

# Medi-Cal Outreach and Enrollment Update

Rene Mollow &  
Anastasia Dodson





# Expansion and Enrollment Update

- Enrollment Initiatives Update:
  - Data Reports
  - Express Enrollments (CalFresh Express Lane, Hospital PE)
  - Transitions
  - General Updates



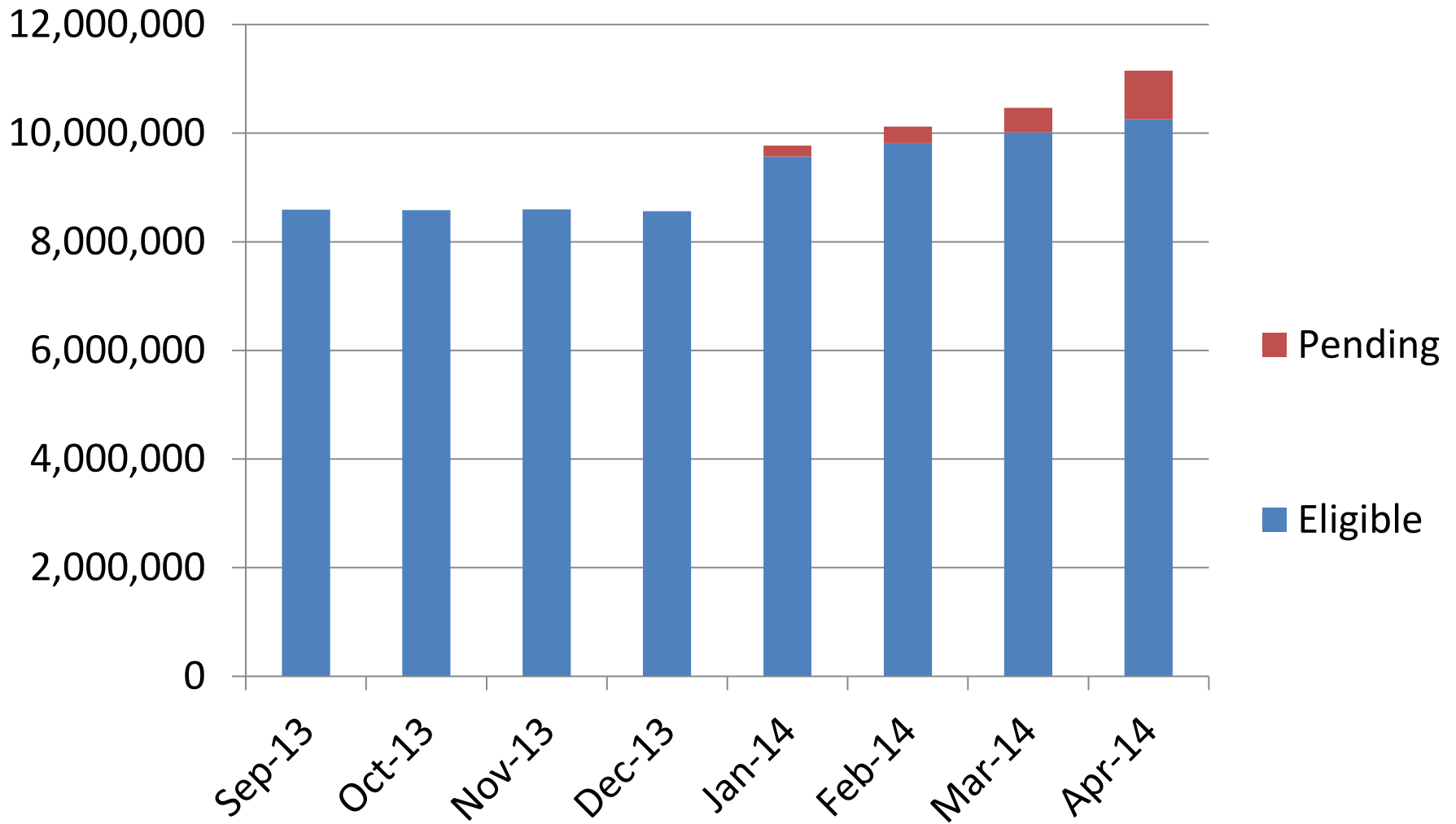
# Medi-Cal Enrollment Update

## Results of first Open Enrollment Under ACA

- 1.9 million individuals enrolled in Medi-Cal (Oct. 1 – Mar 31)
  - 1.1 million enrolled through CoveredCA.com and county offices (includes non-MAGI Medi-Cal eligibles)
  - 650,000 transitioned to Medi-Cal from Low Income Health Plan (Jan 2014)
  - 180,000 enrolled into Medi-Cal through Express Lane (through Mar 31)
  - 27,000 enrolled into Medi-Cal through hospital Presumptive Eligibility (through Mar 31)
- These numbers do not include beneficiaries who leave the Medi-Cal program; only new enrollees



# Enrollment Update





# Express Lane

SAWS will implement adding Express Lane Enrollment (ELE) in three phases:

- Phase 1: Add the ELE aid codes to the CalFresh case in SAWS for tracking purposes. These aid codes will be added individually by counties based on the monthly enrollment reports provided to SAWS/counties by DHCS. Adding these aid codes to SAWS will not update MEDS; however, they could be used for reporting.
- Phase 2: Add functionality to SAWS to accept the ELE cases without hitting the business rules engine (BRE) in CalHEERS.
  - DHCS will provide SAWS with denial and discontinuance notice of action language in all threshold languages by early May.
- Phase 3: Add functionality to support renewals and changes in circumstance.



# Express Lane

SAWS timing for implementation of each phase:

- Phase 1
  - C-IV: April
  - CalWIN: June
  - LEADER: TBD
- Phase 2
  - C-IV: November
  - CalWIN: October/November
  - LEADER: November
- Phase 3
  - C-IV: November
  - CalWIN: October/November
  - LEADER: November



# Express Lane

## Parental Coverage for OTLICP Eligible Children

- As these parents are not considered newly eligible adults and are not eligible for 100% federal funding, DHCS must coordinate an effort with SAWS to identify parents (19-64) on put them on the appropriate aid code.
- For this purpose, an adult is between the ages of 19 and 64 who:
  1. Has at least 1 child living in the home under age 19 who they have care and control over
  2. Is the parent/caretaker relative of the child(ren) under 19 who are living in the home
  3. Is currently active on Express Lane with aid code 7U (19-64)



# Express Lane

- More information on Express Lane can be found at:  
<http://www.dhcs.ca.gov/services/medical/eligibility/Pages/ExpressLane.aspx>.
- As of May 2, 2014, DHCS is proud to report that over 203,253 people opted in and are now in MEDS





# Hospital Presumptive Eligibility

- State Plan Amendment 13-027 for federal approval was submitted to CMS on 12/23/13.
  - Total hospital contracts received as of 4/12/14: 338
    - Hospital contracts approved: 182
    - Hospital contracts denied for more information: 156
    - Hospitals actively processing PE: 98
  - Total transactions submitted as of 4/12/14: 45,059
    - Patients approved for PE: 34,879
    - Patients denied for PE: 6,038
    - Patients rejected: 4,142



# AB 82 Outreach and Enrollment Grants

33 counties have been selected and notified of their award amount.

- Counties have received an allocation agreement and all necessary reporting documents to complete for payments to be issued.
- DHCS will be able to administer payments this month.

Payments for in-person application assistance that resulted in Medi-Cal enrollments will start being paid by the end of this month.

- The first round of payments will be made for those applications that resulted in at least one newly eligible 19-64 year old being on the application.



# Low Income Health Program (LIHP)

- Medi-Cal began serving approximately 631,000 former LIHP MCE members on January 1<sup>st</sup> 2014. The number increased to over 650,000 as of March 24<sup>th</sup>. This is a group comprised of uninsured adults ages 19 to 64, with incomes at or below 133 percent of the federal poverty level.
- As the former LIHP members transition to Medi-Cal, they move in and out of care and to other Medi-Cal programs due to changes in circumstances. This may result in the fluctuation of the number of former LIHP members reported in MEDS.



# Low Income Health Program (LIHP)

- These new Medi-Cal members are receiving quality health care services from California's statewide network of Medi-Cal managed care plans, as well as mental health, substance use and long-term care services.
- Due to the high overlap between the LIHP provider networks and the Medi-Cal provider network, nearly all former LIHP members had the opportunity to remain with the same medical providers in Medi-Cal that they saw under LIHP. Although some chose to select new providers, the majority stayed with their current providers. DHCS continues to work with LIHPs, Counties and other partners to resolve the remaining minor issues regarding the transition.



# LIHP Enrollment in MEDS by County as of January 27, 2014

LIHP	Enrollment #
Alameda	40,340
Contra Costa	10,880
Kern	10,249
Los Angeles	299,675
Monterey	2,802
Orange	38,414
Placer	3,859
Riverside	31,091
Sacramento	11,843
San Bernardino	34,679
San Diego	45,759
San Francisco	13,196
San Joaquin	3,774
San Mateo	10,334
Santa Clara	17,757
Santa Cruz	1,076
Tulare	3,484
Ventura	8,126
CMSP	64,194
<b>Total</b>	<b>651,532</b>



# 2014 Conversion Renewals

## Converting Pre-ACA Medi-Cal beneficiaries to MAGI Medi-Cal

- Medi-Cal annual redetermination process will be simplified as redeterminations will be conducted via an “ex parte” review of all available information
- If the ex parte review of available information is not sufficient to renew eligibility, counties shall send the Request for Tax Household Information (RFTHI) Redetermination form to obtain the required tax household information to make a MAGI Medi-Cal eligibility determination.
  - The Beneficiary can return the RFTHI to DHCS in person, via mail, over the phone, or by fax. No additional documentation is required with the RFTHI.
- Future redeterminations will use the conversion renewal form which will replace the RFTHI.



# 2015 Renewals

## Pre-populated Renewal Form

- Starting in 2015 annual renewals will be conducted using a pre-populated form.
- To the extent that the ex parte review is able to show continued eligibility, beneficiaries will not have to complete an annual redetermination packet. They will simply receive a notice of action showing their continued eligibility.
  - If the ex parte review cannot show continued eligibility, the beneficiary will be sent a pre-populated form asking only for information that could not be electronically verified.
- The pre-populated form and ex parte review process will with retention efforts by simplifying the redetermination process



# General Updates

## CalHEERS

- DHCS planning one-time batch process to move pending applications into eligible status
- Paper verifications for residency suspended
- Continuous eHIT performance monitoring
- Various system improvements and fixes
  - Negative action
  - MEC Check removed
  - Income clarification regarding reasonable compatibility standards
- DHCS working in collaborative partnership with Counties to assist with pending applications
  - Various County Social Services Office site visits for first-hand look at process and work on solutions
  - Weekly conference calls with DHCS, Counties and SAWS to identify any newly raised concerns





# General Updates

- **Presumptive Eligibility (PE):** 100,983 beneficiaries have temporary Medi-Cal coverage (as of March 2014), through the December PE Process
  - Those consumers received Medi-Cal Beneficiary Identification Cards (BICs) and can access Medi-Cal services through Fee-for-Service providers.
  - Once their information (income and/or residency) is verified by counties, these consumers will have ongoing Medi-Cal coverage, and will be enrolled in Medi-Cal managed care plans.

