

NEWS RELEASE



MADERA COMMUNITY HOSPITAL: HOW DHCS PROTECTS MEDI-CAL MEMBERS WHEN A HOSPITAL CLOSES

SACRAMENTO — When DHCS learns of the closure of a hospital in the Medi-Cal managed care plan (MCP) network, the Department's focus is on protecting the health and well-being of Medi-Cal members. DHCS requires Medi-Cal MCPs to take specific steps to ensure that members who are likely to be affected by the closure of a hospital or termination of services maintain continued access to medically necessary covered services.

When DHCS was notified of Madera Community Hospital's closure, DHCS immediately began to obtain information from [CalViva Health](#) and [Anthem Blue Cross Partnership Plan](#) to identify the impact on Medi-Cal members' access to care. DHCS requested that the MCPs submit a transition plan, network documentation, and draft member notices to DHCS for review. DHCS continues to proactively work with CalViva Health and Anthem Blue Cross Partnership Plan to obtain additional information to complete a network analysis. DHCS also engaged with the California Department of Public Health to transfer Medi-Cal members who required post-acute or long-term care services following hospital discharge (i.e., skilled nursing and home health care) due to the Madera Community Hospital closure.

Additionally, DHCS reached out to Madera County's behavioral health agency about their plans to ensure continued access to services for county residents. DHCS also contacted the behavioral health agencies of surrounding counties, including Merced, Mono, Mariposa, and Fresno, to assess the impact of the closure of Madera Community Hospital on their behavioral health systems and related mitigation plans, and to ensure the provision of needed services.

Your Medi-Cal Rights and Access to Care

MCPs must provide access to covered medically necessary health care services. If the MCP does not have in-network providers and/or facilities to provide covered services, the MCP must provide the services through out-of-network facilities, so members do not experience gaps in care, including transportation to those services.

Medi-Cal members have the right to get a free ride to and from appointments for services covered by Medi-Cal, including when members may need to travel longer distances due to the hospital closure. This includes transportation to medical, dental, mental health, or substance use disorder appointments, and to pick up prescriptions and medical supplies.

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Who should Medi-Cal members contact with questions?

If you are in a managed care plan, the contact information is below:

[Anthem Blue Cross Partnership Plan](#)

(800) 407-4627; TTY/TDD (888) 757-6034

[CalViva Health](#)

(888) 893-1569; TTY/TDD (800) 431-0964

You may also call your primary care provider if you have any questions about your care.

If you have behavioral health questions, the phone number for the Madera County behavioral health department is (888) 275-9779. For the phone numbers of behavioral health departments in other counties, please view [this webpage](#).

Fee-for-service (FFS) members have access to any Medi-Cal provider.

Members can also contact the [DHCS Office of the Ombudsman](#) who can connect you with the right person to help resolve a problem or provide helpful resources in your county.

DHCS' Role in Ensuring Member Access to Care after a Hospital Closure

MCP Requirements

DHCS requires a MCP to submit for review and approval a transition plan, network review documents, and draft member notices. DHCS should receive these documents 60 days prior to the managed care contract termination, or immediately upon learning of the termination, as outlined in All Plan Letter [21-003](#) (Medi-Cal Network Provider and Subcontractor Terminations).

The transition plan must include the MCP's assessment of member impact and plan to connect members to new providers and/or facilities in the MCP's network.

The MCP's assessment must also include, as applicable:

- A list of specialty services available at the terminating hospital that are not available at other hospitals within time or distance standards.
- A list of contracted hospitals that the MCP could contract with, or are contracted with, within time or distance standards.
- The number of members who need to change primary care providers (PCPs) due to the terminating hospital having a primary care clinic or having a PCP with admitting privileges only at the terminating hospital.
- The number of members who need to change specialists due to the terminating hospital having a specialty care clinic/group or having specialists with admitting privileges only at the terminating hospital.

Further, when in-network hospitals or facilities close, MCPs are required to demonstrate that they are able to maintain access to care or contract with other hospitals or facilities to ensure continued access. To assess the MCP's ability to comply with access to care requirements, DHCS conducts a network analysis. This includes calculations of network provider-to-member ratios, verification of other providers and/or facilities within the area that could meet access standards, and assessment of whether changes are needed to the MCP's alternative access standards requests.

For example, if a MCP cannot meet required time or distance access standards in a specific region due to a lack of providers there, they must submit an alternative access standard request to DHCS that details which providers the members will be able to access within their network.

MCPs are also responsible for safely transitioning members to a new facility or provider care, as needed. If there are no in-network facilities that meet access to care requirements, the MCP must allow affected members to obtain care through out-of-network facilities so their care is not disrupted. MCPs are required to cover nonmedical transportation benefits, including, in these instances, to travel to an out-of-network facility.

The bottom line is that MCPs are responsible for maintaining provider networks that provide access to Medi-Cal covered services as required by federal and state law and the MCP's contract with DHCS.

Behavioral Health Agency Requirements

DHCS reaches out to county behavioral health agencies about their plans to ensure continued access to services for county residents and from surrounding counties. In the case of Madera Community Hospital, it did not provide specialty mental health services (SMHS) or substance use disorder (SUD) treatment services, but did provide mental health evaluation for involuntarily detained adult individuals in the emergency department.

Key takeaways include:

- Children and youth 5150 evaluation access will remain through Valley Children's Hospital.
- Madera Community Hospital did not provide SMHS or SUD treatment other than 5150 evaluations.
- Fresno County will absorb adult 5150 patients through a crisis stabilization center if medically appropriate or, if not, through the emergency department.
- Madera County is contracting with Fresno and Merced counties for crisis, psychiatric health facility, and other behavioral health services.
- Mariposa County is prepared to accept 5150 evaluation referrals and provide assistance with psychiatric inpatient referrals.

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www.dhcs.ca.gov