

MEDI-CAL STATISTICAL BRIEF

OCTOBER 2014

Medi-Cal Monthly Eligibles Trend Report for September 2014

Abstract

For the month of September 2014, the preliminary count of Medi-Cal certified eligibles was 11,331,059, 32% higher than the eligible count for September of 2013.

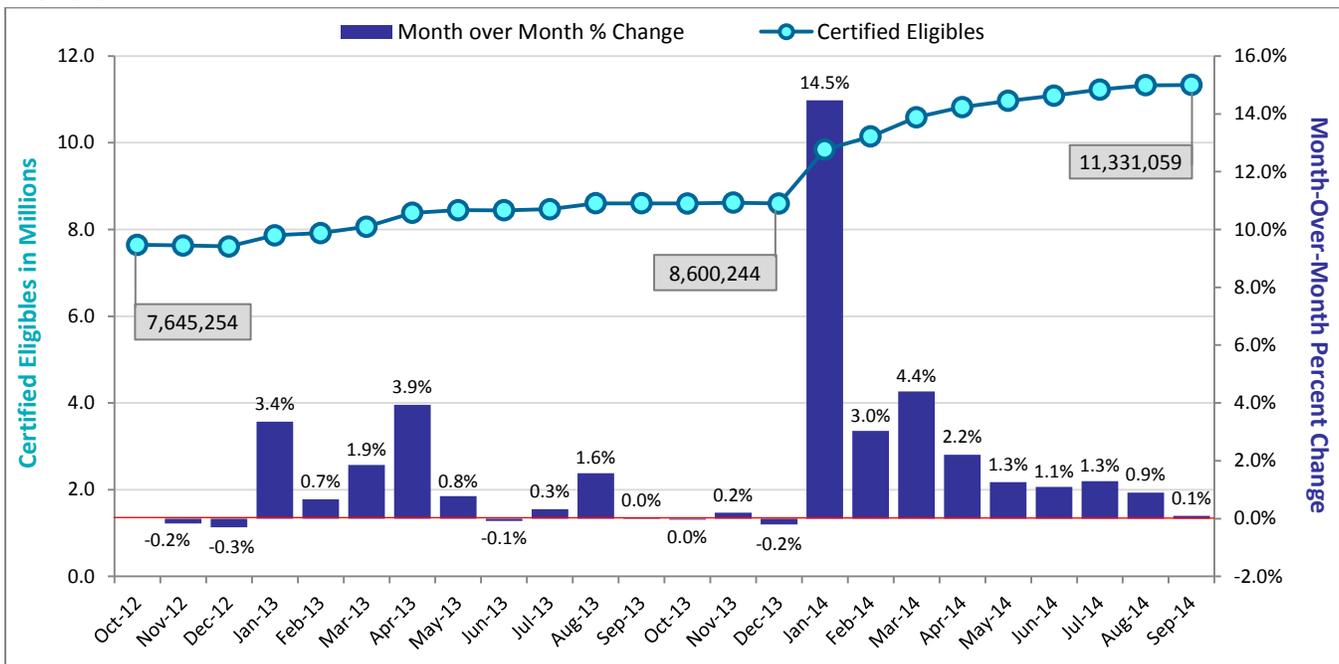
Medi-Cal Enrollment Trends

Each month, the California Department of Health Care Services (DHCS), Research and Analytic Studies Division (RASD) compiles and presents a preliminary count 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 September 2014 eligible count increased slightly

(0.1%) from the August 2014 count, and substantially (31.8%) over the eligible count for December 2013 – just before the implementation of the Affordable Care Act (ACA) (Figure 1). This increase is attributed to several program and eligibility changes which have occurred as a result of the ACA. Roughly 28% of the September 2014 preliminary certified eligibles were enrolled in aid codes that became effective January 2014.¹ The remaining 72% were enrolled in aid codes that existed prior to 2014 (Figure 3).

Figure 1: Number of 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 by 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.

Actual, Preliminary, and Incomplete Counts

The incomplete 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. RASD has developed completion factors, which allow the newest month counts to be grossed up to a “Preliminary” number which is updated and revised monthly. Both “Incomplete” and “Preliminary” counts are shown in [Figure 2](#).

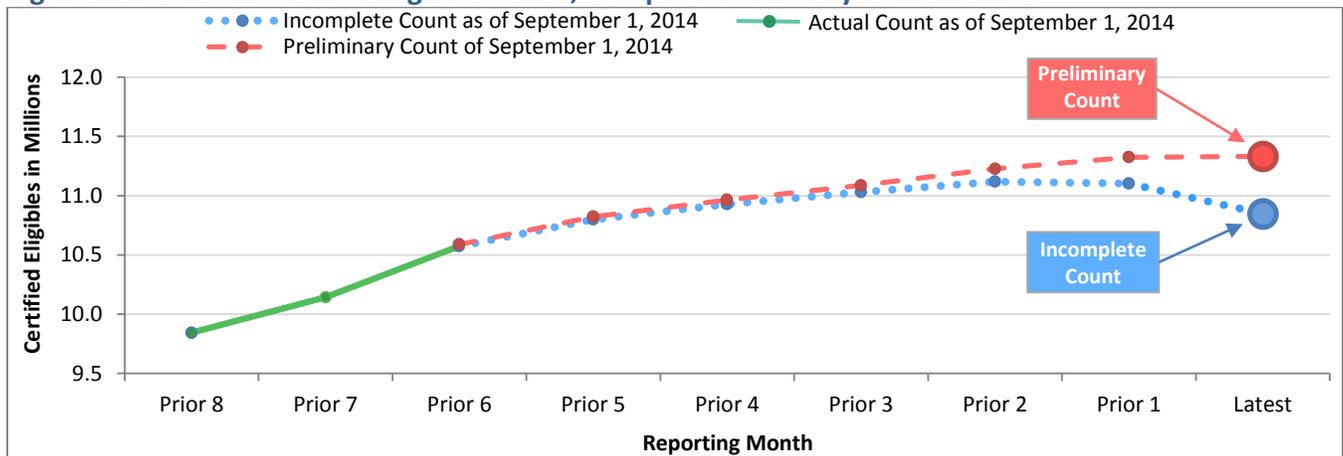
The most recent counts are presented as “Incomplete” – the dotted line in Figure 2 – and have not been adjusted using completion factors. The “Preliminary” counts (dashed line) have been adjusted to reflect the expected number of certified eligibles after the passage of 4 to 6 months. The solid line displays the actual final counts for previous months. In coming months, the actual eligible count for the current month will gradually move closer to that of the preliminary count.

Expanded counts are based on early reported numbers and completion factors calculated from the most recent 12 months in the Medi-Cal eligibility file. Medi-Cal continues to experience an ACA-related application backlog which may further change final eligible counts. Please see [Data Limitations](#) for more information.

Supplemental Distribution Charts

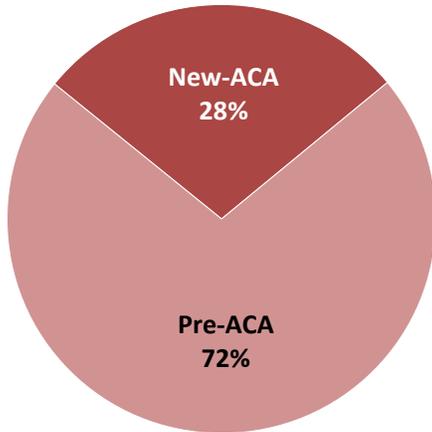
To provide readers of this report additional information related to demographics, health system participation, geographic dispersion, and coverage status, [Figures 3](#) through [10b](#) have been provided below. These figures provide population distributions for various stratifications, while providing comparisons among overall and newly-eligible populations. Large numbers of retroactive certifications will affect the health delivery system distribution, see [Data Limitations](#).

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



Supplemental Distribution Charts, September 2014

Figure 3: Eligible Counts under Pre-ACA and New ACA Aid Codes



New ACA aid codes include: 4E, 7S, 7U, 7W, 8E, E2, E4, E5, E7, H0, H6, H7, H8, H9, L1, M0, M1, M2, M3, M4, M5, M6, M7, M8, M9, N0, N5, N6, N7, N8, N9, P0, P1, P2, P3, P4, P5, P6, P7, P8, P9, T0, T1, T2, T3, T4, T5, T6, T7, T8, T9.

Figure 4a: Gender, All Medi-Cal

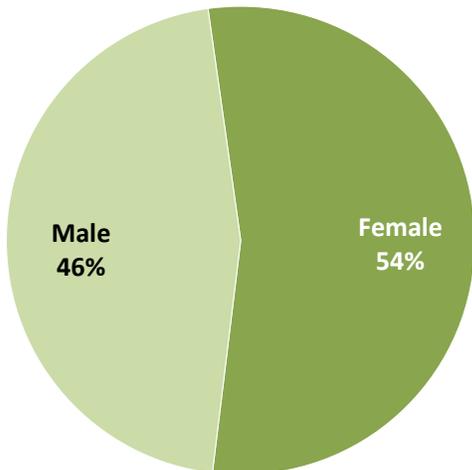


Figure 4b: Gender, New ACA Aid Codes

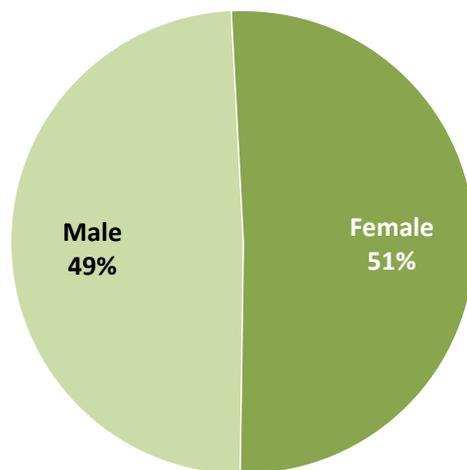


Figure 5a: Age Group, All Medi-Cal

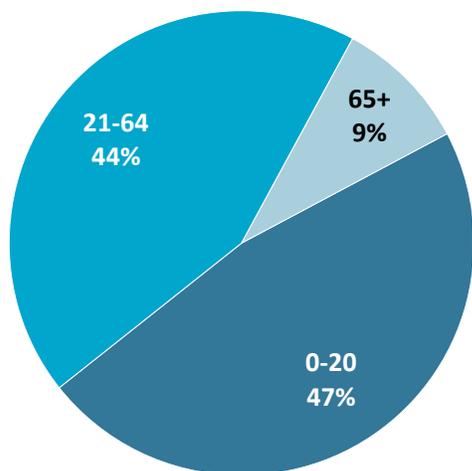


Figure 5b: Age Group, New ACA Aid Codes

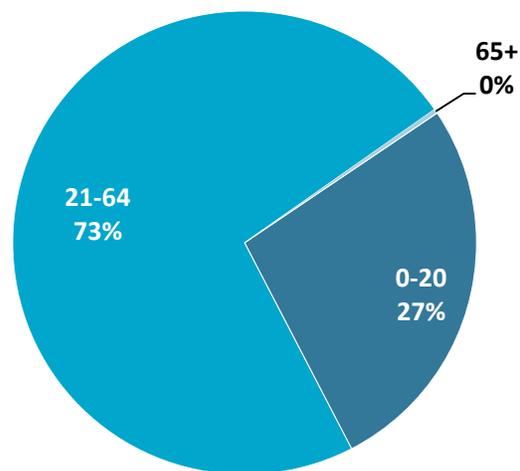


Figure 6a: Race/Ethnicity, All Medi-Cal

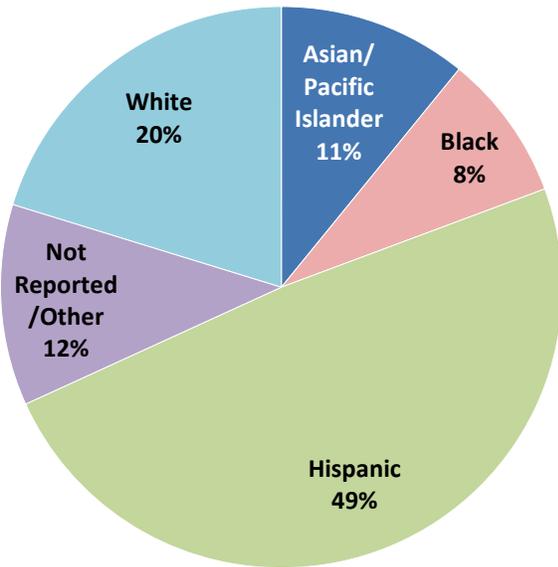


Figure 6b: Race/Ethnicity, New ACA Aid Codes

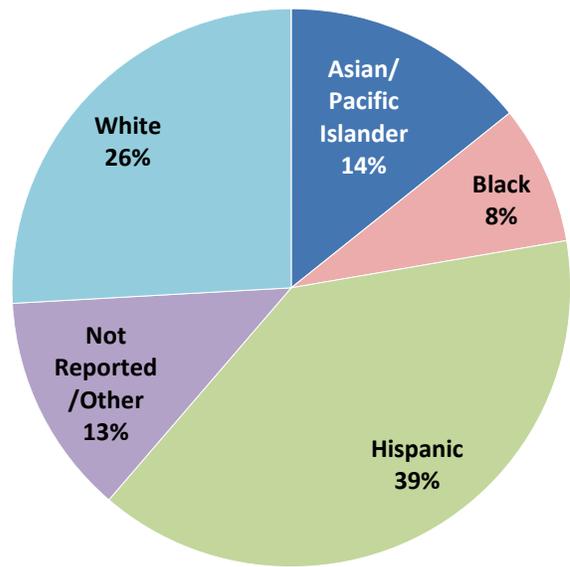


Figure 7a: Delivery System, All Medi-Cal

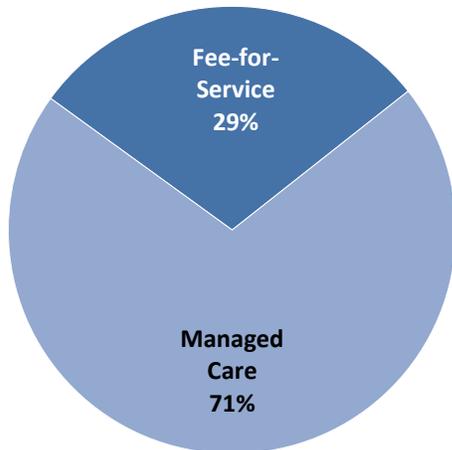


Figure 7b: Delivery System, New ACA Aid Codes

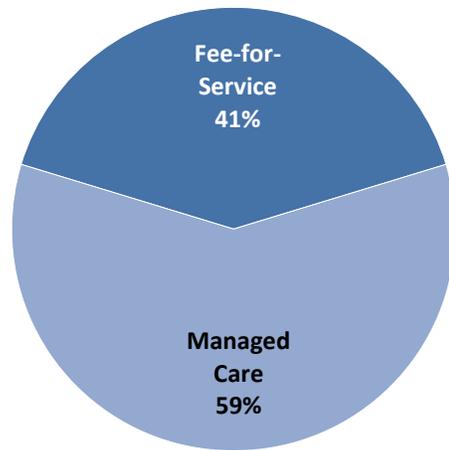


Figure 8a: Dual Status, All Medi-Cal

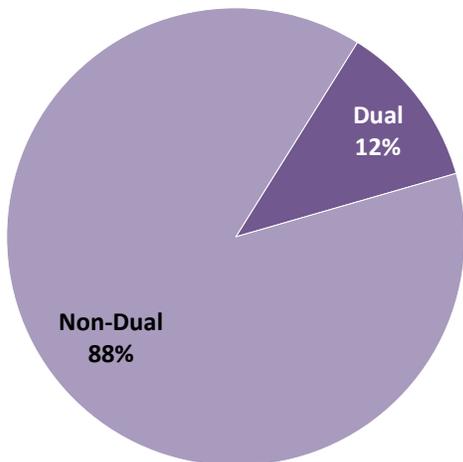


Figure 8b: Dual Status, New ACA Aid Codes

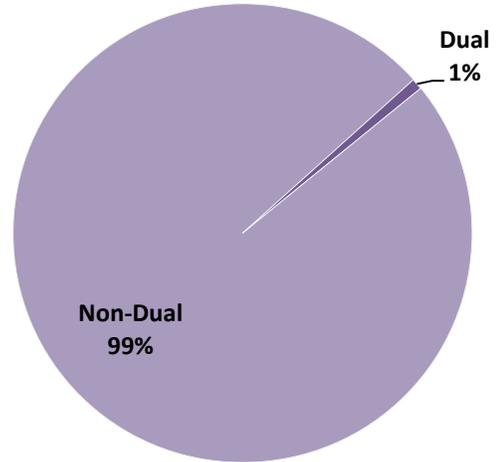
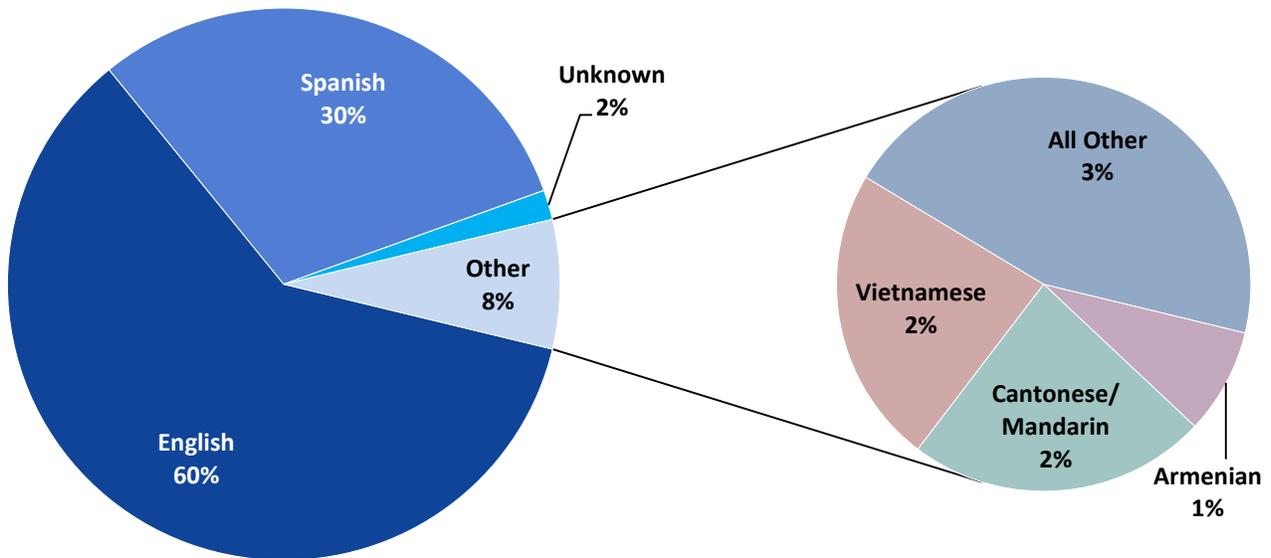
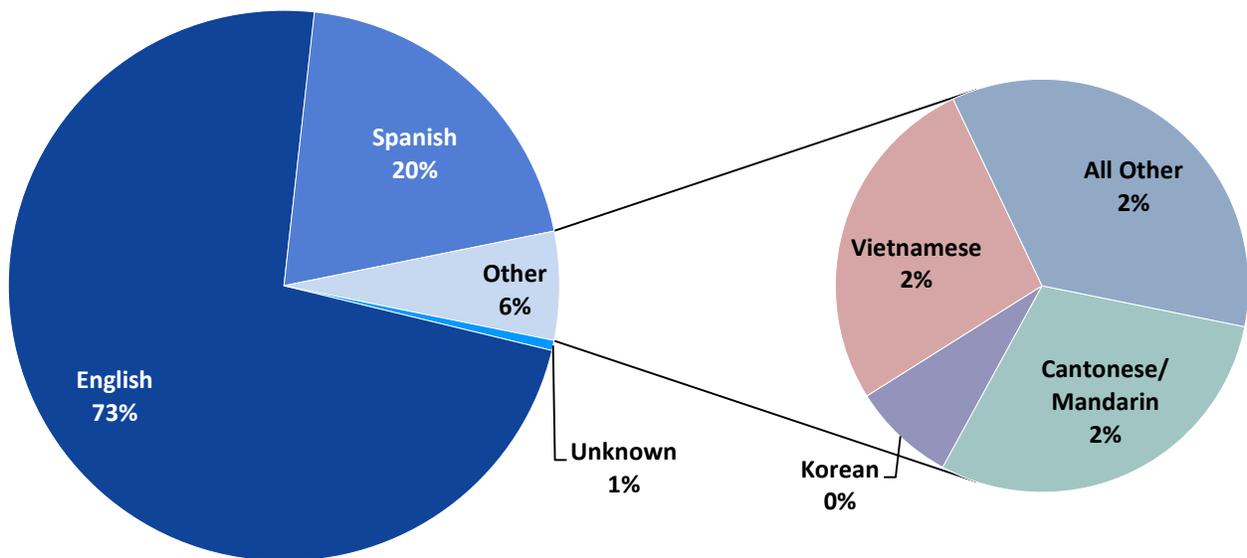


Figure 9a: Language, All Medi-Cal



All Other includes: ASL, Arabic, Cambodian, Farsi, French, Hebrew, Hmong, Ilocano, Italian, Japanese, Korean, Lao, Mien, Other Chinese, Other Non-English, Other Sign, Polish, Portuguese, Russian, Samoan, Tagalog, Thai, and Turkish

Figure 9b: Language, New ACA Aid Codes



All Other includes: ASL, Arabic, Armenian, Cambodian, Farsi, French, Hebrew, Hmong, Ilocano, Italian, Japanese, Lao, Mien, Other Chinese, Other Non-English, Other Sign, Polish, Portuguese, Russian, Samoan, Tagalog, Thai, and Turkish

Figure 10a: California Region, All Medi-Cal

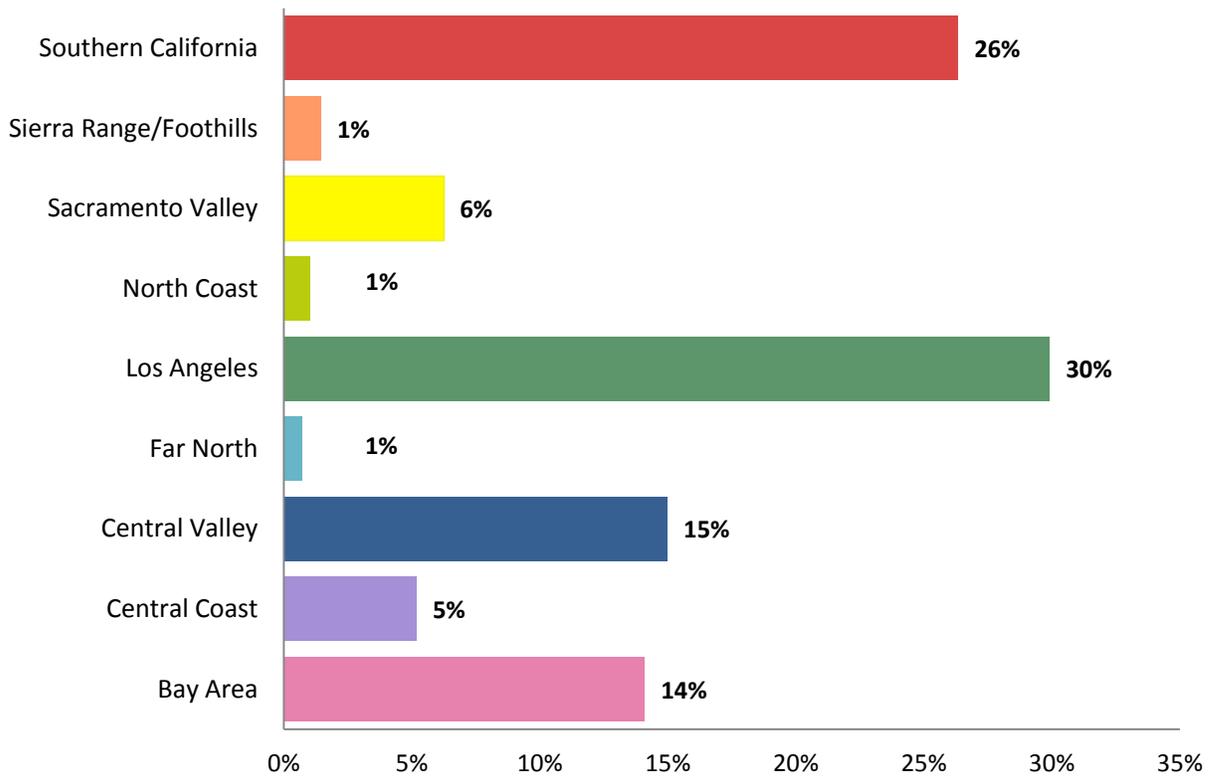
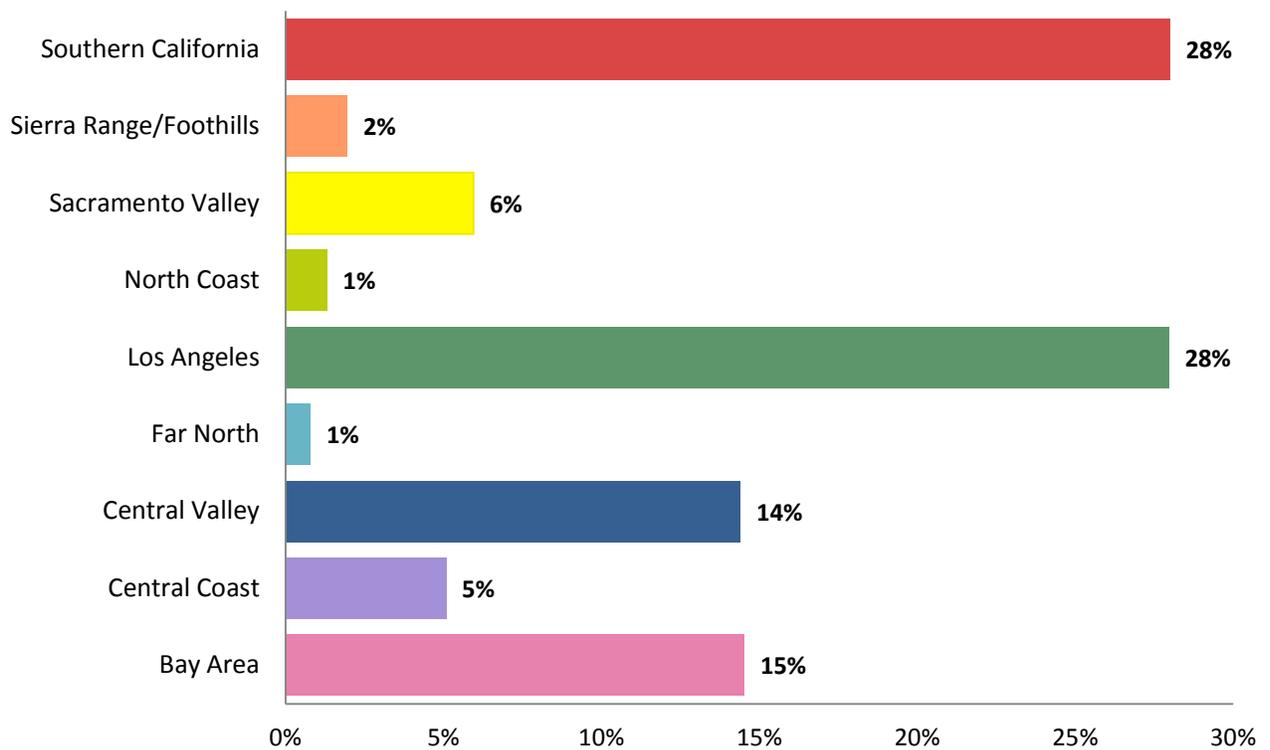


Figure 10b: California Region, New ACA Aid Codes



Note: Figures may not add to 100% due to rounding.

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. 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 remains, the preliminary counts may continue to rise in excess of traditional completion factors.

Distribution charts are based on the “incomplete” population but are not expected to change significantly as the population grows to “Actual”, with one exception – the health care delivery system. As the ACA-related application backlog is processed, the percent of individuals granted retroactive certification is greater than normal. Retroactive certifications typically result in an initial placement into fee-for-service followed by the transition into managed care. For the health care delivery system distribution charts, a two month reporting lag was used to derive a distribution that more closely reflects the final distribution.

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.

IF YOU PLAN TO CITE THIS PAPER IN A SUBSEQUENT WORK, WE SUGGEST THE FOLLOWING CITATION:

Research and Analytic Studies Division. September, 2014. *Medi-Cal Monthly Eligibles Trend Report for September 2014*. Medi-Cal Statistical Brief. California Department of Health Care Services.

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 New ACA aid codes include: 4E, 7S, 7U, 7W, 8E, E2, E4, E5, E7, H0, H6, H7, H8, H9, L1, M0, M1, M2, M3, M4, M5, M6, M7, M8, M9, N0, N5, N6, N7, N8, N9, P0, P1, P2, P3, P4, P5, P6, P7, P8, P9, T0, T1, T2, T3, T4, T5, T6, T7, T8, T9.