



California Medical Association

Physicians dedicated to the health of Californians

April 21, 2008

R-1-07 Comment 1

Managed Risk Medical Insurance Board
Attn: JoAnne French
1000 G Street, Suite 450
Sacramento, CA 95814

Re: Proposed Rulemaking R-1-07
CMA Position: Oppose Unless Amended

Ms. French:

On behalf of the California Medical Association (CMA), thank you for the opportunity to comment on Proposed Rulemaking R-1-07, the Deletion of the Healthy Families to Medi-Cal Bridge.

While CMA acknowledges that the Deletion of the Bridge is at the direction of the Legislature, and is the result of an unwieldy condition placed on the State by the Federal Government, we still must raise concerns with these regulations as currently written. A summary of our concerns is below.

➤ **Lack of Provider Notification**

Section 2699.6611 currently includes two sections, (b) and (c), that require the program to notify the subscriber that s/he has been disenrolled. It does not, however, have a corresponding section requiring the program to notify the subscriber's plan and/or physician of the change. This is important in the context of presumptive eligibility, because a child could literally be covered by Healthy Families one day and Medi-Cal the next.

Most, if not all, Healthy Families plans require subscribers to have a primary care physician. This provides a direct means for provider notification. We therefore suggest that the Board add a new section to 2699.6611, as follows:

(d) When a subscriber is disenrolled pursuant to section (a)(1) above, the program shall immediately notify the subscriber's health plan in writing. This notification shall indicate whether the child was found by the program to be eligible for Medi-Cal coverage. The plan shall then be required to notify the subscriber's primary care physician in writing of the change.

Subsequent sections would then be re-labeled to reflect this change.

➤ **Effect of 10% Medi-Cal Provider Rate Reduction on Continuity of Care**

Although this is not in the Board's purview, CMA must raise a concern about the effect of coupling the elimination of the Medi-Cal Bridge with a 10% Medi-Cal rate reduction.

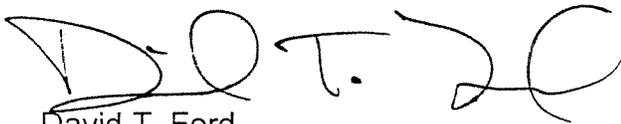
As you know, the Legislature approved the deletion of the Bridge last summer, before the mid-year Budget reductions in February.

Presumptive eligibility grants children health coverage under Medi-Cal, but does not guarantee that providers will be available to see them. In fact, CMA has heard from many providers throughout the State who are simply planning to stop seeing new Medi-Cal patients once these cuts take effect.

The result of these cuts for patients will be longer wait times for care, and more difficulty finding providers willing to treat them. For roughly 2,000 children a month, their time to find a new provider will be eliminated.

Thank you in advance for your consideration of these concerns. Please contact me at 916-551-2554 if I can answer any questions or concerns.

Regards,

A handwritten signature in black ink, appearing to read 'D. T. Ford', with a stylized flourish at the end.

David T. Ford
Associate Director, Medical and Regulatory Policy



April 21, 2008

Managed Risk Medical Insurance Board
Attn: JoAnne French
1000 G Street, Suite 450
Sacramento, CA 95814

Re: Proposed Regulations R-1-07

Dear Ms. French:

On behalf of the California Academy of Family Physicians (CAFP), thank you for the opportunity to comment on the Proposed Regulations R-1-07, the Deletion of the Healthy Families to Medi-Cal Bridge.

CAFP appreciates the intent of AB 203 and these regulations to maintain continuity of care and greatly needed funding for one of California's most vulnerable populations. We have one concern regarding the proposed regulations, however:

Lack of Provider Notification

Section 2699.6611 currently includes two sections, (b) and (c), that require the program to notify the subscriber that s/he has been disenrolled. It does not, however, have a corresponding section requiring the program to notify the subscriber's plan and/or physician of the change. This is important in the context of presumptive eligibility because a child could be covered by Healthy Families one day and Medi-Cal the next. Though the patient is notified, s/he may not understand the possible need to switch providers, nor the need to inform the treating physician of the change. If a physician accepts Medi-Cal Managed Care and Healthy Families, but not Medi-Cal fee-for-service, the physician may unwittingly treat a patient for which they would not be paid.

Most, if not all, Healthy Families plans require subscribers to have a primary care physician. This provides a direct means for provider notification. We therefore suggest that the Board add a new section to 2699.6611, as follows:

(d) When a subscriber is disenrolled pursuant to section (a)(1) above, the program shall immediately notify the subscriber's health plan in writing. This notification shall indicate whether the child was found by the program to be eligible for Medi-Cal coverage. The plan shall then be required to notify the subscriber's primary care physician in writing of the change.

Thank you for the opportunity to comment on the proposed regulations and for considering our concerns. If you have any comments or questions please feel to contact me at (916) 444-1500 or TRiley@familydocs.org. Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read 'Tom Riley', with a stylized flourish at the end.

Tom Riley
Director of Government Relations

cc Carla Kakutani, MD CAFP President
Taejoon Ahn, MD, MPH, CAFP Legislative Affairs Chair
Susan Hogeland, CAE, CAFP Executive Vice President