

Providing high quality health care through Medi-Cal Managed Care

YOUR Plan. Advocate.
For Affordable Health Care.

With more than 12.8 million enrollees, California's Medicaid program (Medi-Cal) provides comprehensive medical, behavioral, and mental health care benefits and services to one in three Californians. Within Medi-Cal, an estimated 10.6 million members are enrolled in Medi-Cal Managed Care, providing some of California's most vulnerable populations with well-rounded services for improved health outcomes.

Medi-Cal Managed Care Coverage Today



low-income children and families



pregnant women



seniors and persons with disabilities



childless adults



undocumented children and adults up to age 26



income limits raised for children and families

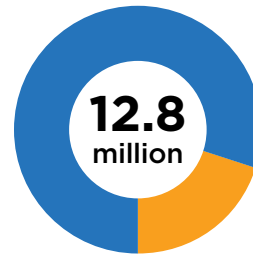
How Has Medi-Cal Managed Care Helped During COVID-19?

Medi-Cal Managed Care improved access to care for vulnerable communities – care for those disproportionately impacted by COVID-19, telehealth for those unable to visit providers, and expanded access to behavioral health services.

Estimated Medi-Cal Enrollment

\$115.4 billion

MEDI-CAL ANNUAL BUDGET



83% 10.6 million managed care

17% 2.2 million fee-for-service

Source: Department of Health Care Services, June 2020

How does Medi-Cal Managed Care help vulnerable communities?

By covering vulnerable and underserved communities, Medi-Cal Managed Care helps to fill gaps in access to quality care by providing high-level coordinated care.

Medi-Cal Managed Care is caring for more Californians than ever before.

1 in 4

Californians
(10.6 million)
Including
High-Need
Populations

42%

low-income
parents of
children
(4.48 million)

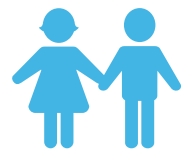
15%

California
seniors and
persons with
disabilities
(1.64 million)

11%

low-income
children
(1.2 million)

Children
in foster care
(over 75,000)



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



California Association of
Health Plans

Common Questions About Medi-Cal

How does Medi-Cal operate?

The Department of Health Care Services (DHCS) administers and oversees the Medi-Cal program and works closely with health plans to connect California's most vulnerable with comprehensive health care, including medical, dental, mental health and substance use treatment services, and long-term care.

Health plans partner locally with providers, counties, and community organizations to coordinate care, meeting the needs of California's diverse communities. Medi-Cal Managed Care is available in all 58 counties including rural areas, serving most seniors and persons with disabilities.



What are key features of California's Medi-Cal Managed Care?

- Provides quality health care and improved health outcomes
- Utilizes innovative programs that serve as a safety net for California's most vulnerable
- Addresses health disparities and improving social determinants of health
- Delivers value, efficiency and cost savings for taxpayers and state budgets
- High-level Care Coordination for enrollees
- Actively coordinating physical and behavioral health and providing linkages to social services
- Prioritizing preventive care and promoting healthy lifestyles
- Timely access to appointments and services
- Language assistance for Non-English Speakers
- 24-Hour information and nurse advice lines
- Coverage for emergency care when temporarily out of state

What is the difference between Medi-Cal's Fee-For-Service and Managed Care?

Fee-For-Service: Fee-For-Service providers render services and then submit claims for payment that are processed, and either paid or denied. In fee-for-service, no single provider coordinates a patient's overall care.

Medi-Cal Managed Care: Managed care works like insurance. Every month, the state pays a premium to the health plans for each person they cover. In return, enrollees receive the same high-level of care as any other person participating in a health plan, including the same high-quality preventive and coordinated care to ensure healthier outcomes.

In working together, health plans and the state ensure constant improvement to coordinated care services.

What are the income guidelines for Medi-Cal?

INCOME GUIDELINES FOR MEDI-CAL			
Family Size	Adults (up to 138% FPL)	Pregnant women/infants (up to 213% FPL)	Children (up to 266% FPL)
1	\$17,609	\$27,179	\$33,942
2	\$23,792	\$36,722	\$45,859
3	\$29,974	\$46,264	\$57,776
4	\$36,156	\$55,806	\$69,692

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

Sources: DHCS, Medi-Cal Managed Care Dashboard, May 2020, Health for California Federal Poverty Level November 2020, Covered CA Program Eligibility by Federal Poverty Level for 2020.

California's health plans serving those on Medi-Cal actively support coverage gains made under the Affordable Care Act, and are working to close the uninsured gap by reaching more Californians who qualify for Medi-Cal.



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