



**Medi-Cal Access to Care
Fee-for-Service
Quarterly Monitoring Report #10
2014 Quarter 1**

BENEFICIARY PARTICIPATION

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California Department of Health Care Services
Research and Analytic Studies Division
MS 1250, P.O. Box 997413
Sacramento, CA 95899-7413

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Key Points

- The number of Fee-for-Service (FFS) Medi-Cal Only beneficiaries eligible to receive full-scope benefits increased 62.6% between the fourth quarter of 2013 and the first quarter of 2014. This increase in participation was due to the Healthy Families Program transition and the implementation of the Affordable Care Act in January 2014.
- Overall, FFS Medi-Cal Only participation by full-scope beneficiaries increased 33.7% from the second quarter of 2013 to the first quarter of 2014, from 1,193,739 to 1,596,228 average monthly eligibles.
- During the study period, 55.5% of FFS Medi-Cal Only beneficiaries reported English as their primary language. Spanish was the primary language for 39.5% of beneficiaries.
- Hispanics represented 53.2% of the total FFS Medi-Cal Only population.

Introduction

Beneficiary participation levels can have a notable impact on the demand for services. Complex factors influencing the participation of enrolled beneficiaries must be carefully evaluated when analyzing health system capacity and service use.

Changes in the number of beneficiaries enrolled in the Fee-for-Service (FFS) Medi-Cal health care delivery system are dependent on a number of factors. External factors such as the health of the economy, private insurance rates, state budget issues, an aging population, declining birth rates, and health care reform efforts can influence whether a beneficiary participates in FFS Medi-Cal. Additionally, demographic and administrative factors can affect a beneficiary's decision and eligibility to participate, as well as the level at which a beneficiary utilizes services.

Significant fluctuations in beneficiary participation levels combined with other information may provide insight into the quantity and type of services required by the FFS Medi-Cal population. In order to analyze changes in beneficiary participation, this measure presents statistics on the FFS Medi-Cal Only population, beneficiaries who are eligible for full- or restricted-scope Medi-Cal benefits but not Medicare.

Understanding the unique complexities of Medi-Cal's subpopulations is crucial for administrators to develop suitable policies and processes that will ensure appropriate access to care for all beneficiaries. Population characteristics such as age and health care needs must be carefully evaluated when considering health system capacity and service use, since each subpopulation will present different clinical needs, and thus require specific services and provider types. In addition, the geographic distribution of the population relative to providers is vitally important.

Background

Assembly Bill 97

In March 2011, Assembly Bill (AB) 97 was signed into law and instituted a 10% reduction in Medi-Cal reimbursements to select providers. Court injunctions delayed the implementation of AB 97 until September 2013.

The reimbursement reductions do not apply to all Medi-Cal providers and services. Providers and services that are exempt from the 10% reduction in Medi-Cal reimbursement rates include but are not limited to:

- Physician services to children ages 0–20;
- Federally Qualified Health Centers (FQHCs);
- Rural Health Clinics (RHCs); and
- Breast and Cervical Cancer Treatment Program services.^{1,2,3}

Medi-Cal Enrollment Transitions

Implementation of the Affordable Care Act – The Patient Protection and Affordable Care Act, referred to as simply the Affordable Care Act (ACA), was signed into law by President Obama in March 2010. Under the ACA, states gained the option to expand Medicaid eligibility to previously ineligible low-income adults ages 19-64 (at or below 138% Federal Poverty Level (FPL)) without dependent children.⁴ On June 27, 2013, Governor Brown signed into law [AB](#) and [Senate Bill \(SB\)](#) 1-1, §25, authorizing California to expand the Medi-Cal program to include this optional population effective January 1, 2014. State administrative policy requires this new Medi-Cal population to enroll in managed care health plans. However, most certified eligibles that are required to enroll in managed care enter the Medi-Cal system through FFS, and they remain in FFS until their health plan selection is complete. As a result, while this large influx of new eligibles is required to enroll in managed care, many temporarily participate in FFS.

Expansion of Medi-Cal Managed Care – Several subpopulations transitioned from the FFS health delivery system into managed care plans during the study period. For instance, 81,488 FFS Medi-Cal Only beneficiaries enrolled into a Medi-Cal managed care plan in September 2013 due to the establishment of a County Organized Health System (COHS) in Del Norte, Humboldt, Lake, Lassen, Modoc, Shasta, Siskiyou, and Trinity counties. Another 165,780 FFS Medi-Cal Only beneficiaries into managed care plans in November 2013 due to the establishment of managed

¹ California Assembly Bill 97, (2011).

² California Department of Health Care Services, Implementation of AB97 Reductions. Retrieved from <http://www.dhcs.ca.gov/Documents/AB97ImplementationAnnouncemen081413.pdf>

³ California Department of Health Care Services, State Plan Amendment, SPA 11-009.

⁴ On June 28, 2012, the United States Supreme Court issued a majority opinion in *National Federation of Independent Business v. Sebelius* which found that the mandatory expansion of states' Medicaid eligibility rules to include childless adults was unconstitutional. California was one of 30 states to date, including the District of Columbia, to exercise the optional expansion of Medicaid eligibility rules.

care in Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Imperial, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, San Benito, Sierra, Sutter, Tehama, Tuolumne and Yuba counties (Table BP-1).

Table BP-1: FFS Medi-Cal Only Beneficiaries Transitioned to Medi-Cal Managed Care in September and November 2013

Managed Care Plan Type	Month of Transition	Transition Counties	Approximate Number of Medi-Cal Only Beneficiaries
COHS	September 2013	Del Norte	5,837
COHS	September 2013	Humboldt	19,913
COHS	September 2013	Lake	12,749
COHS	September 2013	Lassen	3,507
COHS	September 2013	Modoc	1,376
COHS	September 2013	Shasta	28,430
COHS	September 2013	Siskiyou	7,736
COHS	September 2013	Trinity	1,940
			Subtotal = 81,488
Managed Care Plan Type	Month of Transition	Transition Counties	Approximate Number of Medi-Cal Only Beneficiaries
Regional/Other	November 2013	Alpine	106
Regional/Other	November 2013	Amador	2,522
Regional/Other	November 2013	Butte	28,365
Regional/Other	November 2013	Calaveras	3,817
Regional/Other	November 2013	Colusa	2,820
Regional/Other	November 2013	El Dorado	10,621
Regional/Other	November 2013	Glenn	4,514
Regional/Other	November 2013	Imperial	36,927
Regional/Other	November 2013	Inyo	1,977
Regional/Other	November 2013	Mariposa	1,669
Regional/Other	November 2013	Mono	945
Regional/Other	November 2013	Nevada	6,764
Regional/Other	November 2013	Placer	16,815
Regional/Other	November 2013	Plumas	1,622
Regional/Other	November 2013	San Benito	5,401
Regional/Other	November 2013	Sierra	257
Regional/Other	November 2013	Sutter	14,372
Regional/Other	November 2013	Tehama	10,372
Regional/Other	November 2013	Tuolumne	4,519
Regional/Other	November 2013	Yuba	11,375
			Subtotal = 165,780
			Statewide Total = 247,268

Source: Created by DHCS Research and Analytic Studies Division using data from the Management Information System/Decision Support System's (MIS/DSS) eligibility tables for December 2013. Data were extracted from MIS/DSS four months after corresponding time period to allow for updates to enrollment.

Healthy Families Transition – On January 1, 2013, DHCS began the first of four phases in 2013 to transition approximately 860,000 children from the Healthy Families Program (HFP) into Medi-Cal. To ensure minimal disruption to coverage, DHCS assigned certain children presumptive eligibility for Medi-Cal benefits under the FFS health delivery system until the date of their annual eligibility review for Medi-Cal. These children with presumptive eligibility under the FFS health delivery system are classified under the Children’s Health Insurance Program (CHIP) aid category in this report. Participation rates for these children are expected to decline throughout 2013 and beyond as they are redetermined into aid codes that require enrollment in a Medi-Cal managed care health plan.

Factors Influencing Beneficiary Participation

Several factors can influence whether beneficiaries participate in FFS Medi-Cal. Some of these factors are described below.

Population Characteristics

As outlined in the Medicaid and CHIP Payment and Access Commission’s 2011 Report to Congress, understanding the unique complexities of Medi-Cal’s subpopulations is crucial for administrators to develop suitable policies and processes that will ensure appropriate access to care for all beneficiaries.ⁱ Similarly, the behavioral model of access to health care services developed by researchers Ronald Andersen and Lu Ann Aday categorizes these “characteristics of the population at risk” as the predisposing, enabling, and need factors that serve as individual determinants of entry into the health care system.ⁱⁱ

Predisposing Factors – These factors include variables that influence the propensity of individuals to seek care. Predisposing factors exist prior to the onset of illness, and can be defined as mutable (susceptible to meaningful short-term change, such as an individual’s beliefs and attitudes towards the pursuit of health care services, or education regarding the navigation of health care systems) or immutable (not susceptible to meaningful short-term change, such as a beneficiary’s age, gender, and health status which may inform their placement into a given aid category).ⁱⁱⁱ

Enabling Factors – These factors relate to the means that individuals have at their disposal, which can influence their propensity to seek or utilize health care services. These include an individual’s geographic location (e.g., residing in a metropolitan or non-metropolitan county), which can affect an individual’s ability to access care. Another enabling factor is an individual’s income, which can be a determining factor in their eligibility for Medi-Cal services.^{iv}

Need Factors – Factors relating to need, both as perceived by the patient and evaluated by the provider, include a beneficiary’s disability status or the presence of a chronic health condition. These can also be determining factors in an individual’s eligibility and utilization of Medi-Cal services.^v

Program Factors

In addition to the expansion of managed care, the HFP transition, and the implementation of the ACA, other program factors may influence beneficiary participation.

Eligibility Status – The range of benefits offered by the Medi-Cal program varies among subpopulations. For example, some groups may gain access to Medi-Cal services only after experiencing an acute-care hospital admission, in which case individuals are not eligible for Medi-Cal at the time of admission but gain it retroactively. The program’s degree of responsibility for ensuring access to care may also vary depending on the subpopulation and type of coverage afforded. As of December 2013, approximately 65% of FFS Medi-Cal Only adult beneficiaries were undocumented immigrants.^{vi} For these beneficiaries, DHCS is responsible for ensuring access to prenatal, obstetrical, and emergency services only. Most of the remaining beneficiaries participating in FFS Medi-Cal who are not eligible for Medicare qualify for full-scope benefits.

Churning – “Churning” refers to beneficiaries who move in and out of Medi-Cal eligibility because of various issues related to the process of redetermining eligibility, which is conducted at least once every 12 months. In addition to these redeterminations, Medi-Cal beneficiaries must submit status reports every six months to ensure that they make timely and accurate reports of any change in circumstance that may affect their eligibility. This time requirement can sometimes lead to individuals not completing the necessary renewal paperwork in time, which then can lead to disenrollment from Medi-Cal until they submit the necessary paperwork to re-enroll. Churning can lead to negative health outcomes and financial hardships due to individuals becoming uninsured and losing continuity of medical care.^{vii}

Societal Factors

Pregnancy-Related Services/Declining Birthrates – National and statewide birthrates have been declining for several years. The National Vital Statistics System notes that the general fertility rate for women ages 15–44 in 2012 was the lowest rate ever reported in the U.S.^{viii} As pregnancy-related services comprise a large proportion of the services administered by Medi-Cal, the decline in overall birthrates was a potentially noticeable effect on trends in Medi-Cal participation.

Economic Recession and Unemployment – When the economy is struggling and unemployment rates rise, the number of people receiving employer-based health coverage can decrease. This decrease can put more demand on the Medi-Cal program.

Immigration – Undocumented immigrants comprise the largest group covered by FFS Medi-Cal Only, and are granted restricted-scope benefits that cover emergency and pregnancy-related services only. Restricted-scope beneficiaries are not entitled to the full array of preventative primary care services. It should be noted that Medi-Cal participation rates can be affected by trends in immigration.

Methods

This measure evaluates beneficiaries who are participating in Medi-Cal's FFS delivery system only and have met their monthly share of cost. Beneficiaries who are dually eligible for both Medicare and Medi-Cal have been excluded from this analysis.

Beneficiary participation summaries were derived from the Management Information System/Decision Support System (MIS/DSS). This data source provides information on a monthly basis regarding beneficiaries' length of participation, aid category under which they are eligible for services, and demographic data including age, gender, race/ethnicity, and primary language spoken. In addition, the MIS/DSS contains geographic variables that allow examination of the data by county and metropolitan designation.

In this report, Medi-Cal participation in the FFS health care delivery system was measured as "member months," representing the number of months a beneficiary has been in the FFS Medi-Cal health care delivery system during the reporting period. Average quarterly member months were calculated for all Medi-Cal beneficiaries included in the selection criteria. To reveal potential differences in participation based on specific health care needs, beneficiaries participating in FFS Medi-Cal and not eligible for Medicare were grouped into homogeneous subpopulations based on one of seven eligibility categories: Seniors and Persons with Disabilities (SPD), Parent/Caretaker Relative & Child, Adoption/Foster Care, ACA Expansion Adult - Age 19-64, CHIP, Undocumented, and Other. Please note that since the HFP transition and the implementation of the ACA, the six aid categories that were referenced in previous quarterly reports were expanded into the seven categories and the names of the categories were updated accordingly. See [Appendix B](#) for more detailed information on aid categories and codes.

Additional criteria include beneficiaries' ages and whether they receive the full or restricted scope of Medi-Cal services. Statistics reflecting the gender, race/ethnicity, and primary language spoken among beneficiaries are also presented since these factors often correlate with health service use. Furthermore, geographic variations among Medi-Cal beneficiaries were explored stratifying beneficiaries by county and metropolitan designation.⁵

Change in participation was evaluated by calculating the percent change in the number of FFS Medi-Cal Only beneficiaries (average member months) from the second quarter of 2013 to the first quarter of 2014. Additional comparisons were made between the current quarter being studied and the previous quarter.

⁵ Metropolitan designations were identified using the United States Department of Agriculture – Economic Revenue Service's Rural-Urban Continuum Codes. The Rural-Urban Continuum Codes are calculated by examining the size of a county and its proximity to a metropolitan area. Rural-Urban Continuum Codes form a classification scheme that distinguishes metropolitan (metro) counties by the population size of their metro area, and nonmetropolitan (nonmetro) counties by degree of urbanization and adjacency to a metro area or areas.

Results

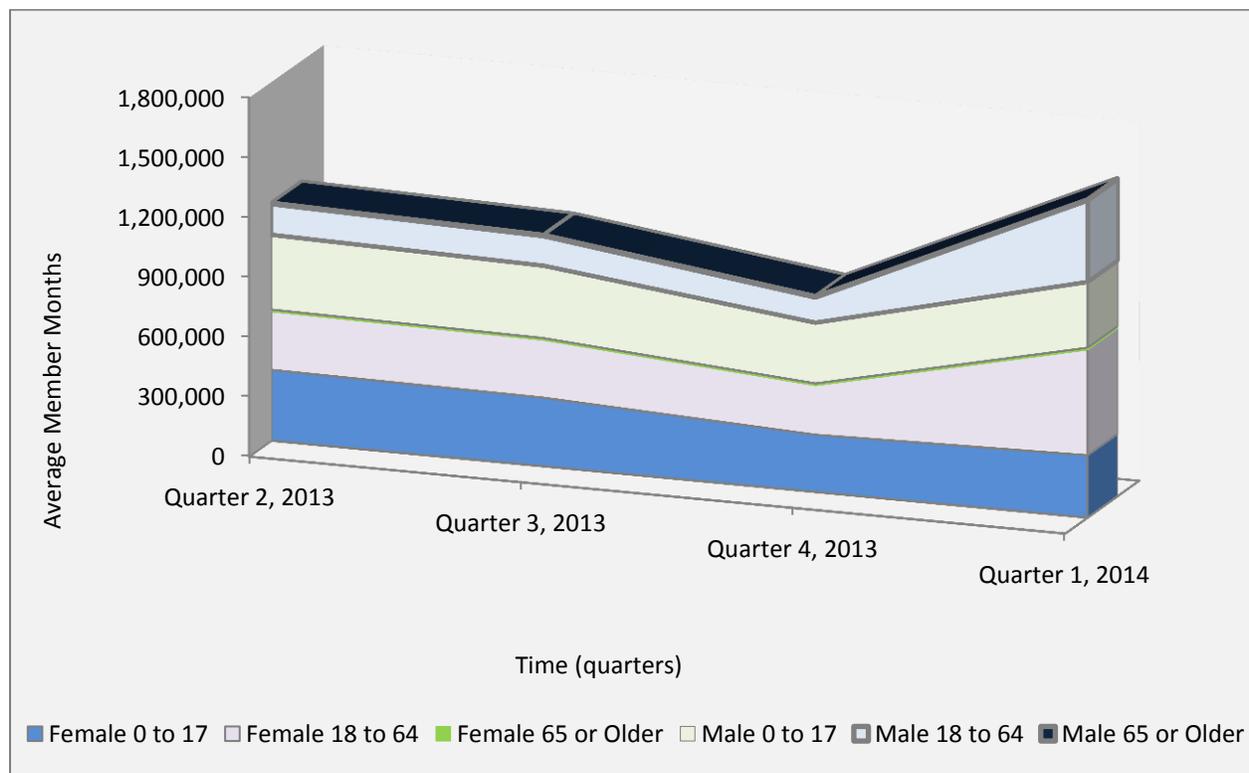
FFS Full-Scope Medi-Cal Only Beneficiaries, by Gender and Age

Participation in the FFS health care delivery system among Medi-Cal Only beneficiaries eligible for full-scope benefits increased 33.7% from the second quarter of 2013 to the first quarter of 2014, from 1,193,739 to 1,596,228 average monthly eligibles (Figure BP-1, Table BP-6).

Adults ages 18-64 experienced a 109.4% increase in participation from the second quarter of 2013 to the first quarter of 2014. This increase is due to the ACA implementation that occurred during the study period. Children ages 0–17 saw a significant decrease of 12.1% that is likely due to the expansion of managed care in rural counties during 2013 (Figure BP-1, Table BP-6).

FFS Full-Scope Medi-Cal Only participation increased 62.6% between the most recent quarter of the study period and the previous quarter, due to the ACA implementation (Figure BP-1, Table BP-6).

Figure BP-1: Average Monthly Eligibles, FFS Full-Scope Medi-Cal Only Beneficiaries from Quarter 2, 2013, to Quarter 1, 2014, by Gender and Age Group

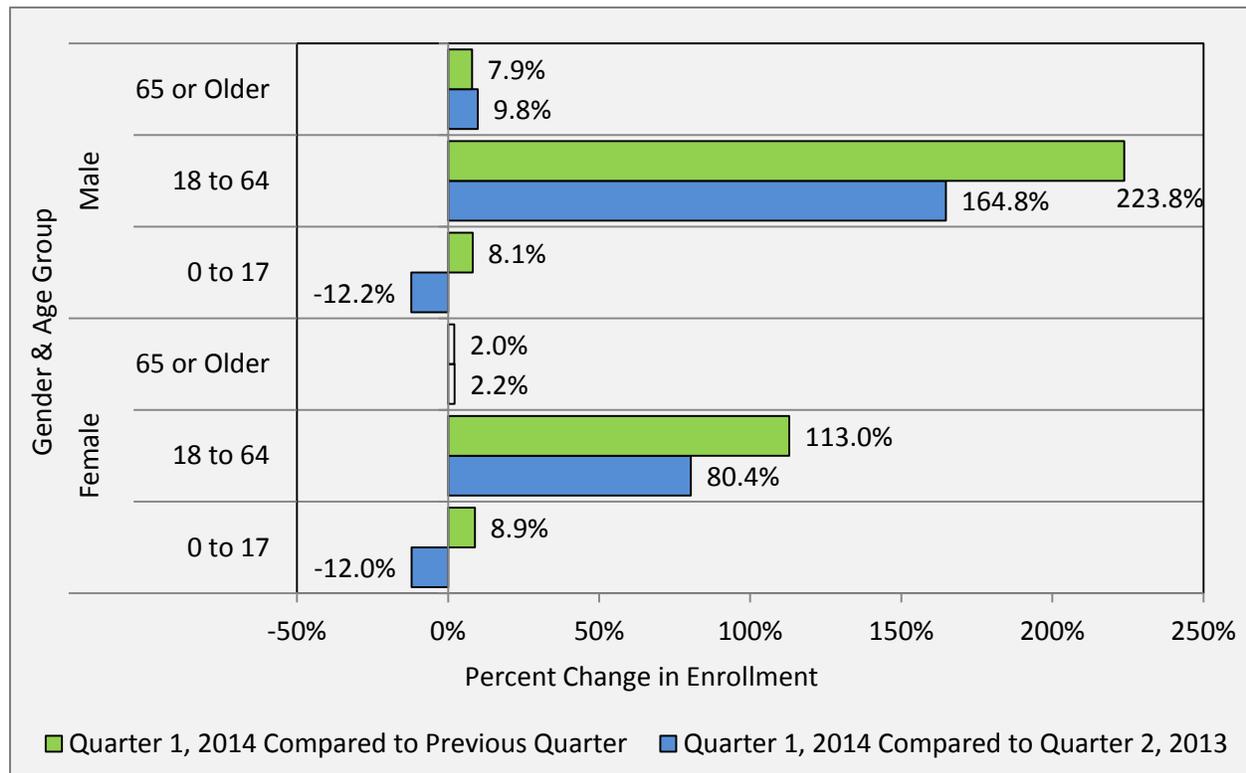


Source: Created by DHCS Research and Analytic Studies Division using data from the Medi-Cal Management Information System/Decision Support System (MIS/DSS) eligibility tables with dates of eligibility from April 2013–March 2014. Data were extracted from the MIS/DSS four months after the corresponding time period to allow for updates to enrollment.

The largest increases in participation from the second quarter of 2013 to the first quarter of 2014 were among adults ages 18 to 64, with participation increasing 164.8% for males and 80.4% for females. When comparing the first quarter of 2014 with the previous quarter, participation among adults ages 18 to 64 increased 223.8% for males and 113.0% for females (Figure BP-2, Table BP-6). The large increases were due to the ACA implementation, which greatly expanded Medi-Cal coverage for this age group.

In contrast, the largest decreases in participation from the second quarter of 2013 to the first quarter of 2014 were among children ages 0–17, with participation decreasing 12.0% and 12.2% for females and males, respectively. These decreases are attributable to the managed care expansion in November 2013. However, when comparing the first quarter of 2014 with the previous quarter, participation among children ages 0-17 increased 8.9% for females and 7.9% for males (Figure BP-2, Table BP-6).

Figure BP-2: Percent Change in FFS Full-Scope Medi-Cal Only Participation from Quarter 2, 2013, to Quarter 1, 2014, by Gender and Age Group



Source: Created by DHCS Research and Analytic Studies Division using data from the Medi-Cal Management Information System/Decision Support System (MIS/DSS) eligibility tables with dates of eligibility from April 2013–March 2014. Data were extracted from the MIS/DSS four months after the corresponding time period to allow for updates to enrollment.

FFS Medi-Cal Only Beneficiaries, by Age and Aid Category

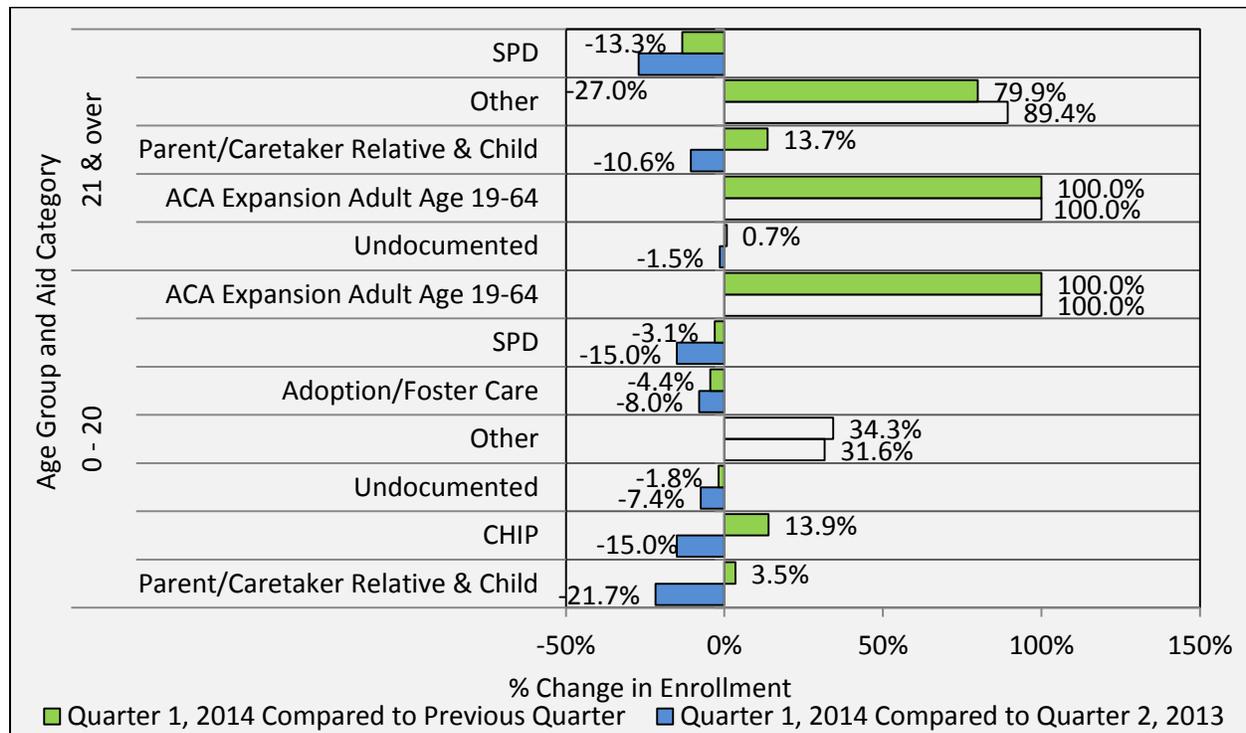
Large increases in participation were observed among adults in the Other aid category, as well as both adults and children in the ACA Expansion Adult Age 19-64 categories from the second quarter of 2013 to the first quarter of 2014.

The increases of 100.0% in the ACA Expansion Adult Age 19-64 category are due to the ACA implementation in the first quarter of 2014 (Figure BP-3, Table BP-8).

From the second quarter of 2013 to the first quarter of 2014, adults in the Other (89.4%) aid category exhibited an increase in participation. This increase was primarily due to the placement of new eligibles in temporary placement/accelerated enrollment aid codes at the outset of the ACA implementation. For the same period, among adults, there were decreases in the SPD (-27.0%), Parent/Caretaker Relative & Child (-10.6%), and Undocumented (-1.5%) aid categories (Figure BP-3, Table BP-8). These decreases in participation, except for the Undocumented aid category, are due to the expansion of managed care in 2013.

From the second quarter of 2013 to the first quarter of 2014, there was an increase in participation among children in the Other category (31.6%). For the same period, among children, there were decreases in the Parent/Caretaker Relative & Child (-21.7%), SPD (-15.0%), CHIP (-15.0%), Adoption/Foster Care (-8.0%), and Undocumented (-7.4%) categories (Figure BP-3, Table BP-8).

Figure BP-3: Percent Change in FFS Medi-Cal Only Participation from Quarter 2, 2013, to Quarter 1, 2014, by Age Group and Aid Category



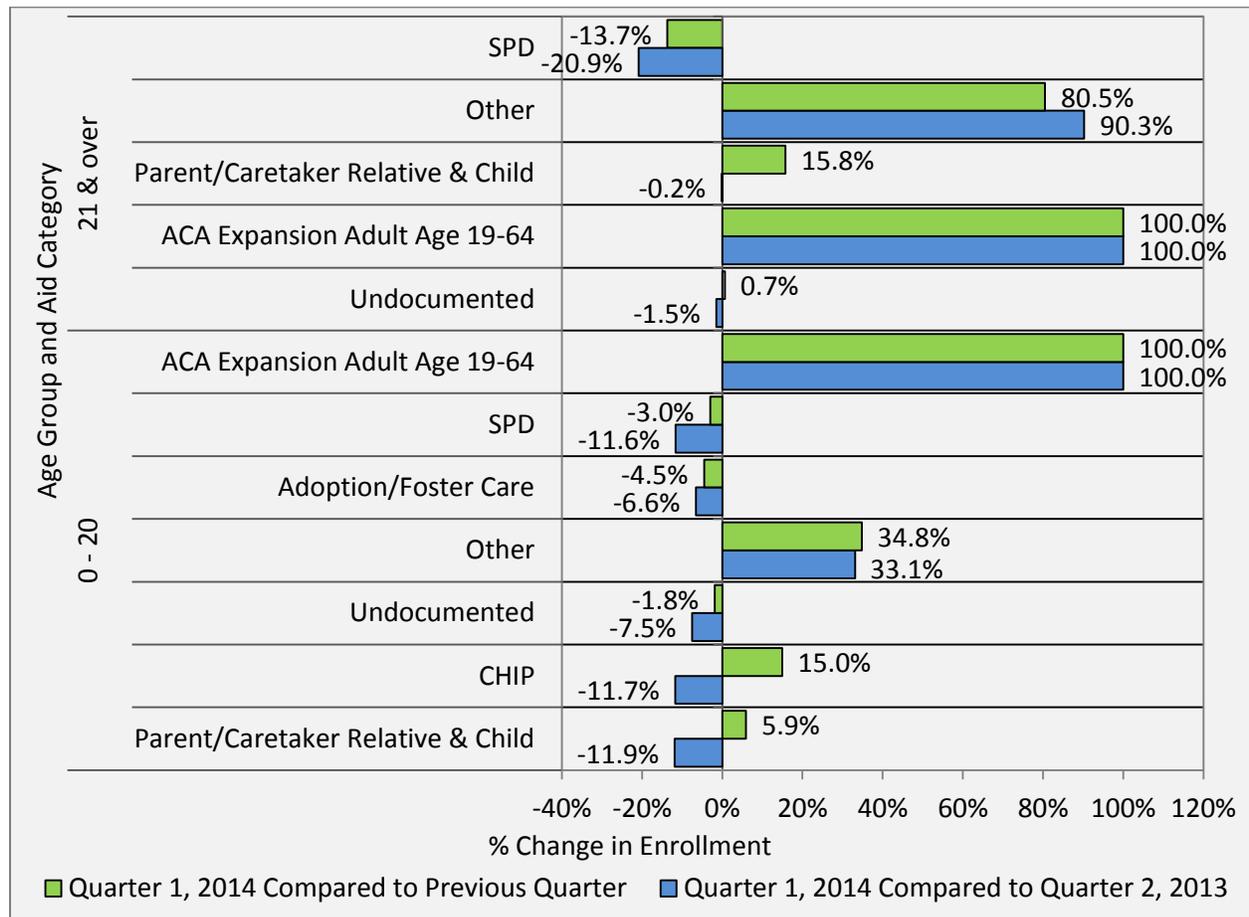
Source: Created by DHCS Research and Analytic Studies Division using data from the Medi-Cal Management Information System/Decision Support System (MIS/DSS) eligibility tables with dates of eligibility from April 2013–March 2014. Data were extracted from the MIS/DSS four months after the corresponding time period to allow for updates to enrollment.

FFS Medi-Cal Only Beneficiary Participation in Metropolitan Counties

The increases of 100.0% in the ACA Expansion Adult Age 19-64 category are due to the ACA implementation during the first quarter of 2014 (Figure BP-4, Table BP-9).

From the second quarter of 2013 to the first quarter of 2014, participation among beneficiaries residing in metropolitan areas decreased for children in the Parent/Caretaker Relative & Child (-11.9%), CHIP (-11.7%), SPD (-11.6%), Undocumented (-7.5%), and Adoption/Foster Care (-6.6%) categories and increased for the Other (33.1%) category. Among adults, there were decreases in the SPD (-20.9%), Undocumented (-1.5%), and Parent/Caretaker Relative & Child (-0.2%) aid categories and an increase in the Other (90.3%) aid category (Figure BP-4, Table BP-9). The decreases in participation among both children and adults, except those in the Undocumented aid category, are due to the expansion of managed care in 2013.

Figure BP-4: Percent Change in FFS Medi-Cal Only Participation in Metropolitan Areas from Quarter 2, 2013, to Quarter 1, 2014, by Age Group and Aid Category



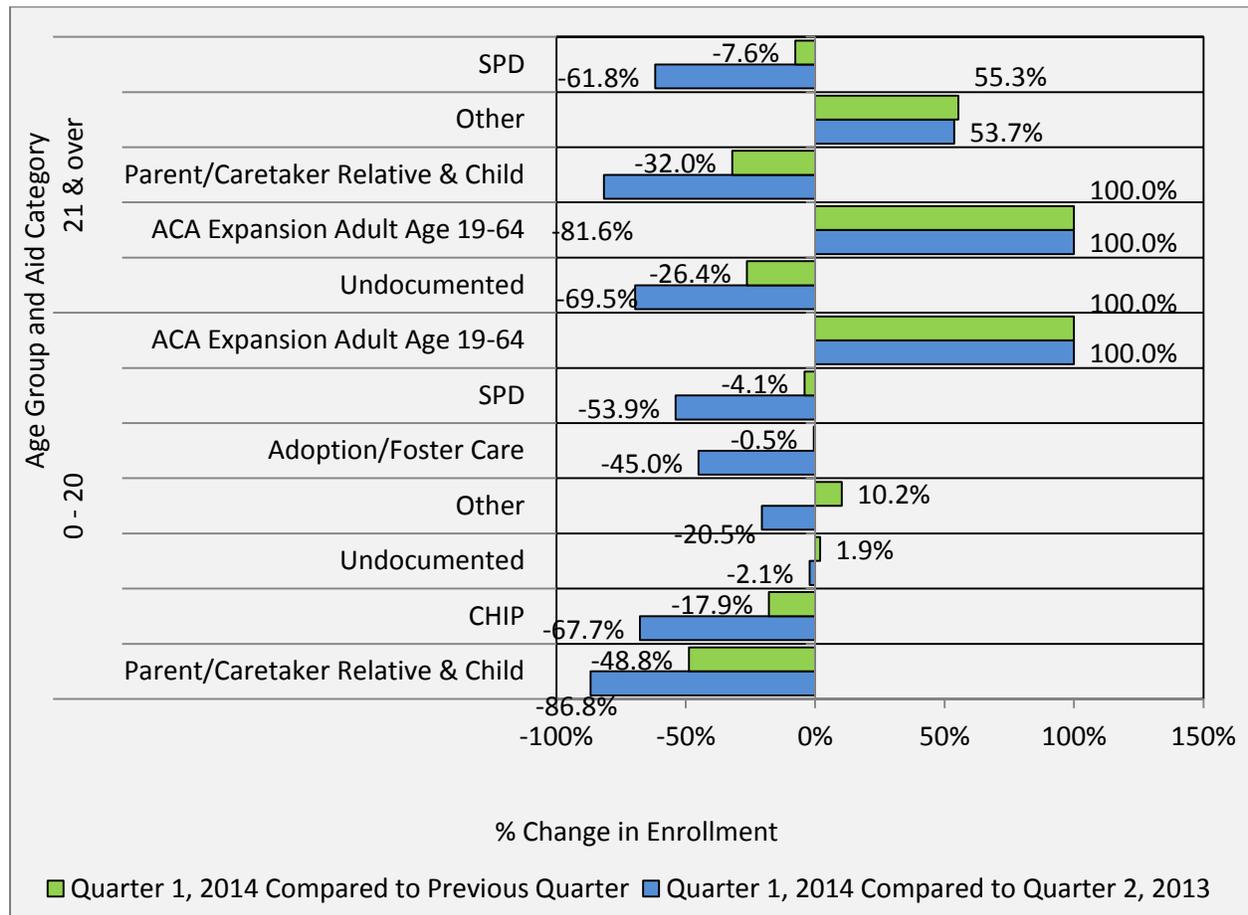
Source: Created by DHCS Research and Analytic Studies Division using data from the Medi-Cal Management Information System/Decision Support System (MIS/DSS) eligibility tables with dates of eligibility from April 2013–March 2014. Data were extracted from the MIS/DSS four months after the corresponding time period to allow for updates to enrollment.

FFS Medi-Cal Only Beneficiary Participation in Non-Metropolitan Counties

The increases of 100.0% in the ACA Expansion Adult Age 19-64 category are attributable to the implementation of the ACA in the first quarter of 2014 (Figure BP-5, Table BP-10).

From the second quarter of 2013 to the first quarter of 2014, participation among beneficiaries residing in non-metropolitan areas decreased for children in most aid categories, including Parent/Caretaker Relative & Child (-86.8%), CHIP (-67.7%), SPD (-53.9%), Adoption/Foster Care (-45.0%), Other (-20.5%), and Undocumented (-2.1%). Adults saw decreases in the Parent/Caretaker Relative & Child (-81.6%), Undocumented (-69.5%), and SPD (-61.8%) aid categories and an increase in the Other (53.7%) aid category (Figure BP-5, Table BP-10). The decreases in participation among both children and adults, except those in the Undocumented aid category, are due to the expansion of managed care in 2013.

Figure BP-5: Percent Change in FFS Medi-Cal Only Participation in Non-Metropolitan Areas from Quarter 2, 2013, to Quarter 1, 2014, by Age Group and Aid Category

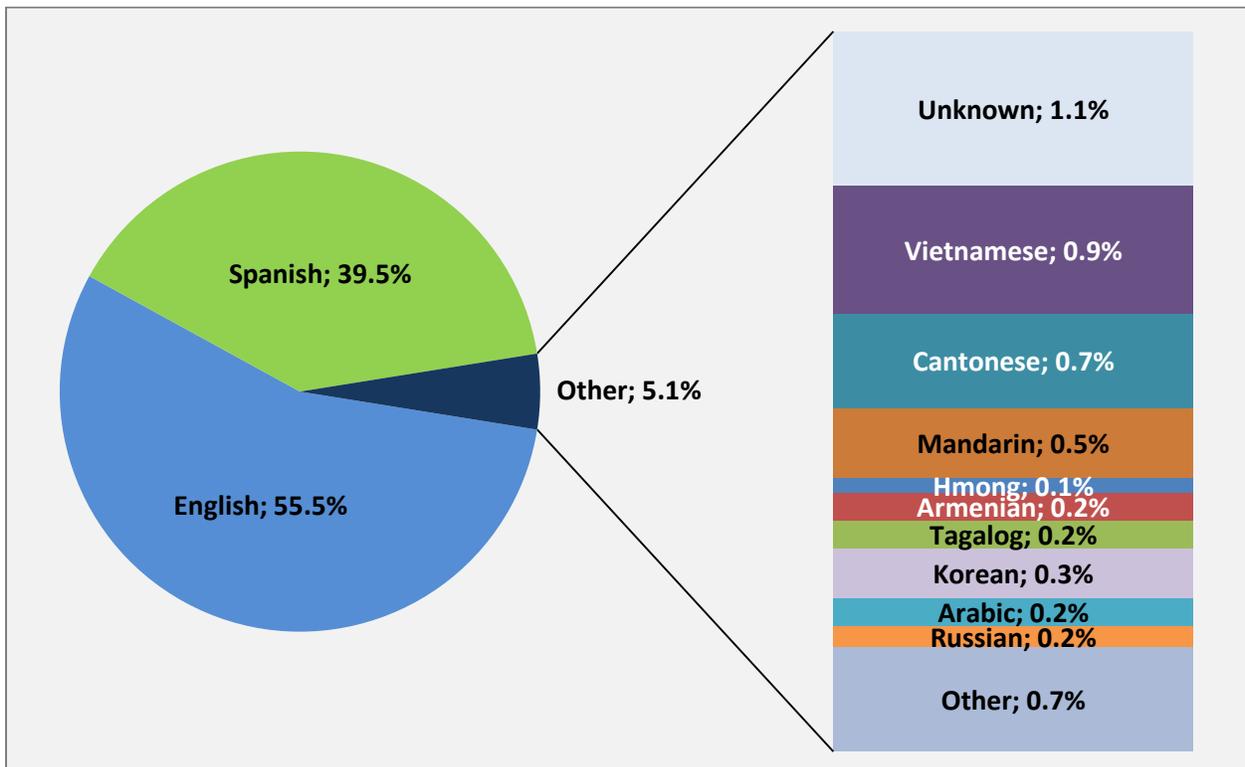


Source: Created by DHCS Research and Analytic Studies Division using data from the Medi-Cal Management Information System/Decision Support System (MIS/DSS) eligibility tables with dates of eligibility from April 2013–March 2014. Data were extracted from the MIS/DSS four months after the corresponding time period to allow for updates to enrollment.

Distribution of FFS Medi-Cal Only Beneficiaries, by Primary Language Spoken

English was the primary language spoken by 55.5% of FFS Medi-Cal Only beneficiaries in March 2014. Spanish was the primary language spoken by 39.5% of beneficiaries. The remaining 5.1% of beneficiaries spoke a variety of primary languages, including Vietnamese (0.9%), Cantonese (0.7%), Mandarin (0.5%), Korean (0.3%), Armenian (0.2%), Tagalog (0.2%), Arabic (0.2%), Russian (0.2%), and Hmong (0.1%) (Figure BP-6).

Figure BP-6: Distribution of FFS Medi-Cal Only Beneficiaries in March 2014, by Primary Language Spoken

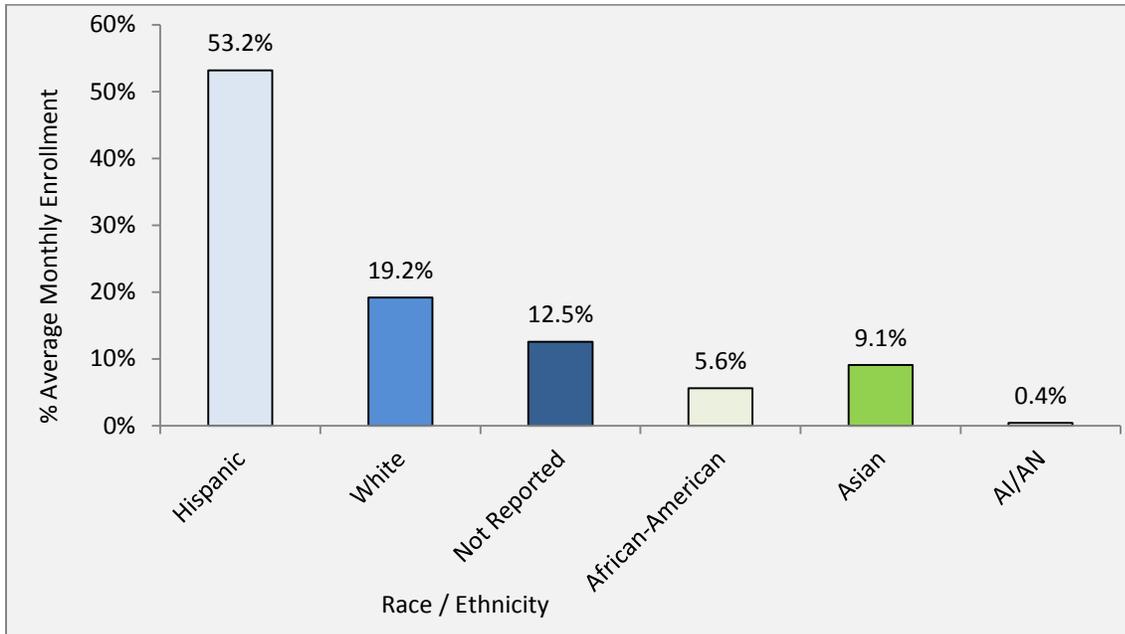


Source: Created by DHCS Research and Analytic Studies Division using data from the Medi-Cal Management Information System/Decision Support System (MIS/DSS) eligibility tables with dates of eligibility from April 2013–March 2014. Data were extracted from the MIS/DSS four months after the corresponding time period to allow for updates to enrollment.

Distribution of FFS Medi-Cal Only Beneficiaries, by Race/Ethnicity

Hispanics represented 53.2% of the total FFS Medi-Cal Only population in March 2014. Whites accounted for 19.2% of all FFS Medi-Cal Only beneficiaries, while Asian (9.1%), African-American (5.6%), and American Indian/Alaskan Native (AI/AN) (0.4%) beneficiaries represented a much smaller proportion of the overall population. An additional 12.5% of the FFS Medi-Cal Only population reported no racial/ethnic data (Figure BP-7).

Figure BP-7: Distribution of FFS Medi-Cal Only Beneficiaries in March 2014, by Race/Ethnicity



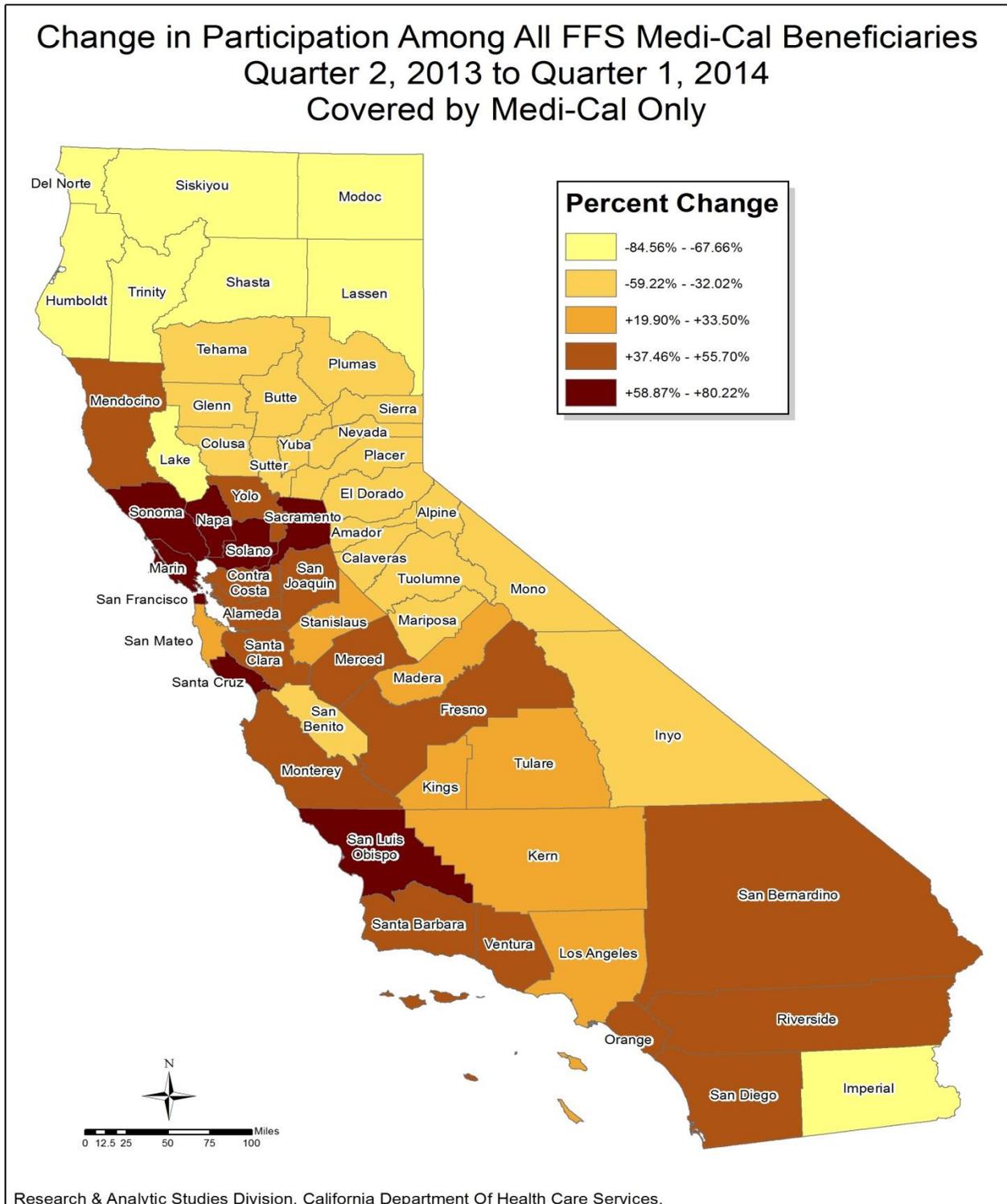
Source: Created by DHCS Research and Analytic Studies Division using data from the Medi-Cal Management Information System/Decision Support System (MIS/DSS) eligibility tables with dates of eligibility from April 2013–March 2014. Data were extracted from the MIS/DSS four months after the corresponding time period to allow for updates to enrollment.

Distribution of FFS Medi-Cal Only Beneficiaries, by County

During the study period, there was a stark contrast in participation among FFS Medi-Cal Only beneficiaries by county. About half of counties, 30 out of 58, saw increases in participation while 28 counties saw decreases. The five counties with the largest increases were San Luis Obispo (80.2%), San Francisco (79.7%), Santa Cruz (70.7%), Sonoma (66.9%), and Napa (60.6%). The five counties with the smallest increases were Los Angeles (19.9%), Stanislaus (23.5%), San Mateo (24.6%), Kings (25.3%), and Madera (27.3%) (Figures BP-8 and BP-9, Table BP-2). These increases in participation are attributable to the implementation of the ACA in January 2014.

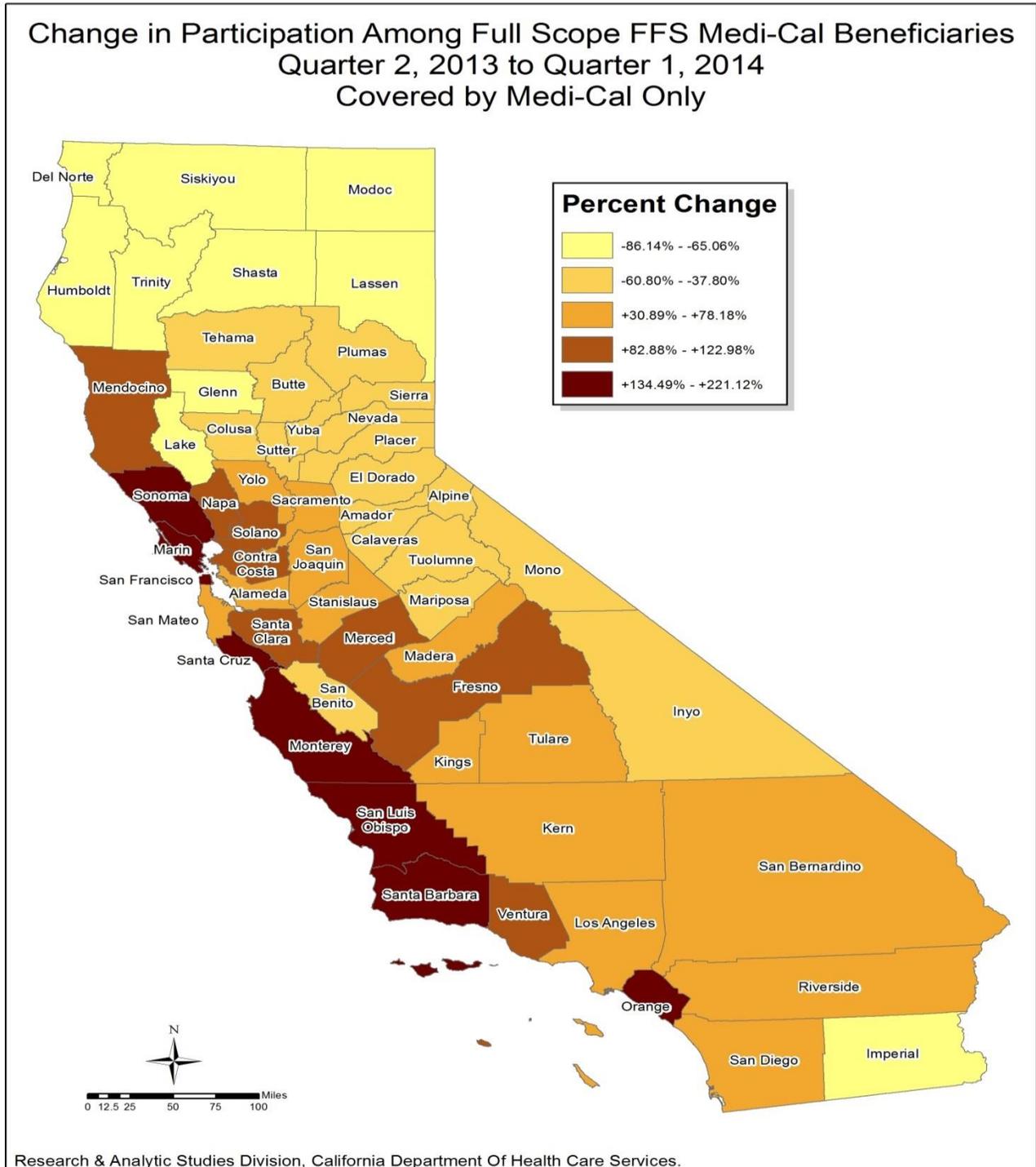
The 28 counties with decreases were all counties where a managed care plan was established in September or November 2013. The five counties with the largest decreases were Del Norte (-84.6%), Shasta (-78.9%), Siskiyou (-77.2%), Lake (-76.3%), and Modoc (-75.7%). The five counties with the smallest decreases were Mono (-32.0%), San Benito (-34.0%), Plumas (-39.1%), El Dorado (-39.4%), and Placer (-41.5%) (Figures BP-8 and BP-9, Table BP-2).

Figure BP-8: Percent Change in FFS Medi-Cal Only Beneficiary Participation from Quarter 2, 2013 to Quarter 1, 2014, by County



Source: Created by DHCS Research and Analytic Studies Division using data from the Medi-Cal Management Information System/Decision Support System (MIS/DSS) eligibility tables with dates of eligibility from April 2013–March 2014. Data were extracted from the MIS/DSS four months after the corresponding time period to allow for updates to enrollment.

Figure BP-9: Percent Change in FFS Full-Scope Medi-Cal Only Beneficiary Participation from Quarter 2, 2013 to Quarter 1, 2014, by County



Source: Created by DHCS Research and Analytic Studies Division using data from the Medi-Cal Management Information System/Decision Support System (MIS/DSS) eligibility tables with dates of eligibility from April 2013–March 2014. Data were extracted from the MIS/DSS four months after the corresponding time period to allow for updates to enrollment.

Conclusions

1. FFS Medi-Cal Only beneficiaries are a culturally and ethnically diverse population. The majority of beneficiaries describe themselves as Hispanic, and slightly more than half list English as their primary language.
2. Overall, the number of FFS Medi-Cal Only beneficiaries entitled to full-scope benefits increased 33.7% from the second quarter of 2013 to the first quarter of 2014. Participation increased 62.6% between the fourth quarter of 2013 and the first quarter of 2014. The increases were most likely due to the implementation of the ACA in January 2014. The increases were smaller when including beneficiaries that are not entitled to full-scope benefits, 19.7% from the second quarter of 2013 to the first quarter of 2014 and 36.2% from the fourth quarter of 2013 to the first quarter of 2014.
3. For adults and children⁶, there were increases in FFS participation among Medi-Cal Only beneficiaries in the ACA Expansion Adult Age 19-64 and Other aid categories.
4. For adults and children, there were decreases in FFS participation among Medi-Cal Only beneficiaries in the SPD, Parent/Caretaker Relative & Child, and Undocumented aid categories. Additionally, there were decreases in participation among children in the CHIP and Adoption/Foster Care categories. The decreases in the Parent/Caretaker Relative & Child and SPD categories are likely due to the COHS and regional managed care expansions in September and November 2013, respectively.
5. Participation trends for the FFS Medi-Cal Only population were similar between metropolitan and non-metropolitan areas from the second quarter of 2013 to the first quarter of 2014. While exhibiting similar patterns, decreases among both children and adults in the SPD and Parent/Caretaker Relative & Child aid categories were more pronounced in non-metropolitan areas. These decreases were most likely due to the COHS and regional managed care expansions in September and November 2013, respectively.
6. About half of counties (30) saw an increase in participation while the other half (28) saw a decrease. San Luis Obispo and San Francisco counties represented the greatest increases while Del Norte County represented the greatest decrease.

⁶ In this measure, individuals ages 19 and 20 who are in the ACA Expansion Adult – 19-64 aid category are included in the children age group of 0-20.

Appendix A — County and Statewide Tables

Table BP-2: Average Monthly FFS Medi-Cal Only Beneficiaries from Quarter 2, 2013, to Quarter 1, 2014, by County

County	Q2 2013 Average Member Months	Q3 2013 Average Member Months	Q4 2013 Average Member Months	Q1 2014 Average Member Months	% Change Q2 2013 to Q1 2014	% Change Q4 2013 to Q1 2014
Alameda	52,780	51,280	51,829	75,815	43.6%	46.3%
Alpine*	152	161	80	85	-44.1%	6.3%
Amador*	3,693	3,800	2,139	1,869	-49.4%	-12.6%
Butte*	42,143	42,464	23,807	19,361	-54.1%	-18.7%
Calaveras*	5,747	5,718	3,150	2,772	-51.8%	-12.0%
Colusa*	4,226	4,286	2,425	1,923	-54.5%	-20.7%
Contra Costa	33,057	33,490	35,840	49,590	50.0%	38.4%
Del Norte*	6,469	4,550	582	999	-84.6%	71.6%
El Dorado*	16,187	16,387	9,854	9,817	-39.4%	-0.4%
Fresno	58,446	57,091	57,049	87,018	48.9%	52.5%
Glenn*	6,559	6,659	3,694	2,675	-59.2%	-27.6%
Humboldt*	22,651	16,363	2,673	6,187	-72.7%	131.5%
Imperial*	47,674	48,434	24,662	15,416	-67.7%	-37.5%
Inyo*	3,027	3,000	1,652	1,395	-53.9%	-15.6%
Kern	60,851	58,250	57,030	77,858	27.9%	36.5%
Kings	7,814	7,357	7,168	9,789	25.3%	36.6%
Lake*	14,376	10,435	1,844	3,400	-76.3%	84.4%
Lassen*	4,084	2,948	567	994	-75.7%	75.3%
Los Angeles	564,592	567,063	549,645	676,938	19.9%	23.2%
Madera	11,861	11,340	11,402	15,097	27.3%	32.4%
Marin	6,000	5,890	5,799	9,578	59.6%	65.2%
Mariposa*	2,341	2,348	1,318	1,092	-53.4%	-17.1%
Mendocino	3,675	3,218	3,047	5,443	48.1%	78.6%
Merced	13,800	13,356	12,734	20,466	48.3%	60.7%
Modoc*	1,598	1,136	220	388	-75.7%	76.4%
Mono*	1,443	1,487	918	981	-32.0%	6.9%
Monterey	23,518	23,041	22,920	32,329	37.5%	41.1%
Napa	3,345	3,123	2,953	5,373	60.6%	82.0%
Nevada*	9,767	10,073	5,717	5,346	-45.3%	-6.5%
Orange	85,523	85,777	84,319	133,163	55.7%	57.9%
Placer*	26,172	26,689	16,083	15,306	-41.5%	-4.8%
Plumas*	2,528	2,479	1,470	1,540	-39.1%	4.8%
Riverside	95,419	94,671	92,928	137,469	44.1%	47.9%

County	Q2 2013 Average Member Months	Q3 2013 Average Member Months	Q4 2013 Average Member Months	Q1 2014 Average Member Months	% Change Q2 2013 to Q1 2014	% Change Q4 2013 to Q1 2014
Sacramento	55,654	55,170	54,809	88,418	58.9%	61.3%
San Benito*	9,471	9,644	6,365	6,255	-34.0%	-1.7%
San Bernardino	117,159	115,662	115,113	172,499	47.2%	49.9%
San Diego	102,241	100,681	100,130	149,162	45.9%	49.0%
San Francisco	21,110	20,914	20,691	37,936	79.7%	83.3%
San Joaquin	36,346	34,697	33,776	51,953	42.9%	53.8%
San Luis Obispo	5,740	5,628	5,314	10,343	80.2%	94.6%
San Mateo	23,118	22,026	19,614	28,810	24.6%	46.9%
Santa Barbara	18,108	18,094	18,319	26,340	45.5%	43.8%
Santa Clara	62,632	60,327	59,313	88,856	41.9%	49.8%
Santa Cruz	7,855	7,608	7,814	13,407	70.7%	71.6%
Shasta*	32,997	23,459	3,699	6,976	-78.9%	88.6%
Sierra*	370	385	202	180	-51.4%	-10.9%
Siskiyou*	8,924	6,369	1,034	2,033	-77.2%	96.6%
Solano	9,724	9,840	9,665	15,576	60.2%	61.2%
Sonoma	11,533	11,155	11,024	19,253	66.9%	74.6%
Stanislaus	39,064	37,692	36,805	48,242	23.5%	31.1%
Sutter*	20,891	21,142	11,838	9,531	-54.4%	-19.5%
Tehama*	14,786	15,013	8,446	6,404	-56.7%	-24.2%
Trinity*	2,156	1,553	259	616	-71.4%	137.8%
Tulare	35,029	35,102	35,096	46,763	33.5%	33.2%
Tuolumne*	6,722	6,691	3,776	3,280	-51.2%	-13.1%
Ventura	26,929	24,755	23,930	40,244	49.4%	68.2%
Yolo	5,381	5,386	5,120	7,975	48.2%	55.8%
Yuba*	17,676	17,773	10,142	7,666	-56.6%	-24.4%

Source: Created by DHCS Research and Analytic Studies Division using data from the Medi-Cal Management Information System/Decision Support System (MIS/DSS) eligibility tables with dates of eligibility from April 2013–March 2014. Data were extracted from the MIS/DSS four months after the corresponding time period to allow for updates to enrollment.

*Managed care expansion occurred within county during study period.

Table BP-3: Average Monthly FFS Full-Scope Medi-Cal Only Beneficiaries from Quarter 2, 2013, to Quarter 1, 2014, by County

County	Q2 2013 Average Member Months	Q3 2013 Average Member Months	Q4 2013 Average Member Months	Q1 2014 Average Member Months	% Change Q2 2013 to Q1 2014	% Change Q4 2013 to Q1 2014
Alameda	32,753	31,526	32,317	56,251	71.7%	74.1%
Alpine*	151	160	79	85	-43.7%	7.6%
Amador*	3,605	3,713	2,058	1,776	-50.7%	-13.7%
Butte*	40,954	41,286	22,675	18,156	-55.7%	-19.9%
Calaveras*	5,612	5,589	3,025	2,639	-53.0%	-12.8%
Colusa*	3,841	3,922	2,068	1,536	-60.0%	-25.7%
Contra Costa	19,615	20,262	22,483	35,871	82.9%	59.5%
Del Norte*	6,320	4,408	459	876	-86.1%	90.8%
El Dorado*	15,180	15,396	8,875	8,803	-42.0%	-0.8%
Fresno	30,176	29,713	30,137	59,504	97.2%	97.4%
Glenn*	5,978	6,096	3,140	2,089	-65.1%	-33.5%
Humboldt*	22,078	15,795	2,127	5,612	-74.6%	163.8%
Imperial*	46,805	47,573	23,818	14,561	-68.9%	-38.9%
Inyo*	2,719	2,694	1,347	1,094	-59.8%	-18.8%
Kern	38,003	36,067	35,372	55,849	47.0%	57.9%
Kings	4,729	4,436	4,313	6,884	45.6%	59.6%
Lake*	13,739	9,802	1,229	2,765	-79.9%	125.0%
Lassen*	3,966	2,839	459	883	-77.7%	92.4%
Los Angeles	261,516	264,844	253,100	389,501	48.9%	53.9%
Madera	5,086	4,837	4,987	8,451	66.2%	69.5%
Marin	1,553	1,469	1,397	4,987	221.1%	257.0%
Mariposa*	2,282	2,292	1,268	1,045	-54.2%	-17.6%
Mendocino	2,018	1,588	1,440	3,809	88.8%	164.5%
Merced	5,946	5,680	5,164	12,676	113.2%	145.5%
Modoc*	1,531	1,074	163	332	-78.3%	103.7%
Mono*	1,231	1,288	699	737	-40.1%	5.4%
Monterey	5,734	6,065	6,455	14,853	159.0%	130.1%
Napa	1,658	1,478	1,360	3,697	123.0%	171.8%
Nevada*	9,486	9,787	5,435	5,052	-46.7%	-7.0%
Orange	30,400	31,394	30,444	78,639	158.7%	158.3%
Placer*	25,042	25,585	14,983	14,147	-43.5%	-5.6%
Plumas*	2,473	2,426	1,419	1,489	-39.8%	4.9%
Riverside	67,758	67,020	65,705	109,405	61.5%	66.5%
Sacramento	41,824	41,586	41,363	74,520	78.2%	80.2%

Beneficiary Participation

County	Q2 2013 Average Member Months	Q3 2013 Average Member Months	Q4 2013 Average Member Months	Q1 2014 Average Member Months	% Change Q2 2013 to Q1 2014	% Change Q4 2013 to Q1 2014
San Benito*	8,383	8,605	5,364	5,214	-37.8%	-2.8%
San Bernardino	85,419	84,244	83,906	140,152	64.1%	67.0%
San Diego	78,168	76,993	76,917	125,868	61.0%	63.6%
San Francisco	12,047	11,888	11,783	28,863	139.6%	145.0%
San Joaquin	22,615	21,315	20,678	38,688	71.1%	87.1%
San Luis Obispo	3,056	3,017	2,759	7,770	154.3%	181.6%
San Mateo	10,733	9,273	6,778	15,884	48.0%	134.3%
Santa Barbara	5,786	6,050	6,343	13,776	138.1%	117.2%
Santa Clara	29,614	27,984	27,646	57,159	93.0%	106.8%
Santa Cruz	3,167	3,088	3,335	8,708	175.0%	161.1%
Shasta*	32,608	23,080	3,315	6,575	-79.8%	98.3%
Sierra*	364	383	199	177	-51.4%	-11.1%
Siskiyou*	8,766	6,217	867	1,853	-78.9%	113.7%
Solano	5,102	5,404	5,430	11,223	120.0%	106.7%
Sonoma	5,729	5,544	5,493	13,434	134.5%	144.6%
Stanislaus	28,967	27,865	27,064	37,915	30.9%	40.1%
Sutter*	19,361	19,658	10,345	7,958	-58.9%	-23.1%
Tehama*	13,922	14,163	7,604	5,458	-60.8%	-28.2%
Trinity*	2,142	1,537	246	603	-71.8%	145.1%
Tulare	16,349	16,739	17,018	27,892	70.6%	63.9%
Tuolumne*	6,661	6,627	3,707	3,217	-51.7%	-13.2%
Ventura	12,831	11,482	10,992	26,417	105.9%	140.3%
Yolo	3,441	3,487	3,241	6,038	75.5%	86.3%
Yuba*	16,742	16,878	9,281	6,811	-59.3%	-26.6%

Source: Created by DHCS Research and Analytic Studies Division using data from the Medi-Cal Management Information System/Decision Support System (MIS/DSS) eligibility tables with dates of eligibility from April 2013–March 2014. Data were extracted from the MIS/DSS four months after the corresponding time period to allow for updates to enrollment.

*Managed care expansion occurred within county during study period.

Table BP-4: Average Monthly FFS Full-Scope Medi-Cal Only Children Ages 0–17 from Quarter 2, 2013, to Quarter 1, 2014, by County

County	Q2 2013 Average Member Months	Q3 2013 Average Member Months	Q4 2013 Average Member Months	Q1 2014 Average Member Months	% Change Q2 2013 to Q1 2014	% Change Q4 2013 to Q1 2014
Alameda	18,845	17,517	18,166	21,957	16.5%	21.0%
Alpine*	83	93	41	24	-71.1%	-41.5%
Amador*	2,016	2,112	1,056	567	-71.9%	-46.3%
Butte*	21,943	22,272	10,539	4,844	-77.9%	-54.0%
Calaveras*	3,037	3,080	1,503	816	-73.1%	-45.7%
Colusa*	2,698	2,798	1,371	722	-73.2%	-47.3%
Contra Costa	11,832	11,969	13,220	14,993	26.7%	13.5%
Del Norte*	3,338	2,344	236	271	-91.9%	14.8%
El Dorado*	8,921	9,160	4,766	3,002	-66.3%	-37.0%
Fresno	18,840	18,185	17,963	19,713	4.6%	9.8%
Glenn*	3,880	4,001	1,873	822	-78.8%	-56.1%
Humboldt*	12,170	8,812	1,123	1,577	-87.0%	40.4%
Imperial*	27,361	28,062	13,319	5,512	-79.9%	-58.6%
Inyo*	1,671	1,669	736	357	-78.6%	-51.5%
Kern	25,358	23,694	22,977	26,102	2.9%	13.6%
Kings	3,199	2,914	2,830	3,282	2.6%	16.1%
Lake*	7,388	5,383	712	1,020	-86.2%	43.7%
Lassen*	2,176	1,572	264	321	-85.2%	22.1%
Los Angeles	160,876	162,241	154,456	166,135	3.3%	8.0%
Madera	3,404	3,240	3,282	3,941	15.8%	20.1%
Marin	1,115	988	955	1,746	56.6%	83.2%
Mariposa*	1,252	1,266	645	310	-75.2%	-51.9%
Mendocino	1,366	998	875	1,301	-4.8%	48.9%
Merced	4,081	3,744	3,189	4,133	1.3%	29.8%
Modoc*	843	596	98	122	-85.5%	24.5%
Mono*	878	924	459	277	-68.5%	-39.7%
Monterey	3,728	4,044	4,243	6,050	62.3%	42.6%
Napa	1,143	960	844	1,345	17.7%	59.4%
Nevada*	5,316	5,612	2,821	1,617	-69.6%	-42.7%
Orange	20,061	20,664	19,606	28,210	40.6%	44.0%

Beneficiary Participation

County	Q2 2013 Average Member Months	Q3 2013 Average Member Months	Q4 2013 Average Member Months	Q1 2014 Average Member Months	% Change Q2 2013 to Q1 2014	% Change Q4 2013 to Q1 2014
Placer*	15,209	15,753	8,496	5,498	-63.9%	-35.3%
Plumas*	1,361	1,348	719	446	-67.2%	-38.0%
Riverside	45,431	44,582	43,380	52,006	14.5%	19.9%
Sacramento	25,174	24,537	24,535	28,521	13.3%	22.5%
San Benito*	5,546	5,753	3,411	2,669	-51.9%	-21.8%
San Bernardino	52,916	51,642	50,701	59,368	12.2%	17.1%
San Diego	51,364	50,030	49,776	58,284	13.5%	17.1%
San Francisco	5,673	5,432	5,381	6,224	9.7%	15.8%
San Joaquin	14,605	13,384	12,738	15,333	5.0%	20.4%
San Luis Obispo	1,937	1,857	1,619	2,260	16.7%	39.6%
San Mateo	7,469	6,191	4,411	5,910	-20.9%	34.1%
Santa Barbara	3,760	3,978	4,127	5,419	44.1%	31.3%
Santa Clara	17,752	16,395	16,424	19,967	12.5%	21.6%
Santa Cruz	1,873	1,787	1,860	2,585	38.0%	39.0%
Shasta*	17,672	12,698	1,827	2,280	-87.1%	24.9%
Sierra*	185	200	83	34	-81.6%	-59.0%
Siskiyou*	4,677	3,382	551	681	-85.4%	23.6%
Solano	2,991	3,213	3,182	4,150	38.7%	30.8%
Sonoma	3,784	3,572	3,422	4,952	30.9%	44.8%
Stanislaus	17,397	16,610	16,045	13,758	-20.9%	-14.2%
Sutter*	11,919	12,246	5,814	2,631	-77.9%	-54.7%
Tehama*	8,354	8,560	4,069	1,857	-77.8%	-54.4%
Trinity*	1,095	798	139	187	-82.9%	34.5%
Tulare	9,990	10,214	10,167	11,109	11.2%	9.3%
Tuolumne*	3,565	3,590	1,783	961	-73.0%	-46.1%
Ventura	9,183	7,630	7,009	10,140	10.4%	44.7%
Yolo	2,340	2,319	2,073	2,451	4.7%	19.0%
Yuba*	9,690	9,859	4,795	2,330	-76.0%	-51.4%

Source: Created by DHCS Research and Analytic Studies Division using data from the Medi-Cal Management Information System/Decision Support System (MIS/DSS) eligibility tables with dates of eligibility from April 2013–March 2014. Data were extracted from the MIS/DSS four months after the corresponding time period to allow for updates to enrollment.

*Managed care expansion occurred within county during study period.

Table BP-5: Average Monthly FFS Medi-Cal Only Females Ages 18–64 from Quarter 2, 2013, to Quarter 1, 2014, by County

County	Q2 2013 Average Member Months	Q3 2013 Average Member Months	Q4 2013 Average Member Months	Q1 2014 Average Member Months	% Change Q2 2013 to Q1 2014	% Change Q4 2013 to Q1 2014
Alameda	19,475	19,558	19,541	29,900	53.5%	53.0%
Alpine*	37	34	20	29	-21.6%	45.0%
Amador*	1,052	1,069	669	691	-34.3%	3.3%
Butte*	12,062	12,081	7,628	7,560	-37.3%	-0.9%
Calaveras*	1,614	1,588	937	1,010	-37.4%	7.8%
Colusa*	961	945	659	693	-27.9%	5.2%
Contra Costa	11,810	12,094	12,820	19,023	61.1%	48.4%
Del Norte*	1,840	1,289	210	379	-79.4%	80.5%
El Dorado*	4,263	4,264	2,837	3,437	-19.4%	21.1%
Fresno	21,500	21,513	21,668	35,117	63.3%	62.1%
Glenn*	1,643	1,632	1,093	1,043	-36.5%	-4.6%
Humboldt*	6,268	4,518	979	2,489	-60.3%	154.2%
Imperial*	13,385	13,446	7,088	5,453	-59.3%	-23.1%
Inyo*	799	780	506	517	-35.3%	2.2%
Kern	19,696	19,350	19,070	28,109	42.7%	47.4%
Kings	2,508	2,450	2,368	3,475	38.6%	46.7%
Lake*	4,095	2,943	581	1,172	-71.4%	101.7%
Lassen*	1,144	826	179	361	-68.4%	102.8%
Los Angeles	225,425	226,953	221,131	278,886	23.7%	26.4%
Madera	4,519	4,372	4,388	5,931	31.2%	35.2%
Marin	2,678	2,721	2,698	4,274	59.6%	58.4%
Mariposa*	653	648	387	393	-39.8%	1.6%
Mendocino	1,241	1,180	1,162	2,139	72.4%	84.1%
Merced	5,224	5,237	5,240	8,602	64.7%	64.2%
Modoc*	443	317	63	118	-73.4%	87.3%
Mono*	334	326	257	366	9.6%	42.4%
Monterey	10,739	10,460	10,383	14,257	32.8%	37.3%
Napa	1,281	1,270	1,262	2,244	75.2%	77.8%
Nevada*	2,752	2,766	1,727	2,031	-26.2%	17.6%

Beneficiary Participation

County	Q2 2013 Average Member Months	Q3 2013 Average Member Months	Q4 2013 Average Member Months	Q1 2014 Average Member Months	% Change Q2 2013 to Q1 2014	% Change Q4 2013 to Q1 2014
Orange	39,306	39,339	39,052	59,459	51.3%	52.3%
Placer*	6,679	6,646	4,361	5,257	-21.3%	20.6%
Plumas*	714	700	448	612	-14.3%	36.6%
Riverside	30,455	30,723	30,489	49,539	62.7%	62.5%
Sacramento	17,817	18,063	17,866	32,576	82.8%	89.8%
San Benito*	2,456	2,449	1,768	2,010	-18.2%	13.7%
San Bernardino	38,401	38,379	38,717	63,997	66.7%	65.3%
San Diego	32,289	32,411	32,142	52,814	63.6%	64.3%
San Francisco	8,236	8,304	8,197	16,175	96.4%	97.3%
San Joaquin	11,893	11,746	11,561	19,280	62.1%	66.8%
San Luis Obispo	2,201	2,218	2,188	4,336	97.0%	98.2%
San Mateo	8,401	8,531	8,139	12,115	44.2%	48.9%
Santa Barbara	8,492	8,419	8,497	11,823	39.2%	39.1%
Santa Clara	24,759	24,116	23,659	36,837	48.8%	55.7%
Santa Cruz	3,622	3,558	3,628	6,132	69.3%	69.0%
Shasta*	9,318	6,560	1,178	2,494	-73.2%	111.7%
Sierra*	110	110	71	79	-28.2%	11.3%
Siskiyou*	2,544	1,794	298	705	-72.3%	136.6%
Solano	3,891	3,898	3,851	6,279	61.4%	63.3%
Sonoma	4,722	4,643	4,666	8,187	73.4%	75.5%
Stanislaus	12,263	12,022	11,796	18,483	50.7%	56.7%
Sutter*	5,209	5,205	3,358	3,588	-31.1%	6.8%
Tehama*	3,901	3,933	2,582	2,474	-36.6%	-4.2%
Trinity*	625	445	78	235	-62.4%	201.3%
Tulare	13,418	13,441	13,469	18,679	39.2%	38.7%
Tuolumne*	1,962	1,947	1,200	1,248	-36.4%	4.1%
Ventura	10,461	10,169	10,126	16,806	60.7%	66.0%
Yolo	1,791	1,858	1,842	3,061	70.9%	66.5%
Yuba*	4,777	4,746	3,095	2,904	-39.2%	-6.2%

Source: Created by DHCS Research and Analytic Studies Division using data from the Medi-Cal Management Information System/Decision Support System (MIS/DSS) eligibility tables with dates of eligibility from April 2013–March 2014. Data were extracted from the MIS/DSS four months after the corresponding time period to allow for updates to enrollment.
*Managed care expansion occurred within county during study period.

Table BP-6: Average Monthly FFS Full-Scope Medi-Cal Only Beneficiaries from Quarter 2, 2013, to Quarter 1, 2014, by Gender and Age Group

Gender	Age Group	Q2 2013 Average Member Months	Q3 2013 Average Member Months	Q4 2013 Average Member Months	Q1 2014 Average Member Months	% Change from Q2 2013 to Q1 2014	% Change from Q4 2013 to Q1 2014
Female	0 to 17	355,970	344,785	287,504	313,111	-12.0%	8.9%
	18 to 64	294,586	291,310	249,486	531,352	80.4%	113.0%
	65 or Older	8,115	8,091	8,129	8,293	2.2%	2.0%
Male	0 to 17	375,762	363,690	305,202	329,987	-12.2%	8.1%
	18 to 64	153,893	147,931	125,847	407,540	164.8%	223.8%
	65 or Older	5,413	5,405	5,509	5,945	9.8%	7.9%
All	0 to 17	731,732	708,475	592,706	643,098	-12.1%	8.5%
	18 to 64	448,479	439,241	375,333	938,892	109.4%	150.1%
	65 or Older	13,528	13,496	13,638	14,238	5.2%	4.4%
Total		1,193,739	1,161,212	981,677	1,596,228	33.7%	62.6%

Source: Created by DHCS Research and Analytic Studies Division using data from the Medi-Cal Management Information System/Decision Support System (MIS/DSS) eligibility tables with dates of eligibility from April 2013–March 2014. Data were extracted from the MIS/DSS four months after the corresponding time period to allow for updates to enrollment.

Table BP-7: Average Monthly FFS Restricted-Scope Medi-Cal Only Beneficiaries from Quarter 2, 2013, to Quarter 1, 2014, by Gender and Age Group

Gender	Age Group	Q2 2013 Average Member Months	Q3 2013 Average Member Months	Q4 2013 Average Member Months	Q1 2014 Average Member Months	% Change from Q2 2013 to Q1 2014	% Change from Q4 2013 to Q1 2014
Female	0 to 17	52,999	51,425	49,671	48,727	-8.1%	-1.9%
	18 to 64	395,569	391,695	386,389	386,533	-2.3%	0.0%
	65 or Older	11,171	11,277	11,335	11,620	4.0%	2.5%
Male	0 to 17	54,868	53,278	51,329	50,262	-8.4%	-2.1%
	18 to 64	219,068	216,380	213,498	216,696	-1.1%	1.5%
	65 or Older	5,718	5,864	5,914	6,124	7.1%	3.6%
All	0 to 17	107,867	104,703	101,000	98,989	-8.2%	-2.0%
	18 to 64	614,637	608,075	599,887	603,229	-1.9%	0.6%
	65 or Older	16,889	17,141	17,249	17,744	5.1%	2.9%
Total		739,393	729,919	718,136	719,962	-2.6%	0.3%

Source: Created by DHCS Research and Analytic Studies Division using data from the Medi-Cal Management Information System/Decision Support System (MIS/DSS) eligibility tables with dates of eligibility from April 2013–March 2014. Data were extracted from the MIS/DSS four months after the corresponding time period to allow for updates to enrollment.

Table BP-8: Average Monthly FFS Medi-Cal Only Beneficiaries from Quarter 2, 2013, to Quarter 1, 2014, by Age Group and Aid Category

Age Group	Aid Category	Q2 2013 Average Member Months	Q3 2013 Average Member Months	Q4 2013 Average Member Months	Q1 2014 Average Member Months	% Change from Q2 2013 to Q1 2014	% Change from Q4 2013 to Q1 2014
0 - 20	Parent/Caretaker Relative & Child	421,016	411,056	318,563	329,652	-21.7%	3.5%
	CHIP	162,944	139,604	121,479	138,421	-15.0%	13.9%
	Undocumented	142,688	138,889	134,496	132,073	-7.4%	-1.8%
	Other	96,073	104,941	94,163	126,464	31.6%	34.3%
	Adoption/Foster Care	97,892	96,707	94,229	90,051	-8.0%	-4.4%
	SPD	36,138	34,579	31,698	30,729	-15.0%	-3.1%
	ACA Expansion Adult Age 19-64	-	-	-	22,631	100.0%	100.0%
21 & over	Undocumented	596,704	591,031	583,640	587,888	-1.5%	0.7%
	ACA Expansion Adult Age 19-64	-	-	-	473,232	100.0%	100.0%
	Parent/Caretaker Relative & Child	209,067	207,130	164,478	186,937	-10.6%	13.7%
	Other	62,027	64,071	65,281	117,457	89.4%	79.9%
	SPD	108,292	102,699	91,087	79,005	-27.0%	-13.3%
Total		1,932,841	1,890,707	1,699,114	2,314,540	19.7%	36.2%

Source: Created by DHCS Research and Analytic Studies Division using data from the Medi-Cal Management Information System/Decision Support System (MIS/DSS) eligibility tables with dates of eligibility from April 2013–March 2014. Data were extracted from the MIS/DSS four months after the corresponding time period to allow for updates to enrollment.

Table BP-9: Average Monthly FFS Medi-Cal Only Beneficiaries in Metropolitan Areas from Quarter 2, 2013, to Quarter 1, 2014, by Age Group and Aid Category

Age Group	Aid Category	Q2 2013 Average Member Months	Q3 2013 Average Member Months	Q4 2013 Average Member Months	Q1 2014 Average Member Months	% Change Q2 2013 to Q1 2014	% Change Q4 2013 to Q1 2014
0 - 20	Parent/Caretaker Relative & Child	365,767	363,951	304,296	322,350	-11.9%	5.9%
	CHIP	153,230	130,069	117,656	135,280	-11.7%	15.0%
	Undocumented	141,150	137,389	133,019	130,568	-7.5%	-1.8%
	Other	93,376	102,096	92,220	124,322	33.1%	34.8%
	Adoption/Foster Care	94,192	93,544	92,185	88,017	-6.6%	-4.5%
	SPD	33,276	32,198	30,321	29,410	-11.6%	-3.0%
21 & over	ACA Expansion Adult Age 19-64	-	-	-	21,993	100.0%	100.0%
	Undocumented	591,835	586,259	578,943	582,920	-1.5%	0.7%
	ACA Expansion Adult Age 19-64	.	.	-	460,292	100.0%	100.0%
	Parent/Caretaker Relative & Child	182,272	184,459	157,209	181,998	-0.2%	15.8%
	Other	60,467	62,503	63,737	115,059	90.3%	80.5%
	SPD	91,996	89,587	84,339	72,772	-20.9%	-13.7%
Total		1,807,561	1,782,055	1,653,925	2,264,981	25.3%	36.9%

Source: Created by DHCS Research and Analytic Studies Division using data from the Medi-Cal Management Information System/Decision Support System (MIS/DSS) eligibility tables with dates of eligibility from April 2013–March 2014. Data were extracted from the MIS/DSS four months after the corresponding time period to allow for updates to enrollment.

Table BP-10: Average Monthly FFS Medi-Cal Only Beneficiaries in Non-Metropolitan Areas, from Quarter 2, 2013, to Quarter 1, 2014, by Age Group and Aid Category

Age Group	Aid Category	Q2 2013 Average Member Months	Q3 2013 Average Member Months	Q4 2013 Average Member Months	Q1 2014 Average Member Months	% Change Q2 2013 to Q1 2014	% Change Q4 2013 to Q1 2014
0 - 20	Parent/Caretaker Relative & Child	55,249	47,105	14,267	7,302	-86.8%	-48.8%
	CHIP	9,714	9,535	3,824	3,141	-67.7%	-17.9%
	Undocumented	1,538	1,500	1,477	1,505	-2.1%	1.9%
	Other	2,696	2,845	1,943	2,142	-20.5%	10.2%
	Adoption/Foster Care	3,699	3,164	2,044	2,033	-45.0%	-0.5%
	SPD	2,862	2,381	1,377	1,320	-53.9%	-4.1%
	ACA Expansion Adult Age 19-64	-	-	-	638	100.0%	100.0%
21 & over	Undocumented	16,296	13,112	6,748	4,968	-69.5%	-26.4%
	ACA Expansion Adult Age 19-64	-	-	-	12,940	100.0%	100.0%
	Parent/Caretaker Relative & Child	26,795	22,671	7,268	4,940	-81.6%	-32.0%
	Other	1,560	1,568	1,544	2,398	53.7%	55.3%
	SPD	16,296	13,112	6,748	6,232	-61.8%	-7.6%
Total		136,705	116,993	47,240	49,559	-63.7%	4.9%

Source: Created by DHCS Research and Analytic Studies Division using data from the Medi-Cal Management Information System/Decision Support System (MIS/DSS) eligibility tables with dates of eligibility from April 2013–March 2014. Data were extracted from the MIS/DSS four months after the corresponding time period to allow for updates to enrollment.

Appendix B — Medi-Cal Aid Codes

Medi-Cal beneficiaries are assigned aid codes based on how they become eligible for Medi-Cal services. Factors such as age, income, and disability status are some of the criteria used to assess an individual's eligibility for program services. More than 170 different aid codes enable DHCS to gain an understanding of how beneficiaries might use Medi-Cal program services.

The aid code categories used for this analysis were intended to group beneficiaries of similar age, disability status, and benefit scope into groups that might place similar demands on program services. However, some aid categories represent a heterogeneous population that might use Medi-Cal services in quite different ways.

For example, beneficiaries in the Parent/Caretaker Relative & Child (formerly Families) aid category are mostly comprised of no- or low-income young adults with children who have routine health care needs. However, this aid category also includes families who earn incomes above the Medi-Cal limit, but have a Medically Needy individual with one or more serious conditions requiring medical treatment exceeding the family's income. This subpopulation would place stronger demands on program services than others in the category. Likewise, the Other aid category is comprised of a diverse population, such as individuals in the Breast and Cervical Cancer Treatment Program who have access to a restricted scope of benefits; long-term care recipients; and the Medically Indigent. See Tables BP-11 and BP-12 below.

A more detailed breakdown of aid codes within each category can be found on the Medi-Cal website:

http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part1/aidcodes_z01c00.doc

Table BP-11: Medi-Cal Eligibility Aid Codes Comprising Aid Categories Utilized in This Analysis

Aid Category	Aid Codes
SPD	10, 14, 16, 17, 1E, 1H, 1X, 1Y, 20, 24, 26, 27, 2E, 2H, 36, 60, 64, 66, 67, 68, 6A, 6C, 6E, 6G, 6H, 6J, 6N, 6P, 6S, 6V, 6W, 6X, 6Y, 8G
Parent/Caretaker Relative & Child	30, 32, 33, 34, 35, 37, 38, 39, 3A, 3C, 3D, 3E, 3F, 3G, 3H, 3L, 3M, 3N, 3P, 3R, 3U, 3W, 47, 54, 59, 5X, 6R, 72, 7A, 7J, 7S, 7T, 7W, 8U, 8V, H7, H8, K1, M3, M7, P1, P2, P4, P5, P7, P9
Adoption/Foster Care	03, 04, 06, 07, 40, 42, 43, 45, 46, 49, 4A, 4E, 4F, 4G, 4H, 4L, 4M, 4N, 4S, 4T, 4W, 5K
Other	01, 02, 08, 0A, 0L, 0M, 0N, 0P, 0R, 0T, 0U, 0V, 0W, 0X, 0Y, 13, 23, 2A, 2V, 44, 4K, 4V, 53, 5V, 63, 65, 71, 73, 76, 77, 7F, 7G, 7H, 7M, 7N, 7P, 7R, 7V, 81, 82, 83, 86, 87, 8E, 8W, F1, F2, F3, F4, F5, F6, F7, F8, G0, G1, G2, G3, G4, G5, G6, G7, G8, G9, J1, J2, J3, J4, J5, J6, J7, J8, M9, N0, N5, N6, N7, N8, N9, R1
Undocumented	1U, 3T, 3V, 48, 55, 58, 5F, 5H, 5J, 5M, 5N, 5R, 5T, 5W, 5Y, 69, 6U, 70, 74, 7C, 7K, 8N, 8T, C1, C2, C3, C5, C6, C7, C8, C9, D1, D2, D3, D4, D5, D6, D7, D8, D9, L3, L5, M0, M2, M4, M6, M8, P0, P6, P8, T0, T6, T7, T8, T9
ACA Expansion Adult Age 19-64	7U, L1, M1, P3
CHIP	5C, 5D, 5E, 7X, 8P, 8R, 8X, E2, E6, E7, H0, H1, H2, H3, H4, H5, H6, H9, L2, L4, M5, T1, T2, T3, T4, T5

Table BP-12: New Medi-Cal Eligibility Aid Categories, Comparison of Pre-ACA to Post-ACA Reports

6 Aid Categories, Pre-ACA Quarterly Reports	7 Aid Categories, Post-ACA Quarterly Reports	Description of Changes
Blind/Disabled	SPD	The Blind/Disabled and Aged categories were combined into SPD.
Aged	SPD	The Blind/Disabled and Aged categories were combined into SPD.
Families	Parent/Caretaker Relative & Child	The Families category was renamed Parent/Caretaker Relative & Child.
Foster Care	Adoption/Foster Care	The Foster Care category was renamed Adoption/Foster Care.
Other	Other	The Other category remained the same.
Undocumented	Undocumented	The Undocumented category remained the same.
N/A	ACA Expansion Adult Age 19-64	The ACA Expansion Adult Age 19-64 category is new and was created to reflect the optional expansion of coverage under the ACA for childless adults with incomes at or below 138% FPL.
N/A	CHIP	The CHIP category is new and was created to reflect the transition of Healthy Families beneficiaries that were categorized as Other in previous quarterly reports.

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- ^{iv} Andersen and Aday. (Fall 1974)
- ^v Andersen and Aday. (Fall 1974)
- ^{vi} Determined by DHCS Research and Analytic Studies Division using data from the Management Information System/Decision Support System (MIS/DSS) eligibility tables for December 2013. Data were extracted from the MIS/DSS four months after the corresponding time period to allow for updates to enrollment.
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