
Medi-Cal Eligibility, Enrollment & Benefits Update

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September 11, 2014



Medi-Cal Enrollment Update

Current enrollment is approximately 10.9 million individuals; of these enrollments, the following pathways were also used as a means for enrollment

- 235,680 enrolled through Express Lane (ELE)
 - Adults: 197,493
 - Children: 37,463
 - Parents: 724
 - 126,188 enrolled in a managed care plan at time of enrollment
 - Second waive of ELE outreach planned for September – approximately 380,000 individuals targeted.
 - 202,000 are newly enrolled in CalFresh;
 - Remaining 178,000 are those who did not opt in from the first mailing in February 2014.



Medi-Cal Enrollment Update

- Hospital Presumptive Eligibility
 - 101,123 enrolled through Hospital Presumptive Eligibility
 - Total hospital contracts received: 472
 - Hospital contracts approved: 270
 - Hospital contracts requiring more information: 216
 - Individuals denied for PE: 19,073
- Pending Caseload
 - Through a combination of county and state efforts, the number of pending applicants for Medi-Cal has been reduced to 350,000.



2014 Renewals Update

- Pre-ACA Medi-Cal Renewals initiated in April 2014
 - Use of Request For Tax Household Information – sent 60 days in advance of renewal date
- The renewal processing schedule is as follows:
 - January/June – process in June
 - February/July – process in July
 - March/August – process in August
 - April/September – process in September
 - May/October – process in October
- *For renewals due November forward, the regular renewal schedule would resume (i.e. processing one month of renewals at a time versus doubling up)*



2014 Renewals Update (cont.)

- DHCS working with Counties/Managed Care Plans on outreach strategies to beneficiaries regarding need to follow through on renewal process.
 - Use of flyers
 - Resending contact letters/renewal forms regarding completion of the process
 - Robo calls/direct calls to beneficiaries
 - Collect information via the form and/or over the phone
- Beneficiaries who continue to be non-responsive will be discontinued with proper noticing providing of due process rights.
- Use of federally approved alternative renewal strategy.



2015 Renewal Process Overview

- Use of ex-parte review of eligibility.
 - If found eligible, renewal process is complete and a new 12-month period of eligibility will be granted.
 - If not found eligible, the beneficiary will be sent a pre-populated renewal form asking for only the information that could not otherwise be verified.
 - Beneficiaries will have 60-days to complete their renewal and respond to the pre-populated form.
 - If non-responsive, beneficiary, after appropriate contacts, will be discontinued.
 - ❑ *90-day cure period, and if responsive, received information will be treated as if it were submitted timely.*



Single Streamlined Application Changes

- Upcoming changes to the Single Streamlined Application
 - Changes to income questions. Edits were made to the way the questions are asked to match the Medi-Cal Request for Tax Household Information form.
 - New clarifying questions for relationship information similar to how they are posed on the online application.
 - Questions are being added to allow applicants the opportunity to register to vote.
 - Available in mid-November to coincide with the next Covered California Open Enrollment Period.



CHIP Program Updates

- CHIP MAGI SPAs: The department is working on updating CHIP SPAs for purposes of:
 - Incorporating MAGI Eligibility and Methods
 - Transition of program administration to DHCS
 - Contract renewals for the Medi-Cal Access Program and CHIM providers



Behavioral Health Treatment Services: Autism

- Per CMS guidance July 7th, Behavioral Health Therapy (BHT) and specifically Applied Behavioral Analysis (ABA) therapy are now Medicaid covered services.
- DHCS issued a draft All Plan Letter to the Managed Care Plans for review and comment that includes interim policy guidance and a proposed effective date of September 15, 2014, for the provision of medically necessary BHT, including ABA therapy, for children and adolescents ages 0 to 21 years.



Behavioral Health Treatment Services: Autism

- DHCS will make any SPA or waiver request public at least 30 days prior to submitting to the federal Centers for Medicare and Medicaid (CMS) on or about September 30, 2014, and will work with stakeholders to address public comments submitted.
- DHCS has commenced monthly stakeholder meetings on BHT with advocates, health plans, and providers.



