2016 CWDA Conference

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

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## Then and Now

<table>
<thead>
<tr>
<th></th>
<th>1966</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrollment</td>
<td>1.2 million</td>
<td>13.6 million</td>
</tr>
<tr>
<td>Providers</td>
<td>70,000</td>
<td>140,000</td>
</tr>
<tr>
<td>Budget</td>
<td>$585 million</td>
<td>$93 billion</td>
</tr>
<tr>
<td>Aid Codes</td>
<td>6</td>
<td>200+</td>
</tr>
<tr>
<td>Managed Care Plans</td>
<td>0</td>
<td>22</td>
</tr>
</tbody>
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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
Enrollment by Aid Category

- Undocumented: 710,268
- Seniors and Persons with Disabilities: 2,001,439
- Parent/Caretaker Relative & Child: 5,509,608
- Other: 174,785
- LTC**: 54,495
- CHIP: 1,302,333
- Adoption/Foster Care: 155,963
- ACA Expansion Adult – Ages 19 to 64: 3,661,304

Certified Eligibles
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:
  o **New enrollee population**: Meets all eligibility requirements for this initiative but are not yet enrolled in the Medi-Cal program.
  o **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