

CALIFORNIA ASSOCIATION



OF HEALTH FACILITIES

# 2021 **MANAGED CARE SURVEY**

# ABOUT THE SURVEY

CAHF's 2021 Managed Care survey identifies challenges and opportunities faced by skilled nursing facilities as they work with managed care plans. This survey, initiated in 2015, evaluates 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. As we prepare for the challenges of Medi-Cal expansion under CalAIM, we hope the data summarized here will provide a roadmap to implement needed payment reforms.



## 2. REPRESENTING 419 BUILDINGS THROUGHOUT CALIFORNIA

### 1. WHAT TYPES OF ORGANIZATIONS ARE REPRESENTED IN THIS SURVEY?

32%

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

48%

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

15%

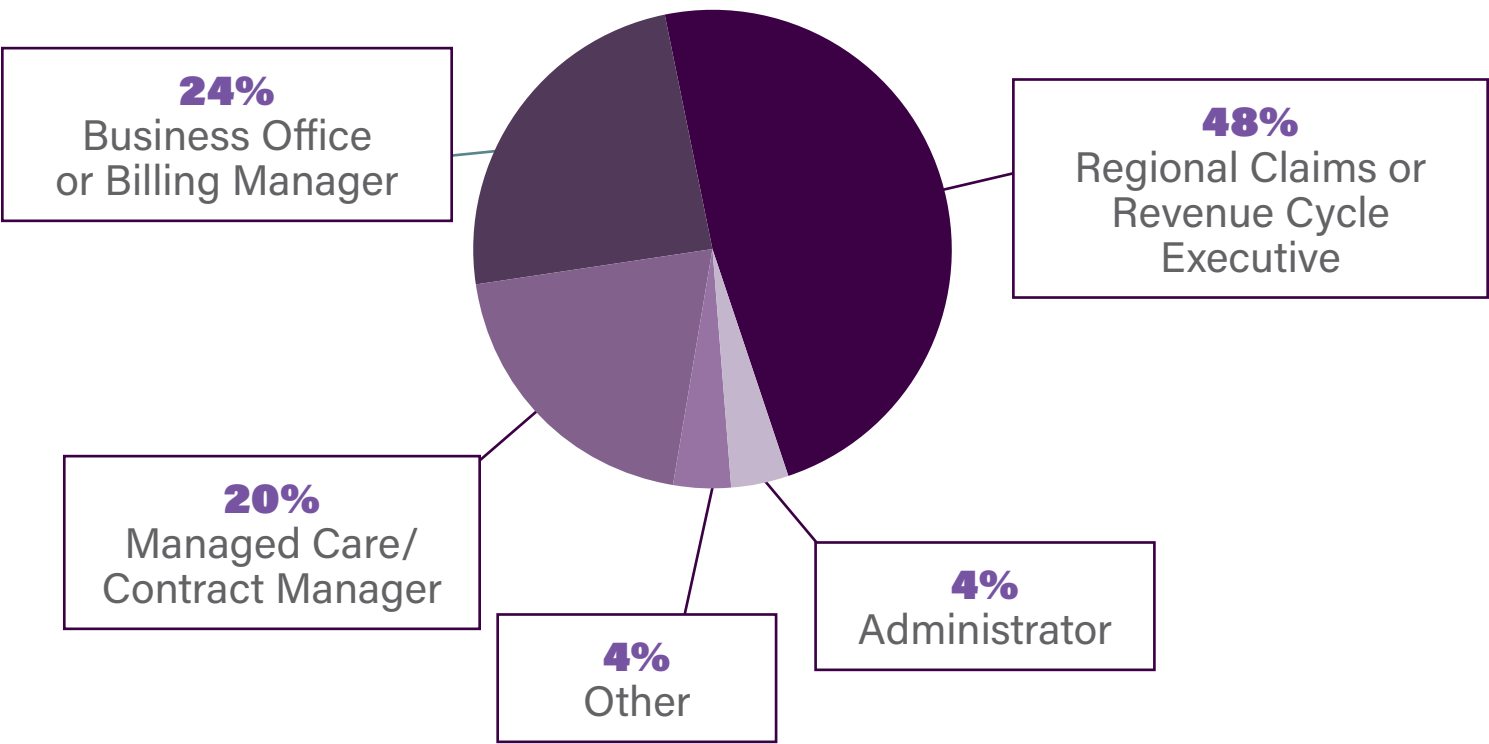
Billing company

5%

Other

### 3. SURVEY PARTICIPANT ROLES & RESPONSIBILITIES

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



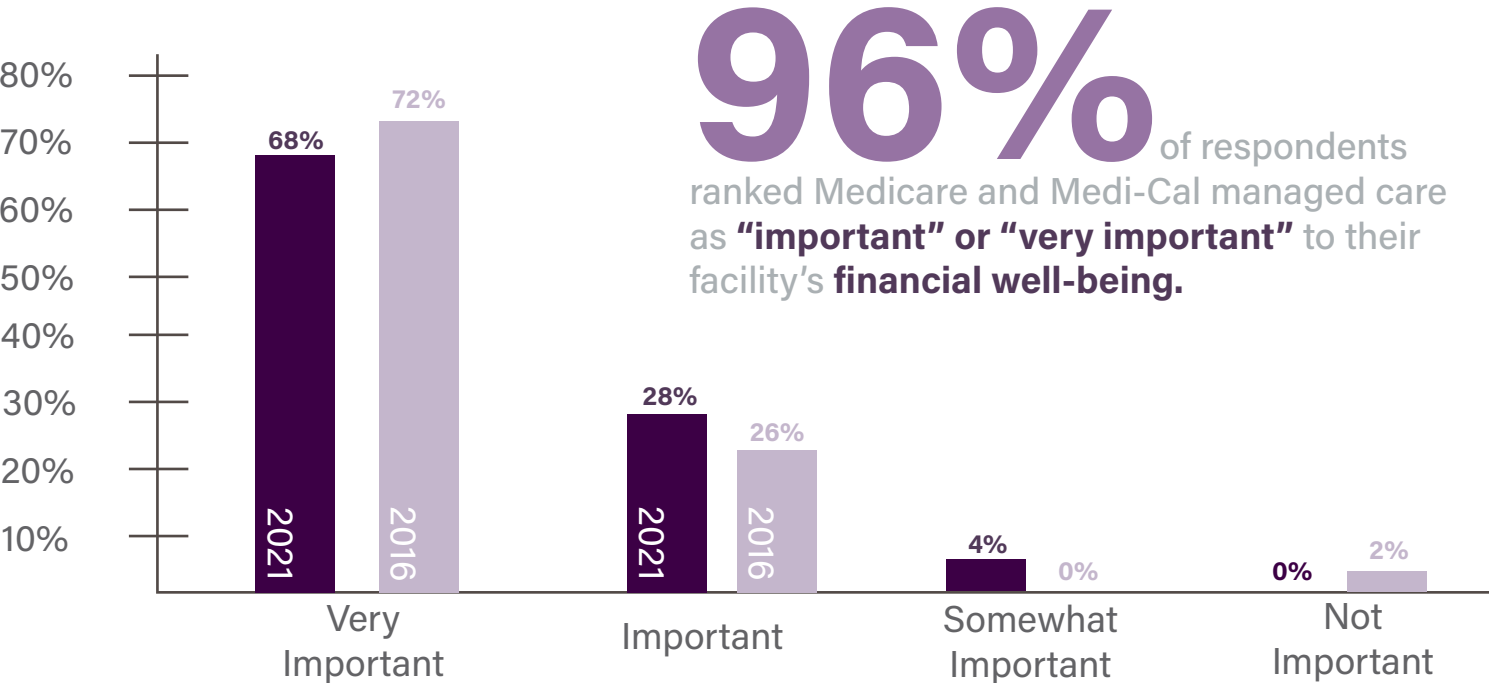
### 4. ACCOUNTS RECEIVABLE OPERATION STRUCTURE

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

- 32%** Process is structured with centralized billing under corporate control
- 44%** Corporate oversight with most processes conducted at facility level
- 12%** All AR processes conducted at the facility
- 8%** Billing is outsourced
- 4%** Other

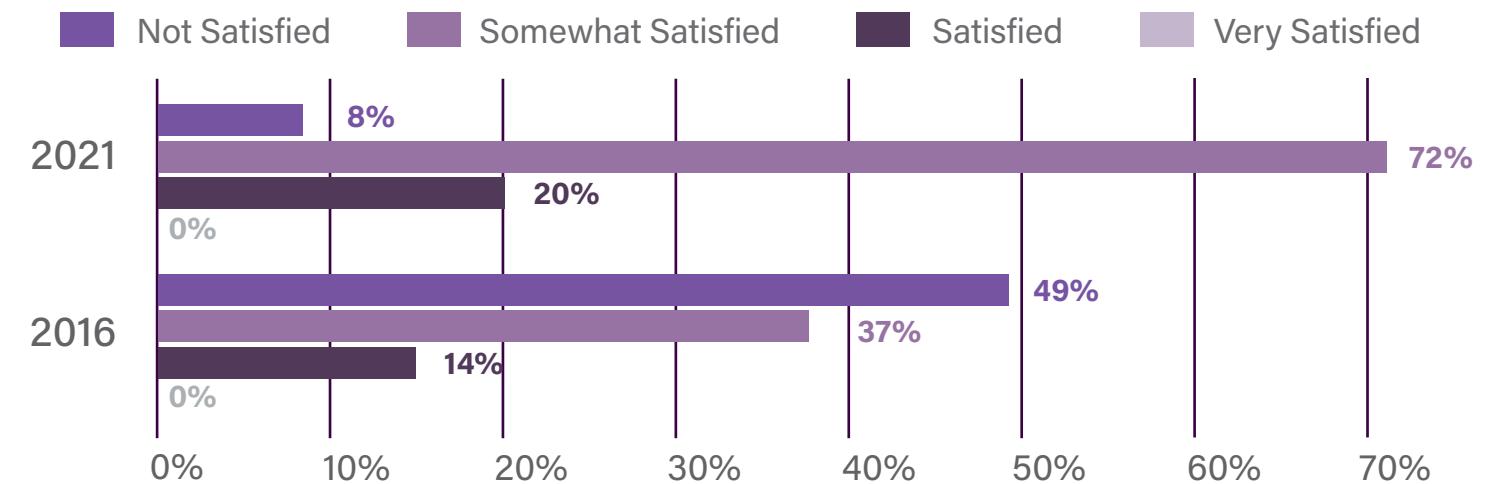
# 5. IMPORTANCE OF MANAGED CARE

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



# 6. MANAGED CARE SATISFACTION

Although the percentage of "not satisfied" with managed health plans has decreased from 49% to 8% since 2016, overall satisfaction rates remain low.



# 7. PAYMENT TIMELINESS

Participants were asked to rate their satisfaction with each health plan paying claims timely. The ratings with the highest number of responses are in bold.

<b>ANTHEM</b>  Poor 13% Fair 38% <b>Good 42%</b> Great 8%	<b>BLUE SHIELD /PROMISE</b>  Poor 20% <b>Fair 45%</b> Good 35% Great 0%	<b>CAL OPTIMA</b>  Poor 0% Fair 25% <b>Good 69%</b> Great 6%	<b>CHG SAN DIEGO</b>  Poor 14% Fair 42% <b>Good 50%</b> Great 8%
<b>GOLD COAST</b>  Poor 0% <b>Fair 46%</b> <b>Good 46%</b> Great 8%	<b>HEALTH NET</b>  Poor 8% Fair 21% <b>Good 58%</b> Great 13%	<b>IEHP</b>  Poor 0% Fair 16% <b>Good 47%</b> Great 37%	<b>KAISER</b>  Poor 5% Fair 25% <b>Good 60%</b> Great 10%
<b>L.A. CARE</b>  Poor 11% <b>Fair 44%</b> Good 28% Great 17%	<b>MOLINA</b>  Poor 32% Fair 23% <b>Good 36%</b> Great 9%	<b>SANTA CLARA FAMILY HEALTH PLAN</b>  Poor 8% Fair 33% <b>Good 42%</b> Great 17%	<b>PARTNERSHIP HEALTH PLAN OF CA</b>  Poor 0% Fair 11% <b>Good 67%</b> Great 22%
<b>MEDI-CAL (FFS)</b>  Poor 4% Fair 4% Good 39% <b>Great 52%</b>	<b>MEDI-CARE (FFS)</b>  Poor 0% Fair 4% Good 39% <b>Great 57%</b>	<b>Partnership Health Plan &amp; IEHP</b> ranked most favorably, with over <b>80% of respondents ranking plans as “Good” or “Great”</b> on paying claims timely.	

# 8. PAYMENT ACCURACY

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

ANTHEM		BLUE SHIELD /PROMISE		CAL OPTIMA		CHG SAN DIEGO	
Poor	8%	Poor	38%	Poor	0%	Poor	0%
Fair	33%	Fair	38%	Fair	25%	Fair	58%
Good	50%	Good	19%	Good	50%	Good	25%
Great	8%	Great	5%	Great	25%	Great	17%

GOLD COAST		HEALTH NET		IEHP		KAISER	
Poor	0%	Poor	9%	Poor	0%	Poor	5%
Fair	31%	Fair	35%	Fair	32%	Fair	25%
Good	38%	Good	48%	Good	32%	Good	60%
Great	31%	Great	9%	Great	37%	Great	10%

L.A. CARE		MOLINA		SANTA CLARA FAMILY HEALTH PLAN		PARTNERSHIP HEALTH PLAN OF CA	
Poor	18%	Poor	41%	Poor	0%	Poor	0%
Fair	41%	Fair	18%	Fair	33%	Fair	11%
Good	35%	Good	32%	Good	42%	Good	71%
Great	6%	Great	9%	Great	25%	Great	17%

MEDI-CAL (FFS)		MEDI-CARE (FFS)		Partnership Health Plan had 89% of respondents rank them as “Good” or “Great” while Cal Optima was also well regarded with 75% reporting “Good” or “Great” on payment accuracy. Blue Shield/Promise had the most issues with 76% stating payments were “Poor” or “Fair”, following by LA Care & Molina with 59% “Poor” or “Fair”.
Poor	0%	Poor	0%	
Fair	9%	Fair	14%	
Good	39%	Good	27%	
Great	52%	Great	59%	

# 9. 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.

<b>ANTHEM</b>  <b>Poor</b> 30% <b>Fair</b> 30% <b>Good</b> 30% Great 9%	<b>BLUE SHIELD /PROMISE</b>  <b>Poor</b> 43% <b>Fair</b> 43% Good 14% Great 0%	<b>CAL OPTIMA</b>  Poor 7% <b>Fair</b> 47% Good 40% Great 7%	<b>CHG SAN DIEGO</b>  Poor 27% <b>Fair</b> 36% Good 27% Great 9%
<b>GOLD COAST</b>  Poor 18% Fair 18% <b>Good</b> 54% Great 9%	<b>HEALTH NET</b>  Poor 22% <b>Fair</b> 35% <b>Good</b> 35% Great 9%	<b>IEHP</b>  Poor 6% Fair 29% <b>Good</b> 41% Great 23%	<b>KAISER</b>  Poor 9% <b>Fair</b> 52% Good 33% Great 5%
<b>L.A. CARE</b>  Poor 12% <b>Fair</b> 41% Good 29% Great 18%	<b>MOLINA</b>  <b>Poor</b> 52% Fair 17% Good 26% Great 4%	<b>SANTA CLARA FAMILY HEALTH PLAN</b>  Poor 20% Fair 20% <b>Good</b> 60% Great 0%	<b>PARTNERSHIP HEALTH PLAN OF CA</b>  Poor 0% Fair 29% <b>Good</b> 47% Great 24%
<b>MEDI-CAL (FFS)</b>  Poor 9% <b>Fair</b> 45% Good 36% Great 9%	<b>MEDI-CARE (FFS)</b>  Poor 0% Fair 23% <b>Good</b> 43% Great 33%	Of the health plans surveyed, <b>Blue Shield Promise (86%), along with Molina Healthcare (69%)</b> had a significant number of “Poor” or “Fair” rankings, while <b>Partnership Health Plan of California (71%) and IEHP (64%)</b> had the highest percentage of providers rank communications and follow up “Good” or “Great”.	

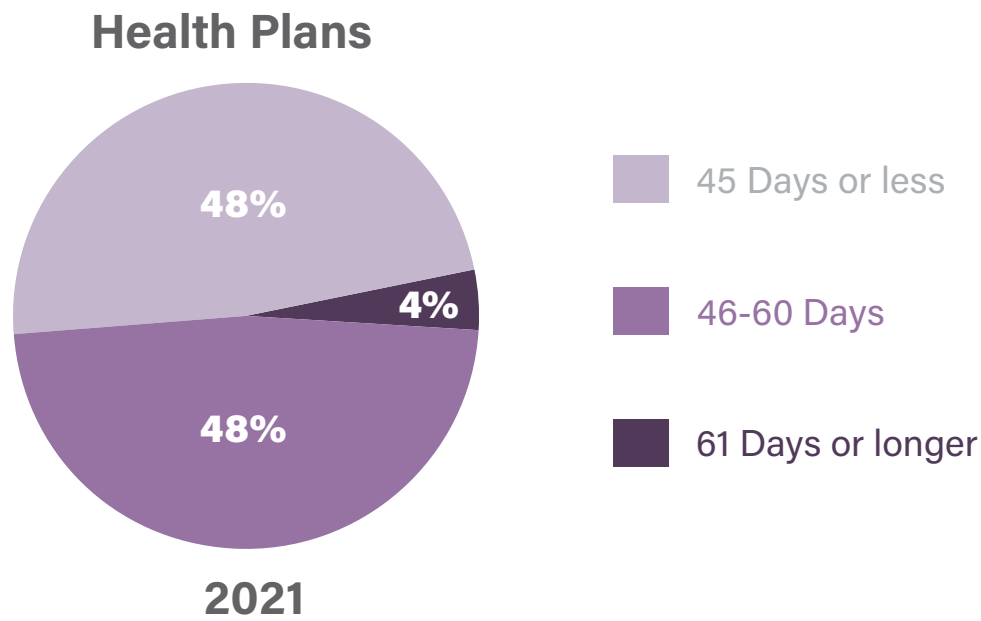
# 10. MANAGING CONTRACT UPDATES

Participants were asked to rate their satisfaction with their health plan’s managing contract updates and amendments. The ratings with the highest number of responses are in bold.

<b>ANTHEM</b>		<b>BLUE SHIELD /PROMISE</b>		<b>CAL OPTIMA</b>		<b>CHG SAN DIEGO</b>	
Poor	11%	<b>Poor</b>	<b>44%</b>	Poor	0%	Poor	8%
<b>Fair</b>	<b>37%</b>	Fair	33%	<b>Fair</b>	<b>50%</b>	<b>Fair</b>	<b>50%</b>
Good	32%	Good	32%	<b>Good</b>	<b>50%</b>	Good	42%
Great	19%	Great	0%	Great	0%	Great	0%
<b>GOLD COAST</b>		<b>HEALTH NET</b>		<b>IEHP</b>		<b>KAISER</b>	
Poor	20%	Poor	15%	Poor	8%	Poor	5%
<b>Fair</b>	<b>50%</b>	<b>Fair</b>	<b>45%</b>	Fair	23%	Fair	28%
Good	30%	Good	40%	<b>Good</b>	<b>54%</b>	<b>Good</b>	<b>67%</b>
Great	0%	Great	0%	Great	0%	Great	0%
<b>L.A. CARE</b>		<b>MOLINA</b>		<b>SANTA CLARA FAMILY HEALTH PLAN</b>		<b>PARTNERSHIP HEALTH PLAN OF CA</b>	
Poor	20%	<b>Poor</b>	<b>44%</b>	Poor	11%	Poor	8%
Fair	33%	Fair	33%	Fair	33%	<b>Fair</b>	<b>33%</b>
<b>Good</b>	<b>47%</b>	Good	22%	<b>Good</b>	<b>44%</b>	<b>Good</b>	<b>33%</b>
Great	0%	Great	0%	Great	11%	Great	25%
<b>MEDI-CAL (FFS)</b>		<b>MEDI-CARE (FFS)</b>		Of the 12 health plans surveyed, <b>5 were ranked as “Good” or “Great” by more than 50% of responding providers</b> , Anthem, IEHP, Kaiser, Santa Clara Family Health Plan & Partnership Health Plan of California. <b>Blue Shield Promise and Molina Health Plan had 77% of respondents rank them “Fair” or “Poor”</b> managing contract updates & amendments.			
Poor	0%	Poor	0%				
Fair	20%	Fair	20%				
<b>Good</b>	<b>53%</b>	<b>Good</b>	<b>40%</b>				
Great	27%	<b>Great</b>	<b>40%</b>				

# 11. PAYMENT RECEIVABLES & DELAYS

Payment delays continue to be a problem, with **52% of respondents stating it takes more than 45 days for health plans to pay claims.**



## 12. MOST RESPONSIVE

### 2021

L.A. Care  
IEHEP  
Partnership Health Plan  
Health Net

### 2016

Health Net  
Kaiser  
Care First  
IEHEP

*Many plans were mentioned at least one as being the most responsive health plan.*

## LEAST RESPONSIVE

### 2021

Molina  
Blue Shield/Promise  
LA Care

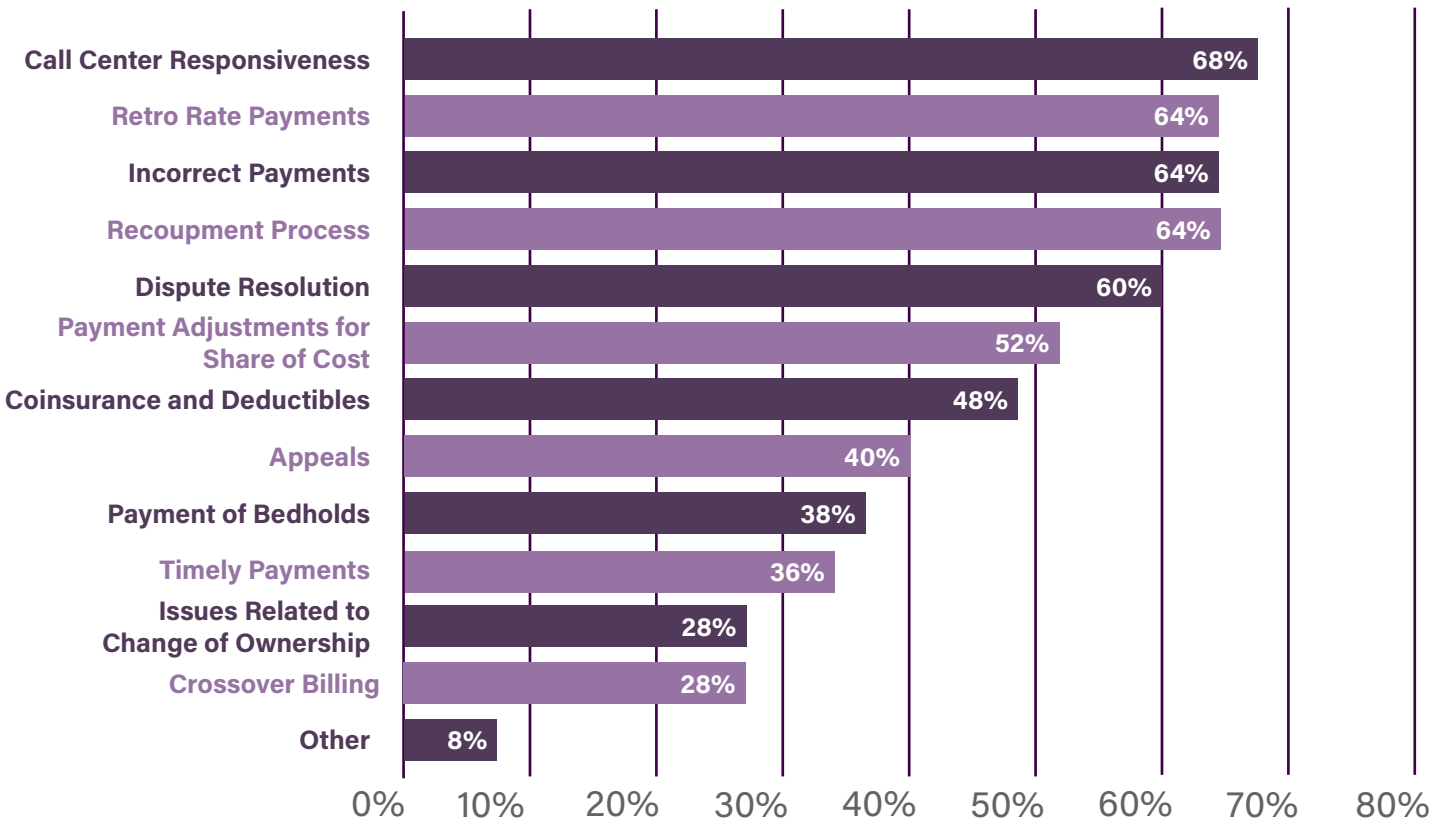
### 2016

Molina  
LA Care  
Anthem

*Molina was mentioned by 40% as being the least responsive health plan in 2021.*

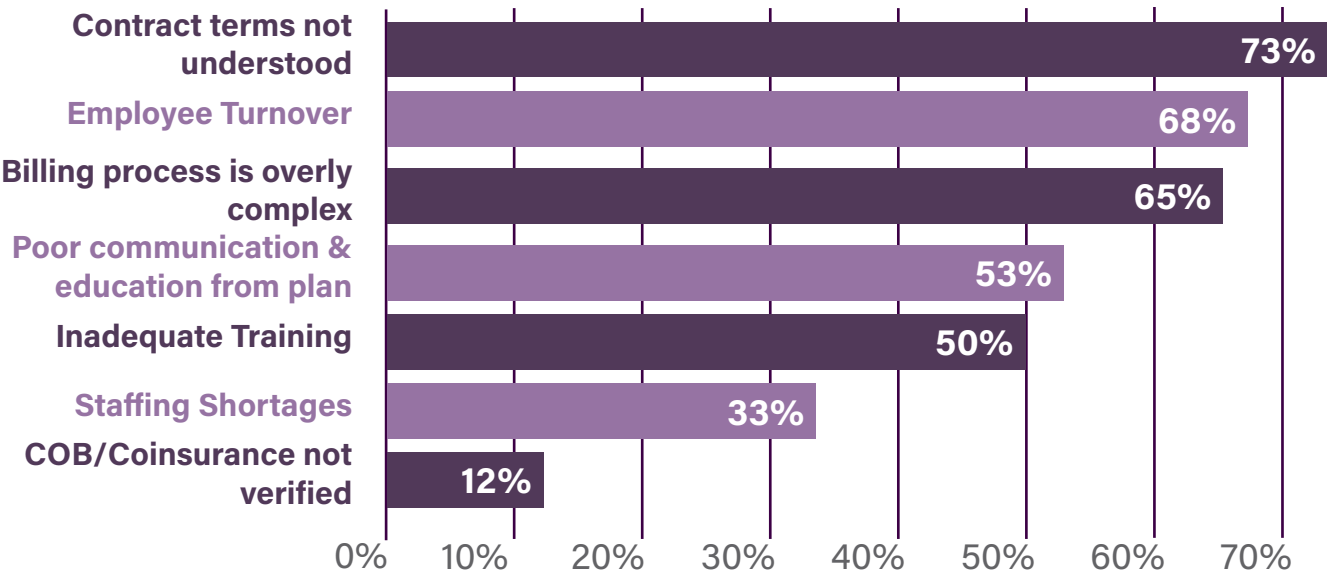
# 13. PROBLEMS WITH MANAGED CARE

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



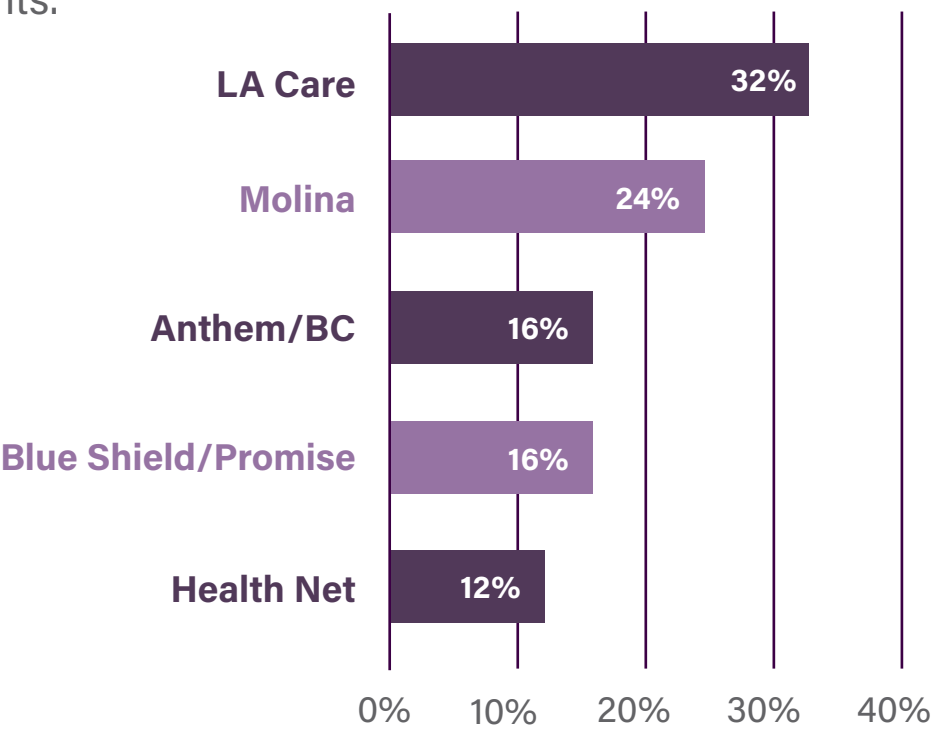
# 14. SOURCE OF BILLING ERRORS

When provider billing errors are the root cause of the problem, the most common source of the error (always, usually or sometimes) is noted below:



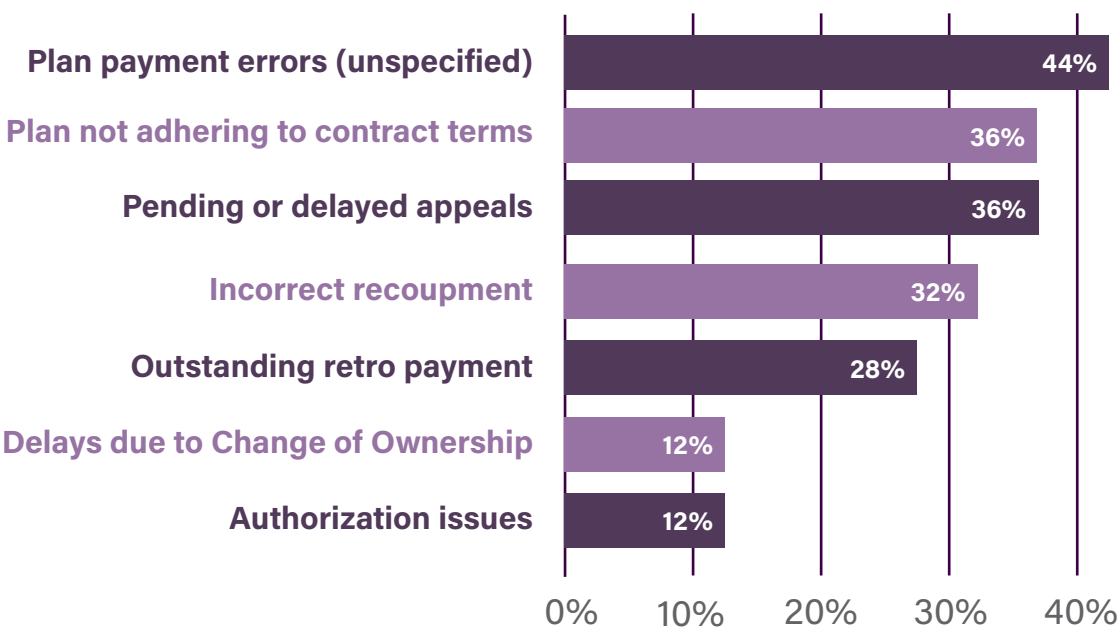
# 15. PAYMENT RECEIVABLES & DELAYS

Although many were noted at least once for having the greatest dollar volume of outstanding accounts receivable, LA Care was mentioned by 32% of respondents.



# 16. PRIMARY REASONS FOR DELAYS

For the plan with the greatest outstanding receivables, what are the primary reasons for this delay?



# 17. PRIMARY CONCERNS: MANAGED MEDI-CAL EXPANSION IN CALIFORNIA

Concerns noted most frequently were payment delays, incorrect payments, plans becoming more unresponsive to issues and contracting problems.

## PAYMENT DELAYS AND INCORRECT PAYMENTS:

- Health plans will come in without knowing how the SNF billing works.
- There will be payments delays which is a financial burden to the facility.
- Not having universal billing processes, longer payment time, unpaid claims, incorrect handling of SOC/NCS billing, errors in retro rate payment adjustments.
- Incorrect or non-payments
- Dealing with plans already involved with Medi-Cal AND fear of dealing with (new) plans that have not been involved.
- Plans are difficult to work with now, and this will make billing, collection and communication far worse.
- Some plans still do not have people in place that understand SNF billing guidelines.
- Concerned plans will not pay SNFs
- Timely retro payments; inconsistent billing requirements; claims follow up times, decrease in revenue, payments not timely and more denials.
- Timely payments (including processing first claim correctly)
- Concerned we won't get paid correctly within a reasonable timeframe.
- Plans not adhering to Medi-Cal guidelines regarding payment practice because their claims personnel do not know how to process Managed Medi-Cal claims.
- Requesting EOB from a primary carrier for custodial claims will cause payment delays.
- Incorrect processing causing time and payment delay.
- Longer payment times, incorrect payments, erroneously denied claims.
- That the plans will not adhere to uniform billing practices and they will not be ready to handle SNF claims.

## UNRESPONSIVE PLANS

- Very concerned – plans will not be ready or able to provide SNF specific training related to billing and coding, appeals, resolutions.
- Will they be able to provide educational materials to include actual billing codes, appeal process, etc?
- More payers, there are so many in all the different counties, mean more billing requirements to work our way through and often with no designated payer representative, it takes forever to figure out what they want.
- Getting new plans used to paying California's Retro Rate is a mountainous task.
- Plans not being ready like in CCI.
- MCOs with poor results being allowed to expand in the state.
- Our primary concern is that we will end up having more clients under plans such as Molina
- Coordination of Benefits and problems escalating to Provider Representatives
- Plans will not collaborate like they said they would with CCI. (ie: uniform billing and coding)
- Some plans are taking on more than they can handle with staffing issues in UM, creating delays in auth responses. Without timely authorizations, required prior to admission, patients will stay longer in the acute hospitals.

## CONTRACTING ISSUES

- Contracting and collection delays (mentioned 3 times)
- Blue Shield can take years to get a contract complete. This will be a disaster.
- Some plans do not observe the MediCal rate floor- so each plan negotiates their own rates.

# 18. CASE MANAGERS

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

ANTHEM		BLUE SHIELD /PROMISE		CAL OPTIMA		CHG SAN DIEGO	
Poor	12%	Poor	40%	Poor	0%	Poor	10%
Fair	65%	Fair	40%	Fair	44%	Fair	60%
Good	24%	Good	20%	Good	56%	Good	40%
GOLD COAST		HEALTH NET		IEHP		KAISER	
Poor	10%	Poor	24%	Poor	0%	Poor	7%
Fair	60%	Fair	53%	Fair	36%	Fair	36%
Good	30%	Good	24%	Good	64%	Good	57%
L.A. CARE		MOLINA		SANTA CLARA FAMILY HEALTH PLAN		PARTNERSHIP HEALTH PLAN OF CA	
Poor	14%	Poor	40%	Poor	13%	Poor	8%
Fair	50%	Fair	47%	Fair	75%	Fair	46%
Good	36%	Good	14%	Good	13%	Good	46%

# 19. PROVIDER RELATIONS

Respondents were also asked to rate their relationship with their Provider Relations or other primary contact for their health plan. Plans with a majority of members reporting **“Good”** relations include **IEHP, Partnership Health Plan, Gold Coast and Cal Optima.**

<b>ANTHEM</b>		<b>BLUE SHIELD /PROMISE</b>		<b>CAL OPTIMA</b>		<b>CHG SAN DIEGO</b>	
Poor	18%	Poor	32%	Poor	0%	Poor	17%
Fair	32%	<b>Fair</b>	<b>47%</b>	Fair	33%	<b>Fair</b>	<b>58%</b>
<b>Good</b>	<b>50 %</b>	Good	21%	<b>Good</b>	<b>66%</b>	Good	25%

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<b>GOLD COAST</b>		<b>HEALTH NET</b>		<b>IEHP</b>		<b>KAISER</b>	
Poor	22%	Poor	23%	Poor	6%	Poor	15%
Fair	11%	Fair	11%	Fair	25%	Fair	40%
<b>Good</b>	<b>67%</b>	<b>Good</b>	<b>67%</b>	<b>Good</b>	<b>69%</b>	<b>Good</b>	<b>45%</b>

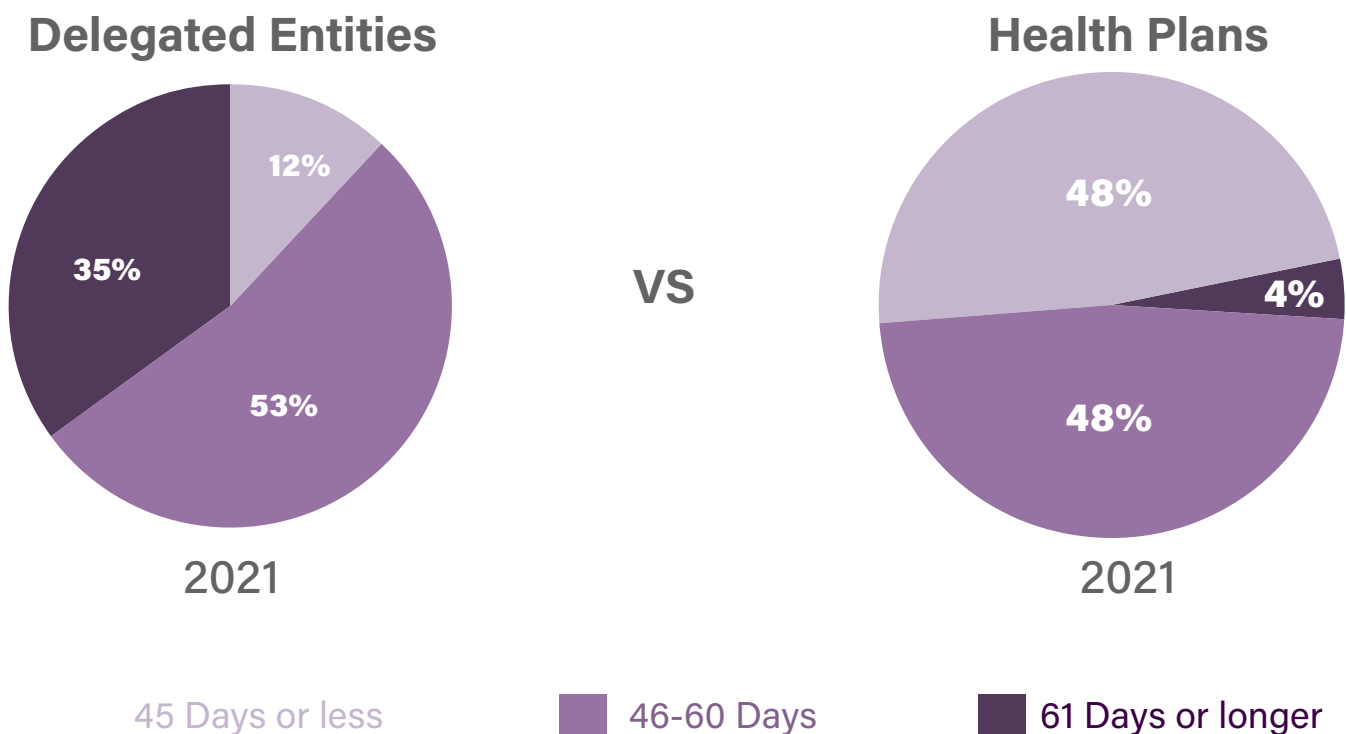
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<b>L.A. CARE</b>		<b>MOLINA</b>		<b>SANTA CLARA FAMILY HEALTH PLAN</b>		<b>PARTNERSHIP HEALTH PLAN OF CA</b>	
Poor	25%	Poor	40%	Poor	9%	Poor	0%
Fair	25%	<b>Fair</b>	<b>45%</b>	<b>Fair</b>	<b>64%</b>	Fair	33%
<b>Good</b>	<b>50%</b>	Good	15%	Good	27%	<b>Good</b>	<b>66%</b>

## 20. 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 slightly over time.

**12% of participating facilities received payments in less than 45 days** and a growing percentage (35%) wait **more than 61 days for their delegated entities to pay claims.** Year after year this response confirms it takes significantly longer to be paid by delegate entities than it does from most health plans.



### MOST RESPONSIVE

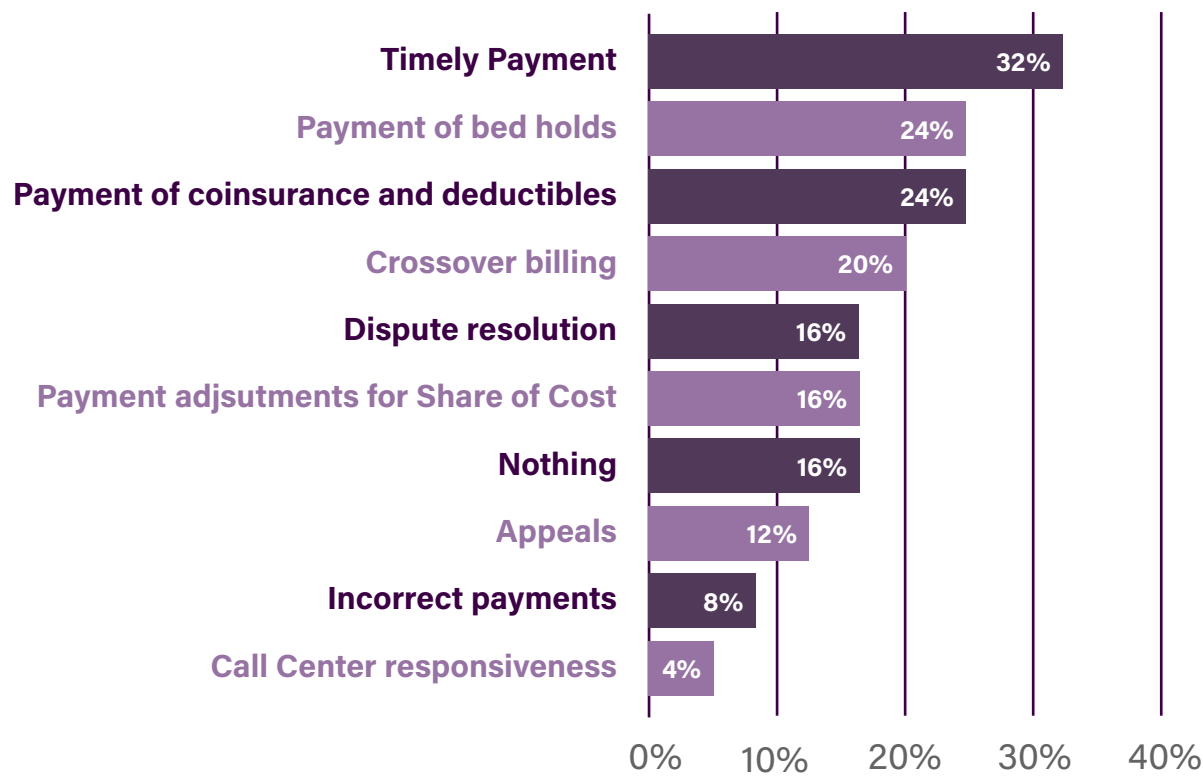
Most frequent answer (38%) was "None". Regal Medical Group was the only delegated entity noted for "responsiveness" more than one time.

### LEAST RESPONSIVE

Of the eight delegated entities noted, none were listed more than one time. The most frequent response was "All" (27%).

# 21. IMPROVEMENTS IN REVENUE CYCLE

Respondents were asked to list any items that have improved in the last 6 months with respect to their managed care revenue cycle.



# 22. RECOMMENDED IMPROVEMENTS

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

## Three recommendations noted most frequently include:

- Have uniform/standardized billing practices
- Educate claims processing personnel
- Pay timely

## Additional improvements suggested include:

- Provider Portal Access for claims status, corrections & appeals
- Provider relations call staff training
- Clarify claim escalation processes
- Provider should not have to create spreadsheets in response to payor errors
- Have specific people dedicated to specific SNFs and not a generic email
- Timely authorizations
- Designated claims resolution team for SNFs to address billing issues

## 23. IMPROVING CAHF SUPPORT

Members were asked what CAHF can do to support them with their managed care issues and improve the revenue cycle process. Responses include:

- Need to push the Health Plan to resolve ongoing problems
- Town Hall meetings for providers with Plans/State
- Improved notification of plan contacts and trainings
- More education opportunities on current changes & issues in the Managed Care environment
- Send out requests for agenda items prior to monthly calls in order to ascertain collective issues being experienced
- Use greater pressure on the state/Dept of Managed Care to hold health plans more accountable for paying providers timely/correctly.
- Using Provider Survey information to discuss with payors
- Setup more meetings with plans and providers to discuss issues
- Better communication between providers and Medi-Cal
- Create task force with State/Plans addressing CHOW issues

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 professionals in California, facilitating continuous quality improvement for our providers and improved outcomes for our residents.

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