

Hemophilia Council of California  
Advocacy & Policy Webinar

What's New in California:  
The "State of the State"  
**Everything you need to know in  
less than 30 minutes**

*Presented by  
Lynne Kinst,  
HCC Executive Director*



HCC's 2020  
Advocacy &  
Policy Webinar  
Series

## If HCC Had Another “C”

- Increase **Communication** between all stakeholders within the Bleeding Disorders community
- **Collaborate** in sharing information related to state legislative & regulatory issues
- Enhance **Coordination** among patients, chapters, HTC's and other providers
- **Collect** stakeholder data to have maximum advocacy impact
- Accelerate community **Contribution** when state issues arise or information/data is requested
- Better understand **Compliance** standards within the state to make sure they provide maximum benefit to the bleeding disorders community

## So, What's New?

- HCC has a new Executive Director, Lynne Kinst
- DHCS and other agencies have new leadership
- The Governor has an ambitious new health care agenda
- New therapies, reimbursement rates and other changes are impacting patients, HTC's and other providers
- HCC has an increased focus on collaboration with your local chapters
- HCC has a new area of focus on private insurance
- We all have new opportunities to make a difference

## Key points in the Governor's Proposed Budget



- It's a \$222 billion dollar state budget for fiscal year 2020-21. A 2.3% increase over last year.
- There is a huge surplus – the “Rainy Day Fund” will be at \$21 billion as proposed.
- The Governor proposed more expansions in Medi-Cal eligibility, better coordination and integration of services (Medi-Cal Healthier California for All), expanding upon ACE's screenings for children and continuing implementation of Cal-Rx.

## Changes in California in 2020



- Governor Newsom is focused on health care
- Expanding Coverage and Benefits
  - Expands eligibility for full scope Medi-Cal to all persons 65 & older, regardless of immigration status
  - Includes \$80.5 million for the expansion, including IHSS costs

**Governor  
Newsom's  
Proposals :**

**Medi-Cal  
Healthier CA  
for All**

- Medi-Cal Healthier California for All (previously known as Cal-AIM) is a comprehensive proposal to transform the delivery system of physical, behavioral, and oral health care services in Medi-Cal.
- Under this proposal Medi-Cal managed care plans will be responsible for additional case management, wrap around services and behavioral health reforms.
- This will increase the role of managed care in serving all Medi-Cal patients.
- HCC is closely monitoring the workgroups related to this proposal.

# What is Fee-For- Service VS Managed Care?

## Medi-Cal Fee-for-Service

- Doctors and other health care providers are paid for each service performed. Usually the patient has a broad choice of providers.
- States create their payment methodologies.
- FFS are typically used to address high needs populations – e.g. severe chronic illnesses or individuals in remote areas.

## Medi-Cal Managed Care

- Organizes health care services with goals of being more efficient and lower cost. More restrictive network and requires prior authorization.
- Uses county organized health systems (COHSs) & other models.
- Core features of managed care:
  - Integration of financing, insurance, delivery, and payment
  - Formal control over utilization

## How does Managed Care affect patients with bleeding disorders?

### HCC has been monitoring the CCS Whole Child Model Managed Care Pilot

- Historically, HCC has lobbied, along with our rare disease colleagues, to keep CCS and GHPP patients out of managed care.
- During the past two years, many CCS patients have been rolled into the Whole Child Pilot.
- Managed care can be successful for our community, but we must remain vigilant to ensure that managed care does not erect barriers to appropriate treatment.
- You can help by reporting any issues you or your patients experience.

# ...But the Governor's Eyes are Also On the CA Pocket Book



Cal- Rx, the Governor's Value-Based Pharmacy Purchasing Proposal for 2021

New Reimbursement Rates for Factor: from ASP+20% to AAC + 4 cents/14 cents per unit (non-HTC/HTC) was just approved by the federal government and is scheduled to begin July 1.

# Governor Newsom's Proposals : Cal-Rx

- Cal-Rx proposes to save up to \$178 million by moving Rx purchasing from Medi-Cal Managed Care to FFS.
- Cal-Rx would
  - 1) Create a Medi-Cal best price proposal
  - 2) Rebates for non Medi-Cal drugs
  - 3) Increases in the State's purchasing
  - 4) Create a new Drug Pricing Schedule
  - 5) Create a new generic contracting program

## How will New Factor Reimbursement Rates Impact Our Patients?

- New rate is Actual Acquisition Cost (AAC) + 4 cents/unit for specialty pharmacies, AAC + 14 cents/unit for HTC's
- These rates were just approved by CMS. Implementation date is set for July 1
- HCC will be monitoring for any access issues that may impact the bleeding disorders community
- We need your help to identify any/all access issues which arise!



**Keep in mind:  
some of this is simply proposed and not  
yet final or complete!**

**Your voices are critical to help shape  
these proposals into policies that  
benefit and do not harm our  
community.**

## GHPP & CCS



- Apart from the impact of Cal-Rx, GHPP and CCS programs remain essentially the same and are fully funded in the Governor's budget.
- It is absolutely critical that patients research and understand all their coverage options – including private insurance, Covered California, Medi-Cal, GHPP and CCS.
- HCC is available to assist patients and local foundations in researching and understanding the available programs.

## Medi-Cal & Drug Carve Outs

- Factor continues to be treated differently than most other drugs: It is carved out of managed care insurance plans and will continue to be reimbursed separately by the state.
- Under Cal-Rx the billing process for factor may change, but the delivery will not (patients will still be able to receive factor from their 340(b) or specialty pharmacy). And while the State is seeking savings, we don't anticipate an impact on patient cost.
- However, HCC does have some concerns regarding the need to educate Magellan (the new vendor for Cal-Rx) regarding factor and the necessity for prompt handling of claims.

## Other proposals & issues to watch



- SCR 84 (Pan) – Declares March Bleeding Disorders Awareness Month in California
- AB 2144 (Arambula) – Regarding step therapy
- AB 2199 (Nazarian) – Regarding plasma collection
- Co-pay accumulator adjustors and co-pay caps
- ?????

## What's New with HCC: We are Changing With the Times

- Health Access Questionnaire
- CANEXTIONS – a novel therapy conference
- Bi-Annual Summits (August 14)
- Chapter Advocacy & Educational Presentations
- Periodic Policy Updates
- Quarterly Forums
- Our Educational Webinar Series

# Overview of Upcoming Webinars



Upcoming webinars will take a deeper dive into...

- Women with Bleeding Disorders – access and diagnosis
- Patient's Rights
- Considerations in Changing Therapies
- Social Media: Making Your Voice Heard
- Mental Health
- And more

Register  
now for our  
next  
webinar!



# Women and Bleeding Disorders:



# How to Be Your Own Best Advocate



JOIN US FOR THE NEXT HEMOPHILIA COUNCIL OF CALIFORNIA  
PUBLIC POLICY & ADVOCACY SKILLS WEBINAR

**THURS, MARCH 19**  
**NOON - 12:30 PM**

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Presented by Amber Federizo, Co-Medical Director of  
the Hemostasis and Thrombosis Center of Nevada

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## Questions?

HCC's 2020  
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Webinar series

# Thank you for joining us!

Reminder: this webinar is part of a series of educational webinars presented by the Hemophilia Council of California.

A recording and slides will be available in a few weeks at

<http://www.hemophiliaca.org/programs/webinars/>

NEED HELP? Contact Lynne Kinst at (916) 572-7771 or [lkinst@hemophiliaca.org](mailto:lkinst@hemophiliaca.org)