



*California's protection & advocacy system
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Rural Medi-Cal Managed Care: Access to Care

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IT CAN BE HARD FOR ME TO FIND HEALTH CARE PROVIDERS IN RURAL CALIFORNIA. WHAT ARE MY RIGHTS?

You have a right to get timely access to the health providers you need, including primary care physicians, specialists, and hospital care. Sometimes we hear from clients who are having trouble finding providers. This fact sheet gives you information and tips on what to do if you live in a rural area and you get Medi-Cal managed care.

WHAT IS MEDI-CAL MANAGED CARE, AND WHAT IS A NETWORK?

Medi-Cal managed care is a relatively new way to get Medi-Cal in many rural counties in California. Managed care is a system for providing and paying for health care services. Managed care means that you receive your health care from a managed care plan. A managed care plan is an organized network of health care providers that emphasizes primary and preventive care. Some, but not all, hospitals, physicians and other health care providers are members of the network. Managed care plans usually require you to get your health care from their network of providers. In most cases, you can only see a provider who is not in the managed care plan's network if the plan gives you prior authorization.

DOES MEDI-CAL REQUIRE THAT MANAGED CARE PLANS ENSURE THAT I GET THE HEALTH CARE THAT I NEED?

Yes. Medi-Cal managed care plans have a responsibility under both federal law and state law to make sure that health care providers are available. They must ensure that a range of services are available, and that there are enough health care providers in the geographic area. The managed care plan has a responsibility to ensure that you have access to the health care that you need. Managed care plans must cover everything that “regular” Medi-Cal covers. They can also cover more services.

WHAT IS THE KNOX-KEENE ACT?

The Knox-Keene Act is a California law that protects people who get health insurance through managed care. Knox-Keene applies to private managed care insurance. It also applies to some, but not all, Medi-Cal managed care plans. For example, it does not apply to most County Organized Health System plans, including Partnership HealthPlan.

TRAVELING TO GET MEDICAL CARE IS HARD. DO SERVICES HAVE TO BE AVAILABLE NEARBY?

Yes. Medi-Cal requires in most places that primary care physician services be available within 30 minutes or 10 miles of your home. There are some exceptions, especially in very rural areas. The Knox-Keene Act also provides some protections. Under Knox-Keene, emergency and hospital care must be available within 30 minutes or 15 miles of your home or workplace. Other services, like laboratories and prescriptions, must be available near the place where you get primary care.

I DO NOT WANT TO WAIT A LONG TIME TO GET MEDICAL APPOINTMENTS OR CARE. DO I HAVE A RIGHT TO TIMELY ACCESS TO MEDICAL CARE?

Yes. California applies the Knox-Keene timely access requirements to ALL Medi-Cal managed care plans. Here is what Knox-Keene requires:

- Urgent care must be provided within 48 or 96 hours of a request;
- Primary care must be provided within 10 business days;
- Specialist care must be provided within 15 business days;
- Phone access to a nurse who can help you determine what health care you need must be available twenty-four hours a day.

These protections apply if you live in a rural area.

WHAT IF I NEED EMERGENCY CARE BUT THERE IS NO MANAGED CARE NETWORK PROVIDER AVAILABLE NEARBY?

You have a right to get emergency care when you need it, even from a provider that is not part of your managed care network. You do not have to get prior authorization. If a reasonable person would have thought that the situation was an emergency, then the managed care plan must pay for the emergency care.

WHAT IF I NEED NON-EMERGENCY CARE BUT THERE IS NO NETWORK PROVIDER AVAILABLE?

If no network providers are available, then you have a right to get out-of-network care. In some situations, your managed care plan may require you to get prior authorization first. You should not have to pay extra for seeing an out-of-network provider.

WHAT IF I DISAGREE WITH MY HEALTH CARE PROVIDER AND I WANT A SECOND OPINION?

You have a right to have the managed care plan pay for a second opinion. Sometimes a second opinion would be from a network provider, and sometimes it would be from an out-of-network provider.

WHAT IF I WANT TO KEEP SEEING THE PROVIDERS I KNOW AND I DO NOT WANT TO SWITCH PROVIDERS?

Ordinarily, you must see a provider that is part of your managed care network. However, if you want to keep seeing a provider that doesn't accept managed care, you may have an alternative. You can ask to keep seeing your current providers for "continuity of care." This is true in all counties. See Disability Rights California's publication called, Medi-Cal Managed Care: Continuity of Care, available at <http://www.disabilityrightsca.org/pubs/PublicationsHealthBenefits.htm> . If you do not have access to the Internet, please call Disability Rights California to ask for a copy.

HOW CAN I GET MORE INFORMATION?

Call the California Department of Managed Health Care's Help Desk, 1-888-466-2219, or visit their website, <http://www.dmhc.ca.gov/FileaComplaint.aspx#.U86XCeNdXMY> .

Call the local county Medi-Cal office or Health Care Options at 1-800-430-4263. Visit www.healthcareoptions.org.

Also, Disability Rights California has helpful publications posted on our Health website, <http://www.disabilityrightsca.org/pubs/PublicationsHealthBenefits.htm> . If you do not have access to the internet, please call us to ask for publications. You might find the following publications helpful:

- An Independent Medical Review (IMR) is One Way to Change a Medi-Cal Managed Care Plan's No to Yes

- Medi-Cal Managed Care: “Continuity of Care”
- Medi-Cal Managed Care Health Plans: What are they? What do I need to know about them?

HOW CAN I GET HELP FROM DISABILITY RIGHTS CALIFORNIA IF I HAVE A PROBLEM?

Disability Rights California provides advice and does advocacy for people with disabilities. Call 1-800-776-5746 or 800-719-5798 (TTY). Visit our website at www.disabilityrightsca.org.

Our thanks to the National Health Law Program for allowing us to use their publication entitled, “Network Adequacy Laws in Medi-Cal Managed Care Plans,” available online at <http://healthconsumer.org/081214-ManagedCareinCaliforniaSeries-1-networkadequacy-medi-cal.pdf>, as a model for this fact sheet.

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