

Why the CCCEA Is Important

The California Cancer Care Equity Act ([SB 987, Chapter #608, 2022](#)), which took effect January 1, 2023, expands access to optimal cancer care for historically disadvantaged Californians by requiring Medi-Cal managed care plans (MCMCPs) to make a good faith effort to contract with National Cancer Institute-designated and other specified cancer centers so that patients with a complex cancer diagnosis may more easily access care at these centers. The law also authorizes Medi-Cal members diagnosed with a complex cancer to request a referral to any of those centers and requires MCMCP to notify all members of their right to do so.

The CCCEA Requires:

- MCMCPs to make a good faith effort to contract with at least one National Cancer Institute-designated Comprehensive Cancer Center (NCI-CCC), National Community Oncology Research Program-affiliated (NCORP) site, or qualifying academic cancer center within its contracted provider network and its subcontracted provider network, if applicable, within each county in which the MCMCP operates.
- MCMCPs to notify all members of their right to request a referral to an NCI-CCC, NCORP-affiliated site, or qualifying academic medical center.
- The services of the NCI-CCC, NCORP-affiliated site, or qualifying academic medical center available to eligible members are sufficient in amount, duration, and scope as medically necessary for the treatment of the member's condition.
- If a MCMCP denies a requested referral to an in-network provider, that denial must be based upon a determination by the treating provider that falls into one of the following categories: the appropriate services are not available at the NCI-CCC, NCORP-affiliated site, or qualifying academic cancer center; the services are not medically necessary; or an NCI-CCC, NCORP-affiliated site, or qualifying academic cancer center is not in-network or contracting with the MCMCP.
- If an MCMCP is unsuccessful in its good faith contracting efforts, the MCMCP must allow eligible members to request a referral to receive medically necessary services through an out-of-network NCI-CCC, NCORP-affiliated site, or qualifying academic medical center, unless the member chooses a different cancer treatment provider. This only applies if the MCMCP and out-of-network center comes to an agreement with respect to payment.

Intent of the CCCEA

- The intent of the CCCEA is to inform patients of their options to seek care specific to their diagnosis and remove obstacles for each to do so. The law also aims to enhance collaboration between community oncologists and specialists at academic or comprehensive care centers to better serve the needs of the individual patient.

- Although SB 987 allows Medi-Cal members to request a referral from their health plan, the Act does not grant automatic authorization of the request, and member experience will vary depending on the in-network or out-of-network status of the facility.

Member Notification Under the CCCEA

The Medi-Cal program, through MCMCPs, will notify Medi-Cal members of the new right for those who have a complex cancer diagnosis to request a referral to specified cancer centers and the specific criteria that MCMCPs must base a denial determination. In addition, the Medi-Cal program will inform MCMCPs of their responsibility to notify their members about the new SB 987 requirements.

Referral Under the CCCEA

Following diagnosis of a complex cancer, a Medi-Cal member may request a referral from their treating physician to an NCI-CCC, NCORP-affiliated site, or qualifying academic medical center. The referral can be denied should the treating physician determine that the requested services are not medically necessary or are unavailable at the requested centers. The referral can also be denied should the NCI-CCC, NCORP-affiliated site, or qualifying academic medical center be out-of-network and unable to come to agreement with respect to payment with the MCMCP.

Complex Cancer Diagnosis as Defined by the CCCEA

A complex cancer diagnosis is defined as a diagnosis for which there is no standard FDA-approved treatment, a known highly effective therapy for metastatic cancer has failed, or any of the following diagnoses: hematological malignancies, acute leukemia, advanced, relapsed, refractory non-Hodgkin lymphoma and multiple myeloma, including BPDCN and T-cell leukemias and lymphomas, and advanced stage, relapsed solid tumors refractory to standard FDA-approved treatment options, advanced stage rare solid tumors for which there is no known effective standard treatment options.

Frequently Asked Questions:

Q: Does this law allow any Medi-Cal member to receive care at an NCI-CCC, NCORP-affiliated site, or a qualifying academic medical center?

A: The CCCEA requires that Medi-Cal members diagnosed with a complex cancer be informed of their right to request a referral to an NCI-CCC, NCORP-affiliated site, or qualifying academic medical center. Additionally, MCMCPs must make their best effort to contract with an NCI-CCC, NCORP-affiliated site, or a qualifying academic medical center. However, referral requests can still be denied by the MCMCP should the member's treating provider deem the request medically unnecessary or unavailable, or the MCMCP and requested out-of-network cancer center are unable to come to agreement with respect to payment.

Q: Is there an official list of these specialized care providers provided by the California Department of Health Care Services (DHCS)?

A: Current NCI-CCC facilities and qualifying medical centers in the State of California are listed below.

- Cedars-Sinai Medical Center – Los Angeles County
- Chao Family Comprehensive Cancer Center at the University of California, Irvine – Orange County
- City of Hope National Medical Center – Los Angeles County
- Stanford Cancer Institute at Stanford University – Santa Clara County
- UC Davis Comprehensive Cancer Center at the University of California, Davis – Sacramento County
- UC San Diego Moores Cancer Center at University of California, San Diego – San Diego County
- UCLA Jonsson Comprehensive Cancer Center at the University of California, Los Angeles – Los Angeles County
- UCSF Helen Diller Family Comprehensive Cancer Center at the University of California, San Francisco – San Francisco County
- USC Norris Comprehensive Cancer Center at the University of Southern California – Los Angeles County

A list of NCORP-affiliated sites can be found online at ncorp.cancer.gov/findasite/.

Q: What makes an individual eligible to request these referrals?

A: Any individual who is a beneficiary of the Medi-Cal program and enrolled in an MCMCP who receives a complex cancer diagnosis is considered an eligible member.

Q: Is there a limit on the time or scope of services the physicians can provide at specialist centers?

A: The law requires MCMCPs to ensure that services provided by the specified cancer centers are sufficient in amount, duration, and scope as medically necessary for the treatment of the member’s condition, including clinical trials.

Q: Will the definition of “complex cancer diagnosis” evolve with the ongoing innovations in cancer care?

A: Under the CCCEA, DHCS is required to periodically review the definition of “complex cancer diagnosis”. The planning for this process is currently underway, which will include guidance from a physician with cancer expertise.

Q: Will DHCS review appeals regarding denied cancer care center referrals?

A: DHCS reviews all grievances and appeals on a quarterly basis, including any Independent Medical Review reports issued by the California Department of Managed Health Care. Administrators will review for relevant patterns among cancer center referrals that are denied and that have been appealed, and communicate with the MCMCPs.

Q: Will DHCS track and release data on these referrals?

A: At this time, DHCS does not receive referral data from the MCPs.

Q: Will this increase the burden on primary care doctors and community oncologists?

A: No, this law should reduce the burden of appeals paperwork filled out by physicians to get patients into specified cancer centers that offer medically necessary clinical trials and complex care. This law will help make it easier for a patient to access an appropriate subspecialist, if needed.

Q: The law took effect January 1, 2023. What is the timeline for implementation? When can providers begin referring eligible MCMCP enrollees?

A: Beginning January 1, 2023, the law authorized Medi-Cal members to request a referral to an NCI-CCC, NCORP-affiliated site, or qualifying academic center; additionally, providers can begin requesting referrals for eligible patients with a complex cancer diagnosis. DHCS issued preliminary, formal communication by way of an email to all MCMCPs reminding them of the requirements outlined in the CCCEA and the right of Medi-Cal members who have a complex cancer diagnosis to request a referral to a specified cancer center. DHCS expects MCMCPs to contract with NCI-CCCs, NCORP-affiliated sites, or qualifying academic medical centers.

However, MCMCPs will need time establish these contracts. Medi-Cal members and providers submitting referral requests may have to work with their MCMCP to request referrals to out-of-network facilities, in the interim, Medi-Cal members and providers submitting request referrals to out of network facilities may have to request that the MCMCP enter into Letters of Agreement with the specialty centers for the individual case.