LHPC
Local Health Plans *of* California

THE VALUE OF LOCAL PLANS

THE LOCAL PLAN DIFFERENCE

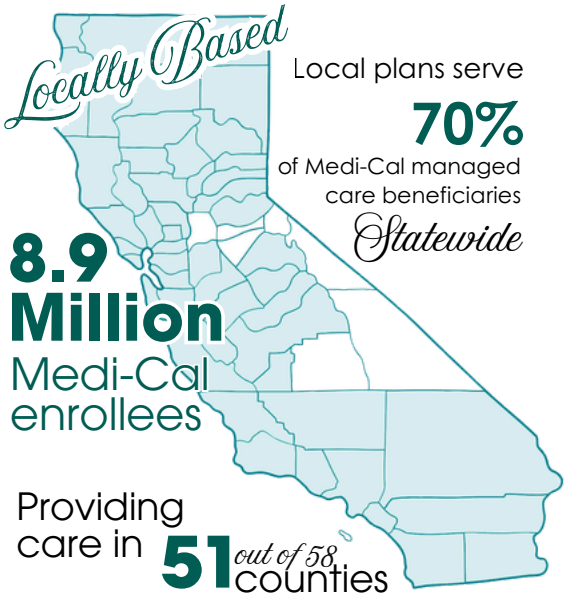
California's Medi-Cal program is as large and diverse as the state itself. Local plans were created to address this diversity through the delivery of high-quality care at the local level. Governed by the communities they serve, local plans are mission-driven and member-focused, delivering strong quality outcomes, genuine access to care, whole-person care coordination, meaningful community investment, and responsible stewardship of public dollars.

THE LOCAL PLAN MODEL

- Built to address community needs
- Strong long-term safety net partnerships
- Deep local and cultural knowledge

QUALITY & ACCESS PERFORMANCE

- Consistent high quality performance
- Local provider relationships that drive better access
- Strong community connections that support whole-person care
- Integrated with public health systems



MEMBER CENTERED

- Mission-driven, not shareholder-driven
- Supporting Medi-Cal retention
- Seamless care transitions

PART OF THEIR COMMUNITIES

- Boards, staff, and programs reflect the community
- Open, public governance
- Direct investment in safety net providers

ACCOUNTABILITY & TRANSPARENCY

- Critical guardrail against fraud, waste, and abuse
- Governed by public community boards
- Fiscally accountable public entities



2 *out of* 3

Medi-Cal enrollees choose the LOCAL PLAN when given a choice

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THE LOCAL PLAN DIFFERENCE

LOCAL PLANS VS FFS

MEDI-CAL ENROLLEE BENEFITS	LOCAL PLAN COVERAGE	FEE FOR SERVICE
Quality programs and measurement of provider care	**YES**	NO
Care coordination, including transitions from inpatient care	**YES**	NO
Timely access to care requirements	**YES**	NO
Transportation to/from appointments	**YES**	NO
Enhanced Care Management & Community Supports	**YES**	NO
Provider network directory to identify willing providers	**YES**	NO
Member support services, including member communications and education	**YES**	NO
Emphasis on preventative care	**YES**	NO
Robust in-language access for care and communication	**YES**	NO

MEDI-CAL ENROLLEE PROTECTIONS	LOCAL PLAN COVERAGE	FEE FOR SERVICE
Grievance and appeals processes and state Independent Medical Review for members	**YES**	NO
Provider credentialing to ensure proper licensing	**YES**	NO
Continuity of care when there are provider changes	**YES**	NO

CONTROLS AND PROTECTIONS	LOCAL PLAN COVERAGE	FEE FOR SERVICE
Utilization management to ensure enrollees receive the right care at the right time	**YES**	NO
Timely claims payment	**YES**	NO
Provider grievances processes	**YES**	NO
Monitoring, reporting and recoupment for fraud, waste, and abuse	**YES**	NO