Spotlight on Medi-Cal Managed Care

With enrollment expected to reach 13 million enrollees in 2016, California's Medicaid program (Medi-Cal) provides comprehensive medical, behavioral, and mental health care benefits and services to roughly one in three Californians. The program has experienced tremendous growth since passage of the Affordable Care Act (ACA) – not only in total size but also through the shift to managed care. Overall, Medi-Cal enrollment has grown more than 50 percent since 2013 while the share enrolled in Medi-Cal managed care has increased to 76 percent (roughly 10 million members).

Medi-Cal Delivery System Options



FEE-FOR-SERVICE

In fee-for-service, no provider coordinates a patient's overall care. Beneficiaries must navigate a list of providers to find physicians and specialists willing to accept Medi-Cal.

Medi-Cal fee-for-service pays providers for each service, which results in a financial structure based on quantity of care rather than quality. Beyond reducing provider reimbursements, the state has few mechanisms for controlling costs in fee-for-service. Fee-for-service currently operates to some extent in all 58 counties.

MANAGED CARE

In Medi-Cal Managed Care, beneficiaries' care is coordinated through a primary care physician and a network of hospitals and specialists. Medi-Cal pays the managed care plan a monthly fee for each enrolled member. Because of the fixed payment rates, the state can better control costs and maintain budget predictability in managed care.

Unlike fee-for-service, Medi-Cal Managed Care offers:

- care coordination
- access to providers
- timely access for appointments and services
- language assistance for non-English speakers
- 24-hour information and nurse/advice lines
- coverage for emergencies/ urgent care when temporarily out of state

Medi-Cal's Growth at a Glance

MEDI-CAL COVERAGE BEFORE THE ACA MEDI-CAL TODAY income limits low-income seniors and undocumented raised for childless pregnant children and persons with children children and women adults families disabilities (beginning mid-2016) families 2013 2015 **Estimated Medi-Cal Enrollment** One in five Californians One in three Californians **10.2 MILLION** 13.3 MANAGED CARE Annual budget of \$66 billion Annual budget of \$91 billion Million 3.3 MILLION 8.4 million beneficiaries ~13M beneficiaries FEE-FOR-SERVICE 5.7 million (67%) in Managed Care ~10M (76%) in Managed Care Source: Department of Health Care Services, November 2015 ACA Expansion Population Accounts for **INCOME GUIDELINES FOR MEDI-CAL** Nearly One-Third of Medi-Cal Managed Care Enrollment 9% Expansion n Population

Duals (beneficiaries

who qualify for

both Medicare and Medi-Cal)

Families (parents and

children)

43%

Family Size	Adults (138% FPL)	Pregnant Women / Infants (213% FPL)	Children (266% FPL)	
1	\$16,242	\$25,070	\$31,308	
2	\$21,983	\$33,930	\$42,374	
3	\$27,724	\$42,791	\$53,439	
4	\$33,465	\$51,652	\$64,505	

Most income guidelines are based on family size and annual household income per the <u>Federal Poverty Limit</u> (FPL). Certain individuals may qualify based on other criteria.

SOURCES DHCS. <u>Medi-Cal Local Assistance Estimate Caseload Tab</u>. November 2015. DHCS. <u>Managed Care Enrollment Report</u>. December 2015. DHCS. <u>Medi-Cal Managed Care Dashboard</u>, December 2015.

For more information, please go to www.calhealthplans.org

California Association of Health Plans

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Children

Only

SPDs

(seniors and

persons with

disabilities /

non-duals)

(parents not eligible)

Medi-Cal Managed Care Oversight

The **Department of Health Care Services (DHCS)** administers and oversees the Medi-Cal program while the **Department of Managed Health Care (DMHC)** licenses and regulates Medi-Cal managed care plans. Managed care is available in all 58 counties including rural areas, and most SPDs are enrolled in managed care. Counties follow one of several models – county organized health systems, geographic managed care, two-plan, regional, and models specific to Imperial and San Benito counties.





Health Plan Choices by County

Сонѕ		Two-Pian		Regional		GMC		
Del Norte Humboldt Lake Lassen Marin Mendocino Modoc Napa Shasta Siskiyou Solano Solano Sonoma Trinity Yolo	Partnership Health Plan of CA	Alameda	Alameda Alliance for Health Anthem Blue Cross	Alpine Butte Calaveras Colusa Glenn Inyo Mariposa Mono Nevada Plumas Sierra Sutter Tehama Tuolumne Yuba	Anthem Blue Cross CA Health & Wellness	Sacramento	Anthem Blue Cross Health Net Kaiser	
		Contra Costa	Contra Costa Health Plan Anthem Blue Cross				Molina Healthcare Care 1st Health Plan	
		Fresno Kings Madera	CalViva Health Anthem Blue Cross			San Diego	Community Health Group Health Net Kaiser	
		Kern	Kern Family Health Heath Net			Molina Healthcare Other Managed Care Options for		
		Los Angeles	LA Care Health Net			High-Needs Medi-Cal Enrollees SCAN Health Plan		
Merced Monterey Santa Cruz	Central California Alliance for Health	Riverside San Bernardino	Inland Empire Health Plan Molina Healthcare	Amador	ador Anthem Blue Cross		Primary Care Case Management: AIDS Healthcare Foundation (L.A.) Family Mosaic Project (S.F.)	
Santa Barbara San Luis Obispo	CenCal	San Francisco	San Francisco Health Plan Anthem Blue Cross	El Dorado Placer	CA Health & Wellness Kaiser	Programs of All-Inclusive Care for the Elderly (PACE):		
		San Joaquin	Health Plan of San Joaquin	Other Rural Counties		AltaMed Senior Buena Care Brandman Centers for Senior Care CalOptima Centers for Elders Independence Fresno PACE		
Orange	CalOptima Stanislaus		Health Net Santa Clara Family Health	Imperial	Molina Healthcare			
San Mateo	Health Plan of San Mateo	Santa Clara	Anthem Blue Cross	mperidi	CA Health & Wellness	Fresho PACE InnovAge PACE On Lok Lifeways St. Paul's PACE Sutter Senior Care		
Ventura	Gold Coast Health Plan	Tulare	Anthem Blue Cross Health Net	San Benito	Anthem Blue Cross			

Source: Department of Health Care Services

California's Coordinated Care Initiative

Through California's **Coordinated Care Initiative**, health plans are coordinating the benefits and services for Seniors and Persons with Disabilities (SPDs) and dual eligibles – those who qualify for both Medi-Cal and Medicare – through managed care. Enrollees have access to a full array of providers, supports and services based on their needs, helping them stay in their homes, manage their medications and chronic conditions, and avoid institutional care. The efficiency created by the CCI pilots will result in reduced hospitalizations and ER visits, better patient outcomes, and long-term savings for the state.

Cal MediConnect, the duals demonstration project, serves 116,000 duals across seven counties while the **Managed Medi-Cal Long Term Supports and Services** (LTSS) component of the CCI integrates home- and community-based services, in-home supports and services (IHSS), and nursing home care into Medi-Cal Managed Care for 450,000 SPDs and duals. 6 enrollees in Cal MediConnect are satisfied with their health plan



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