigned who do not have documented mid-level extenders, the Plan will close that panel to new membership until, through attrition, the panel size decreases below 2,000. If the Plan identifies that a provider has unaccounted-for mid-level extenders, the Plan works with the medical group or IPA to ensure the extenders are credentialed and appropriately filed with the Plan.
- **Assessment:** Based on the Plan's response, the Plan has mechanisms in place to identify providers who are over capacity and to reduce the size of these provider panels. As indicated in the Phase 1 Assessment, the Plan has many PCPs with excess capacity to whom the Plan may transfer these patients if they have difficulty accessing care with a

provider. As a result of this information, the departments' concerns have been adequately addressed.

Inquiry: Data submitted by the Plan indicate that the HFP network has PCPs available in Avalon, on Catalina Island, but the Medi-Cal network does not. Please describe how the Plan is ensuring that HFP enrollees who are currently assigned to PCPs in this city can access a PCP within 10 miles/30 minutes of their residence after they transition into the Medi-Cal program. Furthermore, please describe what efforts the Plan will make to ensure that new Medi-Cal enrollees residing in this city will have adequate geographic access to a PCP.

- **Plan Response:** The Plan states that Avalon is an excluded area for Medi-Cal managed care; therefore, all Medi-Cal beneficiaries residing in that city receive care through Medi-Cal fee-for-service.
- **Assessment:** Because Avalon is not within the Plan's service area, the departments' concerns have been adequately addressed.

Inquiry: Data submitted by the Plan in this filing indicate that both the HFP and Medi-Cal networks have PCPs in Marina Del Rey, but the Medi-Cal PCPs in this city are not accepting new patients. Please describe what efforts the Plan will make to ensure that new Medi-Cal enrollees residing in this city will have access to a PCP within 10 miles/30 minutes of their residence.

- **Plan Response:** The Plan states it will be able to ensure that PCPs in Marina Del Rey who are not accepting new patients will accept transitioning HFP patients who they have been treating. For new members, the Plan offers open-paneled providers within 10 miles/30 minutes of Marina Del Rey, such as The Venice Family Clinic which is approximately 5 miles from Marina Del Rey.
- **Assessment:** Based on the Plan's response, it appears that the Plan has contracted providers within the appropriate geographic access standard of Marina Del Rey who are accepting new patients; therefore, the Plan has adequately addressed the departments' concerns.

Molina Health Plan of California

Inquiry: Data submitted by the Plan in this filing indicate that the HFP network in San Diego County has PCPs available in Santa Ysabel, but the Medi-Cal network in San Diego County does not. Please describe how the Plan is ensuring that HFP enrollees who are currently assigned to PCPs in this city can access a PCP within 10 miles/30 minutes of their residence after they transition into the Medi-Cal program. Furthermore, please describe what efforts the Plan will make to ensure that new Medi-Cal enrollees residing in this city will have adequate geographic access to a PCP.

- **Plan Response:** The Plan states that the provider in Santa Ysabel is an Indian Health Center and this provider type does not typically contract with Medi-Cal managed care plans. The three HFP enrollees currently assigned to that provider will be able to access an FQHC provider in the city of Julian. The Plan states that this provider is within 10 miles/30 minutes of the HFP enrollees' residences.
- **Assessment:** The Plan has provided information indicating that a geographically accessible provider is available to enrollees in the city of Santa Ysabel, therefore the Plan has adequately addressed the departments' concerns.

Partnership Health Plan

Inquiry (Solano County): Plan data for Solano County indicate that 83% of individual Medi-Cal PCPs and 74% of primary care clinics are not accepting new Medi-Cal patients other than HFP enrollees transitioning into Medi-Cal. Please explain how the Plan is ensuring that new Medi-Cal members have an adequate number of primary care providers available to them such that these patients have adequate access to care.

- **Plan Response.** The Plan states that all FQHC clinics in the area are accepting new members and these clinics have adequate capacity to take additional enrollment. These clinics are currently recruiting more physicians and working to expand capacity to ensure access for Plan enrollees. Furthermore, one new FQHC clinic opened on November 1, 2012. All existing primary care sites will accept current HFP patients who transition to Medi-Cal. The Plan is continuously monitoring capacity to ensure availability of providers. Additionally, the Plan meets regularly with the Local and Regional Clinic Consortia and their contracted medical groups to monitor and address access issues.
- **Assessment.** The Plan's response indicates that its primary care network will have additional capacity for new Medi-Cal members post-transition. The Plan's ongoing communication with FQHC clinics and working relationship with its contracted clinics provides flexibility to accommodate the needs of new members. Based on the information provided, the departments' concerns have been adequately addressed.

Inquiry (Sonoma County): Plan data for Sonoma County indicate that 100% of individual Medi-Cal PCPs and 57% of primary care clinics are not accepting new Medi-Cal patients other than HFP enrollees transitioning into Medi-Cal. Please explain how the Plan is ensuring that new Medi-Cal members have an adequate number of primary care providers available to them such that these patients have adequate access to care.

- **Plan Response.** The Plan states that Sonoma County has an expansive FQHC network with new facilities and the FQHC clinics and safety net providers have access and capacity for new enrollment. All FQHC clinics in the county are open to new Plan enrollees. The Plan states that the FQHC clinics are currently recruiting more practitioners and preparing for growth. The Plan is continuously monitoring capacity to

ensure availability of providers. Additionally, the Plan meets regularly with Sonoma County clinic staff and the local clinic consortium to monitor and address access issues.

- Assessment. The Plan's response indicates that its primary care network will have additional capacity for new Medi-Cal members post-transition. The Plan's ongoing communication with FQHC clinics and working relationship with contracting clinics provides flexibility to accommodate the needs of new members. Based on the information provided, the departments' concerns have been adequately addressed.

Inquiry (Yolo): Plan data for Yolo County indicate that 75% of individual Medi-Cal PCPs and 30% of primary care clinics are not accepting new Medi-Cal patients other than HFP enrollees transitioning into Medi-Cal. Please explain how the Plan is ensuring that new Medi-Cal members have an adequate number of primary care providers available to them such that these patients have adequate access to care.

- Plan Response. The Plan states that 100% of the Plan's contracted clinics in this county are accepting new patients. The safety net providers and the region's largest medical group, Woodland Healthcare, have adequate capacity for new Plan enrollees. The Plan continues to monitor access via surveys, member complaints, provider complaints, and feedback from community partners.
- Assessment. The Plan's response indicates that its primary care network will have adequate capacity for new Medi-Cal members post-transition. The Plan's ongoing communication and working relationship with its contracted clinics provides flexibility to accommodate the needs of new members. Based on the information provided, the departments' concerns have been adequately addressed.

San Francisco Health Plan

Inquiry: Plan data indicate that 47% of Medi-Cal PCPs are not accepting new Medi-Cal patients other than HFP enrollees transitioning into Medi-Cal. Please explain how the Plan is ensuring that new Medi-Cal members have an adequate number of primary care providers available to them such that these patients have adequate access to care.

- Plan Response. The Plan indicates that its provider network exceeds a 1:500 membership-to-open panel PCP ratio. For the 3rd Quarter of 2012, the Plan reported that it had one open panel provider for every 212 Medi-Cal members. Furthermore, the number of PCPs accepting new patients is skewed because often clinics are accepting new patients and have multiple physicians available; however, the clinic is listed as only one provider on the detailed provider list. The Plan asserts that the departments' calculation does not include the multiple providers in clinics who continue to accept new patients.
- Assessment. Given the member-to-open PCP ratio and the limitations of the data submitted to the departments for review, the Plan has adequately addressed this issue. The departments will work with the Plan to improve the accuracy of the Plan's data for future network assessments.

Santa Clara Family Health Plan

Inquiry: Plan data indicate that 60% of Medi-Cal PCPs are not accepting new Medi-Cal patients other than HFP enrollees transitioning into Medi-Cal. Please explain how the Plan is ensuring that new Medi-Cal members have an adequate number of primary care providers available to them such that these patients have adequate access to care.

- **Plan Response.** The Plan indicates that it contracts with six provider groups. Ninety-one percent (91%) of its membership is assigned to four provider groups and an average of 78% of providers within those four provider groups are accepting new patients. The other two provider groups are Kaiser and Palo Alto Medical Foundation (PAMF). These two provider groups have only 9% of the Plan's patients and none of the providers in these provider groups are accepting new patients.
- **Assessment.** Given the known limitation on the Plan's ability to assign Medi-Cal patients to Kaiser, it is logical that the Kaiser provider network availability should not be included in the overall percent of providers accepting new patients. The Plan intends to continue assigning new members to the four provider groups identified above. Based on the figures provided by the Plan for these provider groups, it appears that there is sufficient capacity among these provider groups to take new enrollment. Therefore, the Plan has adequately addressed the departments' concerns.

Inquiry: Data submitted by the Plan in this filing indicate that the HFP network has PCPs available in Campbell, but the Medi-Cal network does not. Please describe how the Plan is ensuring that HFP enrollees who are currently assigned to PCPs in this city can access a PCP within 10 miles/30 minutes of their residence after they transition into the Medi-Cal program. Furthermore, please describe what efforts the Plan will make to ensure that new Medi-Cal enrollees residing in this city will have adequate geographic access to a PCP.

- **Plan Response:** The Plan submitted a Provider Network Access Analysis report with maps indicating the location of providers and residents in the Campbell Area. According to this report, there are 201 HFP enrollees residing in the Campbell area and all 201 enrollees have access to open-panel providers within five miles of their residences. Specifically, the Plan has 324 providers in 116 locations that are within 10 miles or 30 minutes of HFP enrollees residing in Campbell.
- **Assessment:** Based on the data provided by the Plan, it appears that the Plan has an adequate number of open-panel PCPs within 10 miles/30 minutes of Campbell to ensure that current and future Medi-Cal enrollees have adequate geographic access to a PCP. Therefore, the Plan's response addresses the departments' concerns.

B. Dental Plans

Access Dental

Inquiry: *Plan data indicate that 17 PCDs in Los Angeles County and 14 PCDs in Sacramento County have more than 2,000 combined HFP and Medi-Cal patients assigned. Please describe how the Plan monitors patient assignment to ensure that providers are not exceeding their capacity. For providers that have exceeded their capacity, please explain what steps the Plan takes to ensure that patients assigned to these providers have adequate access to care.*

- **Plan Response:** The Plan has been engaging in a structured implementation plan to transition enrollees into practices that have available capacity. The Plan states that as of December 1, 2012, all Sacramento County providers are within the 1:2000 ratio and only 10 PCDs in Los Angeles County currently have over 2,000 patients assigned. During the transition, the Plan will continually monitor the appointment wait times for the providers who have more than 2,000 patients assigned to ensure that patient access is not impacted.
- **Assessment:** The information provided by the Plan indicates the Plan has made progress toward reducing the number of members assigned to the providers identified in the Phase 1 Network Assessment. Only Los Angeles County continues to have 10 providers with more than 2,000 patients assigned. The Plan has 378 additional PCDs who are accepting new patients, so if patients have difficulty accessing care, there are a number of additional providers available to them. Furthermore, the Plan appears to be engaging in ongoing monitoring of those providers who continue to have over 2,000 patients assigned while the Plan reduces the assignment to those providers. The Plan's response adequately addresses the departments' concerns about provider capacity.

Health Net Dental

Inquiry: *In the Plan's Exhibit I-8, "Enrollee Transition Plans," the Plan states that it is making efforts to bring HFP providers into its Medi-Cal network. The Plan further indicates that reductions in reimbursement rates may lead to changes in the Plan's Medi-Cal network. Please indicate when the Plan expects to have definitive information as to which providers will be joining the network and which providers will remain in the network. If the Plan is aware of any changes to the network that have occurred subsequent to the original filing, please describe those changes. For any providers who have been added to the network, please submit a list of those providers.*

- **Plan Response:** The Plan states that, since its original Phase 1 Network Assessment data submission, the Plan has added 77 provider locations and deleted only two locations in Los Angeles County. There is now a 90% provider overlap between the Plan's HFP network and Medi-Cal network in Los Angeles County. The Plan states that since its original Phase 1 Network Assessment data submission, the Plan has added nine provider locations and deleted only one location in Sacramento County. There is now a 71%

provider overlap between the Plan's HFP network and Medi-Cal network in Sacramento County. The Plan expects additional providers to contract with the Plan's Medi-Cal networks as the transition nears.

- **Assessment:** The Plan has provided updated information regarding the Plan's network. This data indicates that the Plan is continuing to improve its Medi-Cal networks in Los Angeles and Sacramento counties and that there has been a net gain in providers for both networks since provider rates became available. The data submitted by the Plan adequately addresses the departments' concerns.

Western Dental

Inquiry: Plan data indicate that eight PCDs in Los Angeles County and one PCD in Sacramento County have more than 2,000 combined HFP and Medi-Cal patients assigned. Please describe how the Plan monitors patient assignment to ensure that providers are not exceeding their capacity. For providers that have exceeded their capacity, please explain what steps the Plan takes to ensure that patients assigned to these providers have adequate access to care.

- **Plan Response:** The Plan indicates that it monitors access to care for patients via its Utilization Management Committee and Quality Improvement Committee utilizing a variety of measures and audits, including: geo-access measurements, an analysis of utilization data to monitor under- and over-utilization, appointment availability review, secret shopper calls, emergency after-hour monitoring, facility audit reports, member satisfaction survey results, and member access-related grievances. The Plan further explains that it has added 32 additional providers to its Los Angeles County network to create additional capacity for its network. The Plan indicates that it continually monitors all providers with over 2,000 enrollees assigned to ensure all accessibility standards are met.
- **Assessment:** The Plan appears to have taken steps to create additional capacity such that, if members assigned to a provider have difficulties accessing care, they will have other providers available to them. Furthermore, the Plan's response indicates that the Plan has methods for monitoring patient access to ensure that all patients have appropriate access to care. Given the Plan's explanation and the fact that the Plan is not likely to continue participating in Dental Managed Care beyond July 1, 2013, the Plan has adequately addressed the departments' concerns.

VI. Dental Plans in Sacramento County

Western Dental was denied its appeal of the cancellation of the Plan's contract with the Medi-Cal Dental Managed Care program. The departments have re-assessed the other dental plans operating in Sacramento County to determine whether they have the capacity to serve Western Dental's current enrollees. Based upon data submitted for the Phase 1 network review, it appears

that Access Dental, Health Net Dental, and LIBERTY Dental plans all have sufficient excess capacity to absorb the 60,500 combined Medi-Cal and HFP children who are expected to be in Western Dental on March 1, 2012. At this time, 33% of the Western Dental primary care dentists are also contracted with other Sacramento County DMC plans. The other DMC plans operating in Sacramento County indicate a willingness to enter into new contracts with Western Dental Centers. If those plans include the Western Dental Centers in their networks, only 21% of the Plan's patients will have to select a new Primary Care Dentist.

VII. Ongoing Provider Network Evaluations

To ensure the networks involved in this transition continue to be adequate for the transitioning population, the departments intend to conduct ongoing network adequacy assessments. While the details of this ongoing monitoring are still being developed via an Interagency Agreement, it is likely the departments will assess the Medi-Cal networks on a quarterly basis, after all phases of the HFP transition have been completed. The network analysis will be similar to the analysis conducted in the Phase 1 Assessment, including a review of provider capacity, geographic access, and timely access. The departments are committed to ensuring that the networks continue to be adequate to serve the needs of the existing HFP population and all new applicants who enter into the Medi-Cal networks after the transition.

VIII. Corrections to the Phase 1 Assessment

The following items are corrections to the original Phase 1 Assessment. These are items which were misstated or mistakenly identified in the Plan's initial Phase 1 data. These corrections are not based on new data provided by the Plan subsequent to the publication of the Phase 1 Assessment.

- Page 34: The report indicates that CenCal Health Plan's network does not provide Medi-Cal PCPs in Atascadero, Paso Robles, Pismo Beach, Solvang, and Templeton. These cities do have Medi-Cal PCPs; however, none of those PCPs are currently accepting new patients. Therefore, this section should now read:

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: Atascadero, Paso Robles, Pismo Beach, Solvang, and Templeton.

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.

Please note that the departments followed up with the Plan regarding this issue and the Plan's response is included in Section V. of this Addendum.

- Page 46: The departments indicated that San Joaquin and Stanislaus counties were not included in the Phase 1 Assessment due to a change in Medi-Cal plans that will be participating in those counties on January 1, 2013. The assessment indicates that Stanislaus County will not be included in Phase 1. The departments wish to clarify that Stanislaus and San Joaquin counties are, by definition, Phase 1 counties because both plans delivering Medi-Cal managed care in those counties also operate an HFP line of business in those counties. Due to the changes taking place in those counties, the departments are postponing the network assessment for Stanislaus and San Joaquin counties until Phase 1, Part C, currently scheduled for April 1, 2013. A network assessment for those two counties will be completed 60 days in advance of the transition, as required by statute.
- Page 53: As indicated on page 52, for the Health Plan San Mateo 27% of its clinics are not accepting new patients. This number was mistakenly stated as 72% in the assessment on page 53. As a result, the departments no longer have concerns with the availability of the provider network to provide care for new patients. Please note the revision of the overall assessment of the Plan as a result of that correction. That section now reads, in full:

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 who join this product line.
- Attachment 6: The table provided in Attachment 6 does not include the Plan name for each row of data. Please see the corrected Attachment 6 attached to this Addendum.

ATTACHMENT 6 – SUMMARY NETWORK ASSESSMENT DATA

| Plan | 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 Alliance | Alameda | 291 | 32 | 475 | 4295 | 479 | 4079 | 100 | 0 | 100 |
| Anthem Blue Cross | Alameda | 126 | 24 | 274 | 1458 | 281 | 1320 | 93 | 8 | 97.3 |
| Anthem Blue Cross | Contra Costa | 156 | 31 | 88 | 449 | 100 | 423 | 81 | 10 | 85.7 |
| Anthem Blue Cross | Fresno | 319 | 65 | 236 | 1158 | 238 | 1065 | 99 | 12 | 99.2 |
| Anthem Blue Cross | Kings | 220 | 62 | 50 | 176 | 47 | 147 | 96 | 4 | 90** |
| Anthem Blue Cross | Madera | 255 | 34 | 43 | 323 | 40 | 298 | 93 | 12 | 100** |
| Anthem Blue Cross | Sacramento | 418 | 55 | 239 | 1819 | 220 | 1293 | 97 | 42 | 99.4 |
| Anthem Blue Cross | San Francisco | 38 | 4 | 387 | 3425 | 355 | 3270 | 99 | 5 | 99 |
| Anthem Blue Cross | Santa Clara | 136 | 26 | 308 | 1603 | 322 | 1185 | 99 | 44 | 93.2 |
| Anthem Blue Cross | Tulare | 459 | 140 | 151 | 497 | 91 | 249 | 91 | 0.7 | 82.4** |
| Cal Viva | Fresno | 519 | 150 | 331 | 1146 | 385 | 1149 | N/A | 81 | N/A |
| Cal Viva | Kings | 161 | 70 | 93 | 213 | 114 | 231 | N/A | 97 | N/A |
| Cal Viva | Madera | 273 | 62 | 75 | 329 | 74 | 240 | N/A | 84 | N/A |
| CalOptima | Orange | 207 | 96 | 2006 | 4319 | 1032 | 2494 | 91 | 24 | 98.8 |
| CenCal Health Plan | San Luis Obispo | N/A | N/A | 59* | 721* | 62* | 724* | 87 | 47 | 94 |
| CenCal Health Plan | Santa Barbara | N/A | N/A | 59* | 721* | 62* | 724* | 87 | 47 | 94 |
| Central California Alliance for Health | Monterey | 316 | 143 | 295 | 652 | 310 | 657 | 96 | 39 | 95 |
| Central California Alliance for Health | Santa Cruz | 182 | 74 | 217 | 536 | 216 | 527 | 99 | 71 | 97 |
| Community Health Group | San Diego | 320 | 60 | 461 | 2468 | 370 | 2109 | 95 | 15 | 99 |
| Contra Costa HP | Contra Costa | 361 | 53 | 228 | 1561 | 228 | 1561 | 100 | 37 | 100 |
| Health Net/Community Solutions | Kern | 278 | 98 | 176 | 499 | 335 | 643 | N/A | 74 | N/A |

| Plan | 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 HEP Enrollees Who Will Keep Their PCP Post-Transition |
|--------------------------------------|----------------|--|--|--|--|--|--|--|--------------------------------------|--|
| Health Net/Community Solutions | Los Angeles | 197 | 67 | 2794 | 8163 | 8149 | 13,397 | N/A | 74 | N/A |
| Health Net/Community Solutions | Sacramento | 305 | 40 | 265 | 2011 | 529 | 1857 | N/A | 51 | N/A |
| Health Net/Community Solutions | San Diego | 113 | 16 | 413 | 2836 | 539 | 2944 | N/A | 65 | N/A |
| Health Net/Community Solutions | Tulare | 269 | 111 | 200 | 485 | 261 | 528 | N/A | 95 | N/A |
| Health Plan of San Mateo | San Mateo | 68 | 20 | 975 | 3406 | 817 | 2964 | 80 | 38 (individual PCPs), 27 (clinics) | 98 |
| Inland Empire Health Plan | Riverside | 746 | 264 | 359 | 1015 | 354 | 1010 | 100 | 17 | 100 |
| Inland Empire Health Plan | San Bernardino | 611 | 208 | 488 | 1436 | 477 | 1425 | 98 | 17 | 100 |
| Kaiser Permanente | Sacramento | N/A | N/A | 510 | 1025 | 510 | 1025 | N/A | N/A | 100 |
| Kaiser Permanente | San Diego | N/A | N/A | 445 | 803 | 445 | 803 | N/A | N/A | 100 |
| Kern Family Health Care | Kern | 698 | 166 | 182 | 765 | 182 | 765 | 99 | 4 | 99.8 |
| L.A. Care | Los Angeles | 502 | 235 | 2028 | 4334 | 1731 | 3934 | 99.8 | 9 | 99 |
| Molina Health Care/Partner Plan | Riverside | 128 | 40 | 332 | 1063 | 341 | 1035 | 97 | 9 | 94.1 |
| Molina Health Care/Partner Plan | Sacramento | 290 | 76 | 126 | 482 | 126 | 475 | 100 | 2 | 100 |
| Molina Health Care/Partner Plan | San Bernardino | 160 | 41 | 360 | 1394 | 360 | 1184 | 100 | 11 | 100 |
| Molina Health Care/Partner Plan | San Diego | 127 | 45 | 666 | 1858 | 673 | 1860 | 99 | 10 | 99.9 |
| Partnership HealthPlan of California | Napa | 711 | 150 | 20 | 95 | 20 | 95 | 100 | 0 | 100 |
| Partnership HealthPlan of California | Solano | 602 | 109 | 101 | 558 | 101 | 558 | 100 | 83% (individual PCPs), 47% (clinics) | 100 |

| Plan | 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 |
|--------------------------------------|---------------|--|--|--|--|--|--|--|---------------------------------------|--|
| Partnership HealthPlan of California | Sonoma | 415 | 128 | 130 | 422 | 131 | 423 | 100 | 100% (individual PCPs), 57% (clinics) | 98 |
| Partnership HealthPlan of California | Yolo | 337 | 63 | 82 | 439 | 82 | 439 | 100 | 75% (individual PCPs), 30% (clinics) | 100 |
| San Francisco Health Plan | San Francisco | 105 | 21 | 613 | 3139 | 517 | 3042 | 100 | 47 | 100 |
| Santa Clara Family Health Plan | Santa Clara | 234 | 51 | 570 | 2601 | 569 | 2591 | 100 | 60 | 99 |

* This number represents individual providers and clinics combined.

** This percentage does not include EPO enrollees not assigned to a PCP.