

CALIFORNIA ASSOCIATION



2020 **MANAGED CARE SURVEY**

ABOUT THE SURVEY

CAHF's 2020 Managed Care survey identifies challenges & opportunities faced by skilled nursing facilities (SNFs) as they continue to work with managed care plan partners. For six years, this survey has summarized valuable information regarding provider attitudes towards managed care payors and overall satisfaction with specific managed care plans, focusing primarily on reimbursement issues. Survey results are shared with managed care plans to acknowledge positive trends and identify opportunities for improvement.

Due to the time constraints faced by providers during the COVID-19 pandemic, survey responses were 33% lower than the previous year, yet the results offer insight on views towards managed care. As we look towards further expansion of health plans and even greater financial impact plans will have on skilled nursing as a result of CalAIM, these insights provide a useful road map to improve some of the weakness identified.



REPRESENTING
353
BUILDINGS
THROUGHOUT
CALIFORNIA

What types of organizations are represented in this survey?

50%

Own and operate one or more facilities with less than 500 beds

44%

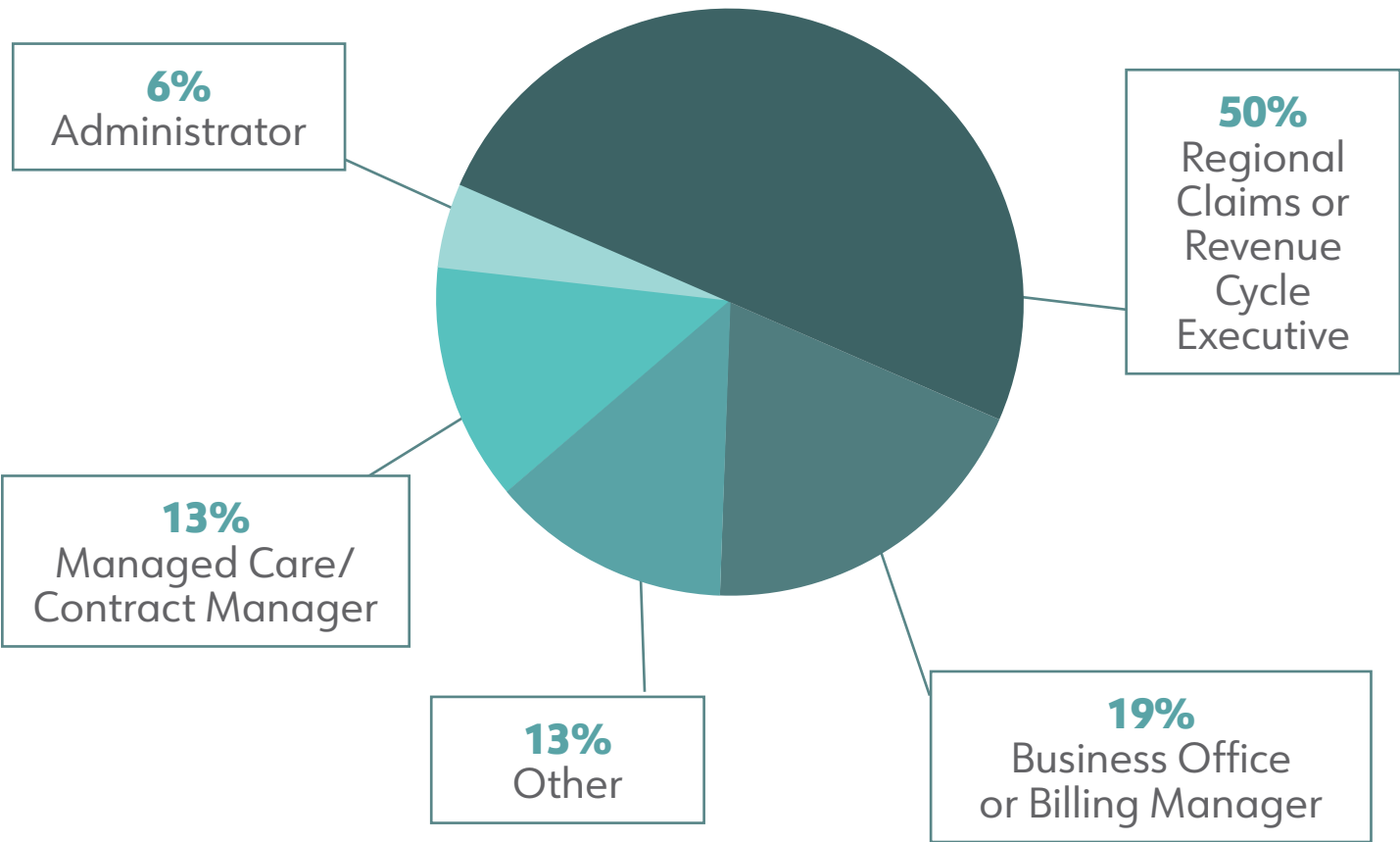
Own and operate 2 or more facilities with 500 beds or more

6%

Billing company

Survey Participant Roles & Responsibilities

Participants were asked to disclose their role within the company/facility.



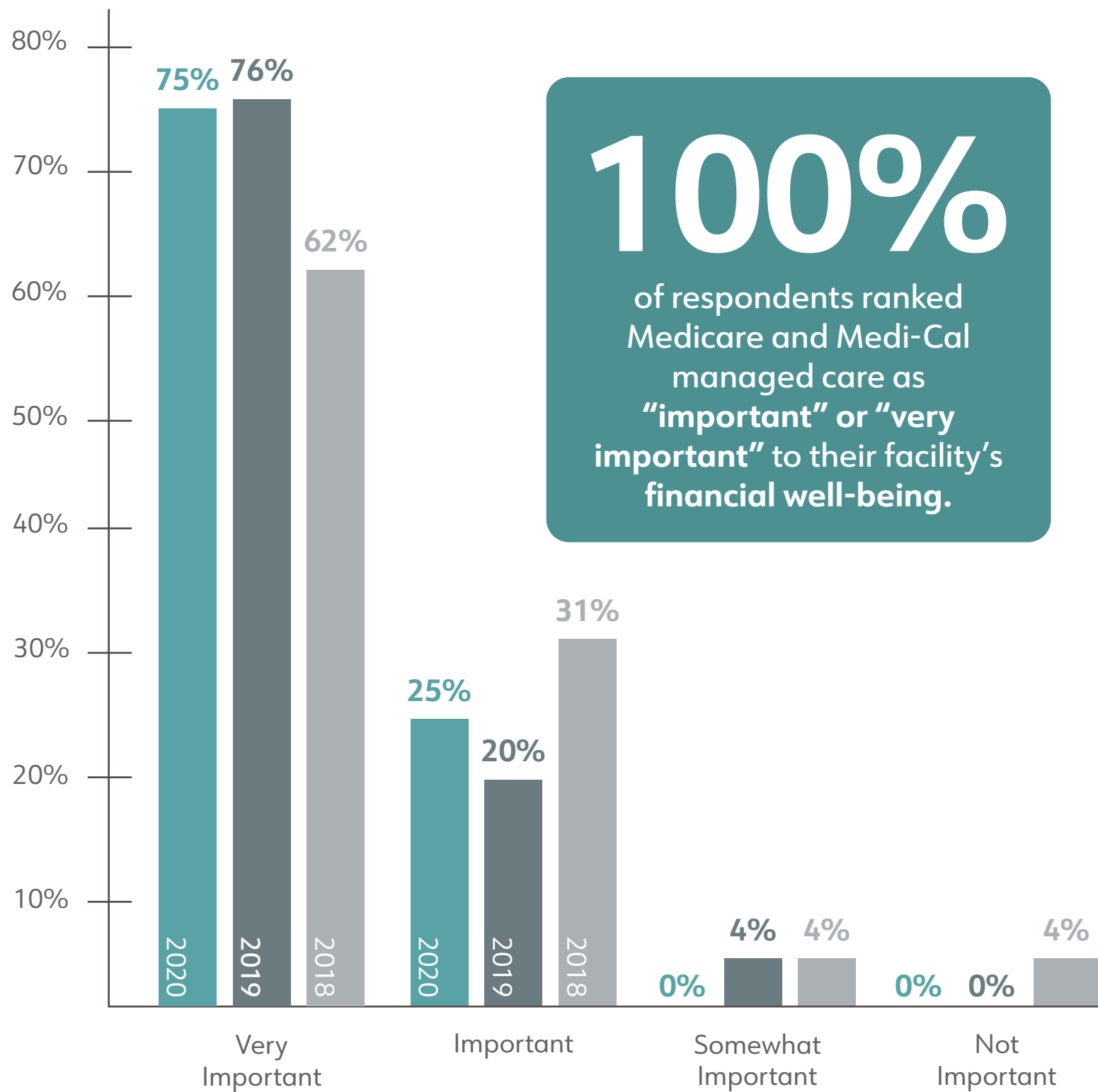
Accounts Receivable Operation Structure

Survey participants were asked to disclose how their facilities' accounts receivable operations are structured.

- 31%** Process is structured with centralized billing under corporate control
- 25%** Corporate oversight with most processes conducted at facility level
- 13%** All AR processes conducted at the facility
- 13%** Billing is outsourced
- 19%** Other

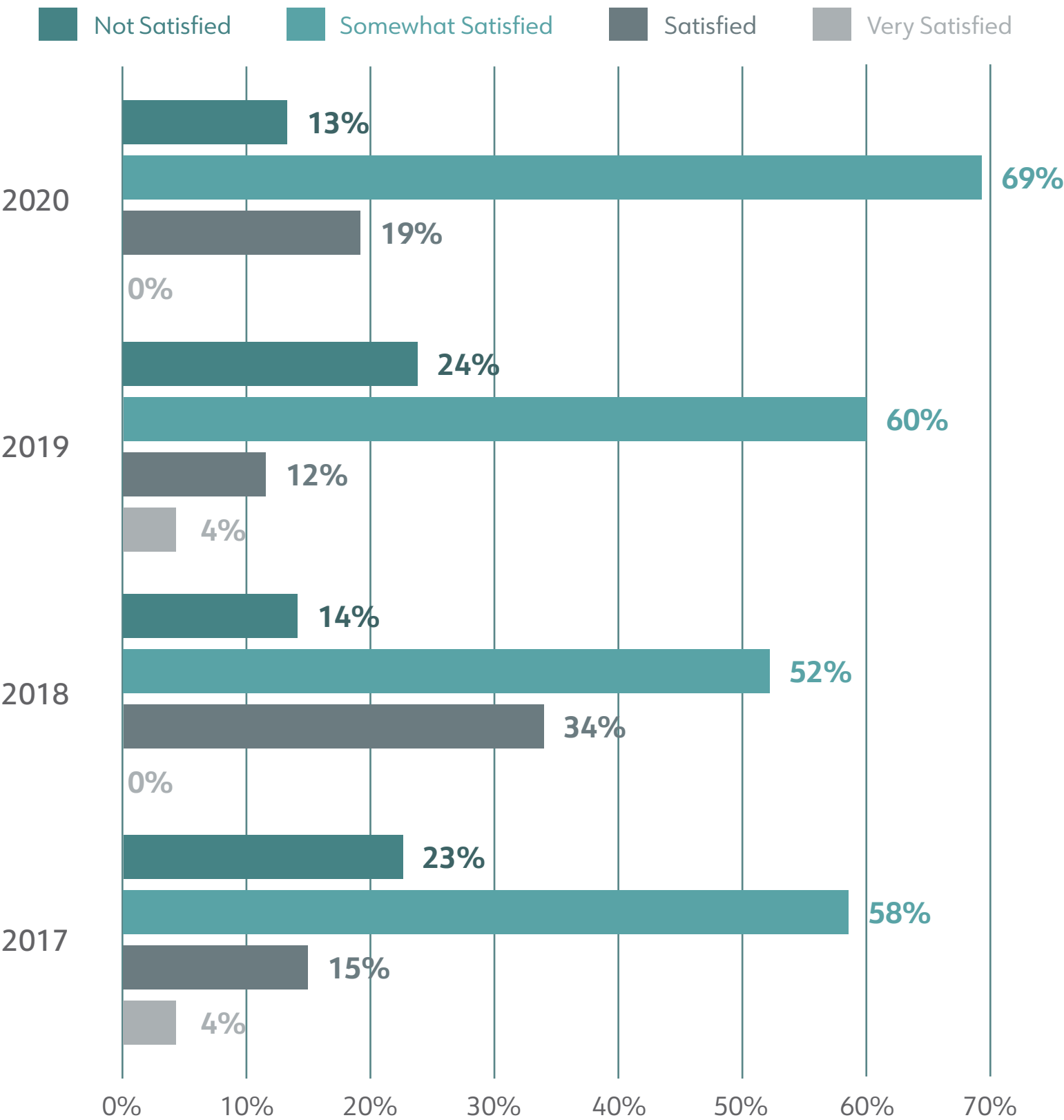
IMPORTANCE OF MANAGED CARE

Survey participants were asked to rank the importance of Medicare and Medi-Cal managed care.



SATISFACTION WITH MANAGED CARE

Participants who were “not satisfied” or only “somewhat satisfied” with their managed care plans **decreased slightly** from 84% in 2019 to 82% in 2020.



PAYMENT TIMELINESS

Participants were asked to rate their satisfaction with their health plan's payment timeliness. The ratings with the highest number of responses are in bold.

ANTHEM		BLUE SHIELD /PROMISE		CAL OPTIMA		CHG SAN DIEGO	
Poor	29%	Poor	42%	Poor	0%	Poor	14%
Fair	36%	Fair	25%	Fair	22%	Fair	14%
Good	36%	Good	33%	Good	44%	Good	57%
Great	0%	Great	0%	Great	33%	Great	14%

GOLD COAST		HEALTH NET		IEHP		KAISER	
Poor	25%	Poor	15%	Poor	17%	Poor	17%
Fair	12.5%	Fair	38%	Fair	25%	Fair	33%
Good	50%	Good	31%	Good	33%	Good	33%
Great	12.5%	Great	15%	Great	25%	Great	17%

L.A. CARE		MOLINA		SANTA CLARA FAMILY HEALTH PLAN		PARTNERSHIP HEALTH PLAN OF CA	
Poor	25%	Poor	47%	Poor	29%	Poor	0%
Fair	17%	Fair	27%	Fair	14%	Fair	36%
Good	42%	Good	27%	Good	43%	Good	36%
Great	17%	Great	0%	Great	14%	Great	27%

MEDI-CAL (FFS)		MEDI-CARE (FFS)	
Poor	0%	Poor	0%
Fair	25%	Fair	13%
Good	44%	Good	44%
Great	31%	Great	44%

PAYMENT ACCURACY

Participants were asked to rate their satisfaction with their health plan's payment accuracy. The ratings with the highest number of responses are in bold.

ANTHEM Poor 29% Fair 21% Good 50% Great 0%	BLUE SHIELD /PROMISE Poor 42% Fair 25% Good 33% Great 0%	CAL OPTIMA Poor 0% Fair 22% Good 44% Great 33%	CHG SAN DIEGO Poor 0% Fair 50% Good 38% Great 13%
GOLD COAST Poor 13% Fair 25% Good 50% Great 13%	HEALTH NET Poor 23% Fair 46% Good 23% Great 8%	IEHP Poor 17% Fair 25% Good 33% Great 25%	KAISER Poor 17% Fair 25% Good 42% Great 17%
L.A. CARE Poor 27% Fair 27% Good 36% Great 9%	MOLINA Poor 33% Fair 27% Good 33% Great 7%	SANTA CLARA FAMILY HEALTH PLAN Poor 14% Fair 43% Good 29% Great 14%	PARTNERSHIP HEALTH PLAN OF CA Poor 0% Fair 27% Good 56% Great 18%
MEDI-CAL (FFS) Poor 0% Fair 25% Good 44% Great 31%	MEDI-CARE (FFS) Poor 0% Fair 6% Good 56% Great 38%		

COMMUNICATION & FOLLOW UP

Participants were asked to rate their satisfaction with their health plan's communication and follow up with SNFs. The ratings with the highest number of responses are in bold.

ANTHEM		BLUE SHIELD /PROMISE		CAL OPTIMA		CHG SAN DIEGO	
Poor	27%	Poor	58%	Poor	0%	Poor	14%
Fair	47%	Fair	25%	Fair	25%	Fair	29%
Good	27%	Good	17%	Good	62%	Good	57%
Great	0%	Great	0%	Great	13%	Great	0%
GOLD COAST		HEALTH NET		IEHP		KAISER	
Poor	23%	Poor	23%	Poor	17%	Poor	17%
Fair	38%	Fair	38%	Fair	17%	Fair	42%
Good	23%	Good	23%	Good	42%	Good	42%
Great	15%	Great	15%	Great	25%	Great	0%
L.A. CARE		MOLINA		SANTA CLARA FAMILY HEALTH PLAN		PARTNERSHIP HEALTH PLAN OF CA	
Poor	38%	Poor	40%	Poor	20%	Poor	0%
Fair	25%	Fair	53%	Fair	20%	Fair	20%
Good	38%	Good	7%	Good	60%	Good	70%
Great	0%	Great	0%	Great	0%	Great	10%
MEDI-CAL (FFS)		MEDI-CARE (FFS)					
Poor	13%	Poor	0%				
Fair	25%	Fair	31%				
Good	44%	Good	56%				
Great	19%	Great	13%				

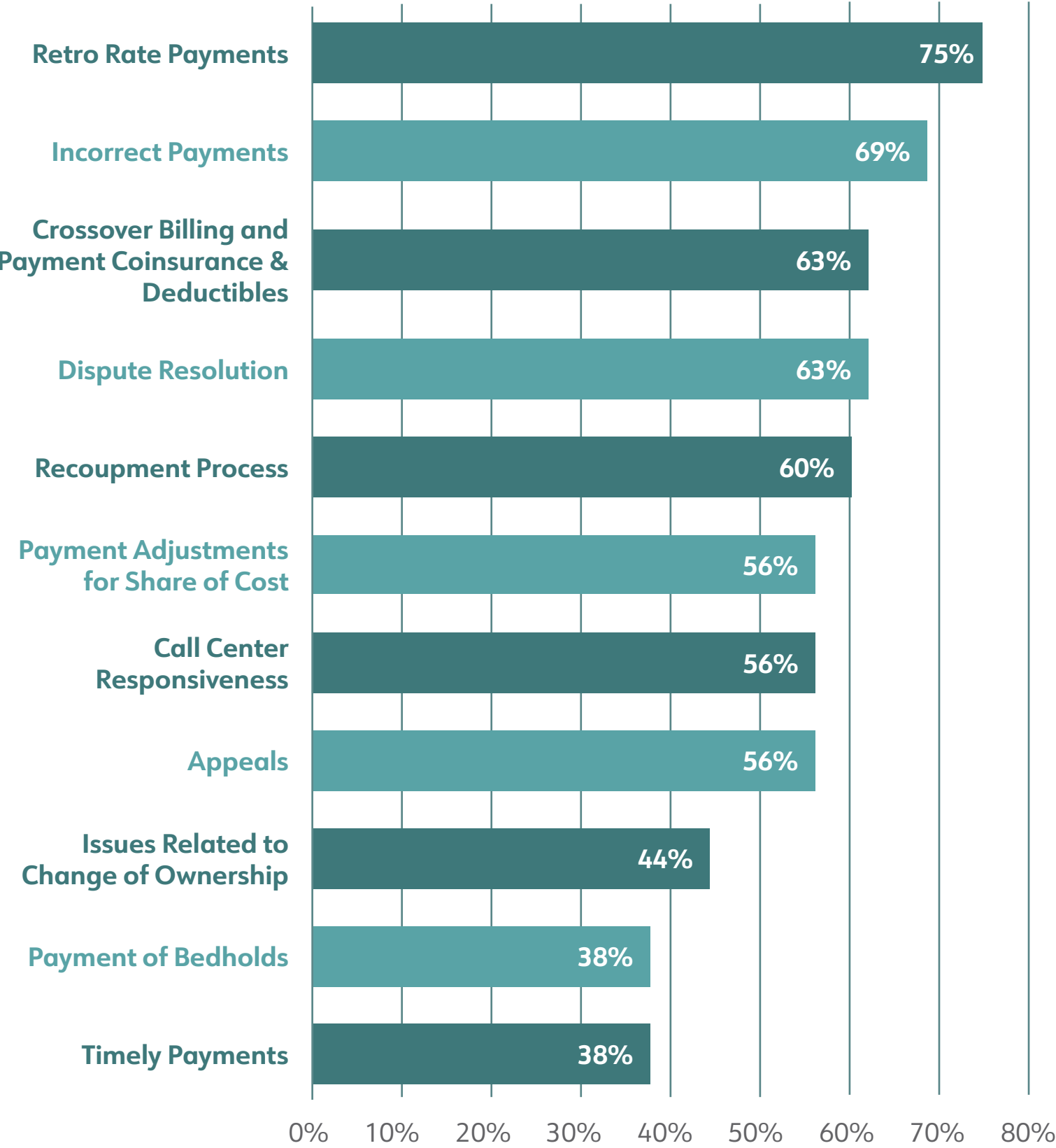
COVID-19 RESPONSE

Participants were asked to rate their satisfaction with their health plan's response to their organization's needs during the COVID-19 pandemic. The ratings with the highest number of responses are in bold.

ANTHEM		BLUE SHIELD /PROMISE		CAL OPTIMA		CHG SAN DIEGO	
Poor	27%	Poor	60%	Poor	0%	Poor	43%
Fair	55%	Fair	40%	Fair	86%	Fair	27%
Good	18%	Good	0%	Good	14%	Good	27%
GOLD COAST		HEALTH NET		IEHP		KAISER	
Poor	43%	Poor	10%	Poor	9%	Poor	18%
Fair	27%	Fair	70%	Fair	54%	Fair	64%
Good	27%	Good	20%	Good	36%	Good	18%
L.A. CARE		MOLINA		SANTA CLARA FAMILY HEALTH PLAN		PARTNERSHIP HEALTH PLAN OF CA	
Poor	22%	Poor	71%	Poor	25%	Poor	13%
Fair	55%	Fair	29%	Fair	50%	Fair	62%
Good	22%	Good	0%	Good	25%	Good	25%
MEDI-CAL (FFS)		MEDI-CARE (FFS)					
Poor	0%	Poor	0%				
Fair	64%	Fair	57%				
Good	36%	Good	43%				

PROBLEMS WITH MANAGED CARE

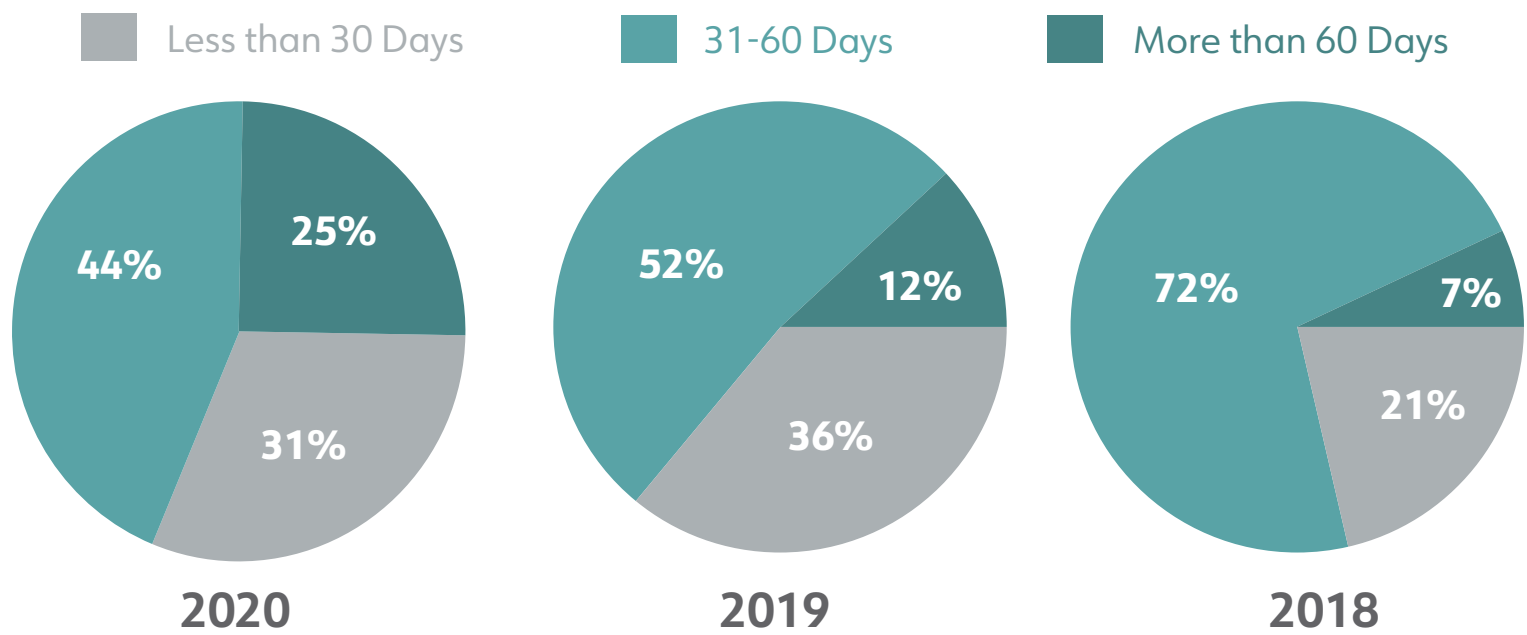
Survey respondents revealed the main problems their facilities have experienced with managed care in the last two months.



PAYMENT RECEIVABLES & DELAYS

Although nine different plans were noted at least once for having the greatest outstanding accounts receivables, Molina was mentioned by 44% of respondents. Anthem/BC, Kaiser & Blue Shield/Promise were each mentioned by 19% of respondents.

Payment delays continue to be a concern, with 25% of respondents stating it takes **more than 60 days for health plans to pay claims**.



MOST RESPONSIVE

2020	2019	2018
Partnership Health Plan Health Net L.A. Care IEHP	IEHP Partnership Health Plan Health Net	L.A. Care IEHP Cal Optima

LEAST RESPONSIVE

2020	2019	2018
Molina Blue Shield/Promise	Molina Blue Shield/Promise Anthem/Blue Cross	Molina Blue Shield/Promise Health Net

PROVIDER RELATIONS

Respondents were also asked to rate their relationship with their Provider Relations or other primary contact for their health plan.

ANTHEM Poor 36% Fair 36% Good 29%	BLUE SHIELD /PROMISE Poor 64% Fair 9% Good 27%	CAL OPTIMA Poor 0% Fair 38% Good 63%	CHG SAN DIEGO Poor 29% Fair 29% Good 38%
GOLD COAST Poor 43% Fair 43% Good 14%	HEALTH NET Poor 25% Fair 17% Good 58%	IEHP Poor 8% Fair 42% Good 50%	KAISER Poor 18% Fair 67% Good 18%
L.A. CARE Poor 40% Fair 20% Good 40%	MOLINA Poor 64% Fair 29% Good 7%	SANTA CLARA FAMILY HEALTH PLAN Poor 0% Fair 80% Good 20%	PARTNERSHIP HEALTH PLAN OF CA Poor 0% Fair 60% Good 40%

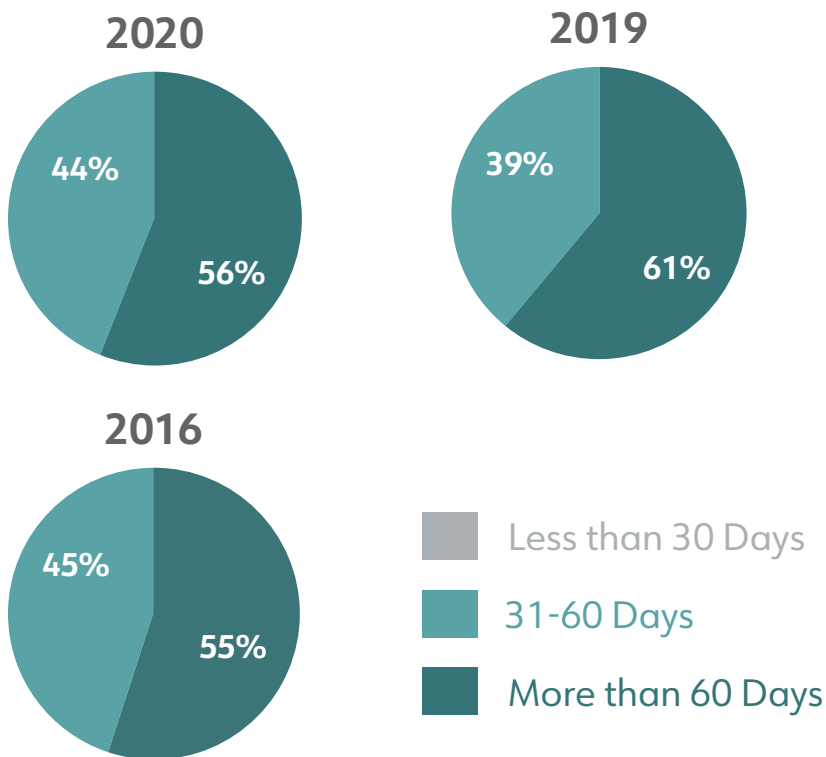
CASE MANAGERS

Respondents were also asked to rate their relationship with their health plan’s case manager. According to the survey results, **CHG, SCFPH, PHP, and Cal Optima** had the highest ratings. Molina and Blue Shield/Promise had the lowest ratings.

DELEGATED ENTITIES

Fifty-six percent of respondents disclosed that they work with delegated entities (IPAs, at-risk hospitals, ACOs, etc.) associated with these plans. This has increased from 44% in 2019 and 52% in 2018.

No participating facilities received payments in less than 30 days and a growing percentage (56%) wait **more than 60 days for their delegated entities to pay claims**. This has not changed since 2016.



Sutter Health, Brand New Day, Beverly Hospital and PrimeCare Medical Group were each noted as not responsive by one provider. **Most providers could not identify a delegated entity that was responsive.** Twenty-five percent of respondents noted “all” delegated entities are not responsive to the needs of providers.

CONCERNS ABOUT EXPANSION

Concerns noted most frequently were **payment delays and inaccurate payments** as a result of expansion. Additional comments include:

- “Health Plans have **no urgency or intent to resolve issues.**”
- “Low expectations [but] hoping for the best. They are **difficult to work with** and I think **expansion is going to make billing, collecting, communication, etc. worse** than it is now.”
- “The plans **don’t understand the consequences of their actions.**”
- “They **need to follow Medi-Cal timeliness guidelines** for authorizations and billing.”
- “**The whole process is my concern...** DHCS left it to the providers to try to care for all these members and try to figure out how to get paid for it and that was not and still is not fair”
- “We are concerned that companies like Molina who already can’t handle issues, **will get even worse** if they are allowed to expand in California”

IMPROVEMENTS IN REVENUE CYCLE

Payors noted three things they would recommend to the plans or other payors to improve the managed care revenue cycle.

Three recommendations noted most frequently included:

- **Educate plan staff on SNF billing & claims processes** so providers can receive accurate payments the first time.
- **Streamline the authorization process** to improve timeliness and provide level of care and exclusions.
- **Work more closely with providers** to promptly identify and fix billing errors they experience.

Additional improvements that participants suggested include:

- **"Provider portal** if they don't already have one."
- "Be able to submit corrections and appeals on portals."
- "Keep it **simple** and **transparent!**"
- "More **specific denial codes** so we don't have to call for clarification."
- **"Better communications** with Provider Relations."
- "Meet with the providers to **get the top denial errors and fix them.**"

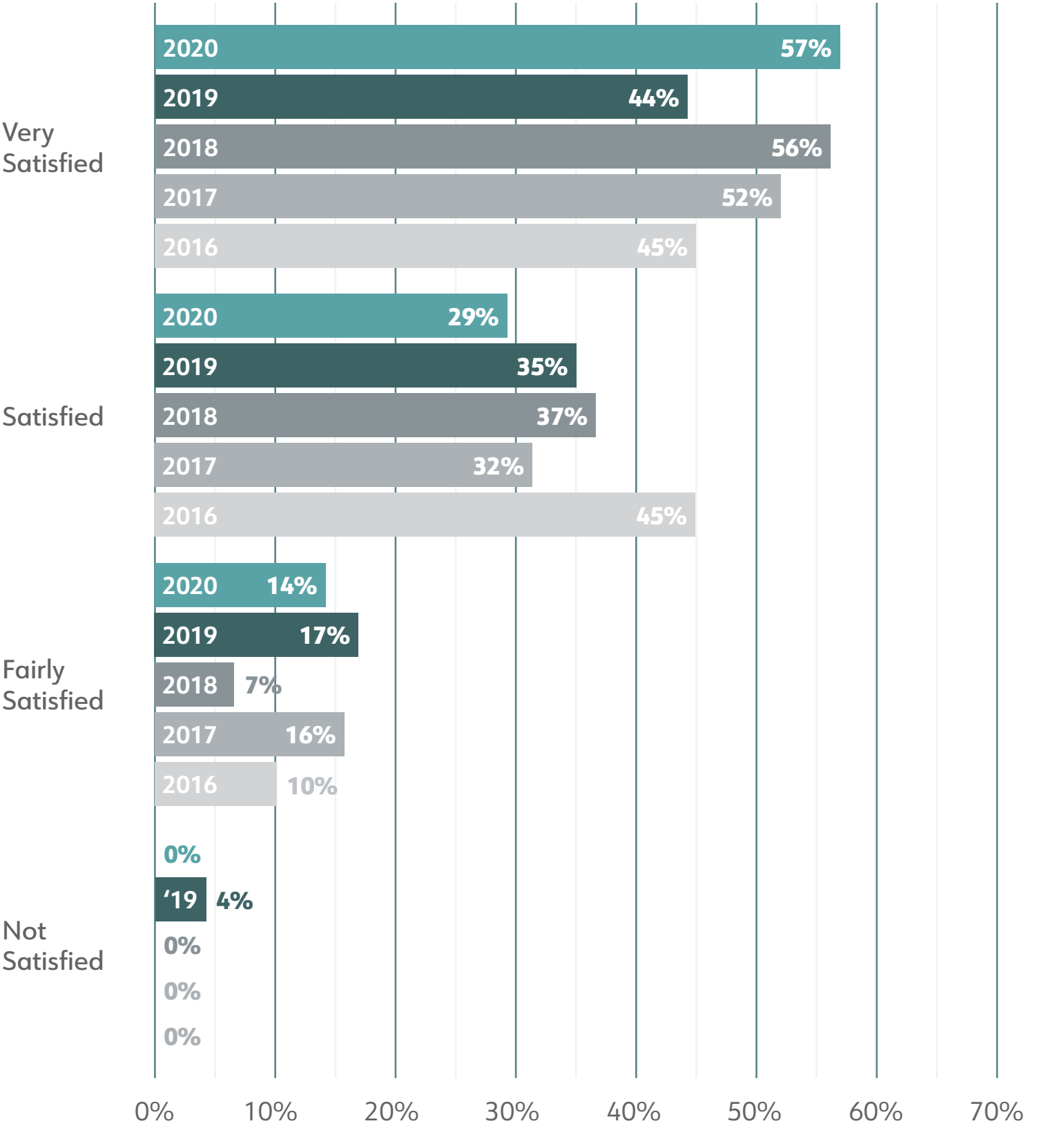
IMPROVING CAHF SUPPORT

What should CAHF do to assist members with managed care issues and improve the revenue cycle process?

- "Lobby to have **only the good performing plans** able to participate in managed care."
- "Set up **joint calls** with several provider and specific health plans."
- **"Obtain outcomes** to issues."
- "Continue assisting SNFs with plans to **resolve issues.**"
- **"Continue to be supportive** of the SNFs to get the payers to do the right thing."
- **"Advocate** for standardization for all health plans."
- "Get the Dept of Managed Care to **force payers to do the right thing.**"

CAHF MEMBER SATISFACTION

Eighty-six percent of respondents are “**very satisfied**” or “**satisfied**” with CAHF’s resources relating to managed care.



Founded in 1950, the California Association of Health Facilities is a non-profit, professional organization representing nearly 900 skilled nursing facilities and 450 intermediate care facilities for individuals with intellectual disabilities. Each year, more than 147,000 caregivers provide short-term rehabilitation, long-term care, end-of-life assistance and habilitative nursing services for 400,000 people. CAHF is the largest provider of continuing education for long-term care providers in California.

For more information, contact:
Karen Widerynski
Managed Care Specialist, CAHF
kwiderynski@cahf.org
562-253-1445