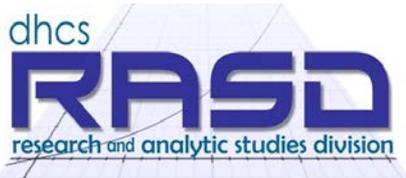


# How Enrollment Statistics are Reported at the Department of Health Care Services

June 2019



# Purpose of Presentation

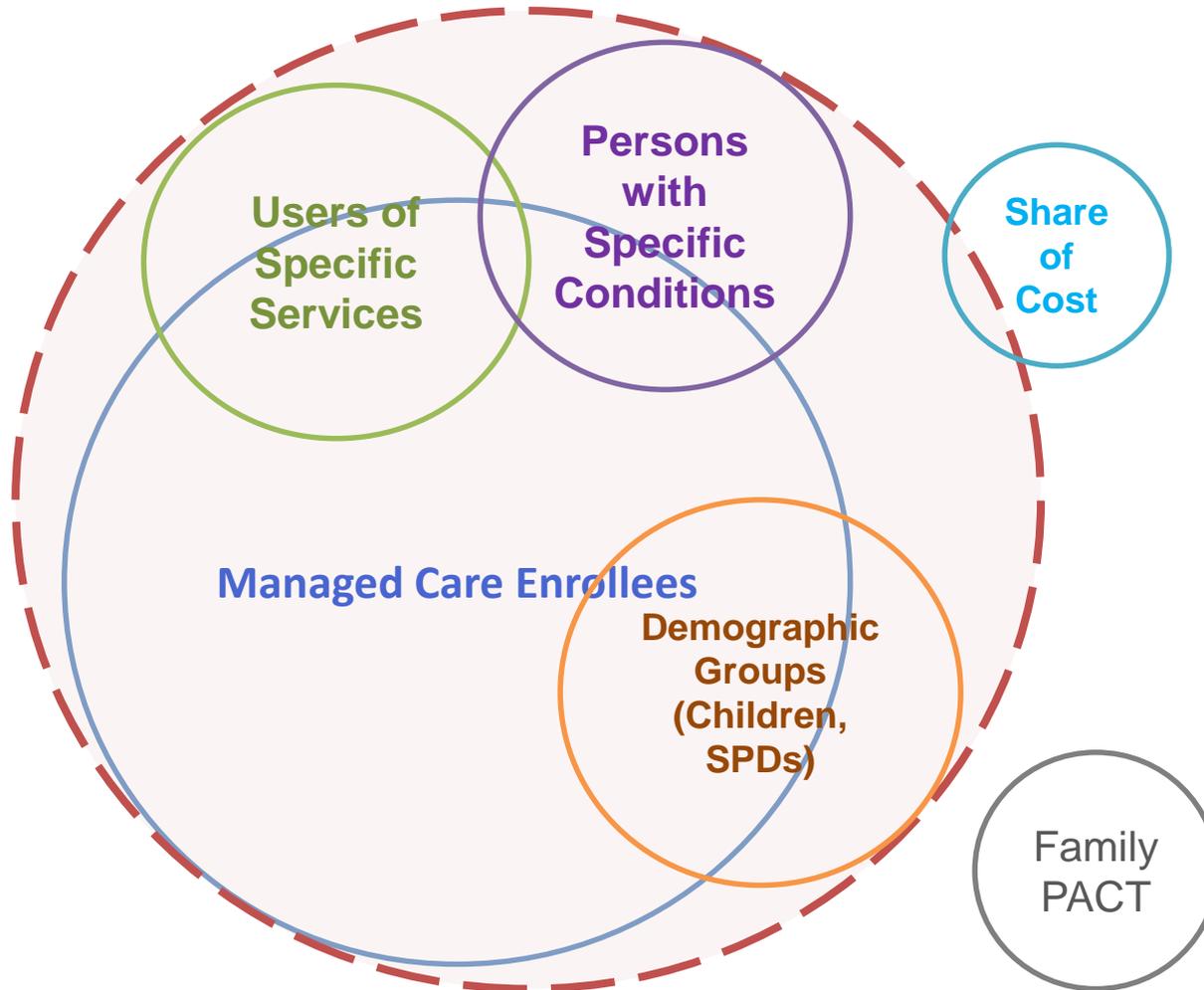


## Agenda:

- **Who is reporting program-wide eligibility information within the department?**
- **What are we reporting? (Unit of Measure)**
- **When are we reporting? (Reporting Timeframes)**
- **How are we reporting it? (Analytic Products)**

# What are we Counting?

## Certified Eligibles



While many divisions within the Department report Medi-Cal statistics, they are reporting a number of metrics and subsets of information for different purposes.

Some units within the Department are counting participants in the managed care delivery system, or in programs such as F-PACT. Some are counting users of specific services, or persons with specific conditions. RASD is the only group counting all individuals who have been determined to be certified eligible for Medi-Cal benefits.

# Unit of Measure: What is a Certified Eligible?

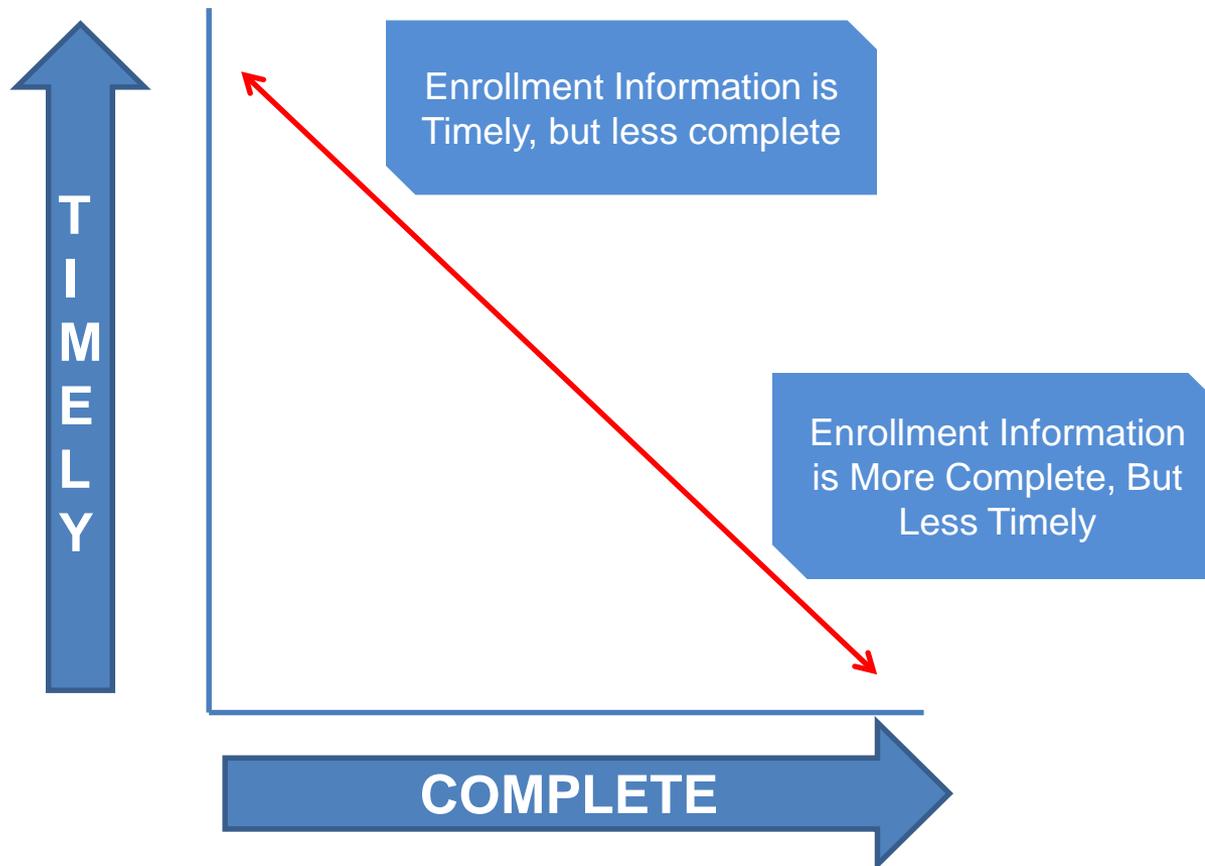
- **Certified eligibles** are defined as those beneficiaries who are deemed qualified for Medi-Cal by a valid eligibility determination and have enrolled in the program. Thus, those beneficiaries who may be eligible for Medi-Cal, but have not enrolled, are not counted as *certified*.
- This classification also excludes Share-of-Cost (SOC) beneficiaries who have not met their monthly SOC obligation and are not eligible for Medi-Cal benefits.
- Some specific populations are excluded from *certified eligible* counts, including California's Family PACT members and pregnant women who are granted provisional Medi-Cal enrollment under the Presumptive Eligibility (PE) program.

For more information see: "[Finding California's Medi-Cal Population: Challenges and Methods in Calculating Medi-Cal Enrollment Numbers](#)" on the DHCS web site.

To determine the number of current individuals eligible for Medi-Cal, DHCS uses a specific definition referred to as *certified eligibles*.

This classification is used by DHCS to report official caseload for budgeting and maintain its extensive website of enrollment count data sets.

# Reporting Certified Eligibles: Competing Interests: Timeliness versus Completeness

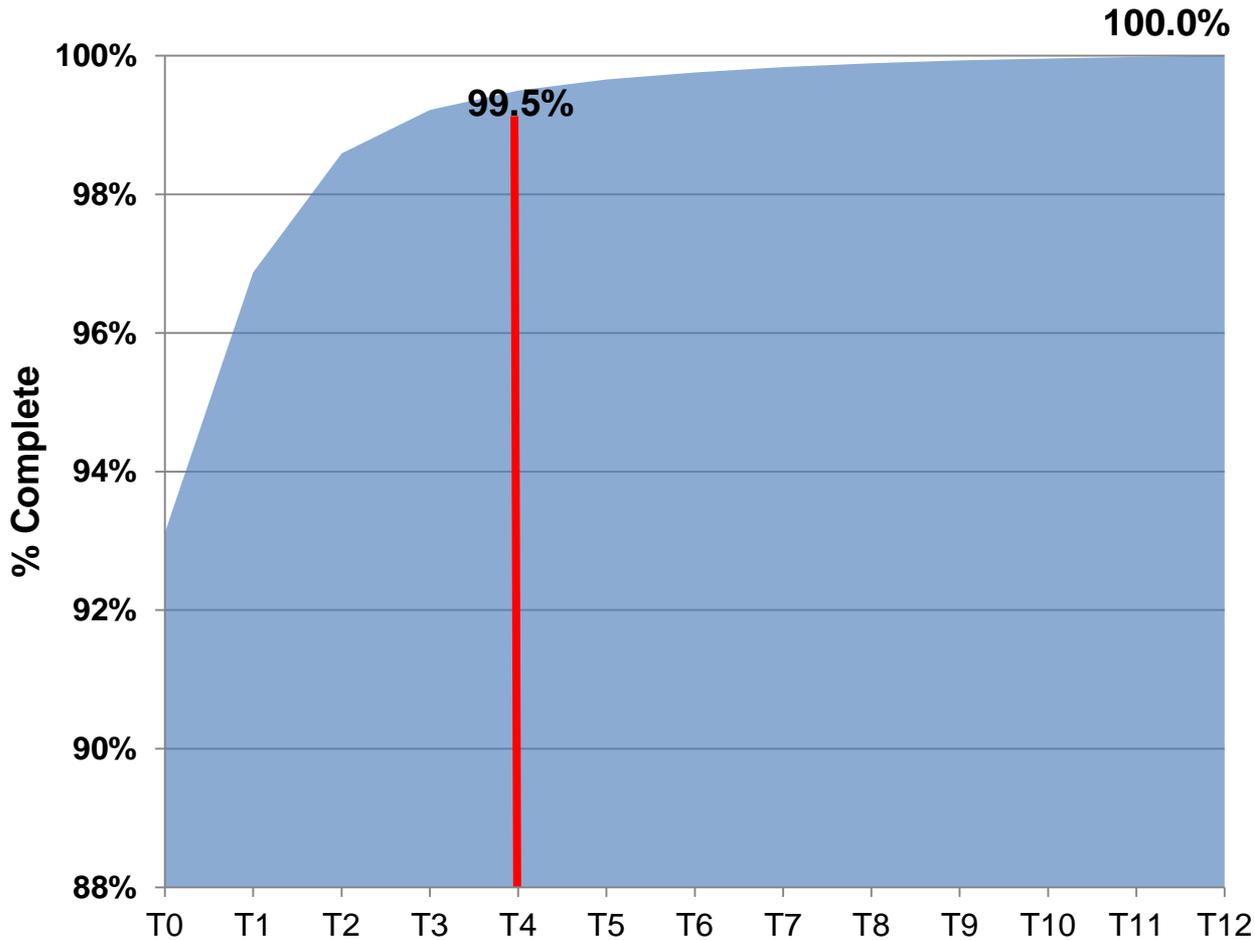


All individuals who are eligible for Medi-Cal and have applied and been determined *certified eligible* are recorded in the Medi-Cal Eligibility Data System (MEDS) for a given month of eligibility.

However, the MEDS cut-off dates and DHCS' administrative processing cycle of eligibility data means that the current month's enrollment is not fully reported.

A fully reported enrollment requires additional monthly updates.

# Percent Completion of Certified Eligible Counts By Monthly Updates



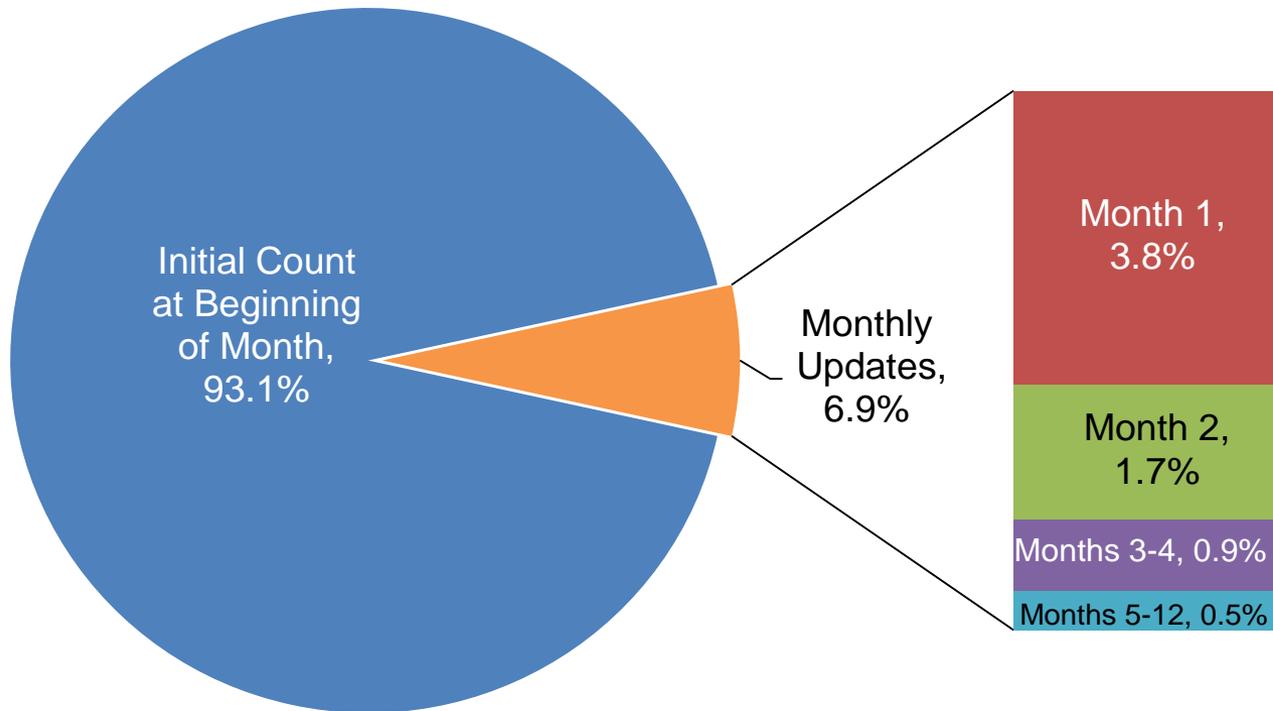
Medi-Cal certified eligible counts continue to accumulate throughout time.

The initial month's count ( $T_0$ ) generally represents roughly 93% of the final count.

Through the passage of time, the reported month's count grows as additional individuals are reported eligible.

After four monthly updates ( $T_4$ ), counts represent over 99% of the final total for that month.

## Proportion of Enrollment Reported During the Initial Month and Subsequent Months Thereafter

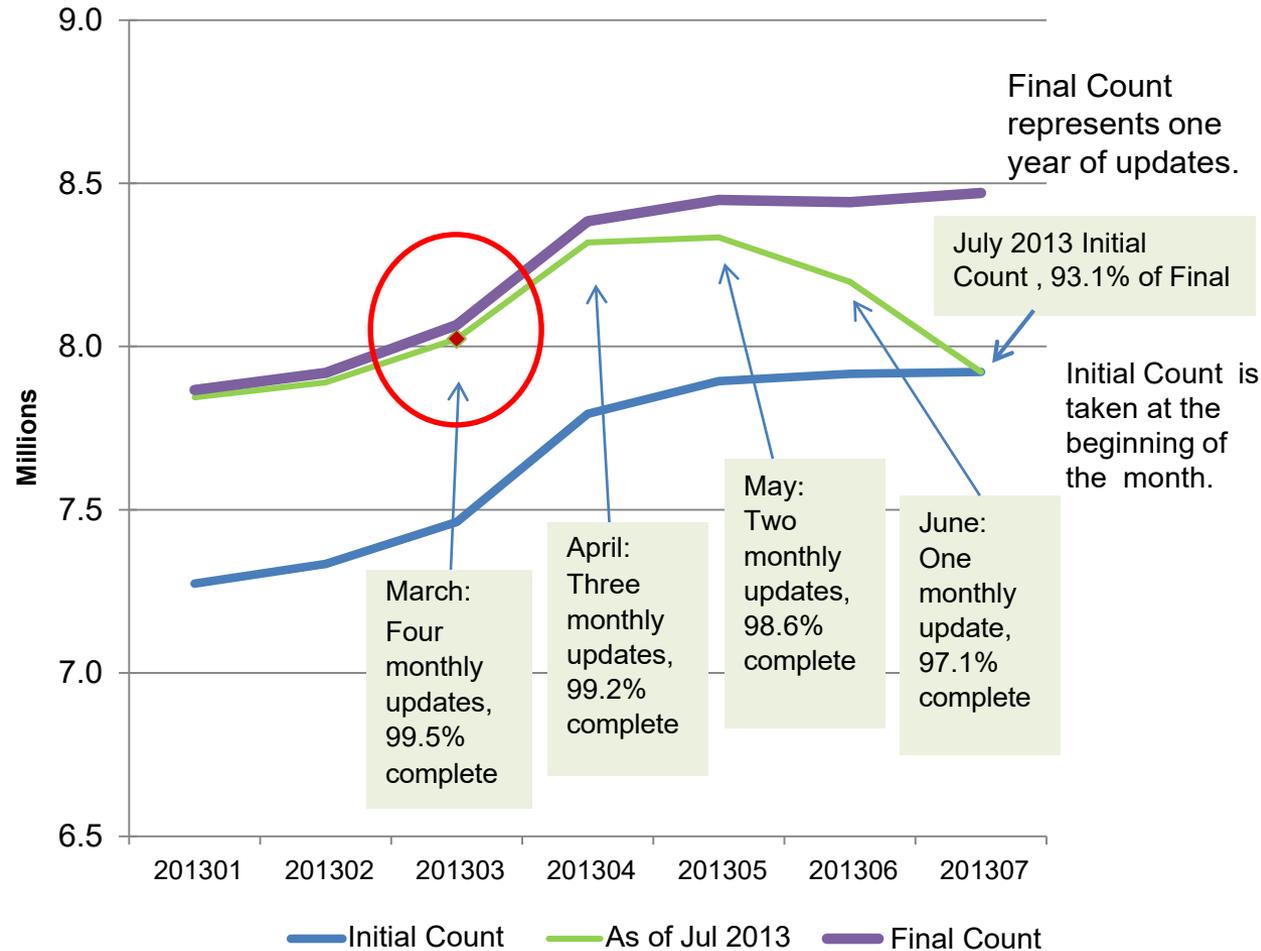


The initial count of Medi-Cal certified eligibles generally captures roughly 93% of the particular month's final enrollment.

The enrollment count continues to grow through the passage of time with additional MEDS monthly updates.

After roughly four monthly updates, the counts are 99% complete.

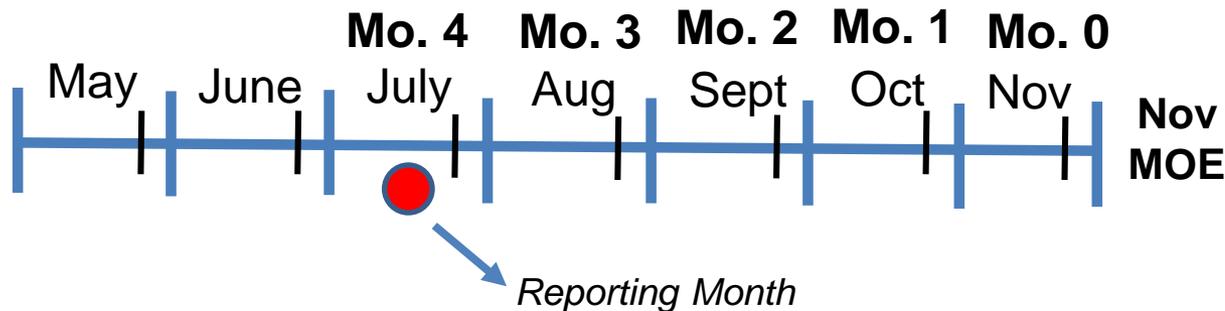
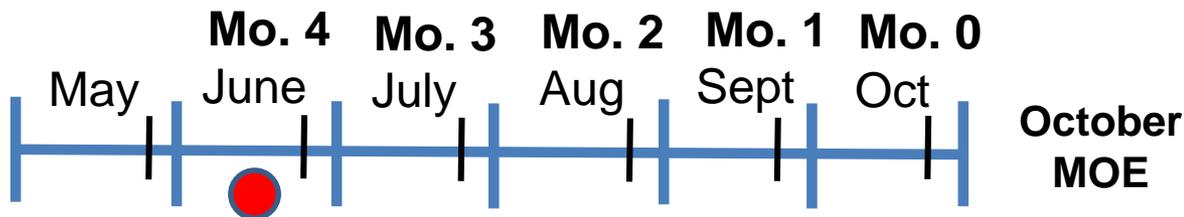
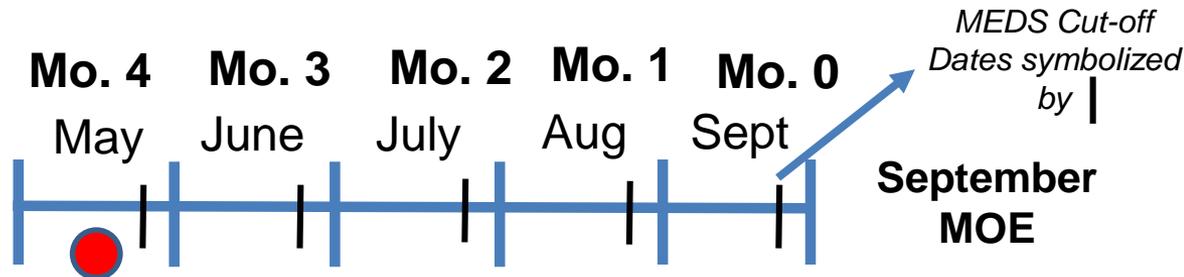
# Consistently Reporting Initial Month of Enrollment



If you reported only month zero, or the most recent month's eligible count, you would consistently under report certified enrollment counts by roughly 550,000 throughout CY 2013.

After the ACA implementation, reporting the initial month of eligibility would result in underreporting certified eligibles by roughly 850,000 each month.

# Medi-Cal Certified Eligible Counts Are Reported After Four Monthly Updates



Medi-Cal certified eligible counts are prepared based on the MEDS cycle and the updating of DHCS' data warehouse.

For example, when the September month of eligibility is made available (the last Sunday of September or the beginning of October), RASD can then report certified eligible counts for the month of May.

Similarly, when the October month of eligibility is made available, RASD reports the June certified eligible counts.



# Pivot Tables – Recent Trends in Enrollment

Certified Eligible Counts Statewide

PivotTable Field List:

- Choose fields to add to report:
  - MOE
  - Delivery System
  - AID CODE
  - Aid Code Descriptin
  - Age Group
  - Dual Status
  - Gender
  - Language
  - Fhnicity
- Drag fields between areas below:
  - Report Filter: AID CODE, Aid Code ...
  - Column Labels: (empty)
  - Row Labels: MOE
  - Values: Sum of ELIGI...

Row Labels	Sum of ELIGIBLES
2013-07	8,468,988
2013-08	8,602,241

Each month, RASD compiles and presents a preliminary count of Medi-Cal certified eligibles for the most recent 24 months. This effort is intended to provide stakeholders with timely information concerning Program enrollment trends.

Certified Eligible Counts by County

PivotTable Field List:

- Choose fields to add to report:
  - MOE
  - COUNTY CODE
  - SUM\_of\_ELIGIBLES
- Drag fields between areas below:
  - Report Filter: COUNTY CODE
  - Column Labels: (empty)
  - Row Labels: MOE
  - Values: Sum of SUM\_...

Row Labels	Sum of SUM_of_ELIGIBLES
2013-07	8,468,988
2013-08	8,602,241
2013-09	8,603,896
2013-10	8,602,269
2013-11	8,621,944
2013-12	8,605,691

# Monthly Enrollment Fast Facts



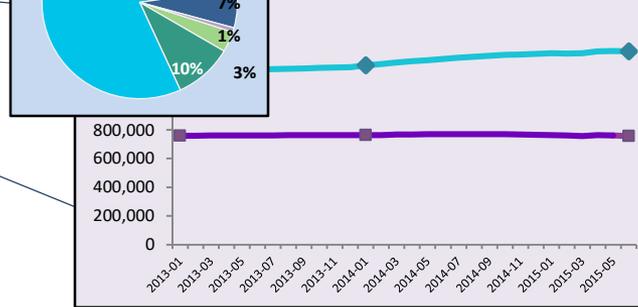
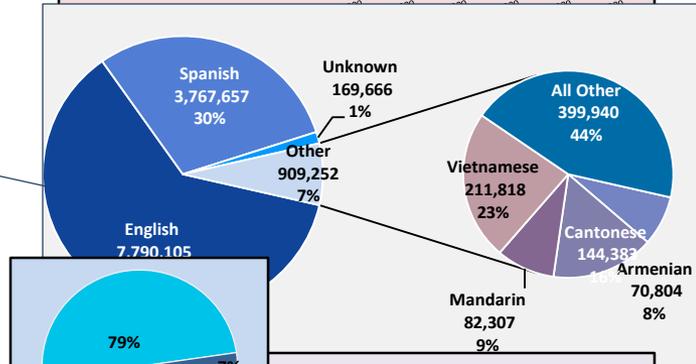
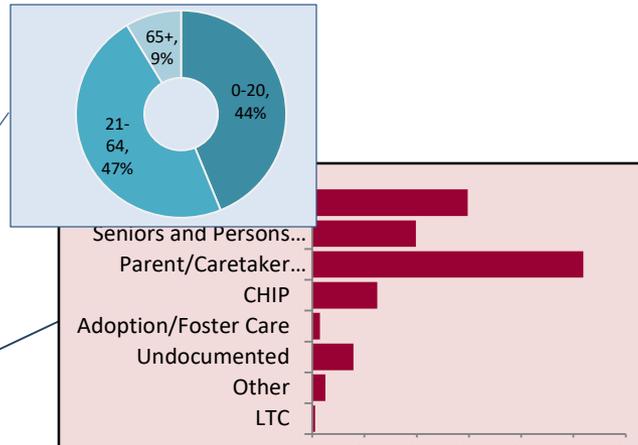
## MEDI-CAL MONTHLY ENROLLMENT FAST FACTS:

Characteristics of the Medi-Cal population as captured by MEDS

The enrollment data included in this document represent only certified eligible counts. Certified eligibles are those beneficiaries deemed qualified for Medi-Cal by a valid eligibility determination, and who have enrolled into the program. This classification excludes beneficiaries who have a monthly share-of-cost (SOC) obligation that has not been met, as well as other specific populations. Enrollment counts exclude information related to applications received or any other eligibles that may be in the process of becoming certified eligible.

The counts presented have not been adjusted for reporting lag and are considered PRELIMINARY and subject to change. Eligibility information is updated monthly, due to various adjustments made retroactively as additional information is ascertained. A specific month's enrollment count is considered nearly complete six months after the month's end and finalized 12 months after the month's end. The certified eligible counts reflected in this document incorporate three months of Medi-Cal eligibility updates and reflect roughly 99.2% of all Medi-Cal certified eligibles for the month displayed.

June 2015



On a monthly basis, RASD provides a quick and easy visual overview of recent Medi-Cal enrollment information such as:

- Total monthly enrollment
- Monthly enrollment for the ACA adult population
- Demographic distributions
- Enrollment trends among key populations

# Statistical Briefs

Medi-Cal Statistical Briefs provide information about the Medi-Cal population, service utilization and costs, current and historical trends, policy analysis, RASD methodology and more.

The short reports are designed to offer the reader a quick, but comprehensive understanding of many Medi-Cal topics that may be of interest or need to the Department and stakeholders.

