

2016 CWDA Conference 50 Years of Medi-Cal: Past, Present and Future

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Then and Now

	1966	2016
Enrollment	1.2 million	13.6 million
Providers	70,000	140,000
Budget	\$585 million	\$93 billion
Aid Codes	6	200+
Managed Care Plans	0	22





Benefits Identification Cards





Expansions Over the Years

- 1971: Short-Doyle community mental health services added
- 1974: CHDP Program established
- 1985: AFDC-eligible pregnant women covered
- 1986: OBRA '86 covered emergencies services for the undocumented
- 1989: Expanded income eligibility for pregnant women with incomes up to 185% of the FPL
- 1990: Expanded income eligibility for pregnant women with incomes up to 200% of the FPL and children up to 100% of the FPL
- 1993: Established the PE for Pregnant Women Program
- 2000: Established the 250% Working Disabled Program; expanded coverage to children leaving foster care, expanded income eligibility for 1931(b) parent/caretaker relatives to 100% of the FPL



Expansions Over the Years

- 2001: Expanded Aged and Disabled Poverty Level Program income eligibility to 133% of the FPL; established Continuous Eligibility for Children
- 2011: Mandatorily enrolled seniors and persons with disabilities into managed care plans
- 2012: Established Community Based Adult Services
- 2013: Expanded managed care into all 58 counties; transitioned the Healthy Families Program children to Medi-Cal
- 2014: Implemented the Affordable Care Act and Medicaid expansion for adults ages 19-64, reorganized specialty mental health and substance use disorder services into Medi-Cal



Covered Benefits

Prior to 2009 reductions

- Provided 32 of 34 coverage categories of services for adults
- Comprehensive services to individuals under the age of 21, pregnant women and institutionalized individuals based on medical necessity
- Comprehensive set of home and community based services

Restorations since the 2009 reductions

- Optometry services (partial restoration) on July 26, 2010
- Psychology services on January 1, 2014
- Partial adult dental services on May 1, 2014
- Acupuncture services on July 1, 2016





ACA Impacts



DHCS Research and Analytic Studies Division, May 2016



Enrollment by Aid Category



DHCS Research and Analytic Studies Division, May 2016



Medi-Cal Delivery Systems



DHCS Research and Analytic Studies Division, May 2016



Snapshot: Health Care for All Children

- SB 75, Section 35 (Chapter 18, Statutes of 2015), implemented on May 16, 2016, makes available full-scope Medi-Cal benefits for individuals under age 19, who do not meet satisfactory immigration status, but meet all other eligibility requirements for the Medi-Cal program.
- Target population:
 - <u>New enrollee population</u>: Meets all eligibility requirements for this initiative but are not yet enrolled in the Medi-Cal program.
 - Transition population: Individuals under age 19, who are currently enrolled in restricted scope Medi-Cal.





How many could we enroll?

- As of May 2016, DHCS estimated there were 250,000 undocumented children who are eligible for full-scope Medi-Cal.
 - 121,000 in restricted scope Medi-Cal transitioning to full scope.
 - 59,000 in local health programs, but not currently in Medi-Cal.
 - 70,000 eligible but not enrolled in any health coverage program.
- DHCS estimates 64,500 (50 percent) of eligible children not enrolled in Medi-Cal will take up coverage by May 2017.





So what happened?

- As of September 26, 2016, approximately 119,000 (98 percent) children previously in restricted scope coverage, have been transitioned to full-scope Medi-Cal, retroactive to May 1, 2016.
- As of September 1, 2016, approximately 23,100 children have been determined newly eligible for full scope Medi-Cal (36 percent of estimate).



Medi-Cal Goals

- Maintain/control program costs
 - High cost users
 - High cost drugs
- Maintain and build the use of organized delivery systems
 - Use of performance indicators and quality measures
 - Use of measurable objectives on key metrics or indicators
- Continue to move from episodic/volume of care to one that focuses on prevention, quality, and outcomes
- Maintain access to care
- Maintain and support the infrastructure of safety net delivery systems (hospitals, clinics, providers)





Medi-Cal Goals (cont.)

- Integrated health care across delivery systems
 - Medical, dental, mental health, substance use disorders
- Care and treatment of vulnerable populations
 - Children with special health care needs
 - Foster care
 - Seniors and persons with disabilities
- Medi-Cal 2020 Waiver
 - Public Hospital Redesign and Incentives in Medi-Cal (PRIME)
 - Global Payment Program (GPP)
 - Dental Transformation Initiative (DTI)
 - Whole Person Care (WPC)



Thank You

