

Medi-Cal Expansion and Enrollment Update

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Expansion and Enrollment Update

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



Data Update

- **Medi-Cal Enrollment Increases**
 - 877,000 Medi-Cal applicants through CoveredCA.com (Oct 1 – Jan 31)
 - 652,000 transitions to Medi-Cal from Low Income Health Program (Jan 2014)
 - 65,000 Medi-Cal enrollments through Express Lane (Feb 2-14, 2014)
 - 106,000 non-MAGI Medi-Cal eligibles added through SAWS-only (Jan 2014)



Medi-Cal Applicant Demographics

- 877,000 applicants in CalHEERS

Applicants Found Likely Eligible for Medi-Cal by Age

Less Than 18	29%
18 to 25	18%
26 to 34	16%
35 to 44	10%
45 to 54	13%
55 to 64	13%
65 and Older	<0.1%



Medi-Cal Applicant Demographics

Applicants Found Likely Eligible for Medi-Cal by Race

White	47%
Asian	25%
Other	13%
Black or African-American	8%
Mixed Race	6%
American Indian and Alaska Native	1%
Native Hawaiian & Other Pacific Islander	<0.4%
* Excludes non-respondents which is 32% of total	



Medi-Cal Applicant Demographics

Applicants Found Likely Eligible for Medi-Cal by Hispanic, Latino, and Spanish Origin

Yes

38%

No

62%

*** Excludes non-respondents
which is 13% of total**



Medi-Cal Applicant Demographics

Applicants Found Likely Eligible for Medi-Cal by Primary Language

English	79%
Spanish	14%
Asian & Pacific Islander	6%
Indo-European	1%
Other	0%
* Excludes non-respondents which is 7% of total	



Medi-Cal Applicant Demographics

Applicants Found Likely Eligible for Medi-Cal by Gender

Male	47%
Female	53%



Express Lane

Express Lane enrollment will be rolled out for two targeted populations

Adults 19-64:

- Consists of approximately 600,000,
- Currently enrolled in Cal-Fresh (food stamps), and
- Without enrollment in Medi-Cal or Medicare
- Must be a resident of the state and citizenship/identity confirmed in accordance with Medicaid rules.

Children under 19:

- Consists of approximately 150,000,
- Currently enrolled in Cal-Fresh, and
- Without enrollment in Medi-Cal or Medicare
- Must be a resident of the state and citizenship/identity confirmed in accordance with Medicaid rules.



Express Lane

Commencing this month:

- Special one-time mailings to adults began rolling out on February 3rd
- Members will receive a letter with instructions to enroll 1 of 3 ways:
 - A PIN to be used on the designated website
 - Phone a designated call line
 - Mail in a form
- Call lines open Monday thru Friday 8 am to 5 pm and will return missed calls from 5 pm to 8 pm to ensure ability to connect with the customer
- Eligibility will commence as of the month the affirmation is received and health plan enrollment will be prospective, effective the 1st of the following month.



Express Lane

- More information on Express Lane can be found at:
<http://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/ExpressLane.aspx>.
- As of February 14, 2014, DHCS is proud to report that approximately 65,000 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 2/11/14: 161
 - Hospital contracts approved: 94
 - Hospital contracts denied for more information: 67
 - Hospitals actively processing PE: 27
 - Total transactions submitted as of 2/8/14: 3,619
 - Patients approved for PE: 2,925
 - Patients denied for PE: 344
 - Patients rejected due to mismatch info: 350



Low Income Health Program (LIHP)

- Medi-Cal began serving approximately 631,000 former LIHP members on January 1st 2014. The number has increased to over 653,000 as of January 14th. This is a group comprised of uninsured adults ages 19 to 64, with incomes below 138 percent of the federal poverty level.
- 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.
- Nearly all former LIHP members could have remained with the same medical provider in Medi-Cal that they saw under LIHP, given the high overlap. Some chose to select new providers, although the majority stayed with their current providers.
- LIHPs continue to add to the LIHP enrollment totals for applications submitted in later December. These enrollees will also be transitioned to Medi-Cal once LIHP enrollment completed.
- DHCS continues to work with LIHPs, Counties and other partners to resolve issues regarding the transition.



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

County	Enrollment #
Alameda	41,507
Contra Costa	10,090
Kern	10,256
Los Angeles	299,032
Monterey	2,812
Orange	39,118
Placer	3,978
Riverside	30,541
Sacramento	12,319
San Bernardino	34,895
San Diego	45,271
San Francisco	12,828
San Joaquin	3,854
San Mateo	10,610
Santa Clara	17,437
Santa Cruz	1,107
Tulare	3,611
Ventura	8,245
Former CMSP	64,928
Total	652,439



General Updates

- **CalHEERS**
- **Presumptive Eligibility (PE):** 183,000 applicants received temporary Medi-Cal coverage, effective January 1, 2014 through PE
 - 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.



Roundtable Topics

- Latino Enrollment
- Hospital PE
- Children's Coverage
- Special Populations: Re-entry, Homeless, Mentally Ill, etc.



Roundtable Questions

1. What have you seen as the best strategies to increase enrollment in Medi-Cal for this population?
2. Where are new partnerships being formed, and where is there further opportunity for partnership and learning? How can this new learning be communicated statewide?
3. What are some of the barriers to reaching these individuals and helping them to enroll?
4. How can DHCS, SAC members and other community partners work together effectively to make improvements and overcome these barriers?

