



# FACT SHEET

## AT A GLANCE: SENIORS & PERSONS WITH DISABILITIES BENEFIT FROM MEDI-CAL MANAGED CARE

April 2010

		MANAGED CARE (MC)	FEE-FOR-SERVICE (FFS)
IMPROVED ACCESS TO CARE	Access to Physicians Required	✓ State regulators require adequate networks <sup>1</sup>	✗ 5 times more difficult in FFS to access care* <sup>2</sup>
	Timely Appointments are Required	✓ Appointments must be offered within specific timeframes <sup>3</sup>	✗ There are no requirements in FFS
	Language Assistance is Required	✓ Required to ensure providers offer care in patients' primary language <sup>4</sup>	✗ There are no requirements in FFS
	Physical Access to Doctors Offices is Assessed	✓ Regular evaluations of the physical accessibility of provider offices <sup>5</sup>	✗ Assessment for physical access are not required in FFS
CARE COORDINATION	Medical Home Offered	✓ Decades of experience offering medical homes	✗
	Care is Coordinated	✓ Offers referrals to specialists, advice nurses, customer service and support groups.	✗ No consistency in coordinated care
	Disease Management Offered	✓ Use of appropriate disease management practices are higher	✗ No consistency in disease management
COST SAVINGS	Program Costs	↓ States have saved up to 19 percent in Medicaid MC compared with FFS Medicaid <sup>7</sup>	↑
QUALITY	Quality of Care is Assessed and Provided	✓ Required to report health care quality data to the government <sup>6</sup>	✗ Quality data is not always collected or comprehensive
	Preventable Hospitalizations	↓ One-quarter lower in MC than FFS <sup>8</sup>	↑

\*Based on data gathered in Sacramento Region.

Sources:

- 1 Knox-Keene Health Care Service Plan Act of 1975. § 1366.35.
- 2 "Sacramento GMC: Eight Years Later." Commission on Geographic Managed Care. October 2003.
- 3 Title 28, California Code of Regulations, Division 1. The Department of Managed Health Care, Chapter 2. Health Care Service Plans, Article 7. Standards §1300.67.2.2
- 4 Title 28, California Code of Regulations, Division 1. The Department of Managed Health Care, Chapter 2. Health Care Service Plans, Article 7. Standards §1300.67.04
- 5 DHCS Medi-Cal Contract Boilerplate. Accessed on 27 February 2010.
- 6 Knox-Keene Health Care Service Act of 1975. § 1370.
- 7 "Medicaid Managed Care Cost Savings – A Synthesis of Fourteen Studies." The Lewin Group. July 2004
- 8 "Preventing Unnecessary Hospitalizations in Medi-Cal: Comparing Fee-for-Service with Managed Care." California HealthCare Foundation. February 2004.

Please contact Maral Farsi at [mfarsi@calhealthplans.org](mailto:mfarsi@calhealthplans.org) or 916.558.1545 with any questions about this fact sheet.

California Association of Health Plans • 1415 L Street, Suite 850 • Sacramento, CA 95814 • 916.552.2910 • [www.calhealthplans.org](http://www.calhealthplans.org)  
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