Supporting Medi-Cal: Past, Present and Future

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Who we are

• Independent philanthropy
• Established in 1996
• Grant over $30 M annually
• Dr. Sandra Hernandez becomes CEO 2014
• Vision: *Health care that works for all Californians*
How We Do Our Work

Three Program Areas

• Improving Access to Coverage and Care for Low-Income Californians

• Ensuring High-Value Care

• Informing Decisionmakers
How We Do Our Work

We support

• collaboratives and pilot projects
• research and analysis to inform policy and practice
• monitoring and evaluation
• technical assistance and stakeholder engagement
How We Do Our Work
Past
Why Eligibility and Enrollment?

1999

Many uninsured

• 6.8 million uninsured in CA
• 23% uninsured rate-- above national average

• Many eligible but not enrolled

• 30% of uninsured
• 2/3 of uninsured children eligible for HF or Medi-Cal
Past
Research to Increase Enrollment

• Year 2000, Eric Marder Associates

• What would have the greatest impact on enrollment among those eligible but not enrolled in Medi-Cal and Healthy Families?

• Draw on successful private sector market research techniques

• Improving enrollment and eligibility would have most impact
Past County Collaborative

- 2006 Medi-Cal Eligibility Process Improvement Collaborative (MEPIC)
- Medi-Cal churn among children
- 13 counties participated (Fresno, Humboldt, Lake, Lassen, Los Angeles, Napa, Nevada, Sacramento, San Diego, Santa Clara, Solano, Tulare, and Yuba)
- Results: positive impact on teams; workflow and process improvements— but varied by county; spread beyond program; some impact on retention.
Present

Consumer Experience Research

- Starting in 2014, consumer experience of CalHEERs
- By watching people apply, understand experience, usability, barriers, and capture emotional impact
- Findings: particular challenges around defining household and income, as well as interface issues
- Big picture: not easy to enroll or renew
Present
Spurring Enrollment of Newly Eligible

Medi-Cal Expansion to All Low-Income Children

• Partnered with CWDA to support statewide and regional training sessions for eligibility workers

• Communications and media strategies in partnership with The California Endowment

• Assessing and identifying needs for next phase
Future

What Next for CHCF’s work on Medi-Cal?

Get People Covered

• Continue to Expand Coverage
• Innovate and Simplify Enrollment

Ensure Access Once Covered

• Delivery system and payment reform
• Innovative Technologies and Care Models
• Monitoring and Reporting
Ideas for Partnering?

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