

# Medi-Cal Managed Care

# What is Medi-Cal Managed Care?

- The Medi-Cal Managed Care Division (MMCD) contracts with health plans to provide health care services to Medi-Cal beneficiaries through established networks of care.
- MMCD oversees and monitors the health plans to ensure Medi-Cal beneficiaries receive high quality, accessible, and cost-effective health care

# Medi-Cal Eligible Breakdown

- Medi-Cal Managed Care Enrollment
  - Approximately 6.7 million beneficiaries are enrolled in managed care
  - 58 counties currently operating under managed care system

# Medi-Cal Managed Care Models

- Managed Care Models
  - County Organized Health Systems
  - Geographic Managed Care
  - Two-Plan Model
    - Commercial
    - Local Initiative
  - Rural Models
    - Regional Model
    - San Benito Model
    - Imperial Model

# County Organized Health System

- Locally developed & operated managed care organizations
  - Governing Board approved by County Board of Supervisors
- Paid on a capitated basis
- Contracts are full risk contracts
- Enrollment is mandatory for all aid codes
- No Medi-Cal fee-for-service option in COHS counties

# Two-Plan Model

- Beneficiaries have a choice between the Commercial Plan (CP) or the Local Initiative (LI)
- The LI is a community organized and developed Health Maintenance Organization
- The CP is a non-government health plan (e.g., Anthem Blue Cross, Health Net, Molina)
- Contracts are awarded via a competitive Request for Proposal process

# Two-Plan Model

- Plans are paid on a capitated basis
- Contracts are full risk contracts
- Enrollment mandatory for specific aid codes
- No fee-for-service option for mandatory beneficiaries

# Geographic Managed Care

- Noncompetitive application process
  - Request for Application
- All participants are Commercial Plans (non-government health plans)
- Plans are paid on a capitated basis
- Contracts are full risk contracts

# Geographic Managed Care

- Mandatory enrollment for specific aid codes
- Members choose from several Commercial Plans
- No fee-for-service option for mandatory beneficiaries

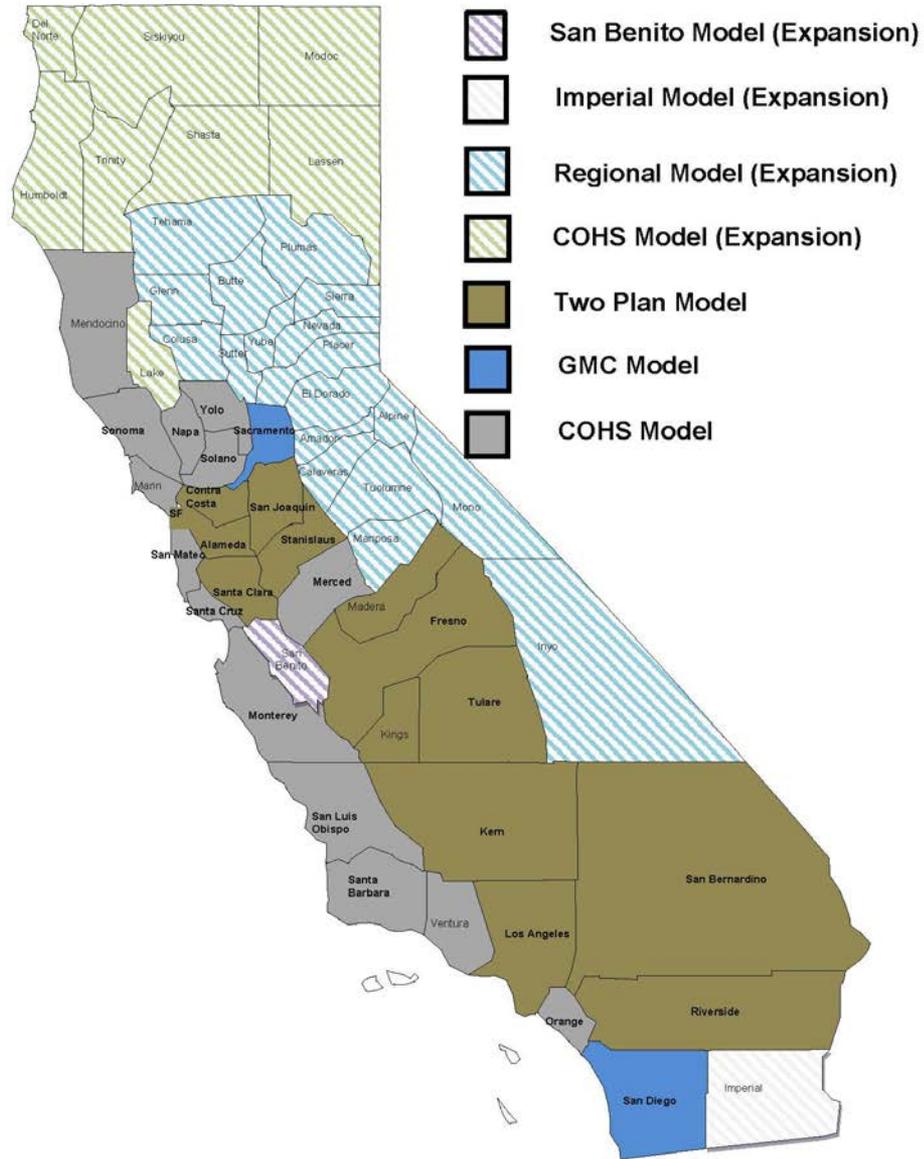
# Rural Models

- Noncompetitive application process
  - Request for Application (RFA)
- Plans are paid on a capitated basis
- Contracts are full risk contracts
- Mandatory enrollment for specific aid codes with the exception of the San Benito Model where all enrollment is voluntary

# Rural Models

- Currently beneficiaries can choose from:
  - Regional Model-Two Commercial Plans
  - Imperial Model-Two Commercial Plans
  - San Benito Model-One Commercial Plan
- No fee-for-service option for mandatory beneficiaries

## MEDI-CAL MANAGED CARE MODELS



# Impact to Indian Health Programs

## County Organized Health System Counties (COHS)

- All Medi-Cal beneficiaries, including American Indians, are required to enroll.
- The COHS plan may not restrict access to Indian health programs for these members.
- American Indian beneficiaries may receive services from an Indian health program either within the COHS provider network, or out-of-network.

# Impact to Indian Health Programs

## Non-County Organized Health System Counties

- Indian Medi-Cal beneficiaries may be exempt or disenrolled from managed care health plan enrollment at any time to receive health care services through an Indian health program.

# Impact to Indian Health Programs

## Impact to All Indian Medi-Cal Beneficiaries

- American Indians receiving Medi-Cal services directly from an Indian health program are not charged enrollment fees, premiums, and are not subject to cost sharing arrangements (e.g. deductibles, copayments).

# Assistance for Managed Care Plan Members

Medi-Cal Office of the Ombudsman

888-452-8609

Department of Managed Health Care

Help Center

888-466-2219

The End

Questions

[Carrie.Allison@dhcs.ca.gov](mailto:Carrie.Allison@dhcs.ca.gov)