HEALTHY FAMILIES PROGRAM
TRANSITION TO MEDI-CAL

NETWORK ADEQUACY ASSESSMENT REPORT
ADDENDUM TO PHASE 2

March 27, 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 –ADDENDUM TO PHASE 2

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I. Introduction

On January 1, 2013, the Department of Health Care Services (DHCS) and the Department of Managed Health Care (DMHC) (hereinafter "the departments") presented the "Healthy Families Program Transition to Medi-Cal – Network Adequacy Assessment Report – Phase 2" (hereinafter "Phase 2 Assessment") to the state Legislature and the public at large. In that report, certain networks were identified as presenting significant concerns and warranted re-assessment prior to transition. This Addendum provides updated assessments for the Phase 2 plans identified as requiring re-assessment. Please see the Phase 2 Assessment for a description of the methods and standards applied in conducting these network assessments.

II. Cal Viva Health Plan Re-Assessment

Cal Viva ("the Plan") is the local initiative health plan that serves Fresno, Kings, and Madera counties. The Plan has an Administrative Services Agreement and a Capitated Provider Services Agreement with Health Net whereby Health Net administers all health care services for the Plan's enrollees and the Plan utilizes Health Net's provider network for service delivery. The Plan was originally assessed in the "Healthy Families Program Transition to Medi-Cal – Network Adequacy Assessment Report – Phase 1" (hereinafter "Phase 1 Assessment"). However, given the relationship between the Plan and Health Net, the DHCS decided to include the Plan in Phase 2 of the transition. 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 Program ("HFP") enrollees. The departments have conducted a re-assessment of the Plan's network as described below.

Fresno County

In Fresno County, Plan data indicate the Plan's Medi-Cal network contains 244 PCPs and 871 total physicians, whereas the Plan's HFP network contains 340 PCPs and 1,025 total physicians. The Plan indicates that it assigns patients to clinics as well as to individual providers. Where relevant, the departments have provided separate data points for individual providers and clinics. The Plan indicates that its Fresno County network includes PCPs who practice outside of the county but have Fresno County enrollees assigned to them. These providers were included in the assessment described below.

Provider Network Overlap.

Primary Care Physicians.

- The Plan indicates that 84% of its HFP enrollees will be able to keep their PCPs post-transition. The Plan notes that many HFP enrollees in Fresno County are currently assigned to PCPs located in neighboring counties.
- Plan data indicate that 62% of clinics and 73% of individual providers that participate in the HFP network will also participate in the Plan's Medi-Cal network and will continue seeing their HFP patients post-transition.
- With regard to PCPs who accept children, 79% of HFP pediatricians, 100% of HFP OB/GYNs, 64% of HFP family practitioners,[1] and 95% of HFP general practitioners practicing in this county are also in the Plan's Medi-Cal network.

Specialists.

- With regard to specialists, 79% of the Plan's 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 21 pediatric specialists, comprising 3% of the Plan's specialist network, which is the same as what is available in the Plan's HFP network (21 pediatric specialists comprising 3% 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 704 enrollees after the transition and one physician overall for every 197 enrollees after the transition.
- According to Plan data, 93% of PCPs will be under the Plan-defined Medi-Cal enrollee assignment limit after the transition.[2] For those enrollees assigned to a PCP who is over the enrollee assignment limit, they will continue to be able to switch to a PCP with fewer assigned enrollees if they so choose.
- Plan data indicate that 71% of individual Medi-Cal PCPs and 100% of Medi-Cal clinics are accepting new Medi-Cal patients beyond those transitioning from the Healthy Families program.

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[1] The term "family practitioners" includes both family practice and family medicine designations.
[2] Please note that all of the PCPs identified in this calculation are currently participating in both the HFP and Medi-Cal networks and are currently treating both the HFP and Medi-Cal patients assigned to them. As such, the post-transition assignment levels are not a result of the transition but simply reflect current assignment levels.

Specialists.

- With regard to specialty care, the Medi-Cal network will offer fewer individual providers than the HFP product in some specialty areas. However, given the utilization of each specialty area among the current Medi-Cal population, the Plan has suitable capacity and diversity of specialists to meet the needs of the enrollees.

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. There are no PCPs in the cities of Auberry and Prather who are accepting new Medi-Cal patients.

Assessment: The departments have no concerns with the current status of the Plan's network in Fresno County. A high number of enrollees will be able to maintain their treating PCP post-transition, so there is unlikely to be any major disruptions in care for members. While the Medi-Cal network has fewer providers in certain specialty areas, it appears that the Medi-Cal network still has sufficient capacity to meet the utilization needs of existing and transitioning members. The Plan's overall network is within the regulatory ratio and Plan data indicate that it has ample providers with adequate capacity to see transitioning members and who are accepting new Medi-Cal patients.

Kings County

In Kings County, Plan data indicate the Plan's Medi-Cal network contains 46 PCPs and 125 total physicians, whereas the Plan's HFP network contains 61 PCPs and 181 total physicians. The Plan indicates that it assigns patients to clinics as well as to individual providers. Where relevant, the departments have provided separate data points for individual providers and clinics. The Plan indicates that its Kings County network includes PCPs who practice outside of the county but have Kings County enrollees assigned to them. These providers were included in the assessment described below.

Provider Network Overlap.

Primary Care Physicians.

- The Plan indicates that 93% of its HFP enrollees will be able to keep their PCPs post-transition.
- Plan data indicate that 60% of clinics and 80% of individual providers that participate in the HFP network are currently participating in the Plan's Medi-Cal program.
- With regard to PCPs who accept children, 78% of HFP pediatricians, 79% of HFP family practitioners, and 83% of HFP general practitioners are in the Plan's Medi-Cal network.

Specialists.

- With regard to specialists, 64% of the Plan's HFP specialists are in the Medi-Cal network.

- While the Medi-Cal network does not include all of the specialty types available in the HFP network, almost all highly-utilized specialty types available in the HFP network are also available in the Medi-Cal network. See the "Provider Capacity" section for further discussion.
- The Plan's Medi-Cal network offers two pediatric specialists, comprising 3% of the Plan's specialist network while the Plan's HFP network also has two pediatric specialists comprising 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 312 enrollees after the transition and one physician overall for every 115 enrollees after the transition.
- According to Plan data, 93% of PCPs will be under the Plan-defined Medi-Cal enrollee assignment limit after the transition.[3] For those enrollees assigned to a PCP who is over the enrollee assignment limit, they will continue to be able to switch to a PCP with fewer assigned enrollees if they so choose.
- Plan data indicate that 71% of the Plan's individual Medi-Cal PCPs and 100% of the Plan's Medi-Cal clinics are accepting new Medi-Cal patients.

Specialists.
- With regard to specialty care, the Medi-Cal network will offer fewer individual providers than the HFP product in some specialty areas. However, given the utilization of each specialty area among the current Medi-Cal population, it appears that the Plan has suitable capacity and diversity of specialists to meet the needs of most enrollees.
- The Medi-Cal network does not include pathologists, which were utilized by a significant number of Medi-Cal enrollees over the past year. However, all plans are obligated under the Knox Keene Act to provide basic health care services, which includes access to medically necessary services from specialist physicians.[4] If a health plan does not contain a certain specialist in its network, it is required to arrange for out-of-network care when it is medically necessary for an enrollee to see that specialty type. Therefore, the lack of a specific specialty type in the contracted network does not, on its own, raise a major network adequacy concern. Furthermore, the Plan data indicate that Medi-Cal enrollees have been utilizing pathology services over the past year, thereby indicating that the Plan has made arrangements for patients to receive those services as necessary.

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[3] Please note that all of the PCPs identified in this calculation are currently participating in both the HFP and Medi-Cal networks and are currently treating both the HFP and Medi-Cal patients assigned to them. As such, the post-transition assignment levels are not a result of the transition but simply reflect current assignment levels.
[4] See Health and Safety Code § 1367, subd. (i) and California Code of Regulations, title 28, § 1300.67, subd. (a).

Geographic Access. The city of Tipton contains an HFP PCP but no Medi-Cal PCPs. Although this city is located in Tulare County, two Kings County HFP enrollees are assigned to the PCP in this city. These enrollees will have access to in-network Medi-Cal PCPs in other cities that are within 10 miles or 30 minutes of Tipton.

Assessment: The departments have no concerns with the current status of the Plan's network in Kings County. A high number of enrollees will be able to maintain their treating PCP post-transition, so there is unlikely to be any major disruptions in care for members. While the Medi-Cal network has fewer providers in certain specialty areas, it appears that the Medi-Cal network still has sufficient capacity to meet the utilization needs of existing and transitioning members. Although there are no pathologists in the contracted network, the Plan appears to be making out-of-network arrangements for those patients requiring this specialty; therefore, transitioning enrollees will still have access to this specialty type if necessary. The Plan's overall network is within the regulatory ratio and Plan data indicate that it has ample providers with adequate capacity to see transitioning members and who are accepting new Medi-Cal patients.

Madera County

In Madera County, Plan data indicate the Plan's Medi-Cal network contains 54 PCPs and 261 total physicians, whereas the Plan's HFP network contains 83 PCPs and 288 total physicians. The Plan indicates that it assigns patients to clinics as well as to individual providers. Where relevant, the departments have provided separate data points for individual providers and clinics. The Plan indicates that its Madera County network includes PCPs who practice outside of the county but have Madera County enrollees assigned to them. These providers were included in the assessment described below.

Provider Network Overlap.

Primary Care Physicians.

- The Plan indicates that 86% of its HFP enrollees will be able to keep their PCPs post-transition.
- Plan data indicate that 54% of clinics and 70% of individual providers that participate in the HFP network are currently participating in the Plan's Medi-Cal program.
- With regard to PCPs who accept children, 75% of HFP pediatricians, 54% of HFP family practitioners, and 100% of HFP general practitioners are in the Plan's Medi-Cal network.

Specialists.

- With regard to specialists, 52% of the Plan's HFP specialists are in the Medi-Cal network.

- While the Medi-Cal network does not include all of the specialty types available in the HFP network, all highly-utilized specialty types available in the HFP network are also available in the Medi-Cal network.
- The Plan's Medi-Cal network offers 82 pediatric specialists, comprising 39% of the Plan's specialist network, which is less than what is available in the Plan's HFP network (92 pediatric specialists comprising 45% of the Plan's HFP specialist network).[5]

Provider Capacity.

Primary Care Physicians.
- Plan data indicate that the Medi-Cal network will have one PCP for every 370 enrollees after the transition and one physician overall for every 77 enrollees after the transition.
- According to Plan data, after the transition 87% of PCPs will be under the Plan-defined Medi-Cal enrollee assignment limit.[6] For those enrollees assigned to a PCP who is over the enrollee assignment limit, they will continue to be able to switch to a PCP with fewer assigned enrollees if they so choose.
- Plan data indicate that 88% of the Plan's individual Medi-Cal PCPs and 100% of the Plan's Medi-Cal clinics are accepting new Medi-Cal patients.

Specialists.
- With regard to specialty care, the Medi-Cal network will offer fewer individual providers than the HFP product in some specialty areas. However, given the utilization of each specialty area among the current Medi-Cal population, it appears that the Plan has suitable capacity and diversity of specialists to meet the needs of most enrollees.

Geographic Access. The cities of Planada and LeGrand currently each have HFP PCPs but no Medi-Cal PCPs. Although these cities are located in Merced County, four Kings County HFP enrollees are assigned to PCPs in these cities. HFP enrollees assigned to these PCPs will have access to in-network Medi-Cal PCPs in other cities that are within 10 miles or 30 minutes of Planada and LeGrand.

Assessment: The departments have no concerns with the current status of the Plan's network in Madera County. Although there is only a moderate rate of cross-over between the HFP and Medi-Cal networks, a high number of enrollees will be able to maintain their treating PCP post-transition, so there is unlikely to be any major disruption in care for members.

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[5] Per Health and Safety Code § 1367, subd. (i) and California Code of Regulations, title 28, § 1300.67, subd. (a), all plans are obligated under the Knox Keene Act to provide basic health care services, which includes access to medically necessary physician services, including services from specialist physicians. This would include pediatric specialists if medically necessary. If a health plan does not contain a certain specialist in its network, it is required to arrange for out-of-network care when it is medically necessary for an enrollee to see that specialty type. Therefore, the lack of a specific specialty type alone does not constitute a major concern with the network.

[6] Please note that all of the PCPs identified in this calculation are currently participating in both the HFP and Medi-Cal networks and are currently treating both the HFP and Medi-Cal patients assigned to them. As such, the post-transition assignment levels are not a result of the transition but simply reflect current assignment levels.

While the Medi-Cal network has fewer providers in certain specialty areas, it appears that the Medi-Cal network still has sufficient capacity to meet the utilization needs of existing and transitioning members. Additionally, although there are no PCPs in a few geographic areas currently offering primary care to HFP enrollees, it appears that only a small number of HFP enrollees will be affected by this and they will have access to PCPs in neighboring cities. The Plan's overall network is within the regulatory ratio and Plan data indicate that it has ample providers with adequate capacity to see transitioning members and who are accepting new Medi-Cal patients.

III. Health Net of California Re-Assessment

Although the departments have previously reviewed Health Net's networks, the Plan's networks could not be fully evaluated in the Phase 2 network assessment. In the Phase 2 Assessment, the departments indicated they would conduct a complete reassessment of Health Net's networks for all Phase 2 counties prior to the transition. The following provides an update on the status of Health Net's networks for the Phase 2 transition.

Health Net of California serves as a Medi-Cal subcontractor to CalOptima in Orange County and as a subcontractor to Molina Healthcare of California in Riverside and San Bernardino counties. The Plan also operates a HFP line of business in these counties. Because Health Net is a subcontractor to CalOptima and Molina, also known as the "primary" Medi-Cal plans, the HFP enrollees will be assigned to CalOptima and Molina health plans when they transition to Medi-Cal. Those primary plans will subsequently assign the enrollees to Health Net in order to maintain continuity of providers for these enrollees. Because the HFP enrollees will belong to CalOptima and Molina health plans as their primary plans, patients who cannot maintain continuity of their provider with Health Net will be assigned a provider by the primary plan that does maintain continuity of provider, to the extent possible. Medi-Cal beneficiaries may always choose to be enrollees of the primary plan rather than be assigned to Health Net so that they may have access to the primary plans' networks.

The following assessment considers the availability of the primary plans' networks to minimize disruption for transitioning enrollees. CalOptima and Molina have indicated that they will transition the HFP children into Health Net to the extent they can keep their current PCP. Health Net is working and continues to work collaboratively with the primary plans to ensure HFP enrollees maintain continued access to providers, either through Health Net or the primary health plan. If any child is unable to maintain his/her PCP within Health Net, then the primary plan will transition the child into its own network and will not assign the child to Health Net.

Orange County

In Orange County, the Plan operates as a subcontracting health plan to Cal Optima. Plan data indicate the Plan's Medi-Cal network contains 94 PCPs and 277 total physicians, whereas the Plan's HFP network contains 1,291 PCPs and 4,067 total physicians.

Primary Care Physicians.

- The Plan data indicate that 31% of HFP enrollees will be able to continue seeing their assigned PCP. However, the Plan indicates that transitioning HFP enrollees who are not able to maintain their PCP in the Health Net network will be assigned to the primary Medi-Cal Plan, CalOptima. The Plan estimates that 62% of transitioning Health Net HFP enrollees will be able to maintain their PCP if they have access to the CalOptima network.

- Plan data indicate that 7% of providers that participate in the HFP network are also in the Medi-Cal network.
- With regard to PCPs who accept children, 11% of HFP pediatricians, 4% of HFP family practitioners, 0% of HFP OB/GYNs, 0% of HFP general practitioners, and 3% of HFP internal medicine practitioners are in the Medi-Cal network.

Specialists.

- With regard to specialists, 7% of the Plan's HFP specialists are in the Medi-Cal network.
- While the Medi-Cal network does not include all of the specialty types available in the HFP network, almost all highly-utilized specialty types available in the HFP network are also available in the Medi-Cal network. See the "Provider Capacity" section for further discussion.
- The Plan's Medi-Cal network offers 11 pediatric specialists, comprising 6% of the Plan's specialist network, which is less than what is available in the Plan's HFP network (215 pediatric specialists comprising 8% of the Plan's HFP specialist network).[7] Transitioning enrollees may also have access to Cal Optima's specialist network, which contains 105 pediatric specialists.

Provider Capacity.

Primary Care Physicians.
- Plan data indicate that the network of providers who will be available to treat HFP enrollees post-transition will have one PCP for every 349 enrollees and one physician overall for every 118 enrollees after the transition.
- According to Plan data, 100% of PCPs will be under the Plan-defined Medi-Cal enrollee assignment limit after the transition.
- Plan data indicate that 76% of PCPs are accepting new Medi-Cal patients.

Specialists.
- With regard to specialty care, the Medi-Cal network will offer fewer individual providers than the HFP product in most specialty areas. However, CalOptima, indicates that its Medi-Cal network contains specialty providers in the specialty areas that were utilized by Health Net HFP enrollees in the past year, therefore transitioning HFP enrollees may obtain needed specialty services through CalOptima.
- The Medi-Cal network does not contain neonatologists, physical medicine and rehabilitation specialists, and plastic surgeons, all of which were included in the HFP network.[8] However, all plans are obligated under the Knox Keene Act to provide basic health care services, which includes access to medically necessary services from

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[7] *Ibid*.
[8] Per Health and Safety Code § 1367, subd. (i) and California Code of Regulations, title 28, § 1300.67, subd. (a), all plans are obligated under the Knox Keene Act to provide basic health care services, which includes access to medically necessary physician services, including services from specialist physicians. This would include pediatric specialists and pain medicine specialists if medically necessary. If a health plan does not contain a certain specialist in its network, it is required to arrange for out-of-network care when it is medically necessary for an enrollee to see that specialty type. Therefore, the lack of a specific specialty type alone does not constitute a major concern with the network.

specialist physicians.[9] If a health plan does not contain a certain specialist in its network, it is required to arrange for out-of-network care when it is medically necessary for an enrollee to see that specialty type. Therefore, the lack of a specific specialty type in the contracted network does not, on its own, raise a major network adequacy concern. Furthermore, CalOptima's data indicate that the Plan's Medi-Cal network contains all of those specialty types.

Geographic Access. The following cities in Orange County currently have HFP PCPs but no Medi-Cal PCPs: Aliso Viejo, Brea, Costa Mesa, Cypress, Dana Point, El Toro, Foothill Ranch, Fullerton, Irvine, La Habra, La Palma, Ladera Ranch, Laguna Beach, Laguna Hills, Laguna Niguel, Laguna Woods, Lake Forest, Los Alamitos, Mission Viejo, Newport Beach, Placentia, Rancho Santa Margarita, San Clemente, San Juan Capistrano, Seal Beach, Tustin, Villa Park, and Yorba Linda. HFP enrollees assigned to these PCPs will have access to in-network Medi-Cal PCPs in other cities that are within 10 miles or 30 minutes of the cities listed above through the Primary Plan, CalOptima. Data provided by CalOptima indicate that all cities listed above, except El Toro and Villa Park, are currently in CalOptima's Medi-Cal network and are accepting new patients. Patients living in El Toro and Villa Park will have access to in-network PCP's in other cities that are within 10miles or 30 minutes of where they live.

Assessment: The departments have no concerns with the capacity of the Plan's Medi-Cal network to serve the transitioning HFP enrollees, but the departments do have concerns regarding the Plan's ability to provide continuity of care. To address continuity of care concerns, the Plan has indicated that CalOptima, the primary Medi-Cal managed care plan in Orange County, will re-assign any HFP enrollees who cannot continue to see their assigned PCP post-transition to a provider in the CalOptima network. CalOptima has a network of 1,340 PCPs and contracts with many provider groups that are in Health Net's HFP network for Orange County, so there is a high likelihood that Health Net HFP enrollees will be able to obtain greater continuity of care through the CalOptima network.

Riverside County

Health Net of California ("Plan") serves as a Medi-Cal subcontractor to Molina Healthcare in Riverside County. Plan data indicate the Plan's current Medi-Cal network in Riverside County contains 132 PCPs and 700 total physicians, whereas the Plan's HFP network contains 339 PCPs and 1,534 total physicians. The Plan indicates that it assigns patients to clinics as well as to individual providers. Where relevant, the departments have provided separate data points for individual providers and clinics.

Provider Network Overlap.

Primary Care Physicians.

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[9] See Health and Safety Code § 1367, subd. (i) and California Code of Regulations, title 28, § 1300.67, subd. (a).

- The Plan indicates that 35% of HFP enrollees will be able to keep their current provider post-transition. However, the Plan indicates that transitioning HFP enrollees who are not able to maintain their PCP in the Health Net network will be assigned to the primary Medi-Cal Plan, Molina Healthcare. The Plan estimates that 53% of transitioning Health Net HFP enrollees will be able to maintain their PCP if they have access to the Molina network.
- Plan data indicate that 50% of clinics and 34% of individual providers that participate in the HFP network are currently participating in the Plan's Medi-Cal program.
- With regard to PCPs who have been treating HFP enrollees, 47% of HFP pediatricians, 24% of HFP family practitioners, 56% of HFP general practitioners, and 18% of HFP internal medicine practitioners are in the Plan's current Medi-Cal network.

Specialists.

- With regard to specialists, 40% of the Plan's HFP specialists are in the Plan's current Medi-Cal network.
- While the Medi-Cal network does not include all of the specialty types available in the HFP network, almost all highly-utilized specialty types available in the HFP network are also available in the Medi-Cal network. See the "Provider Capacity" section for further discussion.
- The Plan's Medi-Cal network offers 12 pediatric specialists, comprising 2% of the Plan's specialist network, which is less than what is available in the Plan's HFP network (26 pediatric specialists comprising 2% of the Plan's HFP specialist network).[10]

Provider Capacity.

Primary Care Physicians.
- Plan data indicate that the Medi-Cal network will have one PCP for every 83 enrollees after the transition and one physician overall for every 16 enrollees after the transition.
- According to Plan data, 100% of PCPs will be under the Plan-defined Medi-Cal enrollee assignment limit after the transition.
- Plan data indicate that 84% of the Plan's individual Medi-Cal PCPs and 100% of the Plan's Medi-Cal clinics are accepting new Medi-Cal patients.

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[10] Per Health and Safety Code § 1367, subd. (i) and California Code of Regulations, title 28, § 1300.67, subd. (a), all plans are obligated under the Knox Keene Act to provide basic health care services, which includes access to medically necessary physician services, including services from specialist physicians. This would include pediatric specialists if medically necessary. If a health plan does not contain a certain specialist in its network, it is required to arrange for out-of-network care when it is medically necessary for an enrollee to see that specialty type. Therefore, the lack of a specific specialty type alone does not constitute a major concern with the network.

Specialists.
- With regard to specialty care, the Medi-Cal network will offer fewer individual providers than the HFP product in some specialty areas. However, given the utilization of each specialty area among the current Medi-Cal population, it appears that the Plan has suitable capacity and diversity of specialists to meet the needs of most enrollees.
- The Medi-Cal network does not include pathologists and infectious disease specialists, which were utilized by a significant number of Medi-Cal enrollees over the past year. However, all plans are obligated under the Knox Keene Act to provide basic health care services, which includes access to medically necessary services from specialist physicians.[11] Therefore, the lack of a specific specialty type in the contracted network does not, on its own, raise a major network adequacy concern. Furthermore, the Plan data indicate that Medi-Cal enrollees have been utilizing pathology and infectious disease services over the past year, thereby indicating that the Plan has made arrangements for patients to receive those services as necessary. Additionally, the primary Medi-Cal managed care plan, Molina Healthcare, includes pathologists and infectious disease specialists in its Medi-Cal network, so patients may have access to those providers through Molina.

Geographic Access. The following cities currently each have HFP PCPs but no Medi-Cal PCPs: Beaumont, Canyon Lake, La Quinta, Norco, Rancho Mirage, Sun City, and Thermal. Plan data indicate that the current Medi-Cal network contains PCPs who are accepting new patients within 30 minutes and/or 10 miles of these cities. Furthermore, data submitted by Molina Healthcare indicate that all cities listed above, except Canyon Lake and Norco, are currently in Molina's network and are accepting new patients. Patients living in Canyon Lake and Norco will have access to in-network PCP's in other cities that are within 10 miles or 30 minutes of where they live.

Assessment: The departments have no concerns with the capacity of the Plan's Medi-Cal network to serve the transitioning HFP enrollees, but the departments do have concerns regarding the Plan's ability to provide continuity of care. Due to the low rate of overlap between the two networks and the moderately low percentage of HFP enrollees who will be able to keep their treating PCP, continuity of care for HFP enrollees will be impacted. To address continuity of care concerns, the Plan has indicated that Molina Healthcare, the primary Medi-Cal managed care plan in Riverside County, will re-assign any HFP enrollees who cannot continue to see their assigned PCP post-transition to a provider in the Molina network. Molina has a network of 256 PCPs and Plan estimates identify a greater number of HFP enrollees will be able to maintain their PCP if they have access to the Molina network. Additionally, the Plan will be required to provide continuity of care consistent with the

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[11] See Health and Safety Code § 1367, subd. (i) and California Code of Regulations, title 28, § 1300.67, subd. (a). If a health plan does not contain a certain specialist in its network, it is required to arrange for out-of-network care when it is medically necessary for an enrollee to see that specialty type.

requirements set forth in Health and Safety Code section 1373.96.[12] With regard to network adequacy, the current Medi-Cal network appears to have adequate capacity and diversity of providers to accommodate the HFP enrollment, so HFP enrollees who have to change providers post-transition would be able to find geographically accessible providers with the appropriate specialty to address their medical needs.

San Bernardino County

Health Net of California ("Plan") serves as a Medi-Cal subcontractor to Molina Healthcare in San Bernardino County. Plan data indicate the Plan's current Medi-Cal network in San Bernardino County contains 134 PCPs and 513 total physicians, whereas the Plan's HFP network contains 326 PCPs and 1,262 total physicians.

Provider Network Overlap.

Primary Care Physicians.

- The Plan indicates that 41% of HFP enrollees will be able to keep their current provider post-transition. However, the Plan indicates that transitioning HFP enrollees who are not able to maintain their PCP in the Health Net network will be assigned to the primary Medi-Cal Plan, Molina Healthcare. The Plan estimates that 59% of transitioning Health Net HFP enrollees will be able to maintain their PCP if they have access to the Molina network.
- Plan data indicate that 39% of PCPs that participate in the HFP network are currently participating in the Plan's Medi-Cal program.
- With regard to PCPs who have been treating HFP enrollees, 54% of HFP pediatricians, 24% of HFP family practitioners, 60% of HFP general practitioners, and 25% of HFP internal medicine practitioners are in the Plan's current Medi-Cal network.

Specialists.

- With regard to specialists, 33% of the Plan's HFP specialists are in the current Medi-Cal network.
- While the Medi-Cal network does not include all of the specialty types available in the HFP network, almost all highly-utilized specialty types available in the HFP network are also available in the Medi-Cal network. See the "Provider Capacity" section for further discussion.
- The Plan's Medi-Cal network offers 15 pediatric specialists, comprising 4% of the Plan's specialist network, which is less than what is available in the Plan's HFP

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[12] Section 1373.96 states that plans shall provide for the completion of covered services from a non-contracted provider for specified conditions as long as the non-contracted provider agrees to the health plan reimbursement rate

network (31 pediatric specialists comprising 3% of the Plan's HFP specialist network).[13]

Provider Capacity.

Primary Care Physicians.
- Plan data indicate that the Medi-Cal network will have one PCP for every 71 enrollees after the transition and one physician overall for every 19 enrollees after the transition.
- According to Plan data, 100% of PCPs will be under the Plan-defined Medi-Cal enrollee assignment limit after the transition.
- Plan data indicate that 75% of the Plan's Medi-Cal PCPs are accepting new Medi-Cal patients.

Specialists.
- With regard to specialty care, the Medi-Cal network will offer fewer individual providers than the HFP product in some specialty areas. However, given the utilization of each specialty area among the current Medi-Cal population, it appears that the Plan has suitable capacity and diversity of specialists to meet the needs of most enrollees.
- The Medi-Cal network does not include pathologists, which were utilized by a significant number of Medi-Cal enrollees over the past year. However, all plans are obligated under the Knox Keene Act to provide basic health care services, which includes access to medically necessary services from specialist physicians.[14] If a health plan does not contain a certain specialist in its network, it is required to arrange for out-of-network care when it is medically necessary for an enrollee to see that specialty type. Therefore, the lack of a specific specialty type in the contracted network does not, on its own, raise a major network adequacy concern. Furthermore, the Plan data indicate that Medi-Cal enrollees have been utilizing pathology services over the past year, thereby indicating that the Plan has made arrangements for patients to receive those services as necessary. Finally, Molina Healthcare's data indicate that the Plan's Medi-Cal network contains pathologists.

Geographic Access. The following cities currently each have HFP PCPs but no Medi-Cal PCPs: Grand Terrace, Helendale, Highland, and Phelan. Plan data indicate that the current Medi-Cal network contains PCPs who are accepting new patients within 30 minutes and/or 10 miles of these cities. Data provided by Molina Healthcare indicate that all cities listed above, except Grand Terrace and Helendale, are currently in Molina's Medi-Cal network and

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[13] Per Health and Safety Code § 1367, subd. (i) and California Code of Regulations, title 28, § 1300.67, subd. (a), all plans are obligated under the Knox Keene Act to provide basic health care services, which includes access to medically necessary physician services, including services from specialist physicians. This would include pediatric specialists if medically necessary. If a health plan does not contain a certain specialist in its network, it is required to arrange for out-of-network care when it is medically necessary for an enrollee to see that specialty type. Therefore, the lack of a specific specialty type alone does not constitute a major concern with the network.

[14] See Health and Safety Code § 1367, subd. (i) and California Code of Regulations, title 28, § 1300.67, subd. (a).

are accepting new patients. Patients living in Grand Terrace and Helendale will have access to in-network PCP's in other cities that are within 10miles or 30 minutes of where they live.

Assessment: The departments have no concerns with the capacity of the Plan's Medi-Cal network to serve the transitioning HFP enrollees, but the departments do have concerns regarding the Plan's ability to provide continuity of care. Due to the low rate of overlap between the two networks and the moderately low percentage of HFP enrollees who will be able to keep their treating PCP, continuity of care for HFP enrollees will be impacted. To address continuity of care concerns, the Plan has indicated that Molina Healthcare, the primary Medi-Cal managed care plan in San Bernardino County, will re-assign any HFP enrollees who cannot continue to see their assigned PCP post-transition to a provider in the Molina network. Molina has a network of 256 PCPs and Plan estimates identify a greater number of HFP enrollees will be able to maintain their PCP if they have access to the Molina network. Additionally, the Plan will be required to provide continuity of care consistent with the requirements set forth in Health and Safety Code section 1373.96.[15] With regard to network adequacy, the current Medi-Cal network appears to have adequate capacity and diversity of providers to accommodate the HFP enrollment, so HFP enrollees who have to change providers post-transition would be able to find geographically accessible providers with the appropriate specialty to address their medical needs.

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[15] Section 1373.96 states that plans shall provide for the completion of covered services from a non-contracted provider for specified conditions as long as the non-contracted provider agrees to the health plan reimbursement rate

ATTACHMENT 1 – 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 Accepting New Patients	% of HFP Enrollees Who Will Keep Their PCP Post-Transition
Cal Viva Health Plan	Fresno	704	197	244	871	340	1,025	76*	84
Cal Viva Health Plan	Kings	312	115	46	125	61	181	89*	93
Cal Viva Health Plan	Madera	370	77	54	261	83	288	89*	86
Health Net	Orange	349	118	94	277	1,291	4,067	76	31
Health Net	Riverside	83	16	132	700	339	1,534	92*	35
Health Net	San Bernardino	71	19	134	513	326	1,262	75	41

* This number represents individual providers and clinics combined.

Healthy Families Program Transition to Medi-Cal					
Phase 2 Enrollment Breakdown					
Upon implementation of the transition (Phase 1A), all new applicants will be evaluated for coverage under the Medi-Cal program. Members will maintain linkage to the sub plan, through the primary Medi-Cal health plan.					
Counties Transitioning on April 1, 2013					
County	**Medi-Cal Plan Model**	**Healthy Families/ Medi-Cal Subcontracting Health Plan***	**Medi-Cal Managed Care Primary Plan**	**Approximate Enrollment**	**Medi-Cal Dental Enrollment**
Alameda	2Plan	Kaiser	Alameda Alliance for Health	8,503	Denti-Cal
Contra Costa	2Plan	Kaiser	Contra Costa Health Plan	6,898	Denti-Cal
Fresno	2Plan	Health Net HMO	CalViva Health	11,873	Denti-Cal
Kings	2Plan	Health Net HMO	CalViva Health	432	Denti-Cal
Los Angeles	2Plan	Anthem Blue Cross	LA Care Health Plan	51,437	Dental Managed Care OR Denti-Cal
		Kaiser	LA Care Health Plan	47,616	Dental Managed Care OR Denti-Cal
		Molina	Health Net	6,205	Dental Managed Care OR Denti-Cal
		Care 1st	LA Care Health Plan	10,789	Dental Managed Care OR Denti-Cal
Madera	2Plan	Health Net HMO	CalViva Health	715	Denti-Cal
Marin	COHS	Kaiser	Partnership Health	1,173	Denti-Cal
Napa	COHS	Kaiser	Partnership Health	1,069	Denti-Cal
Orange	COHS	Health Net	CalOptima	11,191	Denti-Cal
		Kaiser	CalOptima	11,806	Denti-Cal

County	Medi-Cal Plan Model	Healthy Families/ Medi-Cal Subcontracting Health Plan*	Medi-Cal Managed Care Primary Plan	Approximate Enrollment	Medi-Cal Dental Enrollment
Riverside	2Plan	Health Net	Molina Healthcare	6,065	Denti-Cal
		Kaiser	Inland Empire Health Plan	15,386	Denti-Cal
San Bernardino	2Plan	Health Net	Molina Healthcare	5,353	Denti-Cal
		Kaiser	Inland Empire Health Plan	13,843	Denti-Cal
San Francisco	2Plan	Kaiser	San Francisco Health Plan	1,414	Denti-Cal
Santa Clara	2Plan	Kaiser	Santa Clara Family Health Plan	8,383	Denti-Cal
Solano	COHS	Kaiser	Partnership Health Plan	3,257	Denti-Cal
Sonoma	COHS	Kaiser	Partnership Health Plan	4,786	Denti-Cal
		Total		**228,194**	

* The Phase 2 transition considers the availability of HFP plans that also serve as Medi-Cal subcontracting health plans to accommodate the HFP transitioning population in their Medi-Cal network. In general, the Phase 2 HFP enrollees will be transitioned out of the HFP plan, into the primary plan, and then assigned to the subcontracting plan.