



## Medi-Cal Delivery System Changes in 2023 and 2024

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Through the combination of the ongoing implementation of the California Advancing and Innovating Medi-Cal (CalAIM) program in California and California's reprocurement of its contracts with commercial health care service plans to deliver services to people in Medi-Cal managed care, California is making major changes to the delivery of Medi-Cal services over the next two years. This fact sheet briefly outlines some of these upcoming changes, and discusses important consumer protections that are designed to ensure that beneficiaries maintain access to needed care during these major programmatic transitions.

### Background: Medi-Cal Managed Care and Fee-for-Service

Traditionally, Medi-Cal operated using "fee-for-service" (FFS) payment and services delivery model. In FFS, each provider contracts individually with the state to furnish services to Medi-Cal beneficiaries. After the provider furnishes the covered service to the beneficiary, the provider submits a claim to the state, and the state pays a fee for that particular claim. Health care providers who participate in Medi-Cal must accept Medi-Cal payment as payment in full; they may not collect additional payment from Medi-Cal patients, with the exception of cost sharing authorized under federal law and the state plan.<sup>1</sup> In FFS Medi-Cal, a beneficiary may obtain services from any health care provider who participates in the Medi-Cal program.<sup>2</sup> Over the past few decades, many states including California have been transitioning away from this model, however there is a limited FFS system that continues - mostly for populations who are not subject to managed care enrollment or select services that are not part of the managed care delivery system.

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<sup>1</sup> 42 U.S.C. § 1396a(a)(25)(C); 42 C.F.R. §§ 447.15, 447.20.

<sup>2</sup> 42 U.S.C. § 1396a(a)(23); 42 C.F.R. § 431.51.

Instead, the vast majority of beneficiaries receive services through some type of managed care arrangement.<sup>3</sup> Today most Medi-Cal beneficiaries are enrolled in capitated managed care plans, which receive a fixed per-member, per-month “capitated” fee, regardless of how many services an enrollee may actually need. These managed care plans bear the financial risk if the cost of providing services exceeds the capitated payment. On the other hand, if enrollees use fewer services, the plan keeps the excess payment. Because managed care companies have a financial incentive to manage costs and care, federal law and regulations provide an important array of consumer protections for enrollees.<sup>4</sup> Over the past 30 years, California has increasingly moved more beneficiaries into a capitated managed care delivery system. This trend will continue as the state implements the changes described in this fact sheet.

## Medi-Cal Delivery System Changes: CalAIM

CalAIM is a long-term initiative through which the Department of Health Care Services (DHCS) – California’s State Medicaid Agency – seeks to transform the Medi-Cal program in order to improve services and health outcomes for Medi-Cal beneficiaries.<sup>5</sup> The initiative consists of several reforms to standardize Medi-Cal services and strengthen integration and coordination with social needs services.<sup>6</sup> DHCS began implementation of CalAIM in January 2022, with various programs being phased in through 2027. A significant part of the initiative is contingent on federal approval of various waiver requests. While some proposals are still pending, CMS approved most of these requests in December 2021 pursuant to Section 1115 and Section 1915(b) authority.<sup>7</sup>

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<sup>3</sup> Cal. Dep’t Health Care Servs., *Medi-Cal Managed Care Performance Dashboard 2* (2022), [https://www.dhcs.ca.gov/dataandstats/reports/Documents/MC\\_Performance\\_Dashboard/MC-Performance-Monitoring-Dashboard.pdf](https://www.dhcs.ca.gov/dataandstats/reports/Documents/MC_Performance_Dashboard/MC-Performance-Monitoring-Dashboard.pdf) (over 12 Million Medi-Cal beneficiaries receive care from a managed care plan as of October, 2022).

<sup>4</sup> See 42 U.S.C. § 1396u-2; 42 C.F.R. Part 438.

<sup>5</sup> For more resources and information about CalAIM, see Cal. Dep’t Health Care Servs., CalAIM: Our Journey to a Healthier California for All, <https://www.dhcs.ca.gov/calaim> (last visited Jan. 24, 2023). See also Cal. Health Care Found., *CalAIM Explained: A Five-Year Plan to Transform Medi-Cal* (2021), <https://www.chcf.org/publication/calaim-explained-five-year-plan-transform-medi-cal>.

<sup>6</sup> See CAL. WELF. & INST. CODE §§ 14184.100–.800.

<sup>7</sup> CMS, Approval Letter for California Advancing & Innovating Medi-Cal Section 1915(b) Waiver (Dec. 29, 2021), <https://www.medicaid.gov/medicaid/section-1115->

## Standardization of Benefits

One component of CalAIM is a change to standardize, for beneficiaries enrolled in a Medi-Cal managed care plan, which Medi-Cal covered services are provided through the managed care plan, and which are “carved out.” Some carved out services are delivered through FFS Medi-Cal (e.g., dental services), while others are provided through a separate program (e.g., prescription drugs covered under Medi-Cal Rx), while still others are provided through a separate, specialized managed care plan (e.g., specialty mental health services provided by a County Mental Health Plan). Historically, different services may be covered by the managed care plan depending on the county, plan, or population. This has led to confusion for providers, beneficiaries, and advocates.

CalAIM implements changes to which Medi-Cal services are covered under managed care, and which are carved out in order to standardize benefit coverage statewide. In 2022, DHCS implemented a change making major organ transplants (previously covered in managed care in COHS counties, but carved out in other counties) covered under managed care.<sup>8</sup> Then, in January 2023, DHCS required all managed care plans to cover Skilled Nursing Facility Services (previously these were covered in COHS and Coordinated Care Initiative plans, but other managed care plans covered only the first 30 days, after which time the beneficiary was

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[demonstrations/downloads/ca-calaim-ca-17-appvl-ltr.pdf](#); CMS, Special Terms and Conditions for California Advancing & Innovating Medi-Cal Section 1915(b) Waiver (2021), <https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/ca-calaim-ca-17-stc.pdf>; CMS, Approval Letter for California Advancing & Innovating Medi-Cal Section 1115 Demonstration Extension (Dec. 29, 2021), <https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/ca-calaim-ext-appvl-12292021.pdf>. For more information and resources on the Sections 1115 and 1915(b) CalAIM waivers, see Cal. Dep’t Health Care Servs., CalAIM 1115 Demonstration & 1915(b) Waiver, <https://www.dhcs.ca.gov/provgovpart/Pages/CalAIM-1115-and-1915b-Waiver-Renewals.aspx> (last visited Jan. 24, 2023).

<sup>8</sup> See CAL. WELF. & INST. CODE §§ 14184.201(d)(1); Cal. Dep’t Health Care Servs., All Plan Letter 21-015 at Attachment 2 (Oct. 18, 2021) [hereinafter APL 21-015], <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2021/APL21-015-Attachment-2-MOT.pdf>.

disenrolled to FFS Medi-Cal).<sup>9</sup> In July, 2023, all managed care plans will also be required to cover Intermediate Care and Subacute Care Facility Services (previously these were also covered in COHS and Coordinated Care Initiative plans, but other managed care plans covered only the first 30 days, after which time the beneficiary was disenrolled to FFS Medi-Cal).<sup>10</sup> In July 2023, specialty mental health services will be carved out to County Mental Health Plans in all counties (currently, beneficiaries in Sacramento and Solano counties enrolled in Kaiser receive specialty mental health services through Kaiser).<sup>11</sup>

## Standardization of Enrollment

Another component of CalAIM is a change to standardize which beneficiaries are required or permitted to enroll in a Medi-Cal managed care plan, and which beneficiaries must enroll in FFS Medi-Cal. Many of these changes particularly impact enrollment for people dually enrolled in both Medicare and Medi-Cal (duals).

Several of these changes were implemented in 2022. In that year, the following categories of beneficiaries, previously in FFS Medi-Cal, were required to enroll in a Medi-Cal managed care plan: people enrolled through the Trafficking and Crime Victims Assistance Program, except those with a Share of Cost (SOC); individuals participating in accelerated enrollment; people not enrolled in Medicare (non-duals) enrolled in the Breast and Cervical Cancer Treatment Program; non-duals with Other Health Coverage (OHC); and non-dual beneficiaries living in certain rural ZIP codes.<sup>12</sup> Additionally, in 2022, the following categories of beneficiaries, previously required or permitted to enroll in a managed care plan, were required to receive FFS Medi-Cal: individuals enrolled in Medi-Cal through the Omnibus Budget Reconciliations Act

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<sup>9</sup> See CAL. WELF. & INST. CODE §§ 14184.201(b)(1); Cal. Dep't Health Care Servs., All Plan Letter 22-018 at 2 (Dec. 27, 2022),

<https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2022/APL22-018-SNF-Carve-In.pdf>; Cal. Dep't Health Care Servs., CalAIM Long-Term Care Carve-In Transition, <https://www.dhcs.ca.gov/provgovpart/Pages/Long-Term-Care-Carve-In-Transition.aspx> (last visited Jan. 12, 2023) (hereafter CalAIM LTC Carve-In Page).

<sup>10</sup> See CAL. WELF. & INST. CODE §§ 14184.201(c)(2); CalAIM LTC Carve-In Page, *supra* note 9.

<sup>11</sup> See CAL. WELF. & INST. CODE §§ 14184.201(f); APL 21-015, *supra* note 8, at 5-6.

<sup>12</sup> See CAL. WELF. & INST. CODE §§ 14184.200(b)(1); APL 21-015, *supra* note 8, at Attach. 1.

(OBRA) in Napa, Solano, and Yolo counties; individuals with a SOC in COHS and Coordinated Care Initiative counties, excluding those with an institutional long-term care (LTC) SOC.<sup>13</sup>

More changes were implemented in 2023. Specifically, people eligible for Medi-Cal due to pregnancy who enroll on or after January 1, 2023, are required to enroll in a Medi-Cal managed care plan (previously, many people in pregnancy-related Medi-Cal could choose between enrolling in a managed care plan or receiving FFS Medi-Cal).<sup>14</sup> People in pregnancy-related Medi-Cal who were enrolled before 2023 will continue in whatever delivery system they were in as of January 1, 2023 though the end of their postpartum period.<sup>15</sup> In addition, in 2023 the following additional beneficiary categories are required to enroll in a Medi-Cal managed care plan: duals (including those in the Aged, Non-Disabled Adult, Non-Disabled Child, Breast and Cervical Cancer Treatment Program, and Disabled categories); people enrolled in HCBS Waiver programs; and beneficiaries in LTC, including those with a SOC.<sup>16</sup>

## Medi-Cal Delivery System Changes: Reprocurement

In 2021 DHCS initiated the process to reprocure the Commercial plans that participate in Medi-Cal managed care, with the intent of entering into new managed care contracts with those plans beginning 2024.<sup>17</sup> County-run plans (including those where a County has designated a private plan to serve as the County plan) are not subject to the procurement process, but they will also be required to enter the new contracts starting in 2024.<sup>18</sup>

## Managed Care Model Changes

<sup>13</sup> See CAL. WELF. & INST. CODE §§ 14184.200(b)(2); APL 21-015, *supra* note 8, at Attach. 1.

<sup>14</sup> See CAL. WELF. & INST. CODE §§ 14184.200(b)(2)(E), (F); APL 21-015, *supra* note 8, at Attach. 1.

<sup>15</sup> See CAL. WELF. & INST. CODE §§ 14184.200(b)(2)(E), (F); APL 21-015, *supra* note 8, at Attach. 1.

<sup>16</sup> See CAL. WELF. & INST. CODE §§ 14184.200(c)(1); APL 21-015, *supra* note 8, at Attach. 1.

<sup>17</sup> See Cal. Dep't Health Care Servs., Request for Proposal #20-10029, [https://www.dhcs.ca.gov/provgovpart/rfa\\_rfp/Pages/CSBmcodmcpHOME.aspx](https://www.dhcs.ca.gov/provgovpart/rfa_rfp/Pages/CSBmcodmcpHOME.aspx) (last visited Jan. 19, 2023).

<sup>18</sup> Cal. Dep't Health Care Servs., Blue Cross of California Partnership Plan, Blue Shield of California Promise Health Plan, CHG Foundation, Health Net Community Solutions, Inc. and Molina Healthcare of California, Joint Statement on the 2024 Medi-Cal Managed Care Plan Contracts (Dec. 30, 2022), <https://www.dhcs.ca.gov/CalAIM/Pages/MCP-RFP.aspx>. For a list of the current and future plans by county, see Appendix A.

In Medi-Cal today, managed care is delivered using six different models in various counties.<sup>19</sup> Most—but not all—Medi-Cal managed care plans not only have a contract relationship with DHCS but are also licensed by the California Department of Managed Health Care (DMHC) and as such are subject to a set of consumer protection laws called the California Knox-Keene Act.<sup>20</sup> Under the Two-Plan model, enrollees have two health plans, one a publicly run entity, a “local initiative,” and a privately-run entity, a “commercial plan,” from which to choose their care. Under the Geographic Managed Care (GMC) model, several commercial plans compete to provide services to Medi-Cal beneficiaries. Under the Regional and Imperial Models, two privately run plans compete to provide services to beneficiaries; these plans cover an entire region of the state as if it were one county. In San Benito County, one commercial plan is available to Medi-Cal beneficiaries who wish to enroll in managed care on a voluntary basis. Finally, under the COHS model a county forms an agency which contracts as a managed care plan with the state Medi-Cal program to provide services to almost all Medi-Cal beneficiaries living in that county. COHS Medi-Cal plans are statutorily exempt from DMHC licensure, and currently only one COHS, Health Plan of San Mateo, is Knox-Keene licensed.<sup>21</sup>

In 2024, some counties will change to a different managed care model.<sup>22</sup> DHCS permitted counties to request a model change during the same time it went through the reprourement process for the Commercials plans.<sup>23</sup> In December, 2021, DHCS announced that it had conditionally approved three counties to move forward with a “single plan” model, where only one plan choice would be available in those counties, and that plan would be Knox-Keene licensed; would expand the COHS model to twelve new counties; and would change two

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<sup>19</sup> For a chart of the current models, see Cal. Dep’t Health Care Servs., *Medi-Cal Managed Care Program Fact Sheet – Managed Care Models* (2020),

<https://www.dhcs.ca.gov/services/Documents/MMCD/MMCDModelFactSheet.pdf>.

<sup>20</sup> See generally CAL. HEALTH & SAFETY CODE §§ 1340-1399.818.

<sup>21</sup> CAL. WELF. & INST. CODE § 14087.95; see also State of Cal., *Medicaid Section 1115 Demonstration Amendment Request: CalAIM Medi-Cal Managed Care Model Changes 3* (2022),

<https://www.dhcs.ca.gov/provgovpart/Documents/CalAIM-MCP-Model-Change-Section1115Amendment.pdf>. Because Health Plan of San Mateo was not established before 1986, while it operates as a COHS under state law, it does not fall in the corresponding category (Health Insuring Organization) under federal law. See *id.*; note to 42 U.S.C. § 1396u-2.

<sup>22</sup> For more information, see Cal. Dep’t Health Care Servs., *supra* note 21.

<sup>23</sup> See *id.*



Regional Model counties to the Two Plan model.<sup>24</sup> In 2022, DHCS submitted a request for an Amendment to its Section 1115 Medicaid Demonstration Waiver to obtain Federal Approval for these changes.<sup>25</sup> Assuming that request is approved, the changes will become effective in 2024.<sup>26</sup>

## Managed Care Plan Changes

As a result of the reprocurement process, there will also be changes to which plans are available for enrollment for Medi-Cal beneficiaries in several counties. After going through the procurement process, in August 2022 DHCS announced it intended to contract with three commercial plans to deliver Medi-Cal benefits in non-COHS counties starting in 2024.<sup>27</sup> After the announcement, several plans that were not awarded contracts appealed.<sup>28</sup> In December 2022, after mediation with plans, DHCS announced that it would contract with a total of five commercial plans to deliver Medi-Cal benefits in non-COHS counties starting in 2024.<sup>29</sup>

In addition to these changes, assuming approval of the federal waiver amendment described above, starting in 2024, Kaiser will participate as a managed care plan in Medi-Cal through a direct contract with DHCS in 32 counties.<sup>30</sup> The 32 counties include five counties where Kaiser

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<sup>24</sup> Memorandum from Cal. Dep't Health Care Servs. (Dec. 7, 2021), <https://www.dhcs.ca.gov/services/Documents/MMCD/Managed-Care-Plan-County-Plan-Model-Change-Update-12-07-2021.pdf>.

<sup>25</sup> See State of Cal., *supra* note 21.

<sup>26</sup> For a list of the current and future models by county, see Appendix A.

<sup>27</sup> Cal. Dep't Health Care Servs., *Notice of Intent to Award* (2022), [https://www.dhcs.ca.gov/provgovpart/rfa\\_rfp/Documents/NOIA-MCP-2010029.pdf](https://www.dhcs.ca.gov/provgovpart/rfa_rfp/Documents/NOIA-MCP-2010029.pdf).

<sup>28</sup> See, e.g., Robert Ducay, *DHCS Announces Intended Awardees of Medi-Cal Managed Care Request for Proposal*, CHA NEWS (Sep. 8, 2022), <https://calhospital.org/dhcs-announces-intended-awardees-of-medi-cal-managed-care-request-for-proposal>.

<sup>29</sup> Cal. Dep't Health Care Servs. et al., *supra* note 29. For a list of the current and future plans by county, see Appendix A.

<sup>30</sup> See State of Cal., *supra* note 21; Cal. Dep't Health Care Servs., *Proposal: Medi-Cal Direct Contract with Kaiser Permanente* (2022), <https://www.dhcs.ca.gov/Documents/Budget-Highlights-Add-Docs/DHCS-Kaiser-Direct-Contract-Memo-MR-Update.pdf>.

already directly contracts, 17 counties where Kaiser currently subcontracts, and 10 counties where Kaiser is not currently participating in Medi-Cal.<sup>31</sup>

## Medi-Cal Delivery System Changes: Consumer Protections

During major delivery system changes like those occurring in Medi-Cal during 2023 and 2024, there is always a risk that beneficiaries may experience gaps in care or lose access to trusted providers. Consumer protections are in place to mitigate against these harms. Advocates should be aware of these important protections and help beneficiaries enforce them when needed.

### Availability and Accessibility of Covered Services

Both federal and state laws require Medi-Cal managed care plans to have adequate provider networks to ensure that enrollees have access to covered services. Federal Medicaid law requires that each Medi-Cal Managed Care plan ensure that all services covered under the State Plan are available and accessible to managed care enrollees.<sup>32</sup> Federal Medicaid regulations require states to develop and publish quantitative network adequacy standards, for certain types of providers, and provide annual certification of their plans' networks.<sup>33</sup> In California, Medi-Cal law provides sets both geographic and timely access to care standards for all Medi-Cal plans.<sup>34</sup> For information about California's specific requirements for Medi-Cal managed care plans, see National Health Law Program's Medi-Cal Managed Care Series, which includes an issue brief on *Network Adequacy Rules for Medi-Cal Managed Care Plans*.<sup>35</sup> For

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<sup>31</sup> Cal. Dep't Health Care Servs., *Proposal: Medi-Cal Direct Contract with Kaiser Permanente* 10 (2022), <https://www.dhcs.ca.gov/Documents/Budget-Highlights-Add-Docs/DHCS-Kaiser-Direct-Contract-Memo-MR-Update.pdf>. For a list of the counties where Kaiser currently operates and will operate in 2024, see Appendix A.

<sup>32</sup> 42 U.S.C. § 1396u-2(b)(5).

<sup>33</sup> 42 C.F.R. §§ 438.68, 438.207(d).

<sup>34</sup> CAL. WELF. & INST. CODE § 14197.

<sup>35</sup> See generally Abbi Coursolle, Nat'l Health L. Prog., *Network Adequacy Rules for Medi-Cal Managed Care Plans, Managed Care in California Series* (2d. Ed., 2018), <https://healthlaw.org/resource/managed-care-in-ca-series-issue-1-network-adequacy-laws-revised-may-7-2018>.



beneficiaries in FFS Medi-Cal, there are no quantitative network adequacy requirements, though Medi-Cal must make covered services available with “reasonable promptness.”<sup>36</sup>

## Continuity of Care

State law also requires Medi-Cal plans to provide “continuity of care” to ensure that when people are newly enrolled into a Medi-Cal managed care plan or when they must change plans, they can continue receiving services without gaps, and in some cases, may continue receiving care from their existing providers, even if those providers do not contract with their new plan.<sup>37</sup> For information about California’s specific continuity of care requirements for Medi-Cal managed care plans, see National Health Law Program’s Medi-Cal Managed Care Series, which includes an issue brief on *Continuity of Care in Medi-Cal Managed Care*.<sup>38</sup>

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<sup>36</sup> 42 U.S.C. § 1396a(a)(8).

<sup>37</sup> Cal. Dep’t Health Care Servs., All Plan Letter 22-032 (Dec. 27, 2022), <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2022/APL22-032-Continuity-of-Care.pdf>; see also generally Abbi Coursolle & Shyaam Subramanian, Nat’l Health L. Prog., *Continuity of Care in Medi-Cal Managed Care, Managed Care in California Series* (2016), <https://healthlaw.org/resource/managed-care-in-california-series-issue-6-continuity-of-care-in-medi-cal-managed-care>.

<sup>38</sup> See Coursolle & Subramanian, *supra* note 37.

# Medi-Cal Delivery System Changes in 2023 and 2024: Appendix A

# Medi-Cal Managed Care Plans, 2023-24

County	2023 Plans	2023 Model	2024 Plans	2024 Model	Plan Change in 2024?	Model Change in 2024?
Alameda County	Alameda Alliance for Health Anthem Blue Cross * Kaiser Permanente	Two Plan	Alameda Alliance for Health Kaiser Permanente	Single Plan	-1	Yes
Alpine County	Anthem Blue Cross California Health & Wellness	Regional	Anthem Blue Cross Health Plan of San Joaquin	Two Plan	-1 +1	Yes
Amador County	Anthem Blue Cross California Health & Wellness Kaiser Permanente	Regional	Anthem Blue Cross Health Net Community Solutions Kaiser Permanente	Regional	0	No
Butte County	Anthem Blue Cross California Health & Wellness	Regional	Partnership Health Plan	COHS	-2 +1	Yes
Calaveras County	Anthem Blue Cross California Health & Wellness	Regional	Anthem Blue Cross Health Net Community Solutions	Regional	0	No
Colusa County	Anthem Blue Cross California Health & Wellness	Regional	Partnership Health Plan	COHS	-2 +1	Yes
Contra Costa County	Anthem Blue Cross Contra Costa Health Plan * Kaiser Permanente	Two Plan	Contra Costa Health Plan Kaiser Permanente	Single Plan	-1	Yes
Del Norte County	Partnership Health Plan	COHS	Partnership Health Plan	COHS	0	No



\* denotes county where Kaiser currently subcontracts with another plan.

## Medi-Cal Managed Care Plans, 2023-24

County	2023 Plans	2023 Model	2024 Plans	2024 Model	Plan Change in 2024?	Model Change in 2024?
El Dorado County	Anthem Blue Cross California Health & Wellness Kaiser Permanente	Regional	Anthem Blue Cross Health Plan of San Joaquin Kaiser Permanente	Two Plan	-1 +1	Yes
Fresno County	Anthem Blue Cross CalViva Health	Two Plan	Anthem Blue Cross CalViva Health Kaiser Permanente	Two Plan	+1	No
Glenn County	Anthem Blue Cross California Health & Wellness	Regional	Partnership Health Plan	COHS	-2 +1	Yes
Humboldt County	Partnership Health Plan	COHS	Partnership Health Plan	COHS	0	No
Imperial County	California Health & Wellness Molina Healthcare of California Partner Plan, Inc.	Imperial	California Health & Wellness  Kaiser Permanente	Single Plan	-1 +1	Yes
Inyo County	Anthem Blue Cross California Health & Wellness	Regional	Anthem Blue Cross Health Net Community Solutions	Regional	0	No
Kern County	Health Net Community Solutions * Kaiser Permanente Kern Family Health Care	Two Plan	Anthem Blue Cross Kaiser Permanente Kern Family Health Care	Two Plan	-1 +1	No
Kings County	Anthem Blue Cross CalViva Health	Two Plan	Anthem Blue Cross CalViva Health Kaiser Permanente	Two Plan	+1	No



\* denotes county where Kaiser currently subcontracts with another plan.

# Medi-Cal Managed Care Plans, 2023-24

County	2023 Plans	2023 Model	2024 Plans	2024 Model	Plan Change in 2024?	Model Change in 2024?
Lake County	Partnership Health Plan	COHS	Partnership Health Plan	COHS	0	No
Lassen County	Partnership Health Plan	COHS	Partnership Health Plan	COHS	0	No
Los Angeles County	Health Net Community Solutions * Kaiser Permanente L. A. Care Health Plan	Two Plan	Health Net Community Solutions(subcontract to Molina) Kaiser Permanente L. A. Care Health Plan	Two Plan	0 (but some people may be moved from HN to Molina)	No
Madera County	Anthem Blue Cross CalViva Health	Two Plan	Anthem Blue Cross CalViva Health Kaiser Permanente	Two Plan	+1	No
Marin County	Partnership Health Plan * Kaiser Permanente	COHS	Partnership Health Plan Kaiser Permanente	COHS	0	No
Mariposa County	Anthem Blue Cross California Health & Wellness	Regional	Central California Alliance Kaiser Permanente	COHS	-2 +2	Yes
Mendocino County	Partnership Health Plan	COHS	Partnership Health Plan	COHS	0	No
Merced County	Central California Alliance	COHS	Central California Alliance	COHS	0	No
Modoc County	Partnership Health Plan	COHS	Partnership Health Plan	COHS	0	No



\* denotes county where Kaiser currently subcontracts with another plan.

# Medi-Cal Managed Care Plans, 2023-24

County	2023 Plans	2023 Model	2024 Plans	2024 Model	Plan Change in 2024?	Model Change in 2024?
Mono County	Anthem Blue Cross California Health & Wellness	Regional	Anthem Blue Cross Health Net Community Solutions	Regional	0	No
Monterey County	Central California Alliance	COHS	Central California Alliance	COHS	0	No
Napa County	Partnership Health Plan * Kaiser Permanente	COHS	Partnership Health Plan Kaiser Permanente	COHS	0	No
Nevada County	Anthem Blue Cross California Health & Wellness	Regional	Partnership Health Plan	COHS	-2 +1	Yes
Orange County	CalOptima Health * Kaiser Permanente	COHS	CalOptima Health Kaiser Permanente	COHS	0	No
Placer County	Anthem Blue Cross Kaiser Permanente California Health & Wellness	Regional	Partnership Health Plan Kaiser Permanente	COHS	-2 +1	Yes
Plumas County	Anthem Blue Cross California Health & Wellness	Regional	Partnership Health Plan	COHS	-2 +1	Yes
Riverside County	Inland Empire Health Plan * Kaiser Permanente Molina Healthcare of California	Two Plan	Inland Empire Health Plan Kaiser Permanente Molina Healthcare of California	Two Plan	0	No



\* denotes county where Kaiser currently subcontracts with another plan.



# Medi-Cal Managed Care Plans, 2023-24

County	2023 Plans	2023 Model	2024 Plans	2024 Model	Plan Change in 2024?	Model Change in 2024?
Sacramento County	Aetna Better Health of California Anthem Blue Cross Health Net Community Solutions Kaiser Permanente Molina Healthcare of California	GMC	Anthem Blue Cross Health Net Community Solutions Kaiser Permanente Molina Healthcare of California	GMC	-1	No
San Benito County	Anthem Blue Cross	San Benito	Central California Alliance	COHS	-1 +1	Yes
San Bernardino County	Inland Empire Health Plan * Kaiser Permanente Molina Healthcare of California	Two Plan	Inland Empire Health Plan Kaiser Permanente Molina Healthcare of California	Two Plan	0	No
San Diego County	Aetna Better Health of California Blue Shield of California Promise Community Health Group Health Net Community Solutions Kaiser Permanente Molina Healthcare of California	GMC	Blue Shield of California Promise Community Health Group Kaiser Permanente Molina Healthcare of California	GMC	-2	No
San Francisco County	Anthem Blue Cross * Kaiser Permanente San Francisco Health Plan	Two Plan	Anthem Blue Cross Kaiser Permanente San Francisco Health Plan	Two Plan	0	No
San Joaquin County	Health Net Community Solutions Health Plan of San Joaquin * Kaiser Permanente	Two Plan	Health Net Community Solutions Health Plan of San Joaquin Kaiser Permanente	Two Plan	0	No



\* denotes county where Kaiser currently subcontracts with another plan.

# Medi-Cal Managed Care Plans, 2023-24

County	2023 Plans	2023 Model	2024 Plans	2024 Model	Plan Change in 2024?	Model Change in 2024?
San Luis Obispo County	CenCal Health	COHS	CenCal Health	COHS	0	No
San Mateo County	Health Plan of San Mateo * Kaiser Permanente	COHS*	Health Plan of San Mateo Kaiser Permanente	COHS*	0	No
Santa Barbara County	CenCal Health	COHS	CenCal Health	COHS	0	No
Santa Clara County	Anthem Blue Cross * Kaiser Permanente Santa Clara Family Health Plan	Two Plan	Anthem Blue Cross Kaiser Permanente Santa Clara Family Health Plan	Two Plan	0	No
Santa Cruz County	Central California Alliance	COHS	Central California Alliance Kaiser Permanente	COHS	+1	No
Shasta County	Partnership Health Plan	COHS	Partnership Health Plan	COHS	0	No
Sierra County	Anthem Blue Cross California Health & Wellness	Regional	Partnership Health Plan	COHS	-2 +1	Yes
Siskiyou County	Partnership Health Plan	COHS	Partnership Health Plan	COHS	0	No
Solano County	Partnership Health Plan * Kaiser Permanente	COHS	Partnership Health Plan Kaiser Permanente	COHS	0	No
Sonoma County	Partnership Health Plan * Kaiser Permanente	COHS	Partnership Health Plan Kaiser Permanente	COHS	0	No



\* denotes county where Kaiser currently subcontracts with another plan.

# Medi-Cal Managed Care Plans, 2023-24

County	2023 Plans	2023 Model	2024 Plans	2024 Model	Plan Change in 2024?	Model Change in 2024?
Stanislaus County	Health Net Community Solutions Health Plan of San Joaquin	Two Plan	Health Net Community Solutions Health Plan of San Joaquin Kaiser Permanente	Two Plan	+1	No
Sutter County	Anthem Blue Cross California Health & Wellness	Regional	Partnership Health Plan Kaiser Permanente	COHS	-2 +2	Yes
Tehama County	Anthem Blue Cross California Health & Wellness	Regional	Partnership Health Plan	COHS	2	Yes
Trinity County	Partnership Health Plan	COHS	Partnership Health Plan	COHS	0	No
Tulare County	Anthem Blue Cross Health Net Community Solutions	Two Plan	Anthem Blue Cross Health Net Community Solutions Kaiser Permanente	Two Plan	+1	No
Tuolumne County	Anthem Blue Cross California Health & Wellness	Regional	Anthem Blue Cross Health Net Community Solutions	Regional	0	No
Ventura County	Gold Coast Health Plan * Kaiser Permanente	COHS	Gold Coast Health Plan Kaiser Permanente	COHS	0	No
Yolo County	Partnership Health Plan * Kaiser Permanente	COHS	Partnership Health Plan Kaiser Permanente	COHS	0	No
Yuba County	Anthem Blue Cross California Health & Wellness	Regional	Partnership Health Plan Kaiser Permanente	COHS	-2 +2	Yes



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