



Traditional and Safety Net Provider as Primary Care Provider for Calendar Year 2008

California Managed Risk Medical Insurance Board

Benefits and Quality Monitoring Division



September 2009



California Managed Risk Medical Insurance Board

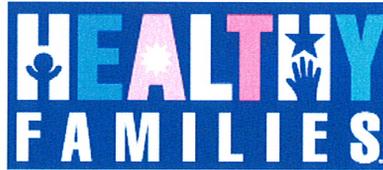
Healthy Families Program (HFP)

MRMIB provides and promotes access to affordable coverage for comprehensive, high quality, cost effective health care services to improve the health of Californians.

Healthy Families Program
Traditional and Safety Net Provider as Primary
Care Provider for Calendar Year 2008

TABLE OF CONTENTS

Introduction	1
Background.....	1
Report Methodology	2
Major Findings	2
Subscriber Demographics.....	4
Conclusion	5
Figure 1a – HFP Population by Ethnicity	6
Figure 1b – Utilization of T&SN as PCP by Ethnicity	6
Figure 2a – HFP Population by Spoken Language.....	7
Figure 2b – Utilization of T&SN as PCP by Spoken Language.....	7
Figure 3a – Percentage of HFP Population by Region	8
Figure 3b – Utilization of T&SN as PCP by Region	8
Figure 4 – Map of California Regions	9



Traditional and Safety Net Provider as Primary Care Provider Report for Calendar Year 2008

Introduction

The Managed Risk Medical Insurance Board (MRMIB) provides subscribers in the Healthy Families Program (HFP) with a choice of health plans in accordance with California Insurance Code, Section 12693.37. The range of choices available to each subscriber includes health plans that contract with Traditional and Safety Net (T&SN) providers. MRMIB requires plans to annually report on the number of subscribers with T&SN providers as their primary care providers (PCP). This report summarizes plan data for the 2008 calendar year.

Background

MRMIB defines T&SN providers as those who belong to at least one of three categories of providers who have historically served low income and/or uninsured children. The three categories of providers are:

1. Providers, except clinical laboratories, participating in the Child Health and Disability Prevention (CHDP) Program.
2. Clinics, including community clinics, free clinics, rural health clinics, community hospital-based outpatient clinics, and county owned and operated clinics that serve children in the Medi-Cal program.
3. Hospitals designated by the Department of Health Care Services as disproportionate share hospitals, university teaching hospitals, children's hospitals, or county owned and operated general acute care hospitals.

Each year, MRMIB generates a list of T&SN providers based on these categories and uses it in the Community Provider Plan (CPP) designation process. Each plan uses the list to identify which T&SN providers are contracted with the plan, and reports to MRMIB the number of HFP children who have a T&SN provider as their PCP. MRMIB then periodically assesses the extent to which HFP subscribers select T&SN providers for their PCPs.

Healthy Families Program
Traditional and Safety Net Provider as
Primary Care Provider Report for Calendar Year 2008

Report Methodology

For calendar year 2008, MRMIB requested all HFP health plans to report the number of HFP children who had a T&SN provider as their PCP. The health plans were instructed to indicate whether the T&SN provider was assigned by the health plan or selected by the applicant.

MRMIB linked the health plans' data with data collected from the subscriber's original application or annual eligibility review to add information related to ethnicity of the member, the primary language of the applicant (usually a parent), and annual household income.

Out of 24 health plans that participated in the HFP during this report period, 20 are included in this report. These plans represent approximately 61% percent of the total HFP enrollment for the 2008 Calendar Year. The plans excluded from the report are:

- Kaiser Foundation Health Plan (15% of enrollment) because Kaiser has a closed system and does not contract with T&SN providers.
- Three Exclusive Provider Organizations (EPOs) - Anthem Blue Cross-EPO (23% of enrollment), Blue Shield-EPO (1% of enrollment), and Health Net Life-EPO (0.1% of enrollment), because these plans do not require HFP subscribers to receive primary care services from a specific primary care provider.

Major Findings

- Overall, nearly two-thirds (64%) of HFP members enrolled in the 20 plans that reported data receive primary care from T&SN providers. This figure has been relatively consistent since MRMIB began requiring this data in 2001 when the rate was 61%. There has been little variation in the percentage of HFP members utilizing T&SN providers over the past eight years.
- Seven of every ten subscribers *with a T&SN provider* in 2008 selected the provider themselves (as opposed to being assigned to one), compared to six in ten in 2007.
- There is wide variation among the plans in the percentage of HFP subscribers that select a T&SN provider.
 - In general, subscribers enrolled in local plans (i.e., county or regional plans) utilize a T&SN provider for primary care at a higher rate than subscribers enrolled in plans that serve a larger geographic region.
- HFP subscribers who are non-white and who speak languages other than English utilize T&SN providers at a higher rate than subscribers who are white and speak English as their primary language.

Healthy Families Program
Traditional and Safety Net Provider as
Primary Care Provider Report for Calendar Year 2008

Selection/Assignment to a T&SN Provider

The HFP application allows applicants to select their children's PCPs. All HMO health plans require their members to select or be assigned to PCPs who manage their care. Administrative policies among plans vary in terms of assignment and/or selection of a PCP. Certain plans require subscribers to select a PCP while others automatically assign one. If the applicant specifies a particular PCP on the application, this information is forwarded electronically to the health plan by the HFP administrative vendor. HMO health plans allow members to change their PCPs on a monthly basis; a small number of HMOs allow PCP changes more frequently.

Table 1 compares the percentage of subscribers who selected a T&SN provider and those who were assigned to a T&SN provider. The plans are listed in order from highest to lowest by the percentage of HFP subscribers who use T&SN providers (both assigned and selected) as their PCPs. The percentages of those unassigned are also included.

Table 1 – Utilization of T&SN Providers

Health Plan	Subscribers Assigned to T&SN PCP	Subscribers Who Selected a T&SN PCP	Total T&SN Percentage 2008	Total T&SN Percentage 2007	Percentage Change
Contra Costa Health Plan	71%	29%	100%	95%	5%
Molina Healthcare	33%	67%	100%	61%	39%
Cen Cal Health	71%	29%	100%	100%	0%
Inland Empire Health Plan	34%	65%	99%	100%	-1%
Community Health Group	76%	24%	99%	95%	4%
Santa Clara Family Health Plan	28%	71%	99%	80%	19%
Alameda Alliance for Health	14%	82%	97%	92%	5%
Central CA Alliance for Health	48%	47%	95%	85%	10%
San Francisco Health Plan	12%	82%	94%	100%	-6%
Health Plan of San Mateo	8%	86%	94%	94%	0%
Ventura Co. Health Care Plan	49%	44%	93%	93%	0%
Community Health Plan	52%	36%	88%	79%	9%
Care1st Health Plan	43%	42%	85%	84%	1%
Health Plan of San Joaquin	7%	74%	81%	55%	26%
Kern Family Health Plan	69%	4%	73%	100%	-27%
Anthem Blue Cross HMO	0%	71%	71%	43%	28%
CalOPTIMA	0%	41%	41%	39%	2%
L.A. Care Health Plan	27%	10%	37%	35%	2%
Blue Shield HMO	0%	21%	21%	3%	18%
Health Net	10%	9%	19%	46%	-27%
Totals	19%	45%	64%	57%	7%

Healthy Families Program
Traditional and Safety Net Provider as
Primary Care Provider Report for Calendar Year 2008

As Table 1 shows:

- Subscribers who use T&SN providers as their PCPs were more than twice as likely to *select* a T&SN provider (45%) than to have one *assigned* to them (19%).
- Health Plan of San Mateo reported the highest percentage of subscribers who *selected* T&SN providers for primary care – 86% of their total subscribers.
- Community Health Group reported the highest percentage of subscribers who were *assigned* to T&SN providers for primary care – 76% of their total subscribers.

The following six plans reported that all (or virtually all) of their subscribers receive primary care from T&SN providers:

- Contra Costa Health Plan (100%)
- Molina Health Care (100%)
- CenCal Health (100%)
- Inland Empire Health Plan (99%)
- Community Health Group (99%)
- Santa Clara Family Health Plan (99%)

Four plans reported that less than half of their HFP subscribers receive primary care from a T&SN provider:

- Health Net (19%)
- Blue Shield HMO (21%)
- L.A. Care Health Plan (37%)
- CalOptima (41%)

Subscriber Demographics

Figures 1a through 3b compare the percentage of subscribers who either were assigned to or selected a T&SN provider by demographic categories concerning subscribers' Ethnicity, Spoken Language and Region.

- Hispanic/Latino and Asian/Pacific Islander subscribers utilized T&SN providers at the highest rate of all ethnic groups (65% and 63%, respectively).
- Subscribers with T&SN providers (65%) was the only rate that exceeded the average percentage of subscribers with T&SN providers (64%), though Asians/Pacific Islander subscribers (63%) were just as close to the average.
- Whites had the lowest rate of subscribers utilizing T&SN providers (50%).
- Subscribers in three language categories had T&SN provider rates above the average: Korean (72%), Spanish (69%), and Vietnamese (68%).
- Subscribers who speak English had the lowest rate of subscribers utilizing T&SN providers (57%).

Healthy Families Program
Traditional and Safety Net Provider as
Primary Care Provider Report for Calendar Year 2008

- Subscribers from the Bay Area (82%) and the Southern region (84%) were more than twice as likely to utilize a T&SN provider as those from the Northern region (39%) and the South Coast (35%).

Conclusion

In 2008, 64% of HFP members overall use T&SN providers for primary care, an increase of 7% compared to 2007. Non-whites and persons who speak languages other than English utilize T&SN providers at higher rates than do whites and persons who speak English. In addition, subscribers enrolled in local health plans (i.e., county or regional plans) utilize a T&SN provider for primary care at higher rates than subscribers enrolled in plans that serve a larger geographic region.

Because of the importance of T&SN providers to MRMIB subscribers, MRMIB will continue to monitor the rate at which HFP subscribers utilize Traditional and Safety Net providers.

Healthy Families Program
 Traditional and Safety Net Provider as
 Primary Care Provider Report for Calendar Year 2008

Figure 1a – HFP Population by Ethnicity

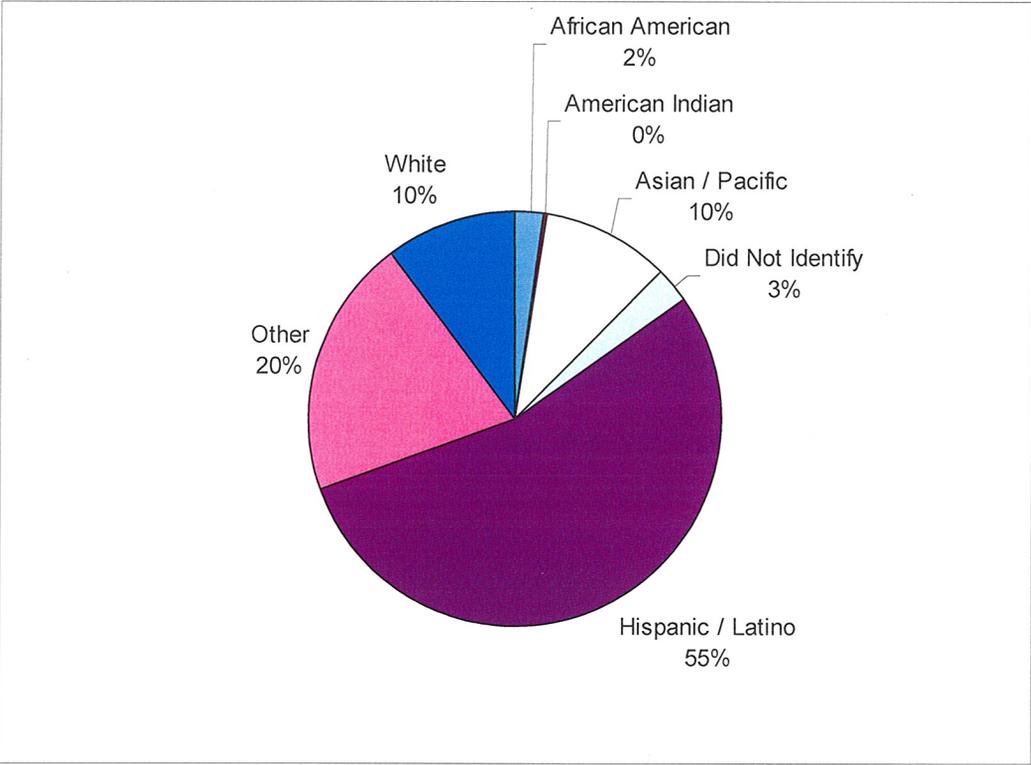
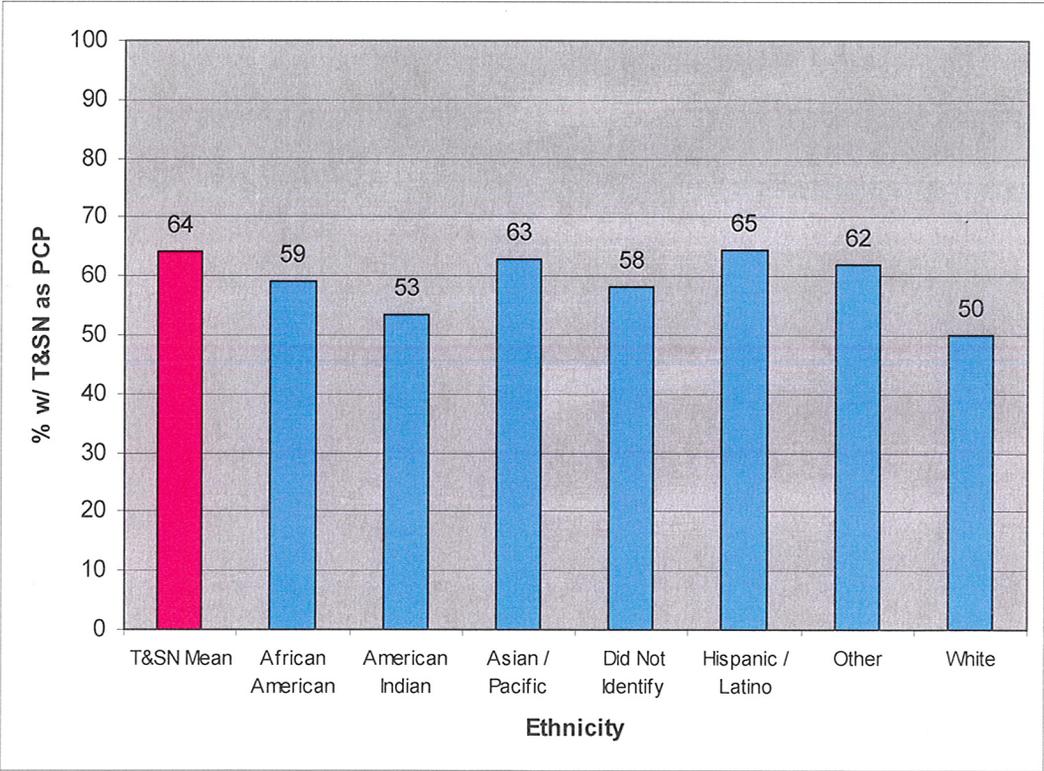


Figure 1b – Utilization of T&SN as PCP by Ethnicity



Healthy Families Program
 Traditional and Safety Net Provider as
 Primary Care Provider Report for Calendar Year 2008

Figure 2a – HFP Population by Spoken Language

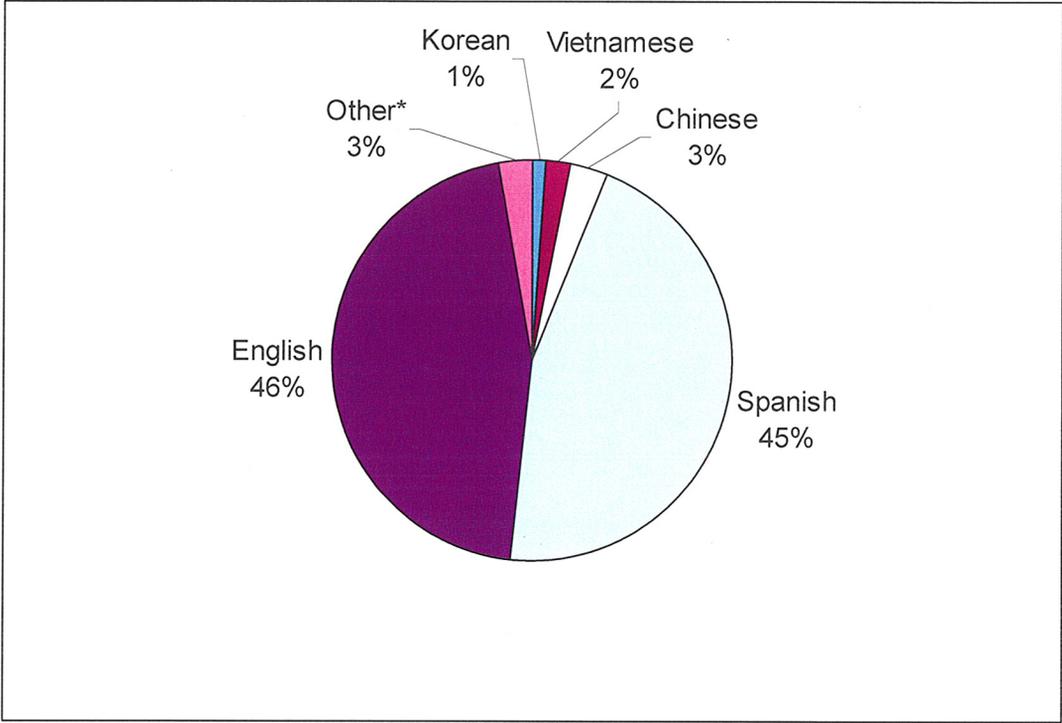
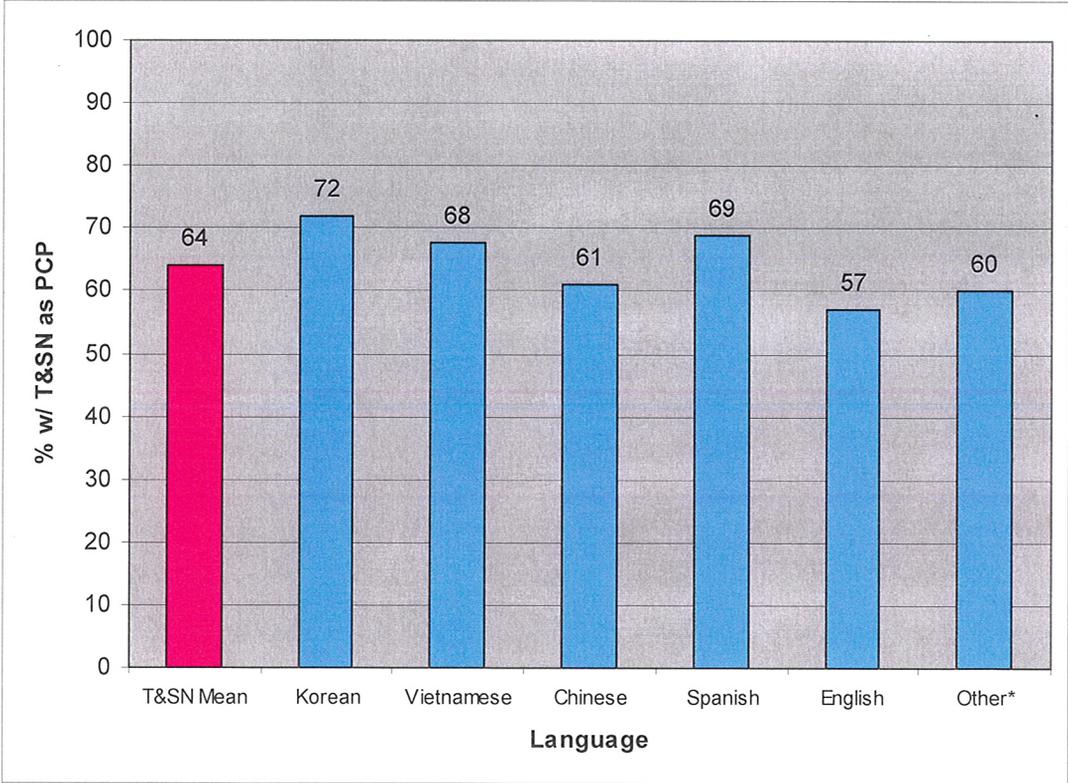


Figure 2b – Utilization of T&SN as PCP by Spoken Language



*Other languages include Arabic, Armenian, Cambodian, Farsi, French, Hebrew, Hmong, Italian, Japanese, Lao, Llacano, Mien, Polish, Portuguese, Russian, Samoan, Tagalog, Thai and Turkish.

Healthy Families Program
 Traditional and Safety Net Provider as
 Primary Care Provider Report for Calendar Year 2008

Figure 3a – HFP Population by Region

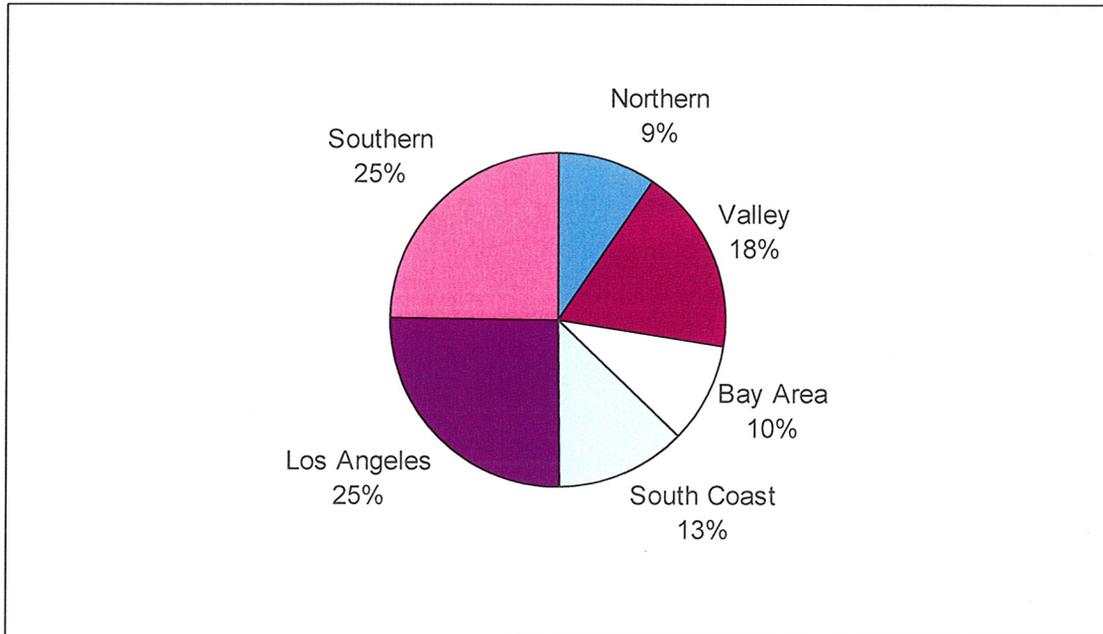
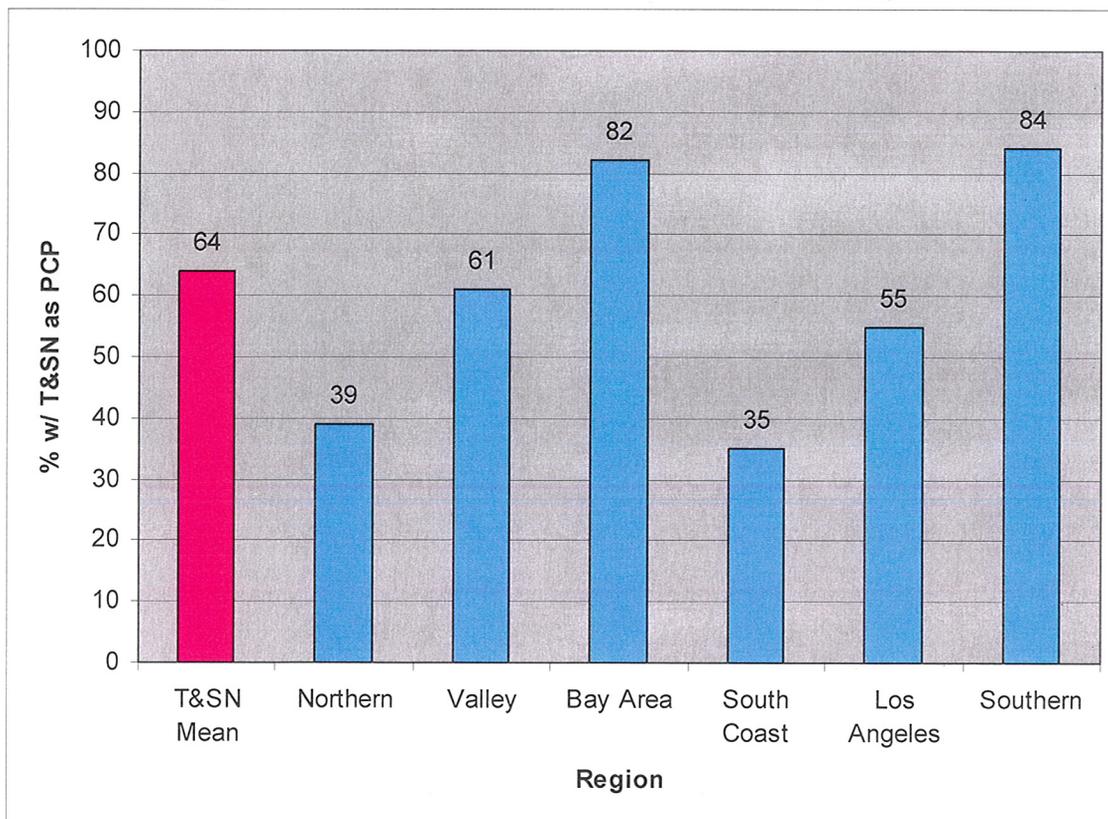


Figure 3b – Utilization of T&SN as PCP by Region



Healthy Families Program
 Traditional and Safety Net Provider as
 Primary Care Provider Report for Calendar Year 2008

Figure 4 – HFP Map of California Regions

