

## CALIFORNIA CONTINUES MEDI-CAL TRANSFORMATION TOWARD PERSON-CENTERED, EQUITY-FOCUSED CARE

**WHAT YOU NEED TO KNOW:** Beginning in January 2024, Medi-Cal managed care plans (MCP) will have new requirements to advance quality, equity, access, accountability, and transparency. As part of these improvements, MCP options for members may change in some counties, and some Medi-Cal members will transition to a new MCP on January 1. DHCS is working to ease member transitions to new MCPs and ensure continuity of care and coverage.

**SACRAMENTO** — The Department of Health Care Services (DHCS) is transforming Medi-Cal to ensure Californians can get the care they need to live healthier lives. As a result of the new Medi-Cal managed care contract, Medi-Cal members will have access to new and improved services to get person-centered, whole-person care that goes beyond the doctor’s office or hospital and addresses their physical and behavioral health and health care-related social needs.

These changes mark a major milestone in Medi-Cal’s transformation to improve care and health outcomes for millions of members. The 2024 Medi-Cal MCP partners have demonstrated their commitment to the transformational efforts over the coming years. DHCS and its MCP partners are working to improve access and quality and ensure a more equity-focused health care system.

“DHCS’ priority is to ensure that our more than 14 million Medi-Cal managed care members receive quality, easily accessible, equitable, and comprehensive health care,” said **DHCS Director Michelle Baass**. “We are also committed to ensuring that members changing plans experience a seamless transition with ongoing care and coverage.”

**HOW THIS HELPS CALIFORNIANS:** California is transforming the Medi-Cal program to ensure it provides the care Californians need to live healthier lives. This major transformation means that members will have access to comprehensive whole person care – in the short term and long term, at the doctor, dentist, or with a social worker. For many Californians, unmet basic needs, such as a lack of access to stable housing or nutritious foods, can have a major impact on their health.

Over time, through [Community Supports services and the Enhanced Care Management benefit under California Advancing and Innovating Medi-Cal \(CalAIM\)](#), Medi-Cal will help members address certain health care-related social needs that go beyond the doctor's office or hospital.

**HOW WE GOT HERE:** DHCS is committed to improving the health care delivery and care experience for Medi-Cal members by setting a new standard for what person-centered and equity-focused care looks like in the Golden State. By changing how it contracts with MCPs, DHCS will provide certainty for members, providers, and stakeholders as the Medi-Cal program transformation continues in 2024.

DHCS overhauled the managed care contract. Under the new contract, all MCPs will be required to advance health equity, quality, access, accountability, and transparency. Meeting CalAIM goals requires simplifying the number of MCP options and streamlining administrative complexity, especially for providers and community-based organizations.

On April 12, [DHCS announced](#) an agreement with five commercial MCPs (Blue Cross of California Partnership Plan/Anthem, Blue Shield of California Promise Health Plan, CHG Foundation/Community Health Group Partnership Plan, Health Net Community Solutions, Inc., and Molina Healthcare of California) to deliver Medi-Cal services to members in 21 counties across California starting in January 2024. This change required some counties to offer new Medi-Cal MCPs. Additionally, effective January 1, 2024, DHCS will enter in a direct contract with Kaiser Foundation Health Plan, Inc. to serve Medi-Cal members in 32 counties. Kaiser and DHCS also entered into agreements that will support quality and access to care for Medi-Cal members through a Memorandum of Understanding executed in May 2023.

As part of the managed care contract procurement, counties had the opportunity to change the MCP model that operates in their county. On August 23, the federal Centers for Medicare & Medicaid Services (CMS) [approved](#) an amendment to the CalAIM Section 1115 demonstration, allowing the state to implement county-based model changes in its Medi-Cal managed care program and effectuate County Organized Health Systems (COHS) and Single-Plan models in non-rural counties. Additionally, CMS approved the 1915(b) waiver amendment on July 26 to allow California to effectuate COHS or Single Plan models in rural counties.

**MEMBER TRANSITIONS:** Approximately 1.2 million Medi-Cal members in 21 counties will transition to a new MCP. Medi-Cal members have been mailed information about these changes by their current MCP. These letters inform members that their current MCP is exiting the county and to expect forthcoming information from Medi-Cal about how the 2024 transition affects them.

In November and December, Medi-Cal members will receive notices from Medi-Cal. In counties where members can select from more than one MCP, they will receive a choice packet in November. In counties where members will be automatically enrolled in a MCP without having to select one, they will be notified in both November and December that they are being automatically enrolled in their new plan.

Information on this transition is available on the [DHCS website](#). Members can learn more about how this change may affect them by contacting [Medi-Cal Health Care Options](#) or calling 1-800-430-4263. Members can ask why the change is occurring by contacting the [Medi-Cal Ombudsman Office](#) or calling 1-888-452-8609.

DHCS will support members who are affected by this transition to ensure they experience a smooth and seamless transition between MCPs. [Member resources](#), including a [county look-up tool](#), provide detailed information about where MCPs are changing, who is changing MCPs, actions members may have to take, and answers to [frequently asked questions](#). The MCP change does not affect Medi-Cal member coverage or benefits. Protections are also in place to ensure that members currently in treatment may keep their current providers for up to 12 months (see [Continuity of Care](#) for more details). More information about the implementation of the MCP transition is included in the [2024 Medi-Cal Managed Care Plan Transition Policy Guide](#).

**BIGGER PICTURE:** DHCS has already undertaken several [initiatives](#) and, over the coming years, will continue to drive quality of care improvements, streamline and reduce complexity, and build upon equity-focused, data-driven, and whole-person care through the [adult expansion of Medi-Cal](#) to 700,000 members, [Behavioral Health Continuum Infrastructure Program](#) to improve access to community-based behavioral health treatment, and offering of Medi-Cal covered [doula](#), [Community Health Worker](#), and [dyadic services](#), while following DHCS' [Comprehensive Quality Strategy](#).

To learn more about the goals of DHCS' groundbreaking changes and how they will positively impact Medi-Cal members, please visit the [Medi-Cal Transformation webpage](#). To learn more about how the change in the 2024 MCPs will help drive these transformational changes, see the [Medi-Cal MCP Transition webpage](#).

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