

**From:** DMHC Licensing eFiling

**Subject:** APL 22-027 - Timely Access to Emergent and Urgent Services When an Enrollee is Outside of California

**Date:** Monday, November 7, 2022 11:33 AM

**Attachments:** APL 22-027 - Timely Access to Emergent and Urgent Services When an Enrollee is Outside of California (11.7.22).pdf

Dear Health Plan Representative,

The Department of Managed Health Care (Department) issues this All Plan Letter (APL) 22-027 to remind California health plans about their responsibility to provide timely access to medically necessary basic health care services for the plans' enrollees, even when those enrollees happen to be outside of California when they need the services.

Thank you.



Gavin Newsom, Governor  
State of California  
Health and Human Services Agency  
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[www.HealthHelp.ca.gov](http://www.HealthHelp.ca.gov)

## ALL PLAN LETTER

**DATE:** November 7, 2022

**TO:** All Full-Service Commercial and Medi-Cal Managed Care Health Care Service Plans<sup>1</sup>

**FROM:** Sarah Ream  
Chief Counsel, DMHC

**SUBJECT:** APL 22-027 - Timely Access to Emergent and Urgent Services When an Enrollee is Outside of California

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### I. Background

California health plans have a duty to provide timely access to medically necessary basic health care services for the plans' enrollees, even when those enrollees happen to be outside of California when they need the services. Specifically, California Code of Regulations, title 28, section 1300.67(g)(2), requires plans to cover out-of-area emergency care and urgently needed care.<sup>2</sup> Additionally, plans must provide enrollees with instructions about how to access urgent or emergency services when the enrollee is out of the plan's service area.

In some instances, an enrollee may not be able to readily access urgent or emergent care because such care is not available in the area or state where the enrollee is

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<sup>1</sup> This APL does not apply to Medicare Advantage products or to specialized health care products.

<sup>2</sup> An emergency medical condition is a "medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably" place the enrollee's health in serious jeopardy, seriously impair the enrollee's bodily functions, or cause serious dysfunction of any bodily organ or part. (Cal. Health & Saf. Code § 1317.) Section 1300.67(g)(2) defines "urgently needed services" as "those services necessary to prevent serious deterioration of the health of an enrollee, resulting from unforeseen illness, injury, or complication of an existing condition, including pregnancy, for which treatment cannot be delayed until the enrollee returns to the plan's service area. Urgent services include, "maternity services necessary to prevent the serious deterioration of the health of the enrollee or the enrollee's fetus, based on the enrollee's reasonable belief that she has a pregnancy-related condition for which treatment cannot be delayed until the enrollee returns to the plan's service area."

physically present when the care is needed. For example, an enrollee could be in a life-threatening accident while outside of California in a remote area and require advanced trauma care that is unavailable in the area. Similarly, a number of states recently instituted near total or total bans on health care providers' abilities to provide certain services, including abortion services, that are "basic health care services" under California law.

If an enrollee is outside of California and needs a service on an emergency or urgent basis, but that service is not available in the area or state where the enrollee is physically located, the enrollee may be unable to access the emergency/urgent care in a timely manner unless the enrollee is transported to an area where the service(s) are available. In such instances, the health plan has an obligation to arrange for the enrollee to obtain the service in a timely manner, consistent with California's timely access standards. This may require the health plan to pay for the enrollee to travel, including travel to another state, to access the care.

If you have questions regarding this APL, please contact your health plan's assigned reviewer in the DMHC's Office of Plan Licensing.