



MEDI-CAL STATISTICAL BRIEF

MEDI-CAL MONTHLY ELIGIBLES TREND REPORT FOR JANUARY 2014

Abstract

For the month of January 2014, RASD estimates the number of Medi-Cal certified eligibles to be 9,390,600. Since January 2013, Medi-Cal has added about 1.5 million eligibles, primarily resulting from the absorption of children from the former Healthy Families Program, who transitioned into the Medi-Cal Targeted Low Income Children's Program (TLICP) throughout 2013, and participants from the Low-Income Health Program (LIHP), who qualified for Medi-Cal on January 1st under the Affordable Care Act's expanded Medicaid eligibility criteria.

Medi-Cal Enrollment Trends

Each month, the California Department of Health Care Services (DHCS), Research and Analytic Studies Division (RASD) compiles and presents an estimate of the trend in Medi-Cal eligibles over the most recent 24 months. This report is designed to provide stakeholders with timely explanations of material changes in enrollment trends.

For the month of January 2014, the estimated number of Medi-Cal certified eligibles was 9,390,600. This represents a 7.3% monthly increase over the current estimate for December 2013 and a 19.4% increase in enrollment since January 2013 (See Figures 1 and 2).¹ January's increase resulted mostly from the transfer of individuals from the [Low Income Health Program](#) (LIHP) into Medi-Cal. The other eligibles contributing to the 19.4% increase in Medi-Cal enrollment since January 2013 were mostly children formerly enrolled in

California's Healthy Families Program, which was discontinued at the end of December 2012. They were transitioned into Medi-Cal in four phases during 2013.

Figure 1 - Number of Certified Eligibles and Month-over-Month Percent Change; December 2012-January 2014

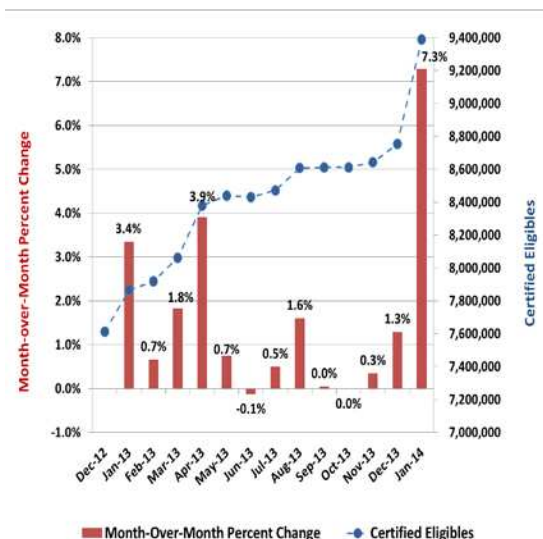
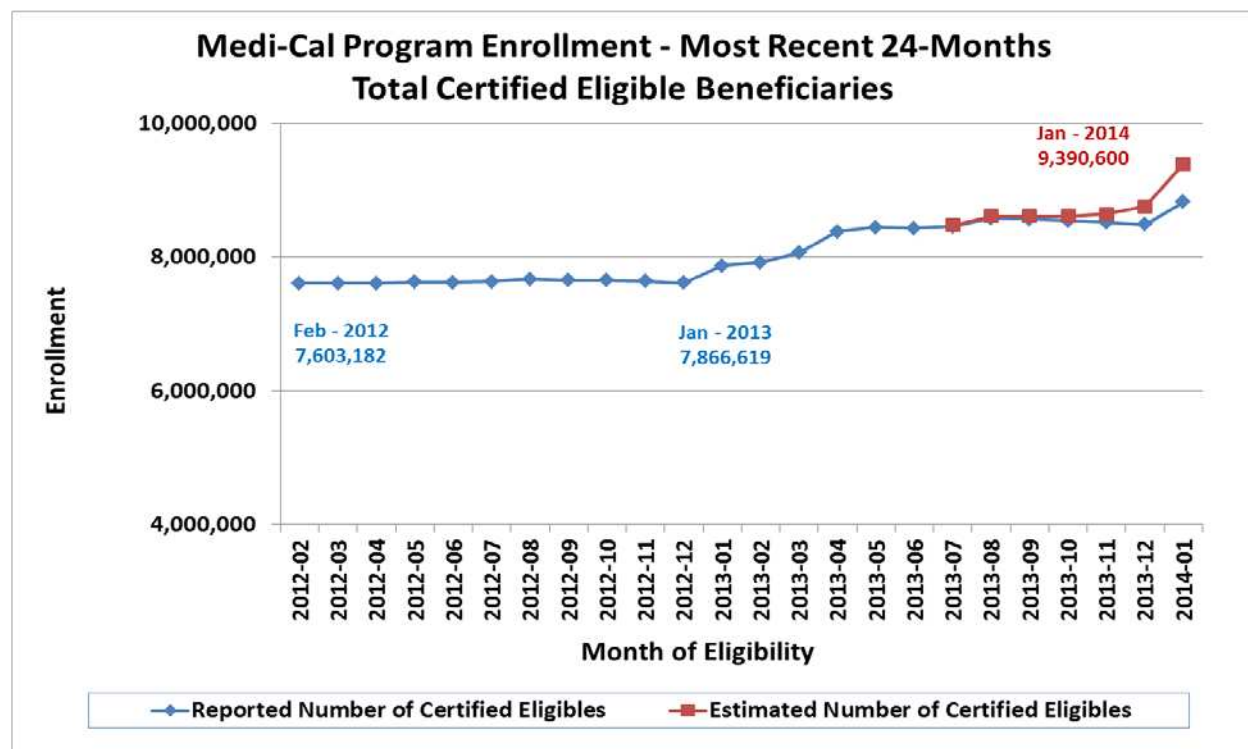


Figure 2 – Medi-Cal Program Enrollment – Most Recent 24 Months, Total Certified Eligible Beneficiaries; January 2014



For the month of January 2014, 624,115 individuals were certified eligible for Medi-Cal in aid code L1, which identifies eligibles previously enrolled in the LIHP.

In January, another 14,515 first-time Medi-Cal eligibles enrolled in aid code M1. Aid code M1 identifies adults aged 19 to 64 lawfully present in the United States and newly eligible for Medi-Cal under the Affordable Care Act (ACA). Eligibility for this group is determined using the Modified Adjusted Gross Income (MAGI) methodology.

At this time, there may be additional individuals newly eligible under this aid code that have applied for Medi-Cal coverage and were at an intermediate stage of the application process as of January 2014. The 14,515 reported under aid code

M1 are those who completed the eligibility determination process and in January appeared in the Medi-Cal Eligibility Data System (MEDS) as certified eligibles.

A Brief History of the LIHP

In November 2010, in preparation for the expected surge in Medi-Cal enrollment associated with the implementation of the ACA, a waiver was granted to California pursuant to [§1115 of the Social Security Act](#). The waiver, entitled “The Bridge to Reform Demonstration,” granted California \$10 billion in federal funds to invest in the state’s health delivery system. The Bridge to Reform allowed counties the option to develop a LIHP to provide health care coverage to low-income adults not eligible for Medi-Cal prior to 2014.²

The program was divided into two parts: 1) the Medicaid Coverage Expansion (MCE), which enrolled adults with household incomes at or below 133% of the Federal Poverty Level (FPL); and 2) the Health Care Coverage Initiative (HCCI)³, which enrolled individuals with incomes above 133% FPL but not more than 200% FPL. To qualify, an individual was required to be a non-pregnant citizen or legal resident between 19 and 64 years old, and be able to satisfy their county's specific income and residency requirements. Household income eligibility limits varied among participating counties.⁴

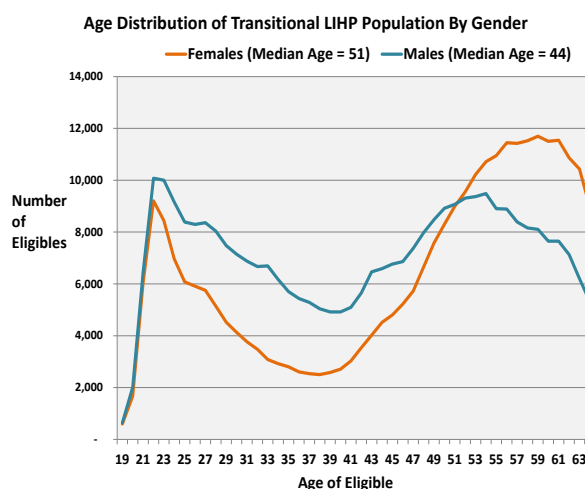
LIHPs became active beginning July 1, 2011 and provided coverage until their statutory sunset date of December 31, 2013. In January 2014, the MCE population was transferred into Medi-Cal under the L1 transitional aid code, while the HCCI population became eligible for subsidized health coverage through the Covered California health insurance exchange.

The L1 population is comprised of non-elderly adults who qualify for Medi-Cal under the same eligibility criteria as those who qualify under aid code M1. The difference is that unlike those initially enrolled under aid code M1, the L1 eligibles were previously enrolled in the LIHP. As the L1 eligibles undergo eligibility re-determination, they will be transitioned into aid code M1⁵. The revised annual eligibility redetermination process (conforming to ACA requirements), was introduced on January 1, 2014. This new process will be used to conduct MAGI Medi-Cal eligibility redeterminations throughout 2014.

Demographic Characteristics of the LIHP Transition Eligibles

The 624,115 new eligibles classified under aid code L1 included 296,600 (47.5%) females and 327,515 (52.5%) males. As displayed in Figure 3, the LIHP transition population revealed a bimodal age distribution containing a large cohort of individuals between the ages of 19 and 34 (30.5%) concentrated in their early 20s and a much smaller cohort between the ages of 35 and 44 (13.8%). The population also contained large cohorts for ages 45 through 54 (25.9%), and ages 55 through 64 (29.9%).

Figure 3 - Age Distribution of Transitional LIHP Population by Gender; January 2014

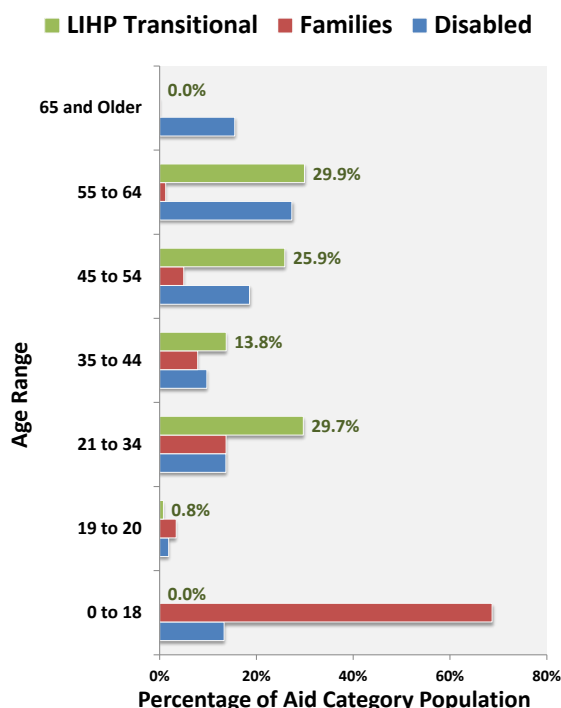


The mean age for the combined population was 44.23 years, and the median age was 47 years. Female members of the transitional LIHP population were older on average than their male counterparts. Females had a mean age of 46.24 and a median age of 51. Male members of the transitional LIHP population had a mean age of 42.41 and a median age of 44. As displayed in Figure 4,

the LIHP transition population was both older on average than Medi-Cal eligibles enrolled in family aid codes, and slightly younger on average than those enrolled in aid codes for the disabled.

About 36% of the transitional LIHP population newly enrolled in Medi-Cal in January was identified as Hispanic; 28% as Caucasian, non-Hispanic; 16% as African-American; and 10% as Asian (Figure 5).

Figure 4 - Age Distribution of LIHP Transitional Eligibles Compared to Eligibles in Family and Disabled Aid Codes; January 2014



Nearly 77% of the transitional LIHP population indicated that they spoke English as their primary language (see Figure 6). Spanish, Vietnamese, Cantonese and Mandarin were the languages most

widely spoken among those indicating a primary language other than English.

Figure 5 - Distribution of LIHP Transitional Population By Ethnicity; January 2014

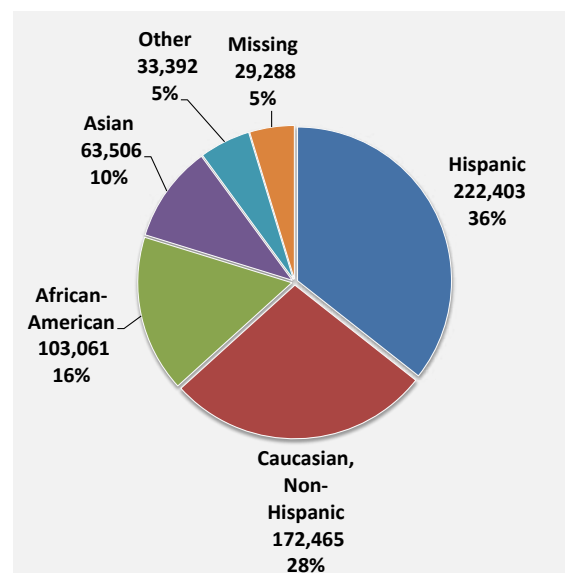
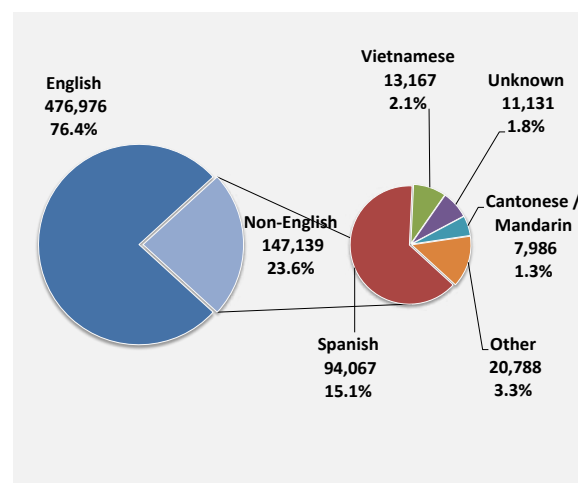


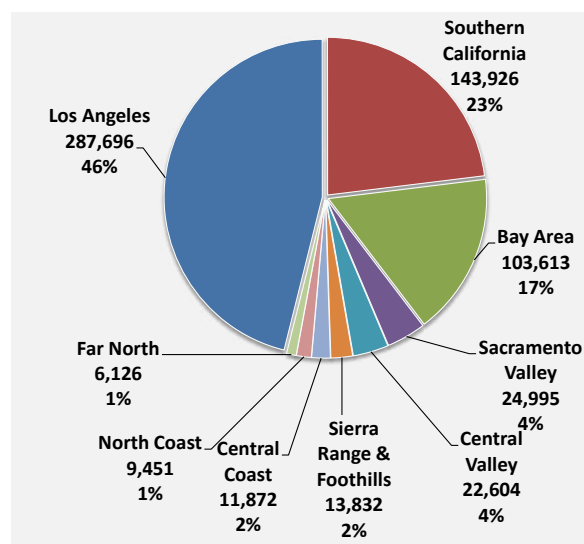
Figure 6 - Distribution of LIHP Transition Eligibles by Primary Language; January 2014



As displayed in Figure 7, Los Angeles County was the most common county of residence for the transitional LIHP population (46%). The area with the second-

greatest concentration of LIHP transitional eligibles was Southern California, not including Los Angeles (23%). The Bay Area contained the third-greatest concentration of LIHP transition eligibles (17%). The Sacramento Valley and Central Valley each contributed 4% to the LIHP population.

Figure 7 - Distribution of LIHP Transition Eligibles by Statewide Region; January 2014



Counting Certified Medi-Cal Eligibles

To determine the number of current enrollees, DHCS uses a special definition of Medi-Cal beneficiaries referred to as ***certified eligibles***. Certified eligibles are those beneficiaries deemed qualified for Medi-Cal by a valid eligibility determination, and who have enrolled into 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 beneficiaries who have a monthly share-of-cost (SOC) obligation that has not been met. Finally, some specific populations are excluded from

certified eligible counts, including California's Family PACT members and pregnant women granted provisional Medi-Cal enrollment under the Presumptive Eligibility (PE) program.

Estimation Method

Each month's reported count of certified eligibles represents only a portion of that month's actual and final count. The most recent month's count will generally display the greatest discrepancy between the reported and final actual count. This is due to various adjustments that are made retroactively to the enrollment dataset as additional information is ascertained.

Through the passage of time, the reported count for a particular month gravitates closer and closer to the actual final count. In order to estimate a particular month's actual and final certified eligible count, historical experience can be used. For example, hypothetically, if we know that the number of individuals certified eligible in January—the most recent month—is 8 million and the most recent month's count historically represents roughly 98% of the final actual count, we can adjust the month's reported count. In this case, dividing 8 million by .98 would result in roughly 8.16 million certified eligibles, indicating that we expect the final month's certified eligible count to rise from 8 million to 8.16 million, after the passage of time.

A specific month's count is considered nearly complete 6 months after the month's end and finalized 12 months after the month's end.

In January 2014, 56 new Medi-Cal aid codes became effective. The count of eligibles enrolled under them has not been adjusted for the estimate. For most, there is no reporting history available that can be used to calculate applicable adjustment factors, and the numbers during this first month are still quite small. These counts should be considered preliminary and subject to change.

In terms of the established LIHP program, the retroactive eligibility concept is not applicable. Therefore, the number of eligibles reported under the L1 aid code is similarly unadjusted.

Additional Resources

For more information on the LIHP transition, see DHCS' LIHP Transition website at:

<http://www.dhcs.ca.gov/provgovpart/pages/lihp.aspx>

Where Can I Find More Information on the Medi-Cal Population?

Analysis for this report was done by the Department's RASD, which compiles official statistics and performs analytical studies to assist DHCS in achieving its mission and goals. More information regarding Medi-Cal enrollment, program expenditures, and other relevant topics is available at the RASD website.

To find more reports like this one or to learn more about the Medi-Cal population, please use the many resources available at the following websites:

The web address of DHCS' RASD is:

http://www.dhcs.ca.gov/dataandstats/statistics/Pages/RASS_Default.aspx

The DHCS Medi-Cal Budget Estimates can be found at:

<http://www.dhcs.ca.gov/dataandstats/reports/mcestimates/Pages/default.aspx>

IF YOU PLAN TO CITE THIS PAPER IN A SUBSEQUENT WORK, WE SUGGEST THE FOLLOWING CITATION:

California Department of Health Care Services, Research and Analytic Studies Division. *Medi-Cal Monthly Eligibles Trend Report for January 2014*. Sacramento, CA: California Department of Health Care Services.

PLEASE NOTE:

This document provides a brief summary of complex subjects and should be used only as an overview and general guide to the Medi-Cal program. The views expressed herein do not necessarily reflect the policies or legal positions of the California Health and Human Services Agency (CHHS) or the California Department of Health Care Services (DHCS). These summaries do not render any legal, accounting, or other professional advice, nor are they intended to explain fully all of the provisions or exclusions of the relevant laws, regulations, and rulings of the Medicare and Medicaid programs. Original sources of authority should be researched and utilized.

Endnotes

¹ Research and Analytic Studies Division. (2013). Medi-Cal Certified Eligibles. Available at: http://www.dhcs.ca.gov/dataandstats/statistics/Pages/RASB_General_Medi_Cal_Enrollment.aspx

² DHCS, Low Income Health Program Branch. (2011, March). *California's Bridge to Reform Demonstration – Low Income Health Program*. Retrieved from: <http://www.dhcs.ca.gov/provgovpart/Documents/LIHP/LIHP%20Fact%20Sheet.pdf>

³ "California's Health Care Coverage Initiative (HCCI) program began on September 1, 2007. HCCI extended health care coverage to more than 230,000 low-income uninsured adults who were not otherwise eligible for public programs such as Medi-Cal. Ten counties participated in the HCCI program: Alameda, Contra Costa, Kern, Los Angeles, Orange, San Diego, San Francisco, San Mateo, Santa Clara, and Ventura. The HCCI program was authorized under California's 2005 §1115 waiver (No. 11-W-00193/9).

The HCCI program was initially scheduled to end on August 31, 2010. However, in November 2010, California received approval to implement the Low Income Health Program (LIHP), which effectively extended and expanded HCCI into a new statewide program that ran through 2014. HCCI enrollees continued to receive coverage, and transitioned to LIHP in July 2011." For more information see "About the Health Care Coverage Initiative", UCLA Center for Health Policy research, Retrieved from: [http://healthpolicy.ucla.edu/programs/health-](http://healthpolicy.ucla.edu/programs/health-economics/projects/coverage-initiative/health-care-coverage-initiative/Pages/about.aspx)

[economics/projects/coverage-initiative/health-care-coverage-initiative/Pages/about.aspx](http://healthpolicy.ucla.edu/programs/health-economics/projects/coverage-initiative/health-care-coverage-initiative/Pages/about.aspx)

⁴ We Connect. Available Now: Low-Income Health Program (LIHP). Retrieved from: <http://www.weconnect.net/index.php/explorehhh/health/16-enrollment/152-lihp>

⁵ See Medi-Cal Eligibility Division Information Letter 14-01, Low-Income Health Program (LIHP) Transition to Medi-Cal, January 9, 2014, <http://www.dhcs.ca.gov/services/med-cal/eligibility/Documents/ACWDL2014/14-01.pdf>