

**REPORT ON MEMBER PCP DISRUPTION FOR 2024
TRANSITIONING MANAGED CARE PLANS SPECIFIC TO
SPECIAL TERMS AND CONDITIONS 12.2.c
1115(A) CALIFORNIA ADVANCING AND INNOVATING
MEDI-CAL WAIVER
PROJECT NUMBER 11-W-00193/9**

**California Department of Health Care Services (DHCS)
January 2024**

Table of Contents

Introduction3

Contents of this Report.....3

12.2 Continuity of Care4

 Assessing Compliance.....4

 12.2.c.....4

 Exhibit 12.2c - PCP Retention Results – January 2024.....5

Corrective Action and Enforcement.....5

Introduction

The Centers for Medicare & Medicaid Services (CMS) approved an amendment to the section 1115(a) Demonstration titled, “California Advancing and Innovating Medi-Cal” (CalAIM) (Project Number 11-W-00193/9) on August 23, 2023. Approval of this Demonstration amendment allows California to limit choice of Medi-Cal Managed Care Plans (MCPs) in specified geographic regions and implement county-authorized managed care programs, also known as the county organized health system (COHS) model. These new county-authorized managed care programs are similar to those that already exist in other counties in California, which have proven to be an effective model for providing Medicaid coverage for adults and youth. This amendment aims to reduce administrative complexity for providers and members, while streamlining state oversight and improving accountability of plans.

This amendment includes additional requirements, also known as the 1115 Waiver Special Terms and Conditions (STCs) related to MCP readiness, Continuity of Care, Network Adequacy and Capacity for the COHS and Single plans, Appeals and Grievances for children with special health care needs served by MCPs expanding Whole Child Model for California Children’s Services (CCS) program, and choice of PCPs for transitioning members in the transitioning counties. This amendment is effective as of August 23, 2023, and will remain in effect throughout the Demonstration approval period, which is set to expire December 31, 2026. DHCS submitted the comprehensive report addressing STCs 12.1 through 12.6 on December 29, 2023.

Contents of this Report

STC 12.2c requires DHCS to submit a monthly report detailing Primary Care Physician (PCP) disruption to CMS for 6 months following the transition. DHCS submits this Member PCP Retention report as an addendum to the comprehensive STC report submitted to CMS on December 29, 2023, to meet the CMS monthly reporting requirements. This Member PCP Retention report serves as the first monthly submission on PCP disruption to CMS. DHCS will continue to provide the Member PCP Retention Report on a monthly basis, 30 days subsequent to the end of each monthly reporting period, as detailed below:

| Reporting Period | | Submission to CMS |
|------------------|----------------------|-------------------|
| January | 1/1/2024 – 1/31/2024 | 3/1/2024 |
| February | 2/1/2024 – 2/29/2024 | 3/29/2024 |
| March | 3/1/2024 – 3/31-2024 | 4/30/2024 |
| April | 4/1/2024 – 4/30/2024 | 5/30/2024 |
| May | 5/1/2024 – 5/31/2024 | 6/28/2024 |
| June | 6/1/2024 – 6/30/2024 | 7/30/2024 |

12.2 Continuity of Care

Assessing Compliance

12.2.c.

Member PCP Retention:

DHCS collects a monthly data stream from Receiving MCPs, including Alameda Alliance for Health (AAH), Central California Alliance for Health (CAAH), Contra Costa Health Plan (CCHP), Community Health Plan of Imperial Valley (CHPIV), and Partnership Health Plan of California (PHC), detailing the number of members that retained their PCP assignment post-transition. MCPs report to DHCS the number of members that retained their PCP assignment, the number of members that chose a different PCP, and the number of members that did not retain their PCP, including the reason the member did not retain their PCP.

DHCS uses the data collected from Receiving MCPs to perform the PCP retention and disruption calculations included in “Exhibit 12.2c - PCP Retention Results” and assess Receiving MCPs for compliance with the 90 percent PCP retention requirement for each county impacted by the transition. DHCS calculated “Member PCP retention” figure by dividing the “Count of members Retaining PCP” by the “Count of Transitioning Members” adjusted to remove the “Count of Members that Chose a new PCP”. Member choice of PCP is paramount and must override any auto-assignment, including auto-assignment based on the provider’s prior relationship with the Receiving MCP. As such, DHCS excluded the “Count of Members that Chose a New PCP” from the denominator of the PCP retention calculation. “Exhibit 12.2.c - PCP Retention Results” below details the figures included in the “Member PCP Retention” calculation and includes DHCS’ compliance assessment for each MCP for each county impacted by the transition.

Exhibit 12.2c - PCP Retention Results – January 2024

| MCP Name | County | Count of Transitioning Members | Count of Members that Chose a New PCP | Count of Members Retaining PCP | Count of Members Not Retaining PCP | Member PCP Retention (%) ¹ | Compliance Assessment (compliant >=90%, non-compliant <= 90%) |
|----------|--------------|--------------------------------|---------------------------------------|--------------------------------|------------------------------------|---------------------------------------|---|
| AAH | Alameda | 77,612 | 467 | 74,405 | 6, 606 | 96% | Compliant |
| CAAH | Mariposa | 3,677 | 0 | 3,383 | 294 | 92% | Compliant |
| CAAH | San Benito | 10,079 | 0 | 9,772 | 307 | 97% | Compliant |
| CCHP | Contra Costa | 30,144 | 447 | 28,233 | 1,911 | 95% | Compliant |
| CHPIV | Imperial | 94,895 | 1,979 | 92,867 | 16,334 | 100% | Compliant |
| PHC | Butte | 76,737 | 2,318 | 72,010 | 20,742 | 97% | Compliant |
| PHC | Colusa | 9,654 | 14 | 9,277 | 1,893 | 96% | Compliant |
| PHC | Glenn | 11,910 | 235 | 11,610 | 2,584 | 99% | Compliant |
| PHC | Nevada | 25,639 | 50 | 23,296 | 7,229 | 91% | Compliant |
| PHC | Placer | 48,725 | 182 | 42,573 | 18,536 | 88% | Non-compliant |
| PHC | Plumas | 5,438 | 7 | 5,331 | 1,317 | 98% | Compliant |
| PHC | Sierra | 678 | 0 | 658 | 211 | 97% | Compliant |
| PHC | Sutter | 38,253 | 94 | 36,388 | 10,419 | 95% | Compliant |
| PHC | Tehama | 17,654 | 178 | 15,974 | 7,235 | 91% | Compliant |
| PHC | Yuba | 31,388 | 55 | 30,087 | 8,090 | 96% | Compliant |

Corrective Action and Enforcement

DHCS will place MCPs on a Corrective Action Plan (CAP) should an MCP fail to comply with the PCP retention requirements at any point during the six months following the

¹ Count of members that chose a new PCP is excluded from the denominator of the PCP Retention calculation.

transition. MCPs placed on a CAP must submit a detailed plan of action setting forth all steps the MCP will take to correct the PCP retention deficiency and are required to correct the deficiency within three months from the date of the CAP letter. MCPs placed on a CAP for non-compliance with the PCP retention requirement are required to conduct outreach to all out-of-network (OON) PCPs identified as serving a transitioning member prior to the transition for the purposes of securing an agreement and must authorize out-of-network (OON) access to PCPs to minimize member disruption while the MCP continues efforts to secure agreements with OON PCPs.

DHCS placed PHC on a CAP, effective February 27, 2024, for failure to retain at least 90 percent of transitioning members' PCPs in Placer County. PHC will submit the CAP response by March 13, 2024, detailing their plan of action to address the deficiency, which will include the OON PCP outreach required by the CAP. PHC expanded into 10 counties in 2024 and demonstrated a successful network building operation in support of the expansion. DHCS has been proactively working with PHC and holding bi-weekly technical assistance calls. PHC focused attention and resources on building overlap with the Previous MCP networks in the transitioning counties. PHC has been successful continuing to build overlap as evidenced by the increase in member PCP retention to 88 percent from 78 percent, as identified in the assessment detailed in the comprehensive pre-launch report submitted to CMS on December 29, 2023. DHCS will continue to conduct technical assistance calls with PHC and is confident PHC will be able to correct the deficiency in Placer County prior to the end of the CAP period.