

**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)  
March 2024**

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## 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 second 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 MCPs, including Alameda Alliance for Health (AAH), Central California Alliance for Health (CCAH), 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 MCPs to perform the PCP retention and disruption calculations included in “Exhibit 12.2c - PCP Retention Results” and assess 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 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 – March 2024” 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. Please find previous monthly PCP Retention Results in Appendix A.

### Exhibit 12.2c - PCP Retention Results – March 2024 Reporting Period

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 (%) <sup>1</sup>	Compliance Assessment (compliant >=90%, non-compliant <= 90%)
AAH	Alameda	93,194	765	88,965	4,238	96%	Compliant
CAAH	Mariposa	4,266	11	4,143	844	97%	Compliant
CAAH	San Benito	12,365	17	11,841	1,790	96%	Compliant
CCHP	Contra Costa	32,170	447	30,259	3,937	95%	Compliant
CHPIV	Imperial	95,192	2,062	93,081	16,524	100%	Compliant
PHC	Butte	74,768	5,789	66,383	23,988	96%	Compliant
PHC	Colusa	9,235	215	8,975	1,714	100%	Compliant
PHC	Glenn	11,487	653	10,710	2,976	99%	Compliant
PHC	Nevada	24,471	670	23,323	5,780	98%	Compliant
PHC	Placer	46,532	2,252	40,408	18,259	91%	Compliant
PHC	Plumas	5,251	34	5,115	1,319	98%	Compliant
PHC	Sierra	650	13	636	201	100%	Compliant
PHC	Sutter	36,925	1,528	35,202	10,188	99%	Compliant
PHC	Tehama	26,179	1,245	24,411	7,067	98%	Compliant
PHC	Yuba	30,166	1,189	38,594	8,274	99%	Compliant

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

## 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 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 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 submitted their CAP response on March 13, 2024, detailing their plan of action to address the deficiency. PHC described improvements to their data validation processes used to operationalize the provider data shared by Previous Plans that improved the quality of the data flowing to the contracting and CoC departments. PHC conducted outreach to OON PCPs and provider groups to contract with providers and enter into Continuity of Care agreements. PHC secured multiple agreements including a contract with Sutter Health that addressed a significant number of PCPs to which members were previously assigned. As a result of these efforts, PHC achieved compliance in their February reporting period submission and maintained compliance with the March reporting period submission. DHCS initially planned to close the CAP on PHC after two successful reporting periods demonstrating compliance, however, PHC's network provider agreement with CommonSpirit expired effective April 1, 2024. This change in PHC's network may affect the MCP's future PCP retention reporting. As such, DHCS will keep the CAP open as DHCS assesses the impacts to PCP retention resulting from the CommonSpirit contract expiration. PHC will submit regular updates to DHCS and remain subject to all CAP mandates until the CAP is closed. When a MCP and their provider's network agreement terminates or expires, DHCS requires the MCP to take specific steps to ensure that members who are likely to be affected by the contract expiration maintain continued access to medically necessary covered services. In the case of the PHC and CommonSpirit Health contract expiration, when DHCS was notified of the contract expiration, DHCS immediately began to obtain information from PHC to identify the impact on Medi-Cal members' access to care in accordance with All Plan

Letter (APL) 21-003<sup>2</sup>. DHCS continues to meet with PHC on a biweekly basis to track progress and provide technical assistance if needed.

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<sup>2</sup> See All Plan Letter (APL) 21-003 at [APL 23-001 \(ca.gov\)](#)

## Appendix A

### PCP Retention Results – January 2024 Reporting Period

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 (%) <sup>3</sup>	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

<sup>3</sup> Count of members that chose a new PCP is excluded from the denominator of the PCP Retention calculation.



## PCP Retention Results – February 2024 Reporting Period

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 (%) <sup>4</sup>	Compliance Assessment (compliant >=90%, non-compliant <= 90%)
AAH	Alameda	75,068	532	70,929	4,139	95%	Compliant
CAAH	Mariposa	4,266	0	4,111	876	96%	Compliant
CAAH	San Benito	12,365	0	11,803	1828	95%	Compliant
CCHP	Contra Costa	32,170	447	30,259	3,937	95%	Compliant
CHPIV	Imperial	95,070	2,024	92,997	16,442	100%	Compliant
PHC	Butte	75,634	2,228	71,114	20,345	97%	Compliant
PHC	Colusa	9,431	97	9,293	1,630	100%	Compliant
PHC	Glenn	11,678	265	11,175	2,755	98%	Compliant
PHC	Nevada	25,034	171	24,521	5,275	99%	Compliant
PHC	Placer	47,546	414	45,640	14,263	97%	Compliant
PHC	Plumas	5,316	45	5,240	1,273	99%	Compliant
PHC	Sierra	667	5	661	193	100%	Compliant
PHC	Sutter	37,592	674	36,726	9,428	99%	Compliant
PHC	Tehama	26,906	455	26,124	6,225	99%	Compliant
PHC	Yuba	30,763	392	30,155	7,415	99%	Compliant

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<sup>4</sup> Count of members that chose a new PCP is excluded from the denominator of the PCP Retention calculation.