



## 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

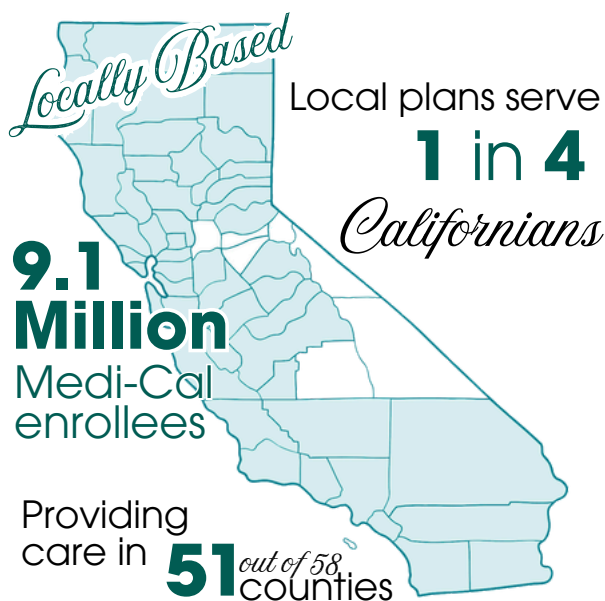
- Mission-driven, not shareholder-driven
- Supporting Medi-Cal retention
- Seamless care transitions

### 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

## LOCAL PLANS VS FFS

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

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

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