

# Medi-Cal Managed Care 101

## Managed Care Expansion

# What is Medi-Cal Managed Care?

- The Medi-Cal Managed Care Division (MMCD) contracts out for health care services for Medi-Cal (M/C) beneficiaries through established networks, such as an HMO and county organized health care systems (health plans)
- MMCD oversees these health plans to assure M/C beneficiaries receive high quality, accessible, and cost-effective health care

# Medi-Cal Eligible Breakdown

- Medi-Cal Managed Care Enrollment
  - Approximately 4.9 million beneficiaries
  - 30 counties currently operating under managed care system

# Medi-Cal Managed Care Models

- Three Managed Care Models
  - County Organized Health Systems (COHS)
  - Geographic Managed Care (GMC)
  - Two-Plan
    - Commercial
    - Local Initiative

# COHS Qualities

- Locally developed & operated managed care organization (MCO)
  - Governing Board approved by County Board of Supervisors
- Capitated arrangements and full risk contracts
- Providers must be M/C certified
- Enrollment is mandatory for all aid codes
- No fee-for-service option in county

# Two-Plan Model

- Members choose between Commercial Plan (CP) or Local Initiative (LI)
- The LI is a community organized and developed HMO (quasi-governmental)
- The CP is a non government health plan (i.e., Anthem, Health Net, Etc.)
- Contract awarded via competitive Request for Proposal (RFP) process

# Two-Plan Model

- Capitated arrangements & full risk contracts
- Enrollment mandatory for specific aid codes
- No fee-for-service option for mandatory beneficiaries

# GMC Model

- Noncompetitive application process
  - Request for Application (RFA)
- All participants are non government health plans
- No local/community health plan
- Capitated arrangements & full risk contracts

# GMC Model

- Mandatory enrollment for specific aid codes
- Members choose from several non government health plans
- No fee-for-service option for mandatory beneficiaries

# Managed Care Expansion

- Managed Care expanding into remaining 28 counties
- Used an RFA process for 25 of the 28 counties
- Counties are rural in nature and may have modified requirements
- Approximately 400,000 new eligibles



# Impact to Indian Health Programs

## COHS Model Counties

- All Medi-Cal beneficiaries, including American Indians, 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-COHS 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?