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**Summary**  
**Oversight Hearing**  
**Assembly Committee on Health**  
**Medi-Cal Managed Care Program Oversight**  
Wednesday, October 23, 2013  
State Capitol, Room 4202  
9:30 a.m. – Noon

Over the past two years, the Department of Health Care Services (DHCS) has transitioned two large populations into Medi-Cal managed care. Beginning in June 2011, in 13 counties, approximately 340,000 seniors and persons with disabilities (SPDs) were transitioned from Fee for Service (FFS) Medi-Cal into Medi-Cal managed care plans (MCPs) over a twelve month period. Beginning January 1, 2013, approximately 860,000 low-income Healthy Families Program (HFP) children are being transitioned to Medi-Cal MCPs as well. The Assembly Health Committee held an oversight hearing in October of 2012 to review the plans for these transitions. Now, one year later, the Health Committee is planning a follow-up to review the experiences of the enrollees, providers and other participants in these transitions. The purpose of this hearing is to provide the Legislature, stakeholders and other members of the public an overview of these program activities by highlighting the activities of DHCS with regard to monitoring and evaluating these transitions; to focus on the consumer and provider experience and to assess lessons learned that can be applied to future enrollment efforts. Future initiatives include the coordinated care initiative which will be a demonstration project in eight counties to provide coordinated care to those who are dually eligible for Medi-Cal and Medicare, expansion of Medi-Cal managed care to 28 rural counties that are currently FFS and the expansion of Medi-Cal managed care to childless adults between ages 19 and 65 beginning January 1, 2014 as part of the implementation of the federal Patient Protection and Affordable Care Act.