



## Robust Access & Member Protections Lost Under Medi-Cal Fee-for-Service

The chart below illustrates what Medi-Cal members with Unsatisfactory Immigration Status (UIS) will lose by being transitioned from the managed care delivery system to the fee-for-service delivery system, ultimately creating a two-tiered Medi-Cal program that leaves vulnerable individuals and poor working families without the supports that they deserve.

| MEDI-CAL MEMBER SUPPORTS   | MANAGED CARE COVERAGE | FEE-FOR-SERVICE |
|--|-----------------------|-----------------|
| Robust provider networks and access to specialty care  | ✓                     | ✗               |
| Timely access to care  | ✓                     | ✗               |
| Care coordination  | ✓                     | ✗               |
| Complex care management  | ✓                     | ✗               |
| Transitions from inpatient care  | ✓                     | ✗               |
| Transportation to/from appointments  | ✓                     | ✗               |
| Provider network directory to identify willing providers   | ✓                     | ✗               |
| Member support services, including member education  | ✓                     | ✗               |
| Emphasis on preventive care  | ✓                     | ✗               |
| Robust in-language access for care and communication, including language assistance, translation, and interpreter services | ✓                     | ✗               |
| Member call center support   | ✓                     | ✗               |
| Member enrollment supports   | ✓                     | ✗               |
| Emergency department follow-up processes   | ✓                     | ✗               |
| Long-term care supports & coordination   | ✓                     | ✗               |
| Coordination with County Behavioral Health Plans for members with specialty mental health needs                            | ✓                     | ✗               |
| 24/7 Nurse Advice Line   | ✓                     | ✗               |
| Outreach to members who need preventive screenings & routine care  | ✓                     | ✗               |

MEDI-CAL ENROLLEE PROTECTIONS

MANAGED CARE  
COVERAGE

FEE-FOR-  
SERVICE

|  |   |   |
|--|---|---|
| Grievance and appeals processes and state Independent Medical Review for members       | ✓ | X |
| Provider credentialing to ensure proper licensing and access to high-quality providers | ✓ | X |
| Continuity of care when there are provider changes                                     | ✓ | X |
| Network adequacy and time and distance requirements                                    | ✓ | X |
| Quality programs and measurement of provider care                                      | ✓ | X |

PROVIDER SUPPORTS AND PROTECTIONS

MANAGED CARE  
COVERAGE

FEE-FOR-  
SERVICE

|   |   |   |
|---|---|---|
| Provider grievances and appeals processes             | ✓ | X |
| Timely claims payment and dispute resolution process  | ✓ | X |
| Support for claims and billing                        | ✓ | X |
| Robust provider training                              | ✓ | X |
| Payment incentives for provision of high-quality care | ✓ | X |

CONTROLS AND PROTECTIONS

MANAGED CARE  
COVERAGE

FEE-FOR-  
SERVICE

|   |   |   |
|---|---|---|
| Utilization management to ensure enrollees receive the right care at the right time | ✓ | X |
| Monitoring, reporting and recoupment for fraud, waste, and abuse                    | ✓ | X |