

Medi-Cal Managed Care for Seniors and Persons with Disabilities: Consumer Perspectives

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Disability Rights California

- Disability Rights California's mission is to advance the rights of Californians with disabilities.
- Our five regional offices focus on benefits; mental health; discrimination; special education
- In northern California, I litigate class action lawsuits; assist individual clients; conduct outreach. My focus is on health care and other benefits for people with disabilities.



Legal Services of Northern California

- Founded in 1956, LSNC provides high-quality civil legal services that empower the poor to identify and defeat the causes and effects of poverty.
 - Direct client representation
 - Litigation
 - Community legal education and outreach
 - Partnerships and trainings with CBOs
- Legal Services of Northern California serves 23 counties in Northern California, including Sacramento.



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LSNC-Health

- Assist clients on a wide variety of health matters, including Medi-Cal eligibility/service denials, CMISP, Medicare, uninsured, private insurance etc.
- Partner on the Building Healthy Communities – South Sacramento project (funded by The California Endowment)
 - MLP
 - Connect Center



Managed Care: The Good

- Managed care: responsibility to help clients
 - Managing care;
 - Help finding a health care provider;
 - Ensuring providers are actually available and information and services are accessible.
- Some managed care plans include services not covered by fee-for-service Medi-Cal

Managed Care: The Confusion

- Many clients are confused and have a hard time understanding the transition to managed care
- Advocates are also confused about some issues: e.g. are DD waiver enrollees exempt from mandatory managed care?

Issues and Concerns: Default Enrollment

- The default enrollment rate is alarmingly high. Our clients do not realize they have been enrolled into managed care until they go for an appointment with their usual providers
- Default enrollments of Medi-Medis, people on NF/AH waiver, people with private health insurance, etc. even though they should not be default enrolled

Issues and Concerns: Denial of Services

- Managed care providers are denying coverage for services that clients have received for many years through fee-for-service Medi-Cal, often with inadequate Notices of Action
- When requested services are denied, there is confusion about due process rights
 - e.g., the state refused hearing/aid paid pending request because there was “no county action” when a managed care provider denied a service

Issues and Concerns:

Accessibility

- Physical accessibility of buildings and facilities to people with disabilities
- Accessible communication, including TTY telephone access, availability of written materials in alternative formats, etc.

Issues and Concerns:

Medical Exemption Requests

- Denial of Medical Exemption Requests
 - Even when the medical evidence is strong
 - Due to confusion about whether the primary care physician accepts the relevant health plan

Issues and Concerns

IHSS

- The state has raised the possibility of moving IHSS into managed care. IHSS consumers and advocates are very concerned

Issues and Concerns:

ADHC Clients

- We remain concerned about the state's proposal to transition ADHC clients to managed care. Many of these clients requested managed care exemptions.
 - Managed care plans are not likely to be able to provide the level and types of services our clients need to avoid institutionalization.
 - In addition, people living in rural areas may not be able to access services in urban centers.

Issues and Concerns: Risks to Clients

- Sometimes managed care problems can be very serious for our clients with significant disabilities and life-threatening conditions
 - Losing a service can have dire consequences
 - Default enrollment causing a client to lose a relationship with a long-standing primary care physician or specialist can have dire consequences

Homeless & Low-Income Clients

- Homeless clients and other low-income clients are often familiar with clinics near their home/neighborhood. People who do not have a phone, car or permanent address often have difficulty navigating the system. Must deal with plan, County DHA, HCO and County MH.
- Managed care customer service representatives are not always sympathetic to the circumstances of homeless/low-income clients.

Miscommunication

- Issue: At initial roll out, clients receiving conflicting information between HCO representatives and County eligibility workers, or misinformation (especially in regards to exempt groups like dual eligibles).



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Authorized legal agents

- Issue: Power of attorneys and other legal representatives for SSI clients having trouble communicating with HCO. HCO says no “authorized rep” showing their system. Clients call SSA, County and HCO, no meaningful resolution to the problem on their own. Result is delays in getting access to info = delays in getting necessary care.



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Treatment delays and cancellations

- Issue: Auto-enrolled clients have scheduled critical surgeries and treatment cancelled. Ombudsman process helped, but delay of treatment still took place.

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Access to Prescriptions

- Issue: Denial of prescriptions client previously received through their old PCP. DHCS has issued guidance, but plan compliance is unclear. Result = client runs out of medication.

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Access to Mental Health

- Issue: Coordination between managed care plan and Sacramento County mental health. Many clients previously received some MH treatment through primary care physicians, but managed care plan denies prescription/treatment and refers to Sacramento County MH. Gap in MH care.



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Medical Exemption Requests

- Confusion about access to “aid paid pending” (ability to stay in FFS) while the state evaluates Medical Exemption Requests
- Sometimes the FFS provider is the barrier. Client needs paperwork to request an medical exemption (MER) or continuity of care, and provider is too busy etc.



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Communication

- Would it be useful to develop a process for advocates to address concerns directly with county or managed care entity when there are very serious concerns that could be life-threatening or cause serious problems for clients?