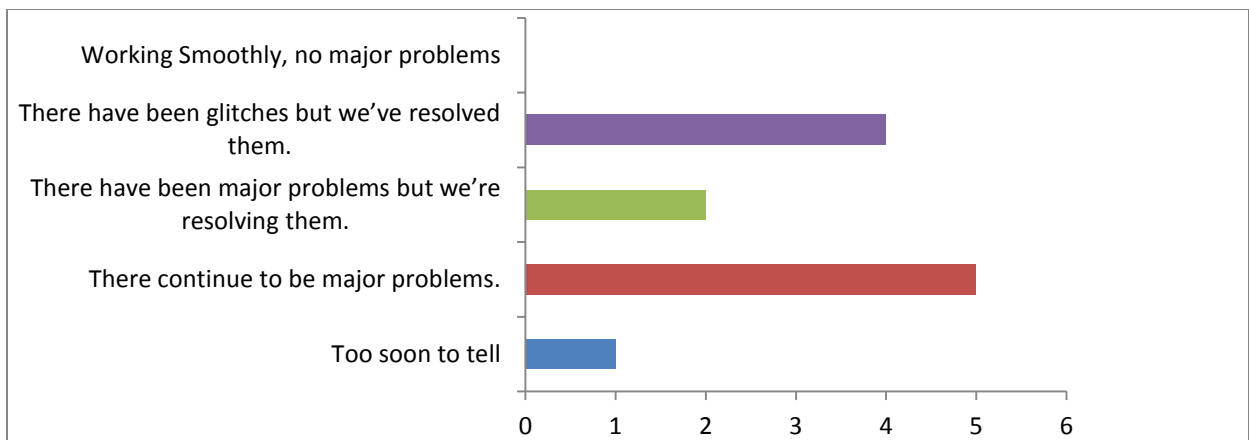


Children's Regional Integrated Service System (CRISS) Medi-Cal Managed Care Rural Expansion Survey Summary March 2014

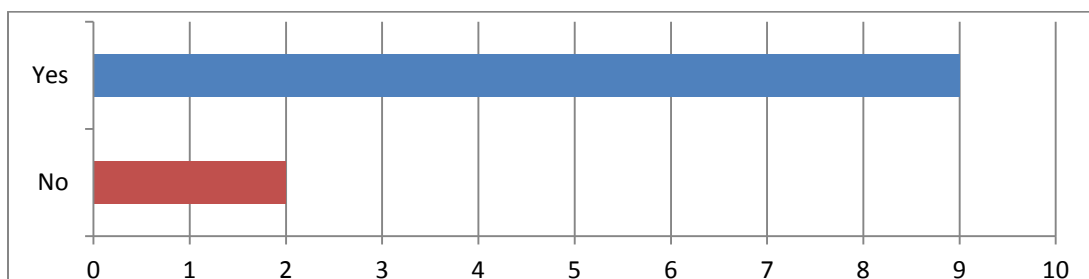
In March 2014 CRISS surveyed county CCS programs in its ten member counties that were part of the rural expansion of Medi-Cal managed care beginning in 2013 (Butte, Colusa, El Dorado, Glenn, Humboldt, Placer, Shasta, Sutter, Tehama, Yuba) to collect information on how implementation was going for children with special health care needs. There were 11 respondents to the survey; the results are displayed below.

Overall, how would you rate the transition to Managed Care in your county for CCS children?



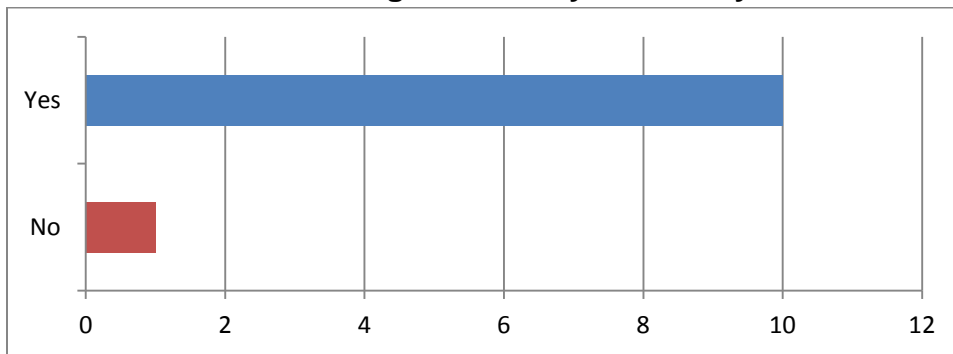
- Multiple respondents reported that managed care does not understand the CCS program, increasing the workload for their respective departments. One commenter reported that referrals and SARs are not being completed correctly. Multiple respondents said there have been delays in authorization of care while cases were being considered for CCS eligibility that jeopardized patient safety.
- One respondent also commented that there was a major problem with Partnership Health Plan auto-defaulting all prescriptions to plan formulary meds. The respondent said it took one family three months to get their child back on his established meds regime while he was psychiatrically decompensating.

Have you observed CCS children having difficulty accessing care in your county or needing to switch primary care providers?



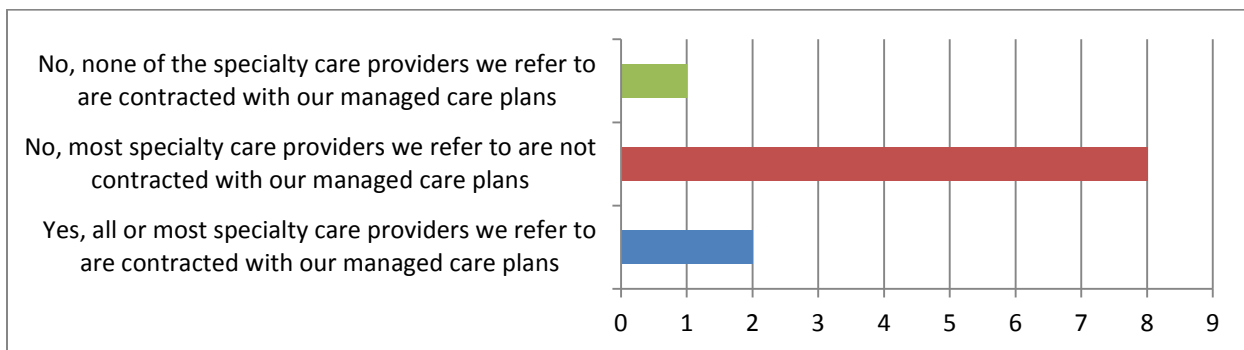
- Managed care plans are not contracted with UC Davis Medical Center, and multiple respondents reported that this is causing big problems including needing to switch primary care providers and having difficulty accessing specialty care not covered by CCS. One respondent also reported that provider lists sent out by the managed care plans were incomplete and inaccurate.
- One respondent reported that due to UC Davis being out of network, a 20 year old with testicular cancer had to wait six weeks to be able to see an oncologist.

Are there any other issues unique to CCS children that you have observed with the transition to Medi-Cal Managed Care in your county?



- Fragmented and split care was a major theme in the comments. Multiple respondents reported that plans are trying to shift costs to CCS and one respondent said they had to get someone from the state to cite legislation to Partnership Health Plan stating that hospice care is their contractual obligation.
- Children are not always able to get the care they need in a timely manner because the managed care plan wants a CCS denial first.

Are all of the specialty care providers that you refer children to contracted with Managed Care plans now operating Medi-Cal in your county?



- The responses in the comments to this question were mixed. One respondent reported that about half of CCS children have specialty care providers that are in network for PHP, and half do not. They also reported that Lucile Packard Children's Hospital and others are continuing to see children even though they are out of network.
- Another respondent reported that LPCH is the only Specialty Care Center in their region contracted with managed care, and children who may need to go to UC San Francisco or Children's Hospital Oakland could have problems due to the lower rates for out of network specialty care providers.
- Again, multiple respondents reported problems with children accessing specialty care due to UCD being out of network.

Recommendations for CRISS and Other Comments

- Multiple respondents recommended educating the plans about CCS and its processes.
- Multiple respondents recommended working on providing meaningful oversight of the plans to ensure that they are living up to their responsibilities.
- Respondents recommended that CRISS inquire with the plans about contracting with specialty care providers, especially UCD and Sutter.

CRISS
4/11/14