RESEARCH AND ANALYTIC STUDIES DIVISION

MEDI-CAL STATISTICAL BRIEF

APRIL 2015

Medi-Cal Eligibles 24-Month Trend at March 2015 - Advance Counts

Abstract

For the month of March 2015, the advance estimate of Medi-Cal certified eligibles was 12,248,555.The certified eligible count for this month was nearly 1.5 million greater than March 2014's total.

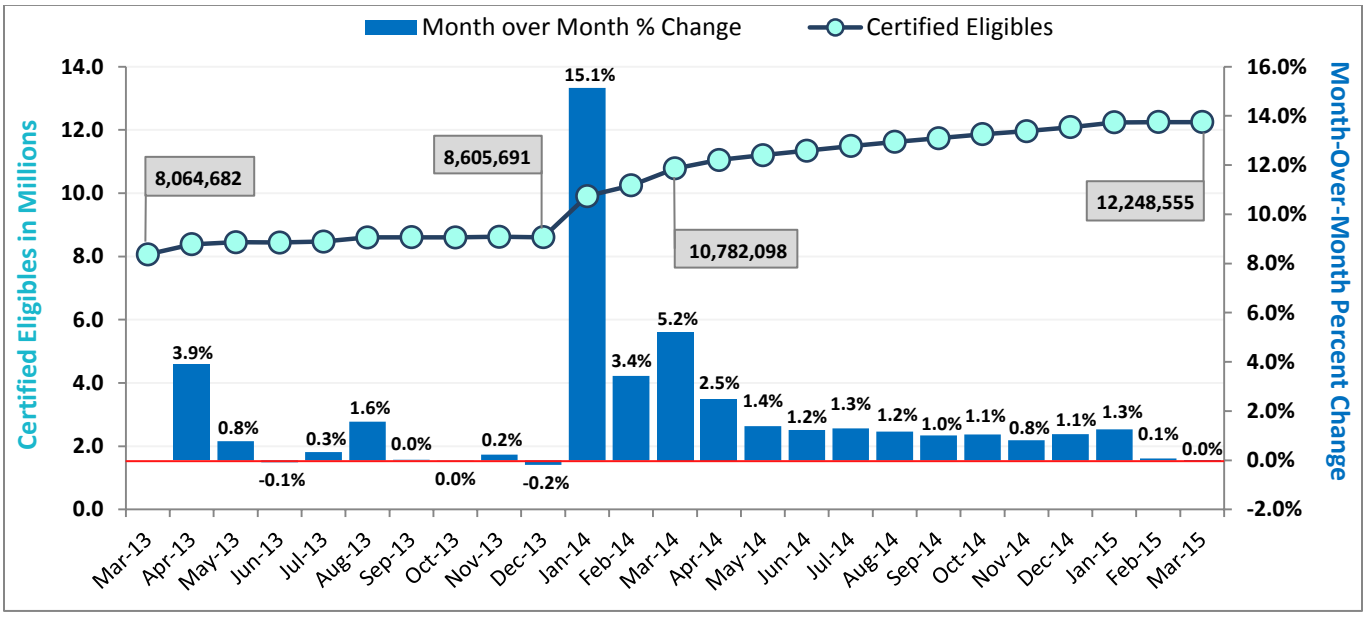
Medi-Cal Enrollment Trends

Each month, the California Department of Health Care Services (DHCS), Research and Analytic Studies Division (RASD) compiles and presents an advance estimate of Medi-Cal certified eligibles for the most recent 24 months. This report is designed to provide stakeholders with timely information concerning Program enrollment trends.

The number of certified eligibles increased 13.6% above the March 2014 eligible count, just 12 months prior. Between December 2013 and March 2015, the eligible count increased by a substantial 42.3%, or 3.6 million (Figure 1). This increase was largely attributed to several program and eligibility changes associated with the implementation of the Affordable Care Act (ACA).

A negligible increase (0.02%) was experienced between February 2015 and March 2015, displaying a flattening of the positive enrollment trend which began in January 2014. As of March 2015, nearly one-third of California's population is covered by Medi-Cal.[1]

Figure 1: Number of Medi-Cal Certified Eligibles and Month-Over-Month Percent Change, Most Recent 24 Months



Counting Medi-Cal Certified Eligibles

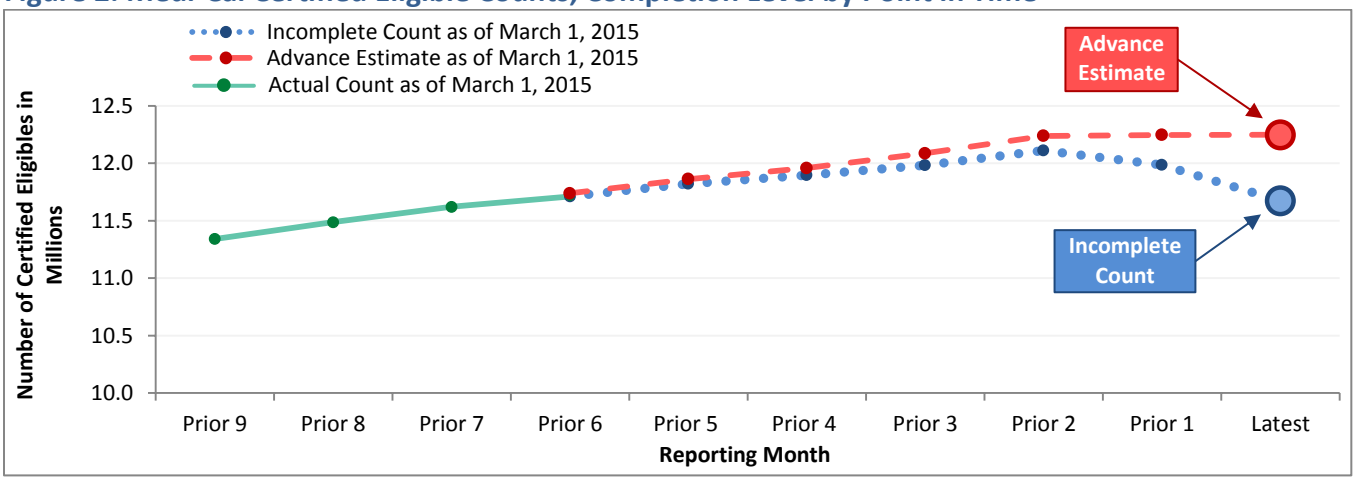
To determine the number of current enrollees, DHCS uses a special definition of Medi-Cal beneficiaries referred to as *certified eligibles*. Certified eligibles are those beneficiaries deemed qualified for Medi-Cal based on a valid eligibility determination and who have enrolled into the program. This definition does not include those who may be eligible for, or who are in the process of becoming eligible, but have not yet been enrolled in Medi-Cal. This classification also excludes individuals who have a monthly share-of-cost (SOC) obligation that has not been met, as well as some specific populations including California's Family PACT members and individuals granted provisional Medi-Cal enrollment under the Presumptive Eligibility (PE) program for pregnancy; however individuals granted temporary enrollment under other PE programs, most notably, the Hospital Presumptive Eligibility (HPE) program, are included.

Actual, Advance, and Incomplete Counts

The initial certified eligible count for the current month is generally understated and will grow through the passage of time as individuals are retroactively enrolled into the Medi-Cal program. Traditionally, a single month's certified eligible counts have typically grown by roughly 6 to 7 percent after the passage of 4 to 6 months from the initial count. RASD has developed completion factors, which allow the most recent month's counts to be grossed up to an *advance estimate,* which is updated and revised monthly. Eligible counts that are still in the preliminary months of reporting and have yet to be finalized are referred to as *incomplete counts.* Both incomplete counts and advance estimates are shown in Figure 2. The most recent incomplete counts – the dotted line in Figure 2 – have not been adjusted using completion factors. The advance estimates (dashed line) have been adjusted to reflect the expected number of certified eligibles after the passage of 4 to 6 months. The advance estimate will continue to be updated monthly until it becomes the final *actual count.* The solid line displays the actual counts for previous months.

Advance estimates are based on early reported numbers and completion factors based on the most recent 12 months in the Medi-Cal eligibility file. In calculating the Medi-Cal advance estimate, RASD applies completion factors based on historical enrollment trends. It includes all information then available, but because relevant information may not be available immediately or may be subject to revision, it is subject to scrutiny and is usually revised at a later date when the final certified count is published. As a result, the advance estimate is considered important as a guideline for assessing trends, but it is not necessarily the most accurate measure.

Figure 2: Medi-Cal Certified Eligible Counts, Completion Level by Point in Time



Data Limitations

Expanded counts are based on early reported numbers and completion factors based on the most recent 12-months of Medi-Cal eligibility data. From time to time, most recently following the implementation of the ACA, Med-Cal has experienced application backlogs. Any additional certifications associated with administrative backlogs, if any, will not be reflected in actual counts or completion factors until after the records show as certified eligible in the eligibility file. To the extent any backlog exists, the advance estimates may continue to rise in excess of traditional completion factors.

More Information on the Medi-Cal Population

The Research and Analytic Studies Division (RASD) of the Department of Health Care Services (DHCS) performed the analysis for this report. RASD compiles official statistics and performs analytical studies to assist DHCS in achieving its mission and goals. More information regarding Medi-Cal enrollment, program expenditures, and other relevant topics is available at the RASD website.

Subscribe to the RASD Mailing List

Click here to receive email notifications when new statistical content is added the RASD website. The RASB website is updated regularly with graphics, pivot tables and statistical briefs describing the Medi-Cal population, Medi-Cal enrollment trends, and other issues relevant to the Medi-Cal program and its stakeholders.

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PLEASE NOTE:
This document provides a brief summary of complex subjects and should be used only as an overview and general guide to the Medi-Cal program. The views expressed herein do not necessarily reflect the policies or legal positions of the California Health and Human Services Agency (CHHS) or the California Department of Health Care Services (DHCS). These summaries do not render any legal, accounting, or other professional advice, nor are they intended to explain fully all of the provisions or exclusions of the relevant laws, regulations, and rulings of the Medicare and Medicaid programs. Original sources of authority should be researched and utilized.

[1] California Department of Finance. (2014, December). *E-2. California County Population Estimates and Components of Change by Year — July 1, 2010–2014.* http://www.dof.ca.gov/research/demographic/reports/estimates/e-2/view.php