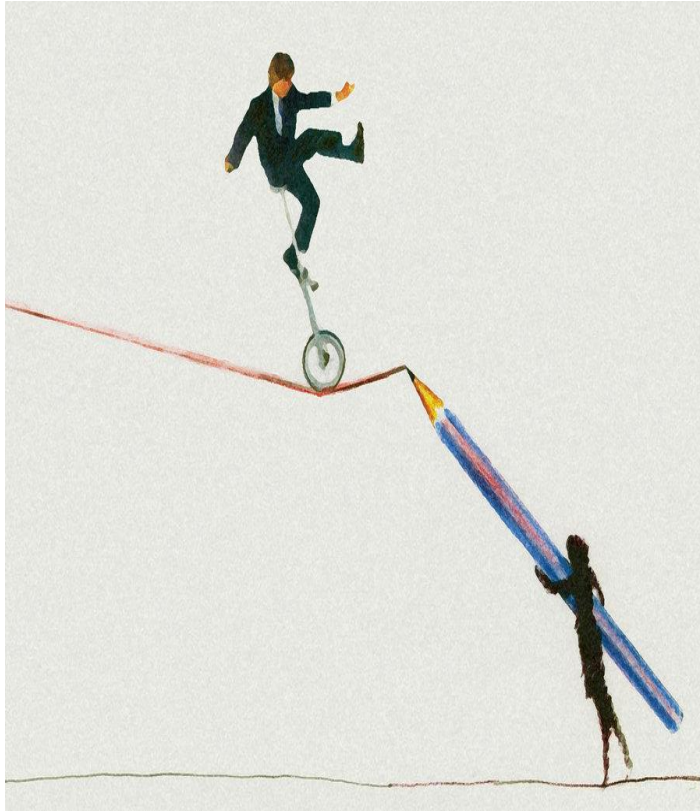


Managing Medi-Cal's Future



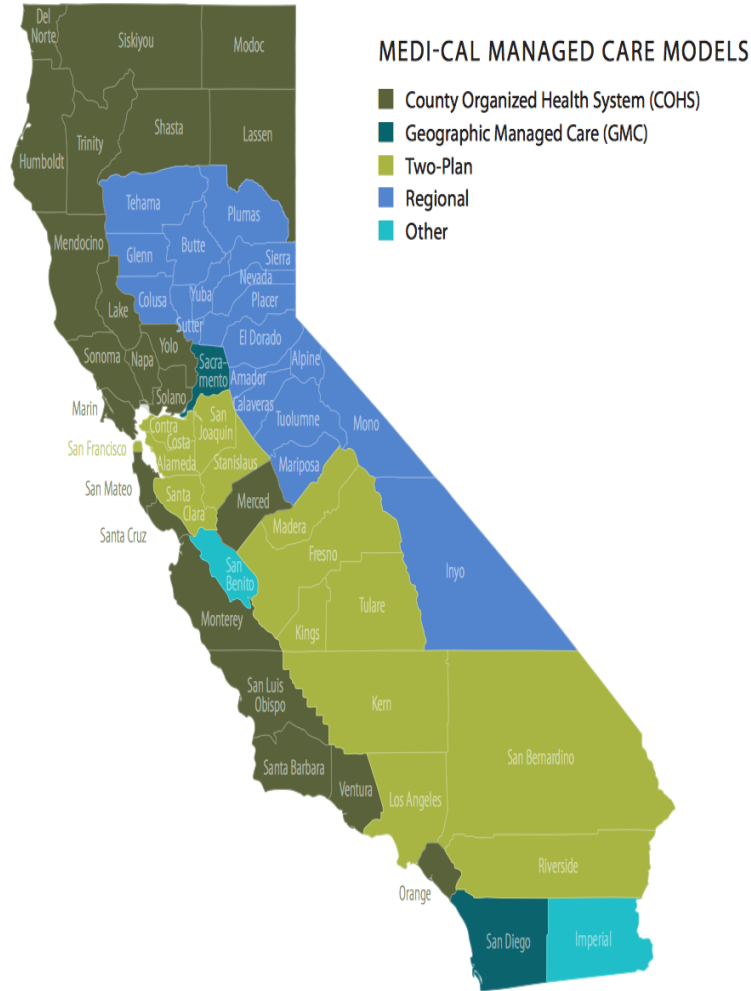
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Medi-Cal Since the ACA



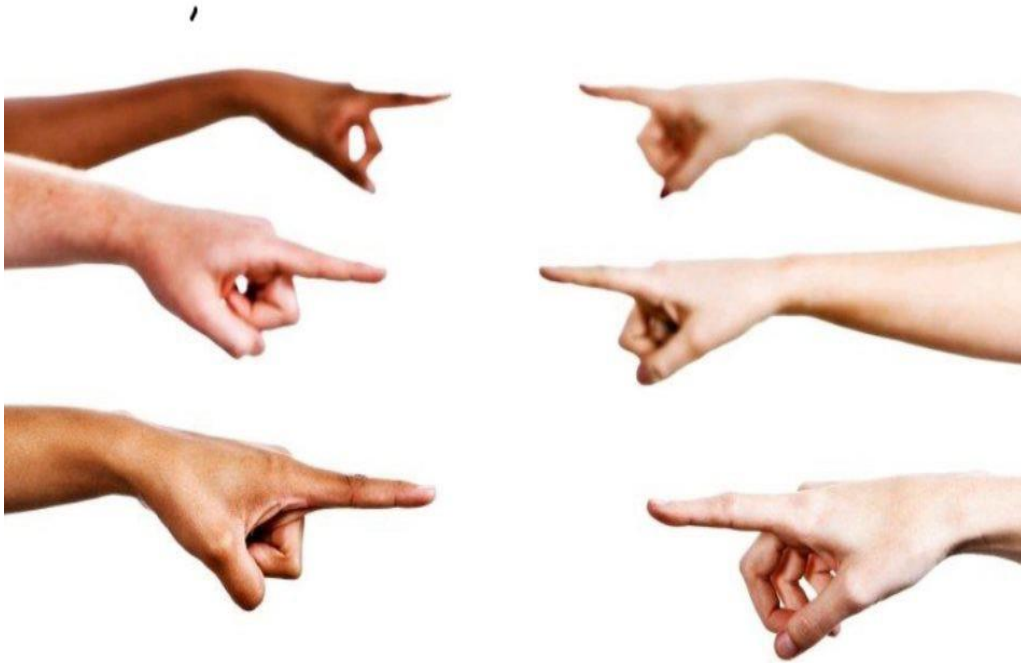
- Almost doubled in size
 - 7.2 million (19% of population) in 2010
 - 13.5 million (34% of population) in 2017
- Managed care expansion (~80%)
 - Was children and parents
 - Added seniors, disabled and many duals
 - Into rural areas
 - LTSS as well as acute care
- Little change in state's administrative resources or management approach

Managed or Fragmented Care?



- State delegates care to counties
- Counties vary in plan competition
- Plans can delegate to other plans or medical groups
- Carved out services (e.g. mental health)
- Beneficiary churn
- Medi-Cal provider networks separate from those of other payers

Displaced Accountability



- Unseemly health plan profits
- Variation in health plan performance
- Satisfaction lower than national Medicaid average
- Statewide quality metrics not improving over time
- Differences among subgroups ignored
- Disenrolled “out of sight, out of mind”

Managing Managed Care



- Borrow CC concept of an active purchaser
 - Evaluate and promote best model between state and plans
 - Manage sub-delegation by plans
- Reward high performing plans
 - Auto-assignment incentive inadequate
 - Network adequacy
 - Overall quality and disparities
- Re-direct siloed provider payments toward alternative payment models that promote population health

Commit to Simplifying and Learning



- Medi-Cal program complexity **not helpful** for patients, providers or state managers.
- Extend guaranteed enrollment period to 12 months for all beneficiaries
- Support beneficiaries with transitions
- Invest in data systems to support management, evaluation, transparency, and public accountability