



Medi-Cal Summit Webinar
Medi-Cal Eligibility Division
René Mollow, MSN, RN, Chief



DHCS Updates

- **Inmate Eligibility Project**

- **May Revise**

- **Healthy Families Transition to Medi-Cal**
- **Access for Infants and Mothers Program – use of Medi-Cal Fee-for-Service Delivery System**
- **County Administration – New Budget Methodology**

- **Health Care Reform Updates**

May Revise Highlights

Healthy Families Transition to Medi-Cal

- **Transition 870,000 children to Medi-Cal, beginning January 1, 2012, over a six month period**
 - **Income eligibility: optional eligibility group covering children with incomes up to 200 percent of the federal poverty level (FPL) for those up to 18 years of age**
 - **Three phases of enrollment:**
 - **Enroll into same health plan – 387,300 (43 percent)**
 - **Enroll into different health plan – 454,700 (51 percent)**
 - **Move to fee-for-service – 49,600 (6 percent)**
-



May Revise Highlights (cont.)



-
- **Dental services will be provided based on the dental plan operated in the county (mandatory, voluntary or fee-for-service).**
 - **No new applicants into Healthy Families as of January 1, 2012; all will go into Medi-Cal.**
 - **Eligibility pathways include: in-person, mail-in, and online applications.**
 - **Will continue to use the Single Point of Entry.**
 - **Will enter into contractual arrangement with MAXIMUS.**

May Revise Highlights (cont.)



- **Ongoing case maintenance:**
 - Counties will manage cases with incomes up to 150 percent of the federal poverty level (FPL)
 - MAXIMUS will manage cases with incomes above 150 percent of the FPL and for premium collection
- **Stakeholder concerns:**
 - Transition timeframes too short
 - Reinvest savings back into children's health care system
 - How eligibility will be determined – use of Presumptive Eligibility
 - Provider access, network capacity and reimbursement rates
 - Outreach and beneficiary notification
 - Accountability

May Revise Highlights (cont.)



- **Access for Infants and Mothers Program**
 - **Use Medi-Cal FFS delivery system, beginning October 1, 2011 for new enrollees**
 - Existing enrollees will receive coverage through existing managed care arrangements
 - **Medi-Cal full scope benefit package**
 - **MRMIB/MAXIMUS will continue to perform eligibility determinations**
 - **Receive Beneficiary Identification Card (BIC)**
 - **Continue to pay premiums in same amount as current program (1.5 percent fee based on adjusted annual household income)**

May Revise Highlights (cont.)



-
- **County Administration New Budgeting Methodology**
 - **DHCS will work collaboratively with counties (program and fiscal staff).**
 - **Will include the time and cost of eligibility determinations for applicants, redeterminations for recipients, and case maintenance, based on different groupings of cases.**
 - **Case groupings shall be based on variations in time and resources taking into consideration complexity of eligibility rules, ongoing eligibility requirements and other factors as determined by appropriate DHCS.**



May Revise Highlights (cont.)



-
- **May use peer-based proxy costs if a county does not submit the requested data.**
 - **Will require submission to the Legislature by March 1, 2012.**
 - **May be phased-in by the counties.**

Health Care Reform

- **Low Income Health Program Update**
 - Submitted to CMS on June 25, 2011 applications for the 10 existing Health Care Coverage Initiatives
 - **Modified Adjusted Gross Income – still awaiting regulations**
 - **Eligibility Centralization – working with CWDA, DSS, Agency, Office of Systems Integration**
 - **Eligibility and Enrollment Simplification**
-