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# Medi-Cal 101: Webinar Series

An overview of California's Medicaid program

**Part 2**

**Tuesday, December 10: 1:30 - 3:00 PM**

# Medi-Cal 101: Webinar Series

An overview of California's Medicaid program

**Part 1: Wednesday, December 4: 1:30 – 3:00 PM**

**Part 2: Tuesday, December 10: 1:30 – 3:00 PM**

- Presentation slides and the recording will be sent to registrants after each session and can be found at <https://archstone.org/resources/csdlc>
- Questions can be inserted in the icon at the bottom of the Zoom page
- All questions and answers from both sessions will be sent to all registrants after the second session



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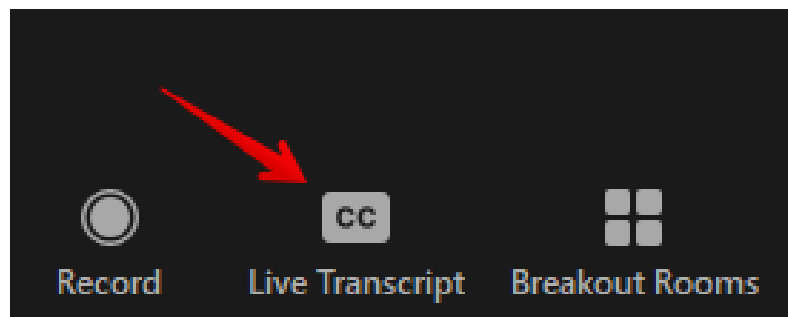


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# Medi-Cal 101: Webinar Series

An overview of California's Medicaid program



## Jane Ogle

Former Deputy Director for Healthcare Delivery Systems at the California Department of Health Care Services (DHCS) and former Chief Operating Officer at Santa Clara Family Health Plan



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# MEDI-CAL 101

## Part 2

According to  
Jane Ogle

# Topics



WHO ARE THE  
MEMBERS?



WHAT ARE THE  
BENEFITS?

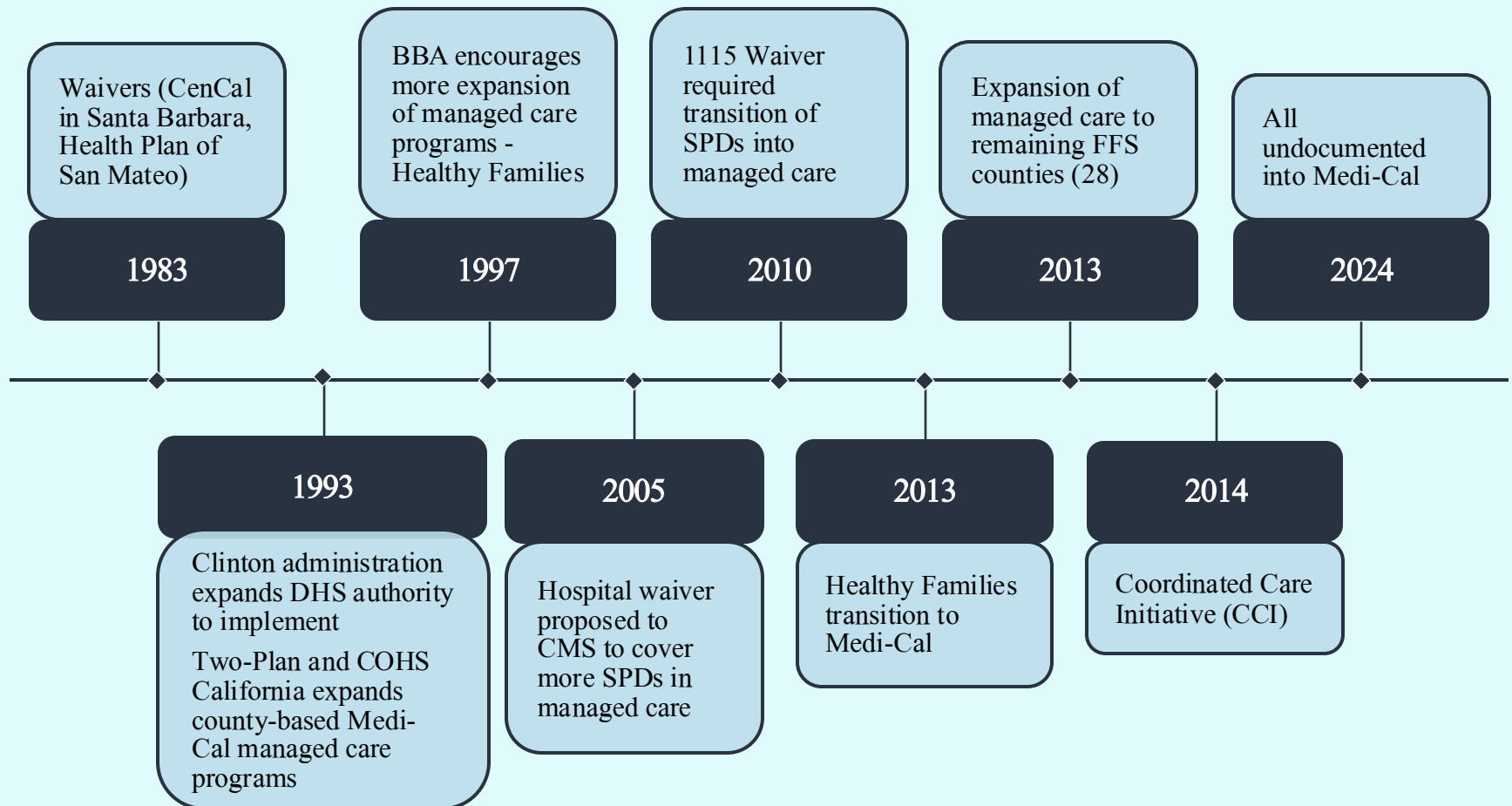


HOW IS IT  
DELIVERED?



HOW IS IT PAID  
FOR?

# History of Managed Care

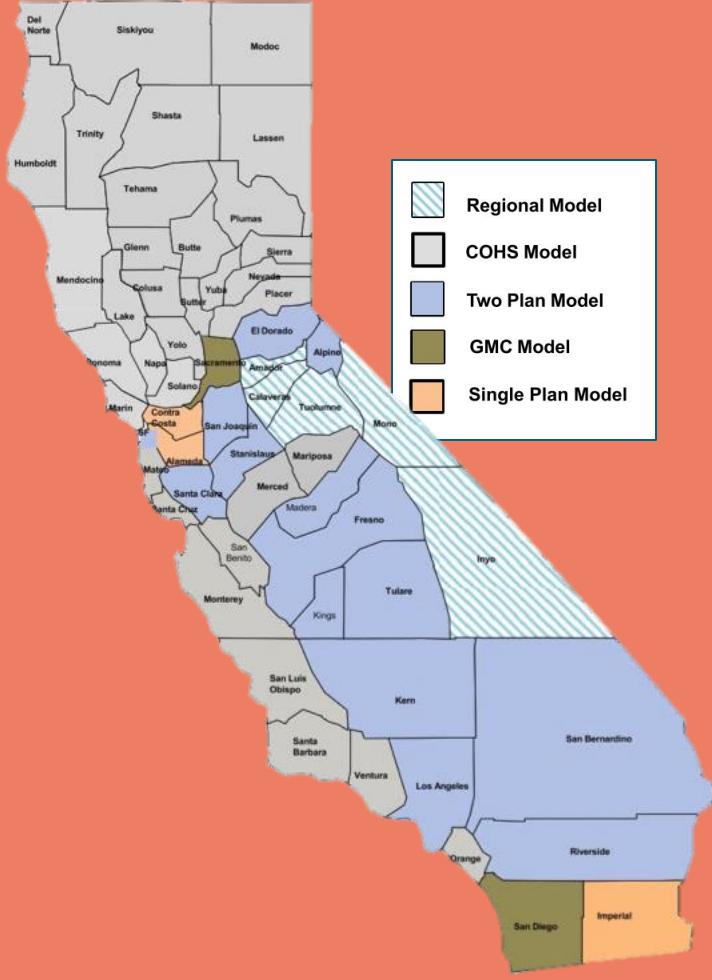


# How

- 2024 Uniformity of managed care benefit packages across the state
- 2024 Change in county managed care models
- Kaiser direct contract

# Medi-Cal Managed Care Models as of January 1, 2024

# How

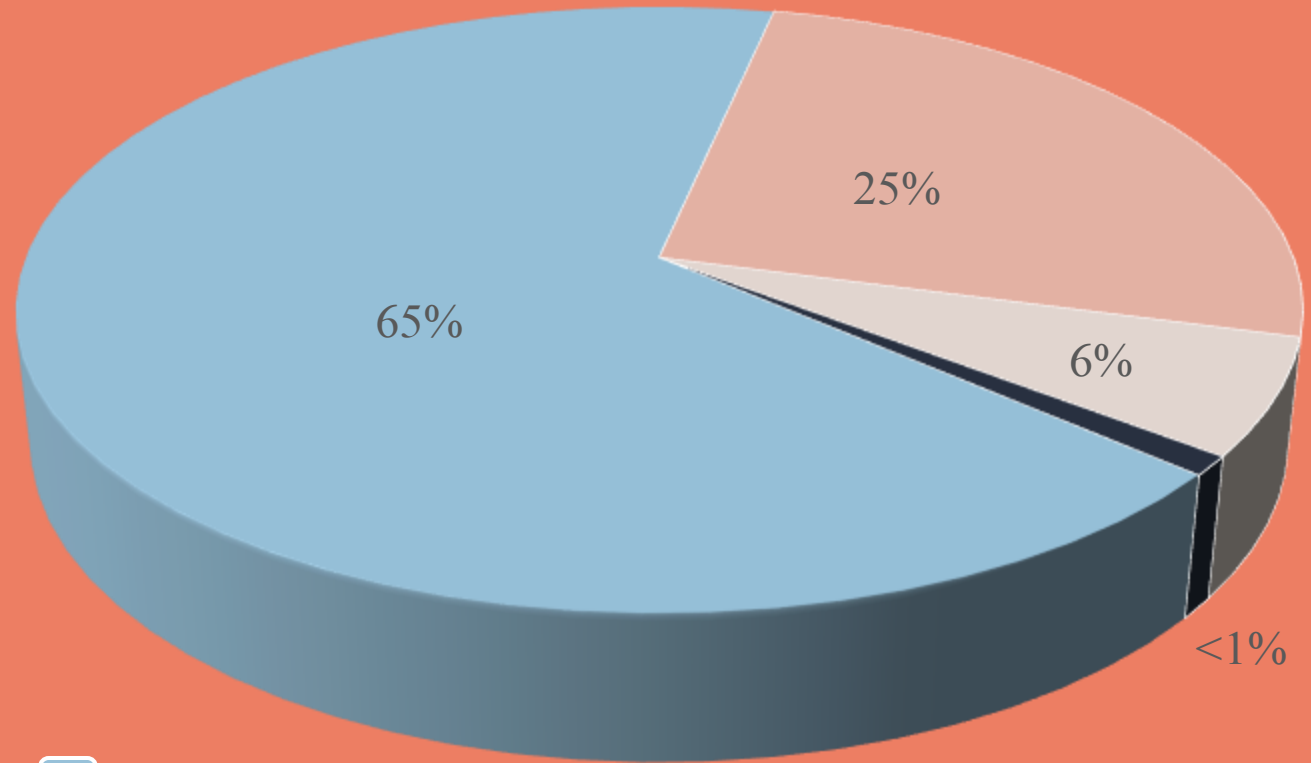


# How

- County's role
  - Eligibility
  - Intercounty transfers
- State role
  - In two plan, regional and GMC counties
  - Plan enrollment
  - Quality
  - Oversight and monitoring
  - Knox Keene
  - rate setting

# How

## Enrollees



-  Two Plan
-  County Organized Health Systems
-  Geographic Managed Care
-  Regional Model

# COHS & Single Plan

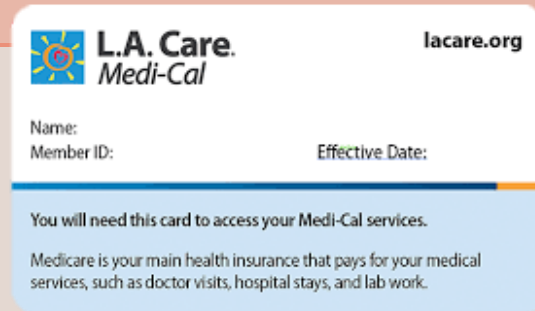
- Locally developed and operated managed care organization
  - Governing Board approved by County Board of Supervisors
- Capitated arrangements and full risk contracts
- Enrollment is mandatory for all eligibility groups
- No competing Commercial Plan options
  - Except Kaiser

# Two-Plan

- Members choose between a Commercial Plan (CP) or Local Initiative (LI)
  - The LI is a community organized not for profit HMO (quasi-governmental)
  - The Commercial is a for-profit health plan
  - Anthem, Centene (dba Health Net, CA Health and Wellness), Blue Shield
- Tend to be larger counties
- Misnomer -Kaiser
- Capitated arrangements & full risk contracts
  - Heavily delegated in Southern CA

# LA County

- Unique 2-plan county
- LA Care is local initiative
  - Contracts with Anthem, Blue Shield - Promise,
  - direct network
- HealthNet and Molina commercial plans
- Kaiser



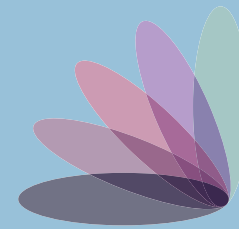
# Geographic Managed Care

- Sacramento and San Diego counties
- A procurement to award contracts
- All participants are non-governmental health plans
- In San Diego, one community plan established by the clinics – Community Health Group
- Kaiser in both counties

# Single Plan

New designation 2024

- Alameda Alliance
- Contra Costa Health Plan
- Imperial
  - Again, Kaiser



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HEALTH



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# Regional

Two plans – Anthem and California Wellness dba HealthNet

- Very rural area Inyo, Tuolumne, Calaveras, Amador
- Small population - @24,000 Medi-Cal



# Kaiser

## Kaiser

- 32 counties
- Linkage to Kaiser
- Small default enrollment
- Plans to expand to additional counties



# Medicare

- Part A – covers inpatient hospital and skilled nursing services that accept Medicare assignment
- Part B – covers medically necessary health care and preventive care services
- Part D – prescription drug plan
- Part C – Medicare Advantage (Part A + B) + other benefits
- $A + B + D = C$
- Cal MediConnect – what was that all about?

# Medicare Advantage

- DSNP,CSNP,ISNP,FIDESNP
- Bid Process
- Benefits and supplementals
- Network
- Marketing and Sales
- Model of Care and IPC
- Risk scores
- Star Ratings

# Questions?

# \$\$\$

- Federal Financial Participation
  - 50% in California
    - Many different matching rates according to beneficiary type or program (IT at 90%, Childless adults 90%)
    - Closer to 70% in actuality because of childless adult population
- Single State Agency (aside)
- \$161 Billion total budget
  - \$35 Billion state general fund
  - @17% of state budget
  - FFP in budget also includes other agencies

# \$\$\$

- Managed Care financing
  - Capitation rate according to beneficiary type
  - Children, Childless adults, SNF residents, disabled, etc.  
Monthly
- Actuarially calculated by 2 year look back (RDT)
- Managed Care to Providers
  - Capitation or fee for service
  - Confidential rates
    - Most based on Medicare

# \$\$\$

- Waivers
  - HAIRGATE - 1993
  - LA waiver 1995 For MLK
  - LA renewed 2000
  - DSHRP 2005
  - Bridge to Reform 2010
  - Cal MediConnect
  - Medi-Cal 2015 (WPC, Prime, GPP, dental)
  - CalAIM 2020 – CalAIM
  - Safety Net Hospitals
  - Dental
  - Early expansion

# CalAIM



- Simplification
- Complex care needs
- Health related social needs
- From 1115 to 1915b

# CalAim Key Initiatives

- Behavioral Health
- SUD
- Community Supports (including housing, rent etc.)
- Expanded Pediatric Dental Benefits
- Enhanced Care Management
- Integrated Care for Duals
- Justice-Involved Re-entry Supports
- Population Health Management
- Incentive Payment Program
- Providing Access and Transforming Health (PATH)
- Managed Long Term Care
- Oversight of County Operations
- Simplification of Operations for DHCS
- Fully Integrated Plans

Questions?

# Links

- Archstone Foundation: <https://archstone.org/>
- CalAIM Dementia Learning Collaborative: <https://archstone.org/resources/csdlc>
- CalHPS: <https://calhps.com/>
- DHCS: <https://www.dhcs.ca.gov/>

Thank You!