

Understanding Patient & Provider Experiences in Sacramento County

Review of 1) Consumer Protection Committee's Survey and 2) Complaint data from the California Department of Managed Care

Approach to Date

Considerations:

- What can the Commission seek out and capture?
- What is publicly available?
- Key constituencies to hear from
- Time limitations

As a result, Consumer Protection Committee Activities included:

- Review of publicly available complaint data from the Department of Managed Health Care
- Presentations of the patient experiences of certain vulnerable populations, such as experiences of persons experiencing homelessness in Sacramento County, from organizations serving those populations
- Development & dissemination of a patient and provider survey by the Consumer Protection (CP) Committee

Consumer Protection Committee

Survey At-A-Glance

- The Consumer Protection Committee of the Sacramento County Health Authority Commission developed a 12-question survey aiming to collect feedback from both providers and consumers on their experiences with Medi-Cal in Sacramento County.
- The survey was open for two weeks in August 2021 and received 54 responses:
 - 35 responses from providers
 - 18 responses from consumers
 - 1 response was unknown
- Respondents flagged their main challenges and provided recommendations for finding solutions to these challenges. Responses were then analyzed to determine common themes for both challenges and solutions.

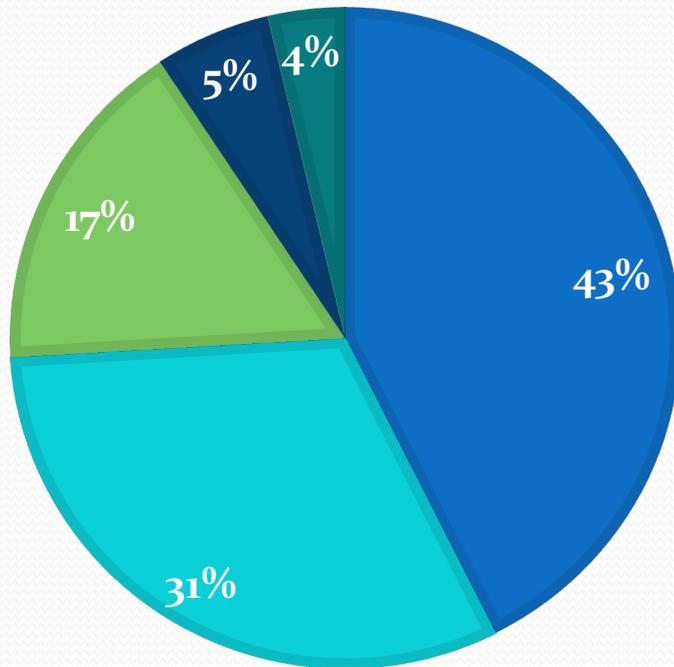
Challenges (Summary)

Challenges	Total Mentions	Provider Mentions	Consumer Mentions	Unknown Mentions	Specific Issues
Access to Care	54	38	15	1	Timely Appointments, Small Provider Pool, Referral Limitations, Inconsistent Care Across Plans, Frequent Provider Switches Not Requested by Patients, Staff Turnover, ED Utilization in lieu of PCP, Lack of Communication, Lack of DME Funding
Social Determinants of Health	6	4	2	0	Transportation, Lack of Social System Navigation, Food Insecurity, Housing Insecurity, SUD, Unemployment, Literacy
Administrative Efficiency	3	2	1	0	Coverage Education for Providers, Frequent Provider Switches Not Requested by Patients
Continuity of Care	3	3	0	0	Provider Accountability, Lack of Communication, Frequent Provider Switches Not Requested by Patients
Dental & Vision Benefits	3	0	3	0	Condition Coverage (TMJ), Condition Coverage (Trifocals)
Children Services	2	1	1	0	Limited Access to Pediatric Dentists
Health Disparities	2	2	0	0	Pain Management, SUD, LGBTQIA+
Care Coordination	1	0	1	0	Communications Across Care Team
Provider Costs	1	1	0	0	Low Reimbursement Rates
Quality	1	1	0	0	Inconsistent Care Across Plans
Workforce	1	1	0	0	Staff Turnover

Deep Dive: Access To Care

ACCESS CHALLENGES – BY TYPE OF CARE

- Access to care (specialty)
- Access to care (primary)
- Access to care (behavioral health)
- Access to care (equipment)
- Access to care (prescription)



All 54 respondents noted access to care as a challenge in Sacramento County.

Challenges	Mentions Total
Access to care (Specialty)	23
Access to care (Primary)	17
Access to care (Behavioral Health)	9
Access to care (Equipment)	3
Access to care (Prescription)	2

Deep Dive: Access To Care (cont.)

The main issues flagged under access to care include: **timely appointments, limited providers, referral limitations, inconsistent care across plans, frequent provider switches** not requested by patients, **staff turnover, ED utilization** in lieu of PCP, **lack of communication, and lack of durable medical equipment funding.**

“Many of my patients with Medi-Cal struggle to have timely appointments. This includes long wait times to establish with new doctors and also to have follow-up appointments.” – Provider Respondent

“Our geographic managed care system is pretty poor, overall. We are contracting with {redacted} because of better access, but the rest of the system is less predictable for us.” - Provider Respondent

“Care provision can be slow and inconsistent for our clients and there are frequent changes in the physicians which slows down process and increases frustrating inconsistencies.” – Provider Respondent

“There are huge delays in accessing specialty care and very limited specialists available. Providers and patients must jump through unnecessary hoops in order to get care covered. I have to order medically unnecessary tests to get referrals processed.” – Provider Respondent

“Every day it is a challenge. Each visit you are only allowed to have one referral submitted for your needs, even though you require 2-3 referrals.” – Consumer Respondent

“Our son suffered a physical injury needing surgery in March of 2021. It is the end of July 2021 and we do not have a surgery date for his injury. That is unacceptable.” – Consumer Respondent

“It took almost a year/year and a half to pair up with two needed doctors. Most of my physicians don't have experience with my condition which is permanent and disabling.” – Consumer Respondent

“Getting appointments in general and specifically mental health appointments are a nightmare. Doctors are inundated and plans needs more professionals to accommodate all patients. – Consumer Respondent

Deep Dive: Specialty Care

The following specialties were flagged as particularly difficult for both consumers and providers to access:

- Surgery
- Gynecology/OB
- Pediatric Oral Health
- Dermatology
- Oncology
- Neurology
- Endocrinology
- Gastroenterology
- Nephrology
- Psychiatry
- Gender Affirming Care

Outside of specialty care, access to the following post-acute care services were flagged by respondents:

- Physical Therapy
- Skilled Nursing Facilities
- Rehab

Deep Dive: Social Determinants of Health & Health Disparities

The social determinants of health flagged most often in the survey include **transportation, food insecurity, housing insecurity, income insecurity and illiteracy.**

In addition, two different providers shared that they noted **health disparities**, and even **discrimination**, when working with LGBTQIA+ patients, SUD patients, and pain management patients.

“The way pain management services are offered is discriminatory. They require a negative urine drug screen for every pain management referral. This equates pain management to chronic opioid therapy which should not be the case. It is also discriminatory to people who use drugs or people with substance use disorders. Just because people use drugs does not mean that they should not be able to access pain management; in fact, patients who use drugs would greatly benefit from pain management specialists who can handle the complexities of treating pain in someone with a substance use disorder.”
– Provider Respondent

“I was working with a patient to provide gender affirming care including electrolysis and I submitted a referral to the health plan for this service. The health plan approved it and directed it to a dermatology provider in Sacramento. When I called this provider, they do not do electrolysis. This then happened three more times. I then called the health plan directly and asked for a list of providers in Sacramento who provide electrolysis. They send me a list of 8, I called all 8 and none of them provide electrolysis. This has significantly delayed the care that my patient deserves.” – Provider Respondent

“Transportation has been a hassle because rides are not showing up on time to pick up clients. Sometimes they don't even come at all. Some PCPs or clinics are super strict and will not wait for the client to show up late because of transportation. This means they will have to reschedule their appointments which can be another month from then.” – Provider Respondent

Deep Dive: Benefits & Services

Children services, as well as **dental and vision services**, were the most common coverage issues.

“I had to take my 2-year-old son to the general dentist because that was all Medi-Cal provided. They did not cover a Pediatric Specialist. My son had a terrible time and staff was so impatient with him. I was dumbfounded and angry. He was only 2 and this was his first dental visit. After that experience, I never took my kids to another Medi-Cal covered dentist. There are providers who are Pediatric Specialists and Medi-Cal should cover those services and make it accessible. – Consumer Respondent

“In my experience dental and vision benefits are terrible. Also, I have TMJ which is really hard to get covered.”– Consumer Respondent

“I would like to see more pediatric specialists contracted within the area.”– Provider Respondent

It is a medical necessity that I receive Tri-Focal lenses for my eyeglasses according to my Optometrist of 12 years. Medi-Cal refuses to pay for Tri-Focal lenses and will only pay for bifocal lenses which are the wrong Rx for my medical condition. My current lenses on my eyeglasses are three years old and completely scratched up and my optometrist told me last month my new prescription has completely changed and the lenses I have now are completely insufficient for me to see properly. Without my eyeglasses I cannot even walk around my house due to such poor vision. – Consumer Respondent

Deep Dive: Administration & Workforce

Providers noted frustrations with Medi-Cal administration, particularly related to **coverage education for providers, frequent provider switches** not requested by patients that disrupt care, and large amounts of **workforce turnover**. Providers noted that these issues have major impacts on the quality of care provided.

“There is a behavioral health workforce crisis that is impacting the quality of care the Medi-Cal recipients are entitled to receive. Frequent changes in treatment staff, long wait for appointments, workers are inexperienced and underpaid.” – Provider Respondent

“Many items aren’t covered and when they are, the paperwork is more tedious and less clear than for commercial insurance, making the process longer.” – Provider Respondent

“Patients are frequently reassigned to other health plan/provider via letter in the mail that the patient does not receive or does not understand the letter. This causes disruption in care as when they arrive to my office, we have to help them get reassigned back to me and something they cannot be seen that day.” – Provider Respondent

“If I meet patients in the hospital or community it is extremely difficult to switch their PCP and it doesn’t usually take effect until the 1st of the month. This delays hospital discharge care because patients can’t schedule hospital discharge appointments until their PCP is changed and they don’t want to see a brand-new physician who they don’t have a relationship with.” – Provider Respondent

Deep Dive: Continuity of Care

Finally, both providers and consumers flagged that continuity of care is challenging due to **frequent providers changes, delegation, and lack of care coordination**, resulting in poor quality care.

“I would also like to be able to maintain the continuity of care within my office without sending the patients out to a lab. As a primary care provider, we are expected to maintain a standard of care from our medical groups but the IPAs contract with labs instead of reimbursing us directly. If we send a patient out with a lab requisition for a routine screening procedure often times, there is no compliance from the patient. If care is maintained within the office visit there is security in knowing that the quality care has been given.”– Provider Respondent

“I am shocked by the poor quality and inappropriate consult recommendations that I receive and many of my patients have had very negative experiences but have no other options.”– Provider Respondent

“Patients need a peer advocacy system to help make the most of their appointments. When someone has a chronic condition, they need a special care team. I appreciate my physicians. It's more of access and coordination to experience real advancement that's needed.”– Consumer Respondent

“Difficult system to navigate. Having to change PCPs very often due to contracts changing results in gaps in care.”– Provider Respondent

Solutions Identified that MCPs *Could Support*

- Accessible and up-to-date lists of Medi-Cal providers
- Easy/quick way to make primary care provider (PCP) changes and to stop random plan reassignment of providers
- Better communication – plans to patient and provider, plans to provider
- Educate providers on coverage
- Expand PCP and specialist networks
- Increase care management and hire internal case managers
- Workforce investments in patient navigation and social care supports
- Leverage lessons learned/successes from other CA counties and health plans
- Better manage delegated entities to ensure patient care by different providers

Solutions Identified that MCPs

May Be Able to Support

- Reduce administrative bottlenecks to improve access to care, including time it takes to get appointments with PCPs, access to a broader range of SUD services, allow multiple referrals
- Better communications across providers, provider to patient, pharmacist to patient – potentially incentivize through plan oversight?
- Make care plans accessible to all patients
- Engage advocates to help
- Expand access to behavioral health, types of specialty services covered
- Expand networks for children's dental providers
- Expand equipment coverage
- Expand telehealth
- Invest in a safety net hospital
- Increase compensation/reimbursement rates
- Support development of a fully integrated system of care
- Prescription drug formulary exceptions

Solutions Identified that MCPs *Cannot Address*

Respondents identified solutions that are beyond the ability of MCPs to address without state or federal intervention, including:

- Expand eligibility for income-based programs
- Expand vision coverage

Discussion Questions

- What are your initial reactions to the survey results?
 - Did anything surprise you?
 - Did anything confirm your perception of issues in Sacramento County?
- How can these findings inform the Commission's work?
- Based on these findings, what questions would you like to ask MCPs?

DMHC Data At-A-Glance

- The Department of Managed Health Care provided data for complaints filed for Medi-Cal Managed Care Plans in Sacramento County which were determined to be within the Department's jurisdiction, eligible for review by the Department, and resolved (closed) between 1/1/2018 through 8/19/2021.
- Independent Medical Reviews are not included.
- Complaint categories are defined as follows:

Complaint Category	Description
Access to Care	Complaints regarding delays in obtaining care or appointments, inadequate selection of providers, difficulty changing providers, accessing facilities, difficulty obtaining interpreter or translation services, etc.

Complaints Category Definitions

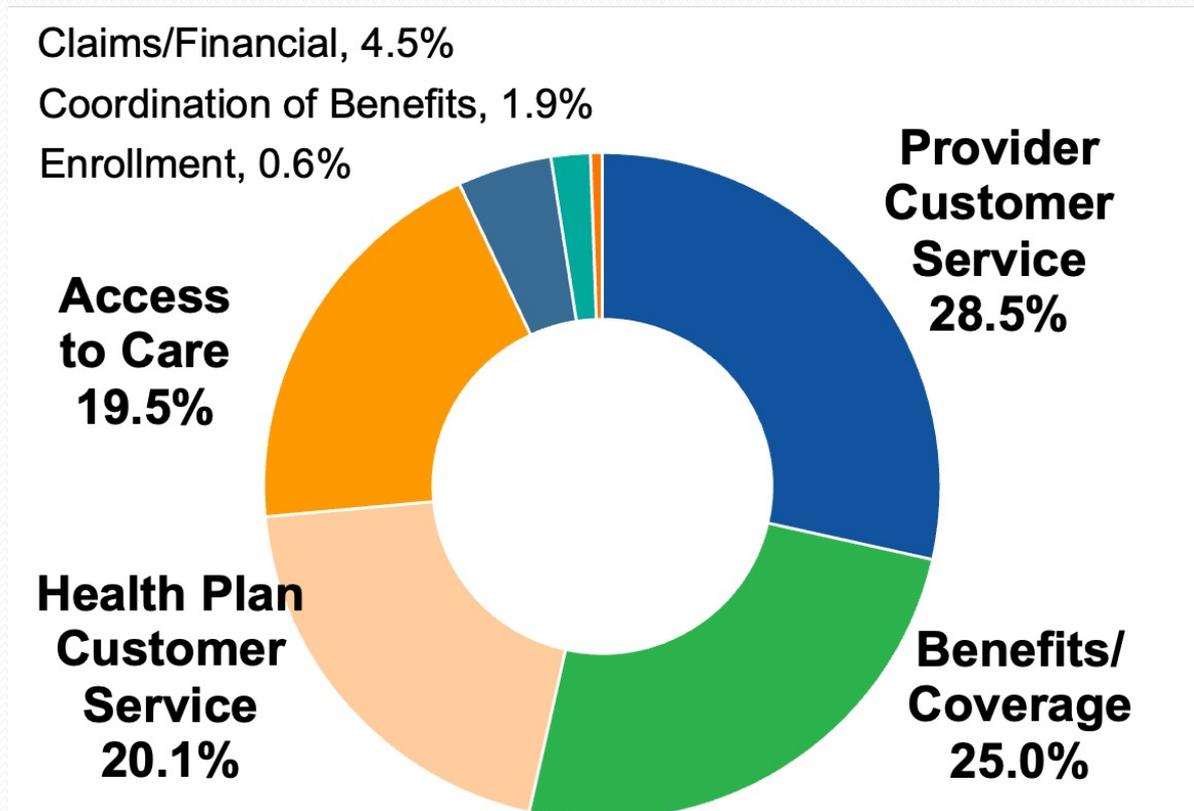
Complaint Category	Description
Benefits/ Coverage	Complaints regarding benefit limits, denial of coverage based on Evidence of Coverage exclusions, out-of-network denials, prescription issues, and preventative care issues
Claims/ Financial	Complaints regarding balance billing, premium disputes, payment disputes, deductible/co-pay disputes, etc.
Coordination of Benefits	Complaints regarding coordinating care among multiple providers, obtaining continuity of care, premature discharge from a facility, inadequate diagnosis or inadequate treatment, and level of care received

Complaints Category Definitions

Complaint Category	Description
Enrollment	Complaints regarding enrollment, cancellation, retroactive termination of coverage, dependent care, improper marketing or solicitation
Health Plan Customer Service	Complaints regarding a plan's grievance process, a plan employee's attitude or level of service, a plan's responsiveness to phone calls or other inquiries
Provider Customer Service	Complaints regarding a provider's grievance process, a provider or provider employee's attitude or level of service, a provider's responsiveness to phone calls or other inquiries

Consumer Complaints Resolved

All Plans, 1/2018 – 8/2021 (n=533)



Consumer Complaints Resolved

By Category and Plan, 1/2018 – 8/2021 (n=533)

Complaint Category	Aetna	Anthem	Health Net	Kaiser	Molina
Access to Care	17%	32%	22%	10%	11%
Benefits/Coverage	50%	26%	29%	21%	15%
Claims/Financial	17%	8%	4%	4%	0.6%
Coordination of Benefits	-	5%	1%	1%	4%
Enrollment	-	-	1%	1%	2%
Health Plan Customer Service	-	14%	15%	24%	48%
Provider Customer Service	17%	15%	29%	41%	20%

*Percentages are out of total complaints for each plan

Consumer Complaints Resolved

Per 10,000 Medi-Cal Managed Care Members,
1/2018 – 8/2021

County	Aetna	Anthem	Health Net	Kaiser	Molina
Sacramento	6.3	9.8	18.6	19.3	10.1

Discussion Questions

- What are your initial reactions to the DMHC data results?
 - Did anything surprise you?
 - Did anything confirm your perception of issues in Sacramento County?
- How can these findings inform the Commission's work?
- Based on these findings, what questions would you like to ask MCPs?