Medi-Cal Managed Care Advisory Committee
GMC Model Stakeholder Feedback
March 26, 2018

DISCUSSION: WHAT IS NOT WORKING

Recap:

- **January 2018** – Committee members engaged in a structured brainstorm process to address three questions: What is working? What is not working? What changes are needed?
- **February 2018** – Committee members began to discuss issues that are not working in the GMC Model.

COMPLEX SYSTEM

1. Problem: Sacramento has more health plans and more large hospital systems than other counties. Safety net specialty practices have been purchased by medical foundations and closed to Medi-Cal. Specialty providers are more likely to be linked to a hospital system in Sacramento than other counties. Multiple payers add to the complexity of multiple plans and multiple hospital systems.

   Potential Solutions:
   - Realign specialty services so there is shared access. This would require greater collaboration among hospital systems.
   - We have stability in 4 large hospital systems that are not-for-profit that have sophisticated delivery systems. We could figure out a way to work together to serve the population by dividing it up based on needs, but multiple payers complicate it.

2. Problem: Providers must deal with multiple IPAs, health plans with direct contracts, fee-for-service Medi-Cal, MCOs, etc., each with different authorization procedures, different service providers, etc. Must refer to a grid. It is cumbersome for providers and patients.

   Potential Solutions:
   - Develop a uniform authorization process.
   - Plans and hospital systems could work together to simplify referral paths, internal processes, etc. There is opportunity around process simplification.

3. Problem: Except for Kaiser, Medi-Cal patients lack integrated care. Medi-Cal patients have unequal treatment vs. commercial patients and must travel out of the area for specialty care.

   Potential Solution:
   - Medi-Cal reimbursement rates need to be higher so that more physicians will participate.

4. Problem: The State sets parameters for payments.

   Potential Solution:

CONFUSING

1. Problem: Huge increase in number of beneficiaries since ACA. Patients don't know where to go. Typical member who has trouble getting care will turn to the ED.

   Potential Solutions:
   - Educate beneficiaries about accessing primary care.

- Need more standardization and consistency.

2. Problem: Most Sacramento FQHCs entered the market in the last ten years. The infrastructure was lacking. The growth has been rapid, but has the investment kept pace? Perhaps higher quality scores in other markets were due to larger financial investment.

   Potential Solution:
   - Clinics are continuing to build infrastructure. Development is ongoing.

3. Problem: Choice is not real. Lots of places to go, but they will not take you, and you cannot figure out where to go that will take you.

   Potential Solution:
   - Individual can change plans.

4. Problem: The system is confusing for providers. Example: Pregnant woman will need 6 ultrasounds. There can be 6 or 7 different ways to handle based on differing IPA procedures, fee-for-service Medi-Cal, etc. Additionally, FQHCs also add complication to the process by determining the range of CPT codes, what lab to use, etc.

   Potential Solution:

5. Problem: Time spent on claims payment, navigation (including calls escalated to management to resolve problems), etc. has a cost and takes away from care.

   Potential Solution:

ACCESS

1. Problem: Specialists unwilling to contract. Many physicians stopped taking Medi-Cal when SPDs became mandatory managed care. Access issues may be due to lack of providers, low rates of participation in Medi-Cal, or the unit price structure compared to other counties. Private practices (non-FQHC) in Sacramento are becoming system foundation models and do not increase access. The foundation models only take Medi-Cal when commercial volumes are low.

   Potential Solutions:
   - Focus funding on providers we have been unable to get, but who care for those who are the most sick and needy.
   - Block purchasing opportunities.
   - Increase reimbursement rates.

2. Problem: State pays each plan differently (not a single rate).

   Potential Solutions:
   - If every provider participated equally, there would be no access problem.
   - May need change at the State level (contracting, procurement, etc.)

3. Problem: Specialty access is a local issue.

   Potential Solutions:
   - Work together to develop innovations.
   - Address locally first, then go to DHCS if necessary.

4. Problem: Members are unable to get care where they live.

   Potential Solution:
   - Plans now provide transportation.

5. Problem: Access has shifted. Primary care is being provided in the ED. High cost primary care.

   Potential Solution:

6. Problem: Committee members may be willing to implement change, but the layers above us within each organization must give approval.

   Potential Solution: