

NEWS RELEASE



JOINT STATEMENT ON THE 2024 MEDI-CAL MANAGED CARE PLAN CONTRACTS

New contracts will advance health equity, quality, access, accountability, and transparency to improve the Medi-Cal health care delivery system.

SACRAMENTO — The Department of Health Care Services (DHCS) is joined today with five commercial managed care plans (MCPs)—Blue Cross of California Partnership Plan (“Anthem”), Blue Shield of California Promise Health Plan, CHG Foundation d.b.a. Community Health Group Partnership Plan, Health Net Community Solutions, Inc. and Molina Healthcare of California—to announce an agreement to deliver Medi-Cal services to Medi-Cal managed care members in 21 counties across the state starting in January 2024:

“We are committed to improving the health care delivery and experience for Medi-Cal members by setting a new standard for what person-centered and equity-focused care looks like in the Golden State. This agreement will provide certainty for our members, providers, and stakeholders as we work together to embark on fundamental transformation of the Medi-Cal program in 2024.

“We are committed to setting the stage for Medicaid transformation across the country as well as for broader health system innovation within California.”

The State’s top priority is to ensure that Medi-Cal members have access to health insurance plans that provide high-quality and timely care and are focused on delivering on the State’s transformations that are designed to move the health system to become person-centered, equity-focused, and data-driven.

To bring certainty for members, providers and plans, the State used its authority to work directly with the plans to re-chart our partnership and move with confidence and speed toward the implementation of the changes we want to see. An agreement has been reached so that together we can begin our collective work of delivering a person-centered, equity-focused, and data-driven Medi-Cal program. As part of this agreement, Medi-Cal health plans will be held to new standards of care and greater accountability, helping ensure Medi-Cal members have the care and support they need to live healthier, more fulfilling lives.

These plans, and all other Medi-Cal managed care plan partners, will operate under the new, rigorous MCP contract, to provide quality, equitable and comprehensive coverage for Medi-Cal managed care members. To help address the social drivers of health, the new contracts require partnerships with local health departments, local educational and governmental agencies, and other local programs and services, including social services, child welfare departments, and justice departments, to ensure member care is coordinated and members have access to community-based resources, including Community Supports.

MCPs are an important part of the work of CalAIM, transforming Medi-Cal toward a population health approach that prioritizes prevention and whole-person care by offering services that address long-term care needs, throughout a member’s life, from birth to a dignified end of life.

Below are the plans and the counties they will serve:

Managed Care Plans	Counties
Blue Cross of California Partnership Plan (“Anthem”)	Alpine, Amador, Calaveras, El Dorado, Fresno, Inyo, Kern, Kings, Madera, Mono, Sacramento, San Francisco, Santa Clara, Tuolumne
Blue Shield of California Promise Health Plan	San Diego
CHG Foundation d.b.a. Community Health Group Partnership Plan	San Diego
Health Net Community Solutions, Inc.	Amador, Calaveras, Inyo, Los Angeles (with subcontract to Molina for 50% of membership), Mono, Sacramento, San Joaquin, Stanislaus, Tulare, Tuolumne
Molina Healthcare of California	Riverside, Sacramento, San Bernardino, San Diego, (and in Los Angeles subcontractor to Health Net for 50% of membership)

As a result of these new contracts, Medi-Cal members can expect:

- Coordinated access to care:** Members who need extra help will have access to care management based on their health care needs. This means having a designated point person, a care manager, who can assist them and their families with navigating the health care system, handling referrals, and supporting communication with providers.
- More culturally competent care:** Members will benefit from care and services that take into account their culture, sexual orientation, gender and gender identity, and preferred language.
- Better behavioral and physical health integration:** Members’ physical health care will be better integrated with their behavioral health care, narrowing the divide between the two and improving access to mental health support and substance use disorder treatment.
- Focus on primary care use and investment:** MCPs will be required to review utilization reports to identify members not accessing primary care. For example, if members are underutilizing primary care, they may not be obtaining appropriate screenings, preventive care, or managing their conditions to prevent exacerbation. The contract also includes steps to ensure MCPs are investing in primary care. Plans will be required report on primary care spending (as a percentage of total expenditures) to help ensure sufficient investment in upstream and preventive care.
- Reinvestment in community:** For the first time, MCPs and their fully delegated subcontractors with positive net income will be required to allocate 5 to 7.5 percent of these profits (depending on the level of their profit) to local community activities that develop community infrastructure to support Medi-Cal members. Plan partners will be required to annually submit a Community Reinvestment Plan and Report that details how the community will benefit from the reinvestment activities and the outcomes of such investments.
- Robust engagement with community advisory groups:** Historically, Medi-Cal MCPs are required to maintain a Community Advisory Committee (CAC) that serves to inform the plan’s cultural and linguistic services program. DHCS seeks to elevate the CAC by clarifying its role and member composition and prescribing the plan’s role in providing support for CAC members in order to maximize participation and involvement. In addition, CAC members will have the opportunity to serve on a DHCS

Member Stakeholder Committee. MCPs will be expected to ensure that their CAC membership reflects that of the health plan and the county being served.

- **Increased transparency:** Members will have easy access to information that can guide them in choosing the best plan for their families and/or individual needs. Plans will also be required to routinely and publicly report on access, quality improvement, and health equity activities, including their fully delegated subcontractors' performance and consumer satisfaction.

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CONTACT: [DHCS Office of Communications](#), (916) 440-7660

www.dhcs.ca.gov