RASS Enrollment Tables - Analytic Notes

All Enrollment Reports *Excluding Share of Cost Reporting*

All enrollment reports, *except share of cost*, reflect the universe of "certified" Medi-Cal beneficiaries. Certified beneficiaries are those individuals enrolled in Medi-Cal *without* an unmet share of cost obligation.

Month of Enrollment (MOE)

The month the enrolled Medi-Cal beneficiary is "certified" eligible to receive services in. Beneficiaries can move in and out of "certification" as well as be certified eligible for 12 months depending on the aid code a beneficiary is enrolled in at the time of eligibility verification.

Beneficiary Years

Beneficiary Years is a calculation of the Total Months of Medi-Cal Enrollment (total member months) divided by 12 (otherwise known as average monthly enrollment).

Historic Trend Reporting

The first Trend in Medi-Cal Enrollment table and charts display the trend in enrollment figures for the entire certified Medi-Cal population from 2000 through current (based on a 12 month lag). The last two Trend in Medi-Cal Enrollment tables and charts display the trend in enrollment figures for the entire certified Medi-Cal population from July 2003 through current (based on a 12 month lag) by aid category and managed care status.

Estimated Counts on the Most Recent 24 Months Reports

Estimated counts are calculated using expansion factors based on enrollment lags and aid category. Estimated counts are calculated for the latest seven months of enrollment.

Lag

Beneficiaries usually are eligible for Medi-Cal before the eligible month. However, a significant percent of all eligibles become eligible retroactively, for instance, due to meeting share of cost requirements and late Medi-Cal applications (e.g., after medical costs are incurred). The effect is a significant growth in eligibility counts after a given month of eligibility. Enrollment counts reported here reflect a 12 month reporting lag. This means that all enrollment information has been updated at least 12 months following the actual month of enrollment to account for retroactive eligibility.

CMS-NHE Age Groupings

The age groupings used in the second age by gender population distribution table are defined by the Centers for Medicare and Medicaid Services - National Health Expenditures Data. For more information, please visit the CMS website at: http://www.cms.hhs.gov/NationalHealthExpendData/downloads/2004-highlights.pdf

Managed Care Risk Status

Managed Care Risk Status indicates whether the beneficiary is enrolled in a Managed Care plan versus Fee-For-Service. Managed care enrollment is defined as a beneficiary being enrolled in a full risk plan where a capitation has been paid and the health care plan assumes responsibility for all services to the beneficiary. Partial and no risk enrollment types are considered Fee-For-Service. Partial risk plans receive a capitation

for beneficiary enrollment and assume responsibility for a limited set of services to the beneficiary. No risk means that there is no capitation paid, the beneficiary is not enrolled into a managed care health plan, and the beneficiary's claims are paid via Fee-For-Service; no health care plan assumes any responsibility for services to the beneficiary.

Medi-Cal Managed Care Plan Types

The Medi-Cal Managed Care health care plan codes are grouped into plan types as follows:

Fee-For-Service

000

Managed Care Dental (This category is included in Fee-For-Service. Beneficiaries in these plan codes receive dental benefits through Managed Care Dental and their medical benefits through Fee-For-Service).

141, 142, 143, 144, 145, 151, 152, 153, 154, 155, 161, 162, 163, 164, 165, 171, 172, 173, 174, 175, 181, 182, 183, 184, 185, 191, 192, 193, 194, 195, 400, 401, 402, 403, 404, 405, 406, 407, 408, 409, 410, 411, 412, 413, 414, 415, 416, 417, 421, 422, 423, 424, 425, 426, 427, 681, 682, 683, 684, 685, 951, 952, 953, 954, 955, 961, 962, 963, 964, 965, 971, 972, 973, 974, 975, 981, 982, 983, 984

Prepaid Health Plan

005, 006, 009, 010, 011, 012, 014, 018, 019, 021, 024, 025, 028, 030, 032, 035, 036, 037, 039, 045, 046, 047, 066, 067, 070, 076, 077, 078, 080, 081, 082, 084, 085, 086, 087, 088, 090, 093, 094, 098, 101, 102, 103, 104, 111, 112, 113, 114, 124, 125, 126, 127, 129

Two-Plan

300, 301, 303, 304, 305, 306, 307, 308, 309, 310, 311, 340, 341, 342, 343, 344, 345, 350, 351, 352, 353, 355, 356, 358, 359, 360, 361

Geographic Managed Care

013, 023, 029, 048, 049, 068, 079, 130, 131, 140, 150, 160, 166, 167, 170, 180, 190, 950, 960, 970

County Organized Health System

501, 502, 503, 504, 505, 506, 507, 508, 509, 530,513, 514

Special Projects-PACE

050, 051, 052, 053, 054, 055, 056, 057, 058

Special Projects-SCAN

200, 201, 202, 203, 204, 205, 206, 207

Special Projects-TCM

601, 602, 603, 604, 605, 606, 607, 608, 609, 610, 611, 612, 613, 614, 615, 616, 617

Special Projects-DMP

910, 915, 916, 917

RASS Enrollment Tables - Analytic Notes

PACE (Program of All-Inclusive Care for the Elderly) provides a comprehensive medical/social service delivery system that coordinates preventative, primary, acute, and long term care services to older adults who would otherwise reside in nursing facilities. For more information visit the PACE webpage at http://www.dhcs.ca.gov/services/ltc/Pages/ProgramofAll-InclusiveCarefortheElderly.aspx.

SCAN (Senior Care Action Network) provides services to the over 65, Medi-Cal/Medicare (dual) eligible population in Los Angeles, San Bernardino, and Riverside counties. Services include all services offered in the Medi-Cal State Plan; including home and community based services. For more information visit the SCAN webpage at http://www.dhcs.ca.gov/services/ltc/Pages/SeniorCareActionNetwork(SCAN).aspx.

TCM (Targeted Case Management) reimburses for case management services provided to Medi-Cal beneficiaries in target populations. For more information visit the TCM webpage at http://www.dhcs.ca.gov/provgovpart/Pages/TCM.aspx.

DMP (Disease Management Program) serves Medi-Cal beneficiaries in Los Angeles and Alameda counties with certain chronic diseases. For more information visit the DMP webpage at http://www.dhcs.ca.gov/services/Pages/DiseaseManagement.aspx.

Medi-Cal/Medicare Dual Eligibility

Dual Eligibility for Medi-Cal beneficiaries is determined by the Medicare enrollment status. Medi-Cal beneficiaries who are also enrolled in any one or combination of the following: Medicare Part A, Part B, or Part D, are considered dually eligible for both Medicare and Medi-Cal.

Share of Cost Reporting

Share of cost obligations are determined by the beneficiary's enrollment screening process and resulting aid code. Certified beneficiaries are those individuals enrolled in Medi-Cal without an unmet share of cost obligation. Under Medi-Cal, a beneficiary may be eligible under more than one aid code. Certified beneficiaries with an unmet share of cost obligation have been certified eligible for restricted scope or transitional services. Full scope or non-transitional services can be received if the beneficiary meets the share of cost obligation determined by the screening process and their assigned share of cost aid code.

Enrollment Reporting by Aid Code

Under Medi-Cal, a beneficiary may be eligible under more than one aid code. Enrollment in multiple aid codes can be due to a variety of reasons, such as: having an unmet share of cost obligation, as described above, or being enrolled in a transitional, limited term, or limited scope aid code. To avoid double counting and over reporting, the certified aid code in the first position is the only aid code represented in these enrollment reports. In most cases, this also appropriately reflects the size of each program. However, in cases where one person is served under a number of programs, the secondary program may be underrepresented in counts by Aid Code. The Breast and Cervical Cancer Treatment Program (BCCTP) is one of these secondary programs

where the number of persons served would be undercounted if limited to only the first certified aid code, often by 12-13%. For the most accurate information on BCCTP enrollment, please visit our Medi-Cal and Women's Health page.

Undocumented Citizenship Status vs. the Undocumented Aid Category

Citizenship status is based on three alien variables taken from the MMEF. The original variables are the Refugee/Alien Indicator, Alien Eligibility Code, and the INS Entry Date. A new variable is created that captures one category for each alien, and considers the values within the Alien Eligibility Code to further refine the information provided on the Refugee/Alien Indicator.

The beneficiaries included in the Undocumented aid category for this reporting, are solely based on the certified aid code in the first position and have no reliance on citizenship status.

Please note: as stated above, beneficiaries can be eligible under more than one aid code. Thus, a beneficiary categorized as "undocumented" under citizenship status, can be eligible under an aid code other than an "undocumented" aid code.

Aid Population Exclusions

The universe of beneficiaries does not include recipients of FPACT family planning services or maternity care provided under presumptive eligibility.

Aid Code Groupings for the Historic Trend Data

Aid Categories

BCCTP
- 0L, 0M, 0N, 0P, 0R, 0T, 0U, 0V, 0W, 0X, 0Y

Adoption or Foster Care
- 03, 04, 06, 43, 49, 45, 46, 4A, 4K, 4M, 5K, 40, 42, 43, 77, 78, 4C, 4F, 4G, 4H, 4L, 4N, 4S, 4T, 4W

Aged
- 14, 17, 1D, 1H, 1X, 1Y, 10, 16, 18, 1E

Blind
- 24, 27, 2D, 2H, 20, 26, 28, 2E, 6A

Disabled
- 64, 67, 6D, 6H, 6S, 6V, 6W, 6X, 6Y, 8G, 36, 60, 66, 68, 6C, 6E, 6N, 6P,
- *65 (prior to September 2005)*

Families
- 34, 37, 39, 54, 59, 3D, 3N, 5X, 6J, 6R, 7J, 30, 32, 33, 35, 38, 3A, 3C, 3E, 3G, 3H, 3L, 3M, 3P, 3R, 3U, 3W,
- *65 (effective September 2005)*

Medically Indigent
- 81, 86, 87, 82, 83, 5E, 7T, 8U, 8V, 8W

Long Term Care
- 53, 13, 23, 63

Aid Categories (continued)

Undocumented

48, 55, 58, 69, 70, 74, 75, 1U, 3T, 3V, 5F, 5G, 5J, 5N, 5R, 5T, 5W, 6U, 7C, 7K, 8N, 8T, C1, C2, C3, C4, C5, C6, C7, C8, C9, D1, D2, D3, D4, D5, D6, D7, D8, D9, 5H, 5M, 5Y

Other

01, 02, 08, 44, 47, 51, 52, 56, 57, 71, 72, 73, 76, 79, 80, 0A, 2A, 2V, 4V, 5V, 6G, 7A, 7F, 7G, 7H, 7M, 7N, 7P, 7R, 7V, 8E, 8P, 8R, F1, F2, F3, F4, G1, G2, G3, G4

Aid Code Groupings for the Recent 24 Historic Trend and Population Distribution Data, Effective September 2005 (see note below)

Major Aid Categories

BCCTP

0L, 0M, 0N, 0P, 0R, 0T, 0U, 0V, 0W, 0X, 0Y

Hurricane Katrina Evacuees

65

Medically Indigent

03, 04, 06, 07, 45, 46, 4A, 4K, 4M, 53, 5E, 5K, 7T, 81, 82, 83, 86, 87, 8U, 8V, 8W

Medically Needy

13,14, 17, 1D, 1H, 1X, 1Y, 23, 24, 27, 2D, 2H, 34, 37, 39, 3D, 3N, 54, 59, 5X, 63, 64, 67, 6D, 6H, 6J, 6R, 6S, 6V, 6W, 6X, 6Y, 8G, 7J

Public Assistance

10, 16, 18, 1E, 20, 26, 28, 2E, 6A, 30, 32, 33, 35, 36, 38, 3A, 3C, 3E, 3G, 3H, 3L, 3M, 3P, 3R, 3U, 3W, 40, 42, 43, 49, 4C, 4F, 4G, 4H, 4L, 4N, 4S, 4T, 4W, 60, 66, 68, 6C, 6E, 6N, 6P, 77, 78

Undocumented

1U, 3T, 3V, 48, 55, 58, 5F, 5G, 5H, 5J, 5M, 5N, 5R, 5T, 5W, 5Y,69, 6U,70, 74, 75, 7C, 7K, 8N, 8T, C1, C2, C3, C4, C5, C6, C7, C8, C9, D1, D2, D3, D4, D5, D6, D7, D8, D9

Other

01, 02, 08, 44, 47, 51, 52, 56, 57, 71, 72, 73, 76, 79, 80, 0A, 2A, 2V, 4V, 5V, 6G, 7A, 7F, 7G, 7H, 7M, 7N, 7P, 7R, 7V, 8E, 8P, 8R, F1, F2, F3, F4, G1, G2, G3, G4, F1, F2, F3, F4, G1, G2, G3, G4

Detail Aid Categories

BCCTP

0L, 0M, 0N, 0P, 0R, 0T, 0U, 0V, 0W, 0X, 0Y

Inmates

F1, F2, F3, F4, G1, G2, G3, G4

Hurricane Katrina Evacuees

65

MI - Adoption or Foster Care

03, 04, 06, 07, 45, 46, 4A, 4K, 4M, 5K

MI – Adult

81, 86, 87

RASS Enrollment Tables - Analytic Notes

Detail Aid Categories (continued)

MI - Child
82, 83, 5E, 7T, 8U, 8V, 8W

MI - LTC
53

MN - Aged
14, 17, 1D, 1H, 1X, 1Y

MN - Blind
24, 27, 2D, 2H

MN - Disabled
64, 67, 6D, 6H, 6S, 6V, 6W, 6X, 6Y, 8G

MN - Families
34, 37, 39, 54, 59, 3D, 3N, 5X, 6J, 6R, 7J

MN - LTC
13, 23, 63

PA - Adoption or Foster Care
40, 42, 43, 49, 77, 78, 4C, 4F, 4G, 4H, 4L, 4S, 4T, 4W

PA - Aged
10, 16, 18, 1E

PA - Blind
20, 26, 28, 2E, 6A

PA - Disabled
36, 60, 66, 68, 6C, 6E, 6N, 6P

PA - Families
30, 32, 33, 35, 38, 3A, 3C, 3E, 3G, 3H, 3L, 3M, 3P, 3R, 3U, 3W

Undocumented
48, 55, 58, 69, 70, 74, 75, 1U, 3T, 3V, 5F, 5G, 5J, 5N, 5R, 5T, 5W, 6U, 7C, 7K, 8N, 8T, C1, C2, C3, C4, C5, C6, C7, C8, C9, D1, D2, D3, D4, D5, D6, D7, D8, D9, 5H, 5M, 5Y

Inmate
F1, F2, F3, F4, G1, G2, G3, G4

Other
01, 02, 08, 44, 47, 51, 52, 56, 57, 71, 72, 73, 76, 79, 80, 0A, 2A, 2V, 4V, 5V, 6G, 7A, 7F, 7G, 7H, 7M, 7N, 7P, 7R, 7V, 8E, 8P, 8R

Note: Aid Code 65 is shown as Hurricane Katrina Evacuees. Individuals were enrolled into this aid code starting in September 2005 as a temporary measure until enrollment reviews could be completed and the individuals could be moved to more appropriate Medi-Cal aid codes. Enrollment counts for this aid category are extremely low (the last count of beneficiaries for this aid code was five in July 2007) to zero and would not benefit from reporting as an individual category. For more information on this aid code, please see the Medi-Cal All County Welfare Directors Letter No.: 06-03 (ACWDL 06-03).

Aid Codes 5J and 5R are included as Undocumented. The Aid Code Master chart describes these aide codes as Senate Bill 87 Pending Disability Program with services restricted to pregnancy and emergency services. The description itself does not indicate that these aid codes cover undocumented aliens, but the scope of services does. Also,

the OILS for these aid codes are very clear that the aid codes were created to cover recipients who are being re-determined under SB87 and that services are restricted due to unsatisfactory immigration status (i.e. undocumented alien).

The Medi-Cal Inmate Eligibility Program became effective April1, 2011.

More detailed information on individual aid codes can be found in the Medi-Cal Provider Manual on the internet at:
http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part1/aidcodes_z01c00.doc

Source for Medi-Cal Eligibility Totals: MEDS Eligibility System, MMEF File.
Source for California Population: California Department of Finance, E-6. State of California, Department of Finance, Population Estimates and Components of Change by County.
Suggested Citation: State of California, Department of Health Care Services, Medi-Cal Enrollment Statistical Tables - Analytic Notes

HIPPA Compliance: Data in this table has been aggregated to comply with the California Welfare and Institutions Code, Section 14100.2, and the HIPAA Privacy Rule, 45 CFR, Parts 160 and 164, which are designed to safeguard Protected Health Information and Personal Confidential Information