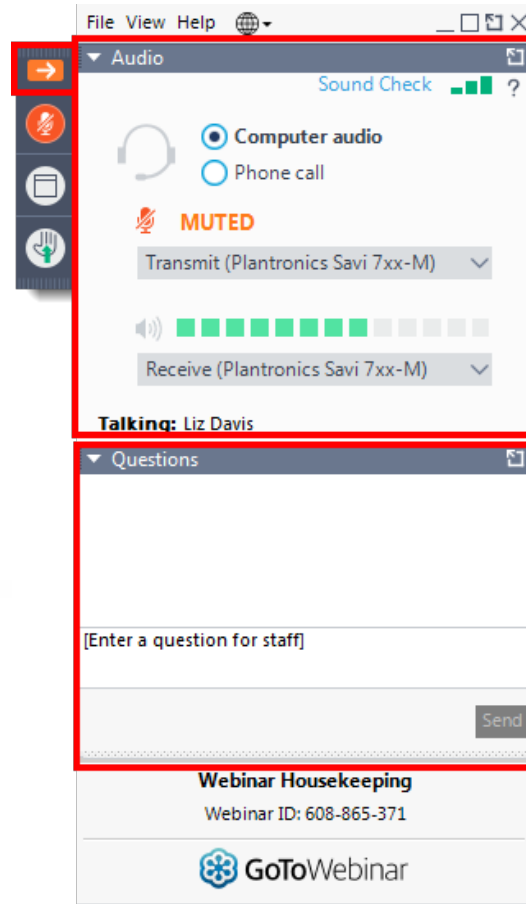

ITUP POLICY FORUMS

Medi-Cal Enrollment: Where are All the People?



December 2, 2020

Welcome to the Webinar!



Your Participation

Open and close your control panel

Join audio:

- Choose **Mic & Speakers** to use VoIP
- Choose **Telephone** and dial using the information provided

Submit questions and comments at any time via the Questions panel

Reminder: Today's presentation is being recorded and will be available within 48 hours.

Who We Are



Insure the Uninsured Project

- Nonpartisan, independent 501 (c)(3) organization, founded in 1996
- The mission of ITUP is to promote innovative and workable policy solutions that expand health care access and improve the health of Californians
- ITUP implements its mission through policy-focused research and broad-based stakeholder engagement

ITUP Vision / Values



ITUP Seeks a Health Care System that is:

- Universal** – All Californians are eligible for comprehensive health coverage and services, including primary, specialty, behavioral, oral, and vision health services, as well as services that address the social determinants of health
- Equitable** – All Californians receive health care coverage, treatment, and services that address the social determinants of health regardless of health status, age, ability, income, language, race, ethnicity, gender identity, sexual orientation, immigration status, and geographic region
- Accessible** – All Californians have access to coverage options and services that are available, timely, and appropriate
- Effective** – Health, health care, and related services that address the social determinants of health are person-centered, value-based, coordinated, and high-quality
- Affordable** – Coverage and services are affordable for consumers at the point of purchase and care; and, at the health system level for public and private purchasers



ITUP POLICY FORUMS

Medi-Cal Enrollment: Where are all the People?

December 2, 2020

10:00 a.m. – 12:00 p.m.

<https://attendee.gotowebinar.com/register/4052050403827435791>

AGENDA	
10:00 – 10:10 a.m.	Welcome and Introductions
10:10 – 10:50 a.m. <i>Includes Q&A</i>	Status Update: Current California Enrollment Trends René Mollow, MSN , Deputy Director, Health Care Benefits & Eligibility, Department of Health Care Services Ben Johnson, MPP , Principal Fiscal & Policy Analyst, Legislative Analyst's Office Cathy Senderling-McDonald, MS , Deputy Executive Director, County Welfare Directors Association of California Katie Heidorn, MPA , Executive Director, Insure the Uninsured Project (Moderator)
10:50 – 11:50 a.m. <i>Includes Q&A</i>	State and National Enrollment Trends: Community Perspectives Joe Weissfeld, MPP , Director of Medicaid Initiatives, FamiliesUSA Miranda Dietz, MPP, Research and Policy Associate , Health Care Program, UC Berkeley Labor Center David Kane, JD , Staff Attorney, Western Center on Law & Poverty Georgina Maldonado , Executive Director, Community Health Initiative of Orange County Katie Heidorn, MPA , Executive Director, Insure the Uninsured Project (Moderator)
11:50 a.m. – 12:00 p.m.	Takeaways and Wrap Up
12:00 p.m.	Adjourn

Today's Agenda

René Mollow, MSN

*Deputy Director, Health Care Benefits & Eligibility,
Department of Health Care Services*

Ben Johnson, MPP

Principal Fiscal & Policy Analyst, Legislative Analyst's Office

Cathy Senderling-McDonald, MS

*Deputy Executive Director, County Welfare Directors Association
of California*

Status Update:
Current
California
Enrollment
Trends



Medi-Cal Enrollment Update

*René Mollow, Deputy Director Health Care
Benefits and Eligibility*

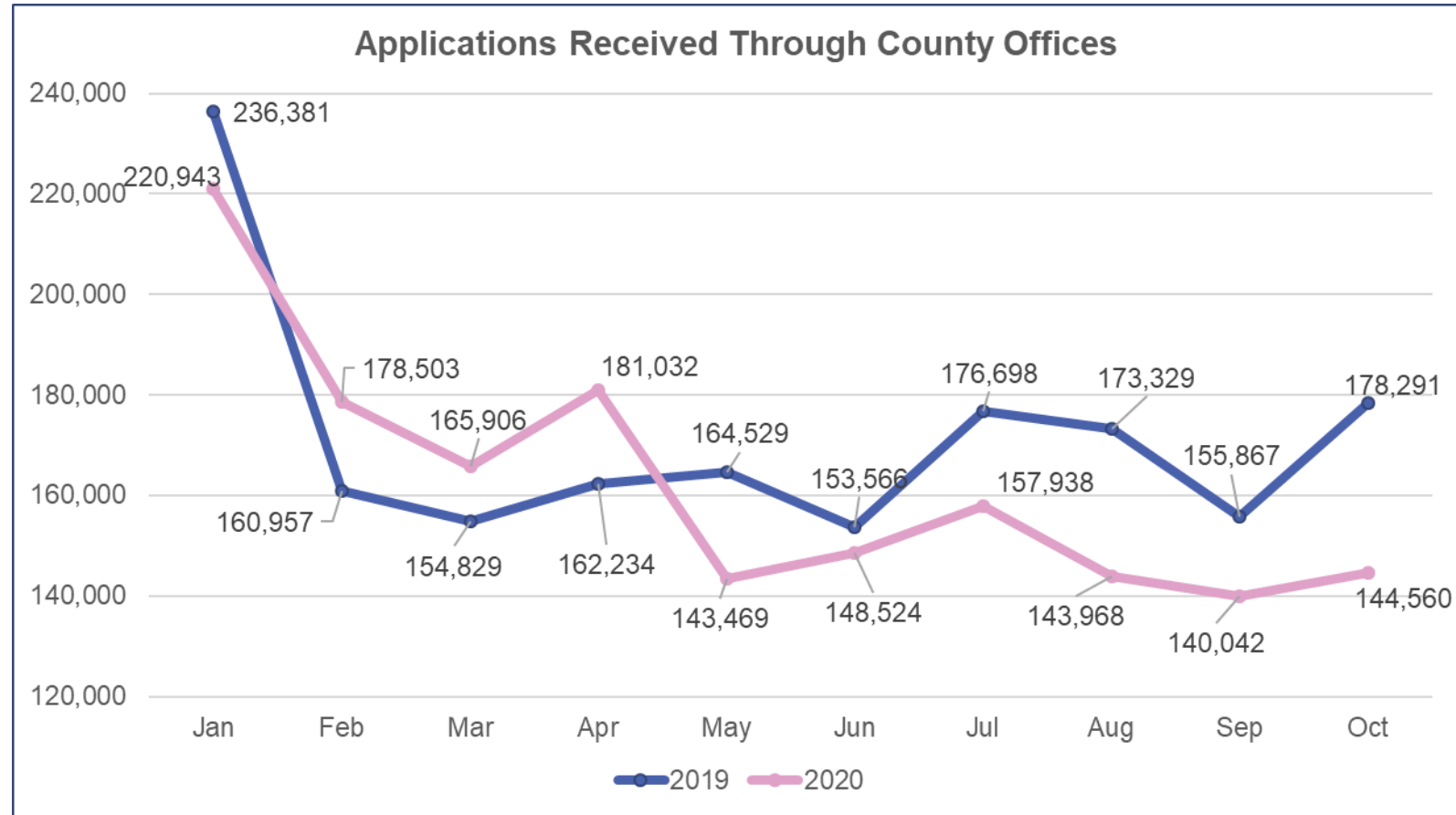


Efforts to Date

- Public Health Emergency – March 2020
 - Maintenance of Eligibility Requirements
 - Coverage of Uninsured Populations for COVID- 19 Testing
 - Enrollment projections
- Current Efforts
 - Reinstatements of Inadvertent Disenrollments
 - Targeted outreach for Medi-Cal enrollment
 - Ongoing monitoring of enrollments
- Post Public Health Emergency



Medi-Cal Applications



Data Source: Statewide Automated Welfare Systems (SAWS) Provided One Month after the Reported Month



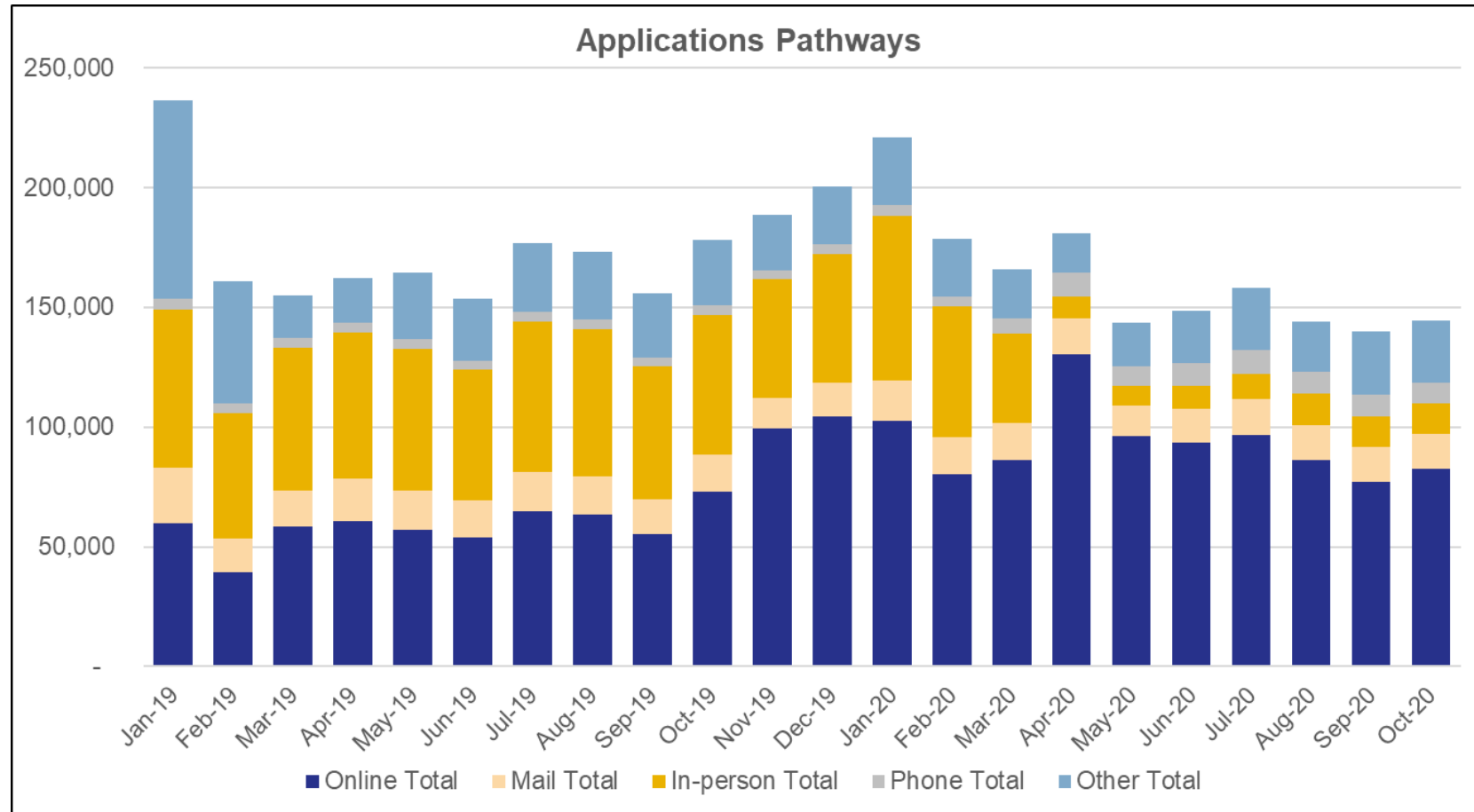
County Application Pathways

- Online
- In Person
- Phone
- Mail/Fax
- Other
 - Includes applications received from sources not included in the above categories, such as those received by IHSS, and CBO(s) referrals, etc.

Note: This data is reported at the application level, with a single application potentially including more than one person (for example, a parent and two children are likely to apply for health coverage on a single application).



County Application Pathway All Pathways



Data Source: Statewide Automated Welfare Systems (SAWS) Provided One Month after the Reported Month



Medi-Cal Presumptive Eligibility (PE)

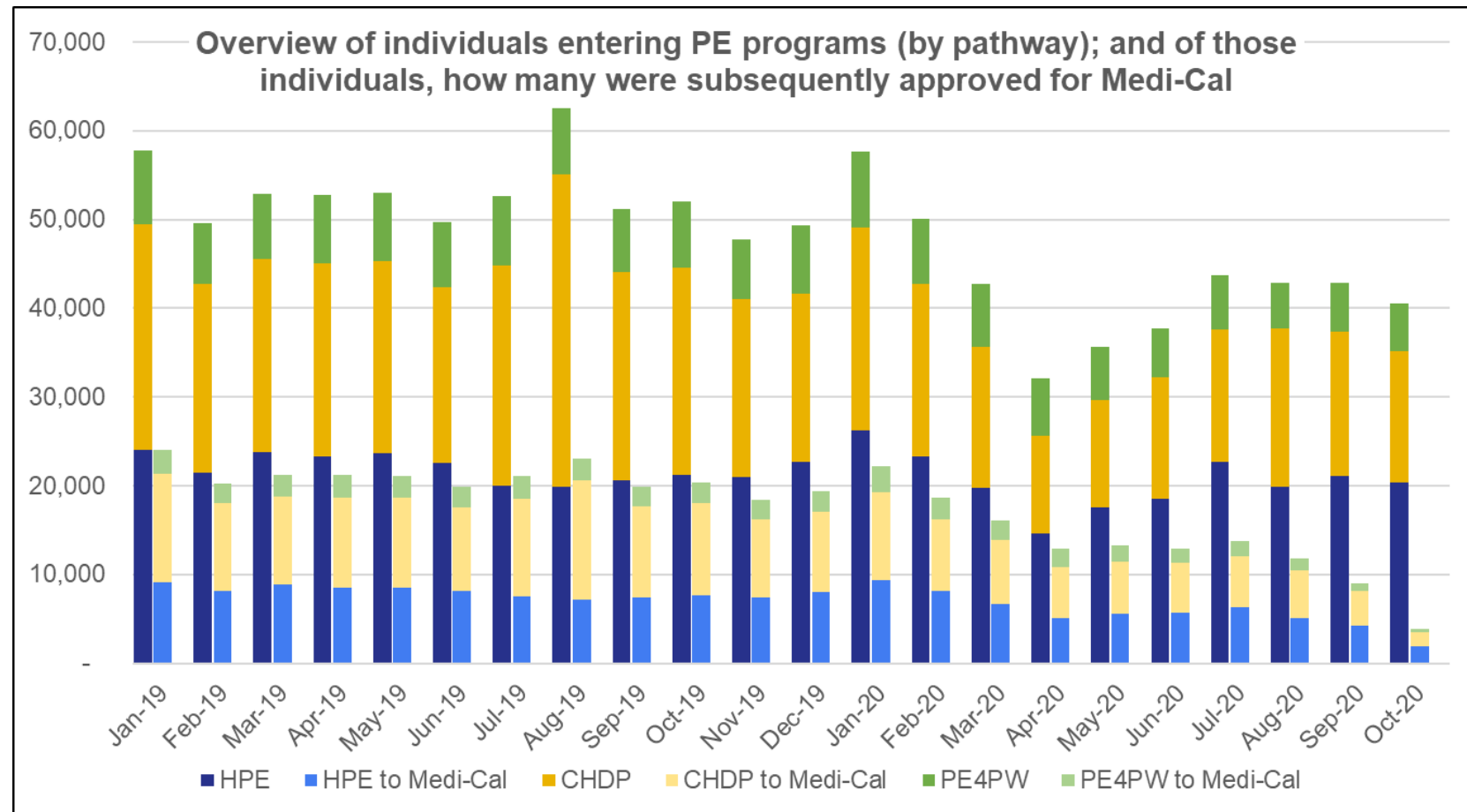
There are a variety of Medi-Cal PE programs designed to provide immediate, temporary coverage for eligible low-income individuals, pending a formal Medi-Cal application.

The following are four such programs:

- Hospital Presumptive Eligibility
- Child Health and Disability Program Gateway
- Presumptive Eligibility for Pregnant Women
- Breast and Cervical Cancer Treatment Program



Overview of PE Individuals

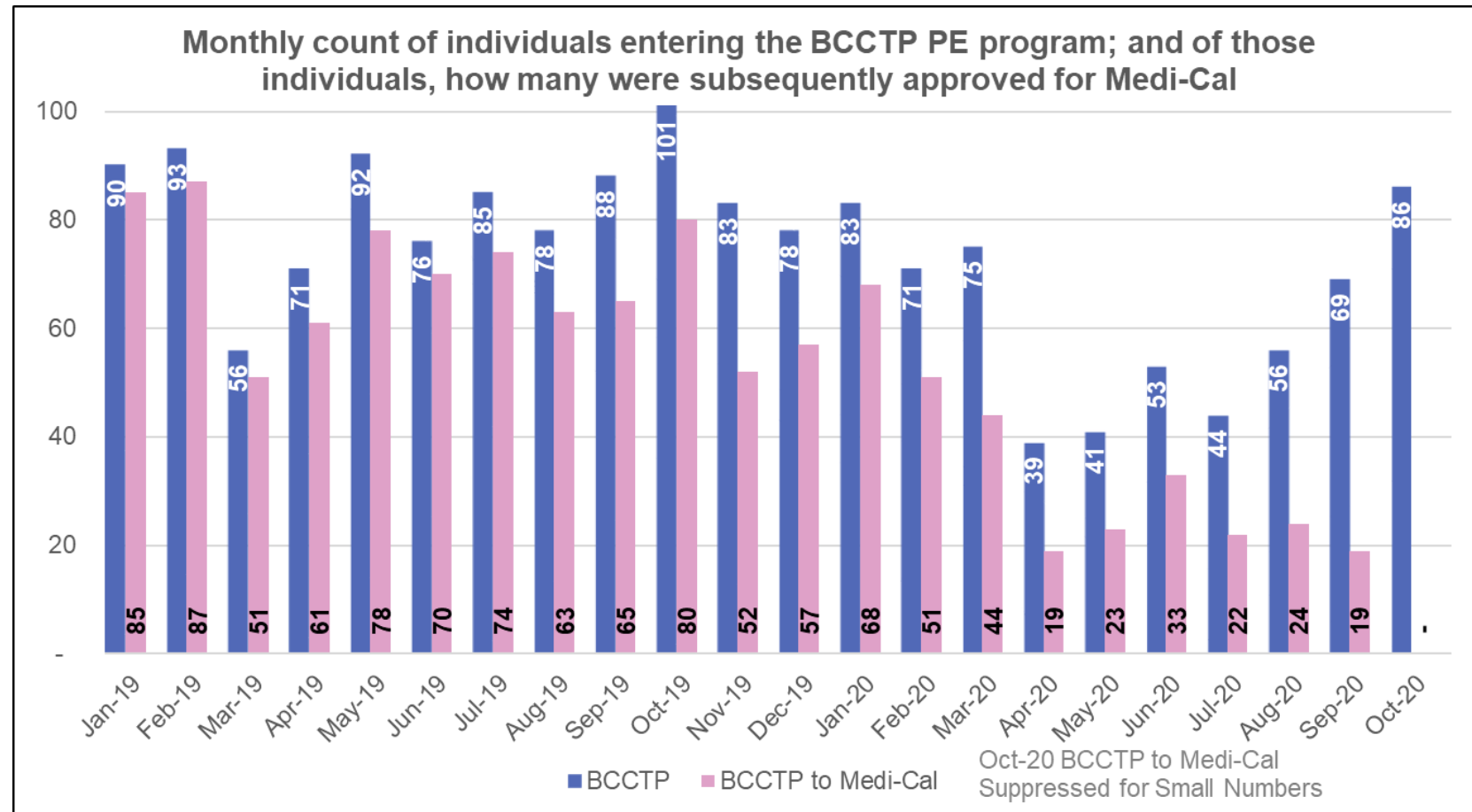


Data Source: Extracted from MIS/DSS on 13NOV2020; Data has been refreshed for the most recent 12 month period

Note: BCCTP PE counts are depicted on a separate slide due to proportionally small population size



BCCTP PE Individuals



Data Source: Extracted from MIS/DSS on 13NOV2020; Data has been refreshed for the most recent 12 month period



Medi-Cal

New Enrollment Data

Medi-Cal New Enrollment Data includes the following cohorts:

Total NEW Enrollments - The sum of *Newly Enrolled* and *Re-Enrolled* individuals (the Universe).

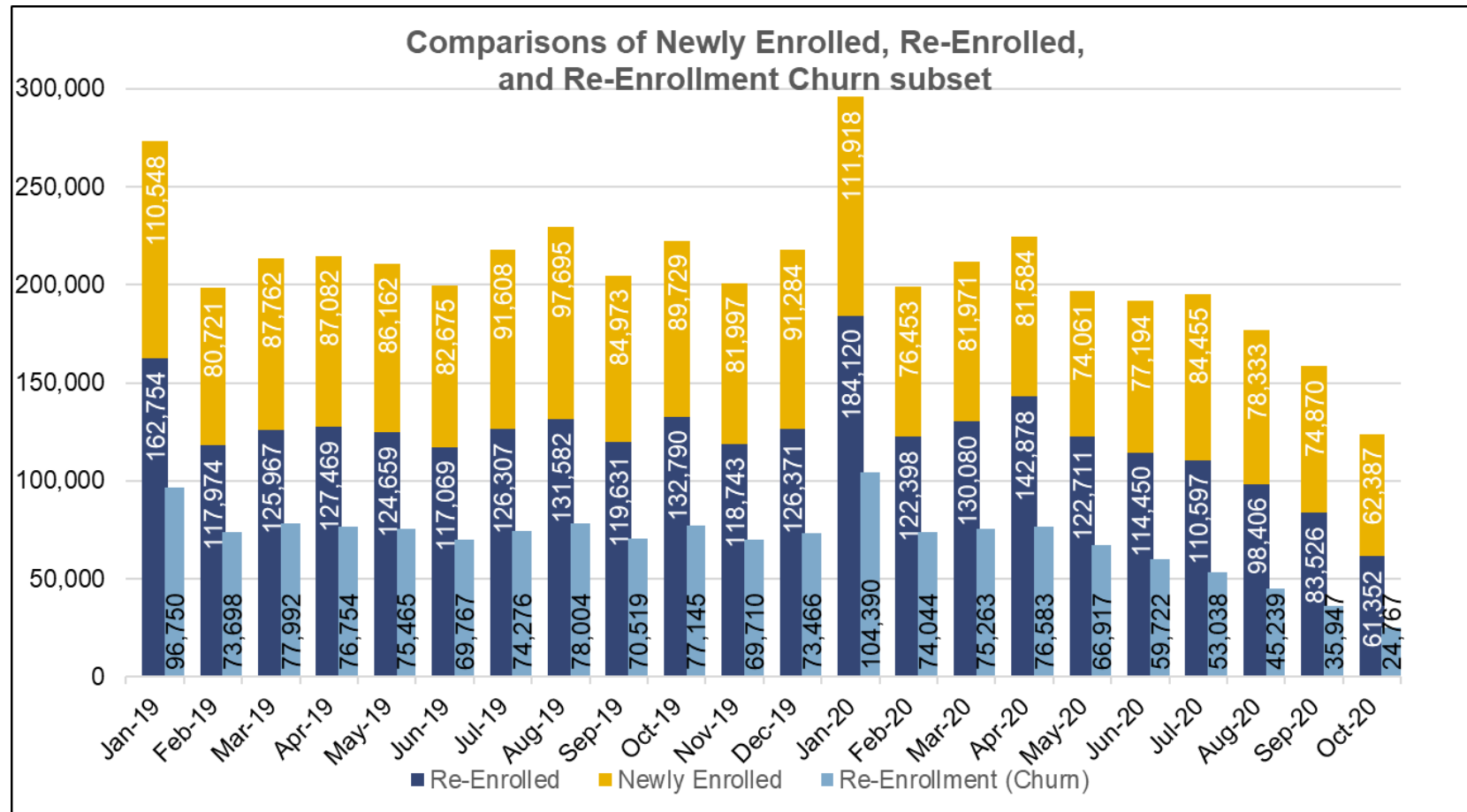
Newly Enrolled - Individuals with no prior history of Medi-Cal coverage.

Re-Enrolled - Individuals who experienced a break in coverage and came back to the Medi-Cal program by reapplying, and being determined eligible for Re-Enrollment into the program.

- Different from *Newly Enrolled*, these are individuals with a prior history of Medi-Cal coverage within the previous 15+ year period, but whose Medi-Cal was subsequently discontinued at some point in the past, thereby requiring the individual to reapply.
- **Re-Enrollment Churn** (A subset of *Re-Enrolled*) - Individuals who experienced a break in coverage and came back to the Medi-Cal program by reapplying, and being determined eligible for Re-Enrollment into the program.
 - This subset of *Re-Enrolled* individuals have a prior history of Medi-Cal coverage within the previous 12 month period, but whose Medi-Cal was subsequently discontinued at some point in that 12 month period, thereby requiring the individual to reapply.
 - The methodology used to obtain the Churn data was refined on 10/14/2020.



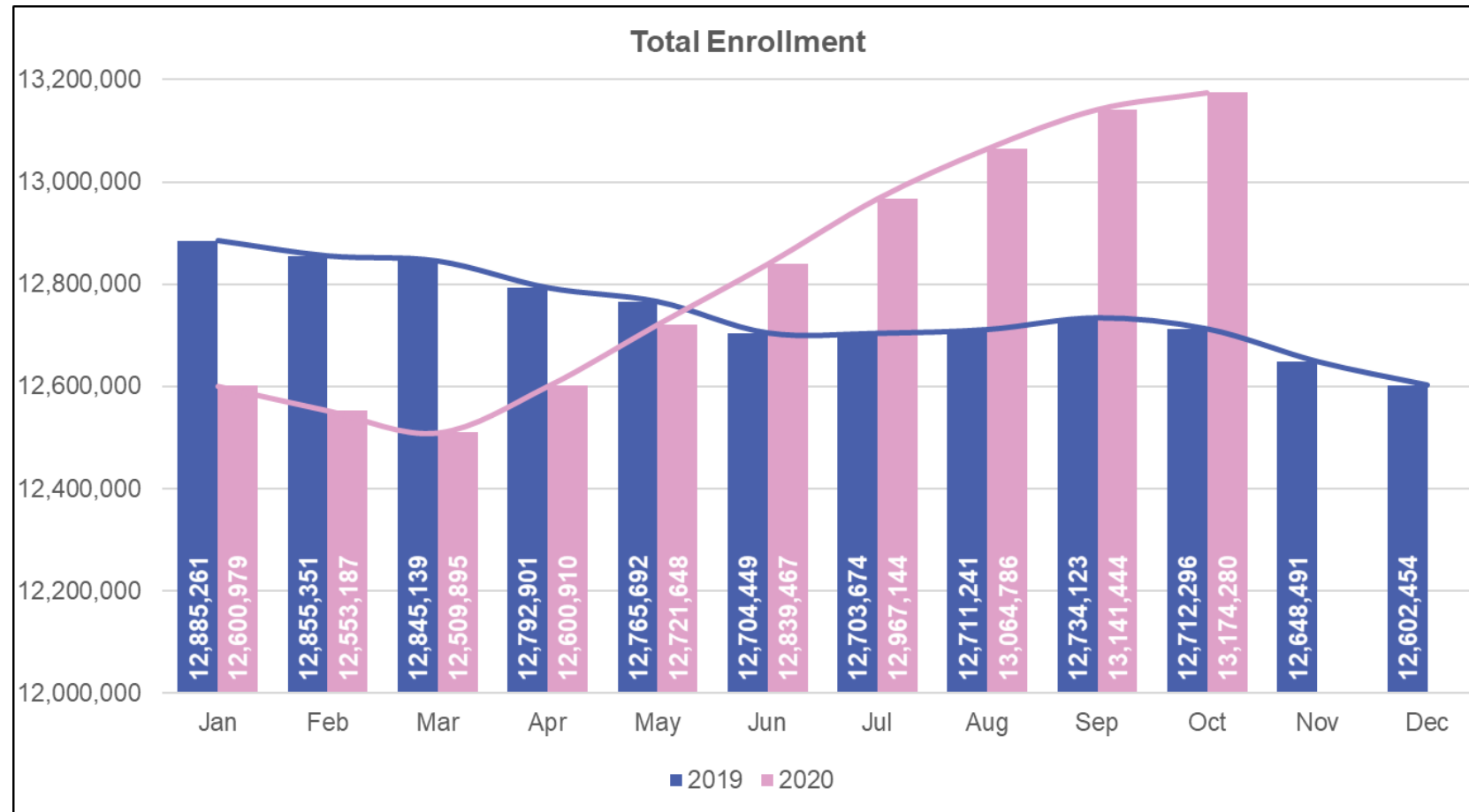
Medi-Cal New Enrollment Cohorts



Data Source: Extracted from MIS/DSS 18NOV2020; Data has been refreshed for the most recent 12 month period



Medi-Cal TOTAL Enrollment



Data Source: Extracted from MIS/DSS 13NOV2020 *October 2020 Data is Preliminary

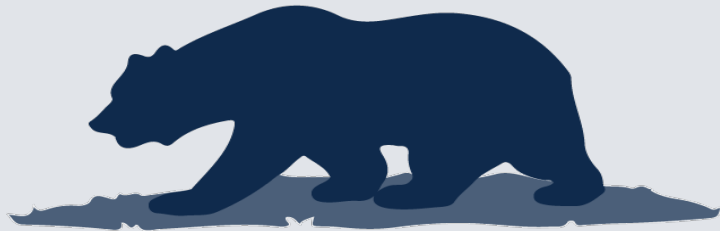
12/3/2020

All presented data between 11/2019 and 10/2020 in this report have been updated as of 11/13/2020. The presented eligible counts are subject to change due to delays in Medi-Cal eligibility data updates. Eligibility counts for a specific month are considered complete for statistical reporting purposes 12 months after the month's end.



Thank You

Medi-Cal Enrollment Under the COVID-19 Pandemic



Presented to:

Insure the Uninsured Project Policy Forum

Ben Johnson

December 2, 2020

Legislative Analyst's Office

The *2020-21 Budget Act* Overstated Medi-Cal Caseload Growth

2020-21 Budget Act **Assumptions:**

- Caseload growth of 2 million enrollees between March 2020 and July 2020.
- Higher General Fund costs of \$3 billion across 2019-20 and 2020-21 than if pandemic had not taken place.

Revised Caseload (LAO Fiscal Outlook):

- Actual caseload growth of 500,000 enrollees between March 2020 and July 2020.
- Higher estimated General Fund costs of \$1.8 billion across 2019-20 and 2020-21 than if pandemic had not taken place.

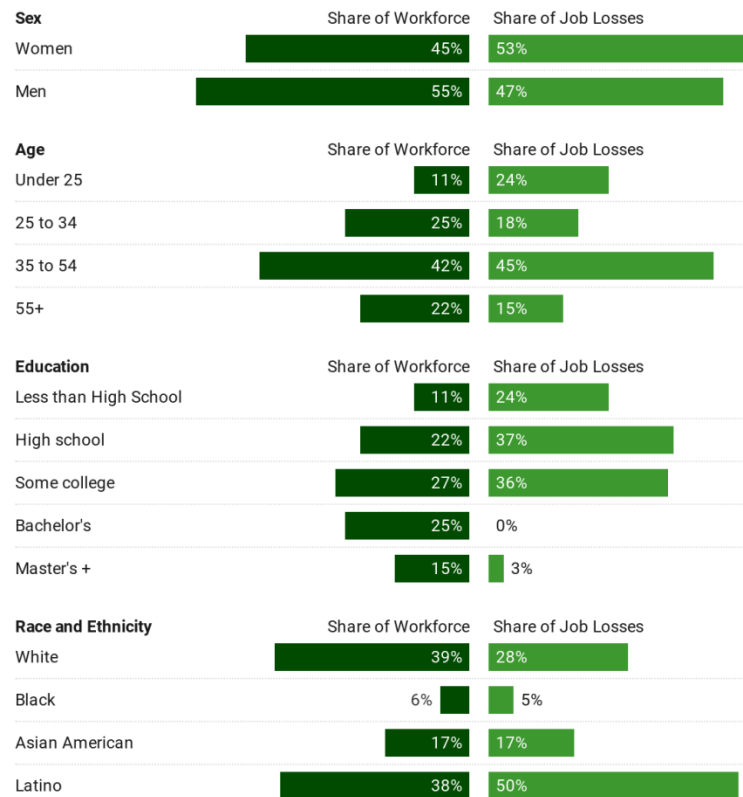
Why Has the Medi-Cal Caseload Grown More Slowly Than Anticipated?

Potential Explanations

- **Job Losses Are Concentrated Among:**
 - Low-income workers.
 - Workers without a college degree.
 - Workers under age 25.
 - Workers without children.
- **Newly Eligible but Not Enrolled May Be Delaying Enrollment**
- **Lower Than Anticipated Responsiveness of the Seniors and Persons With Disabilities Caseload to Economic and Public Health Conditions**

Job Loss Patterns May Partially Explain Limited Caseload Growth in Medi-Cal

Which Workers Have Been Hardest Hit by the Pandemic?

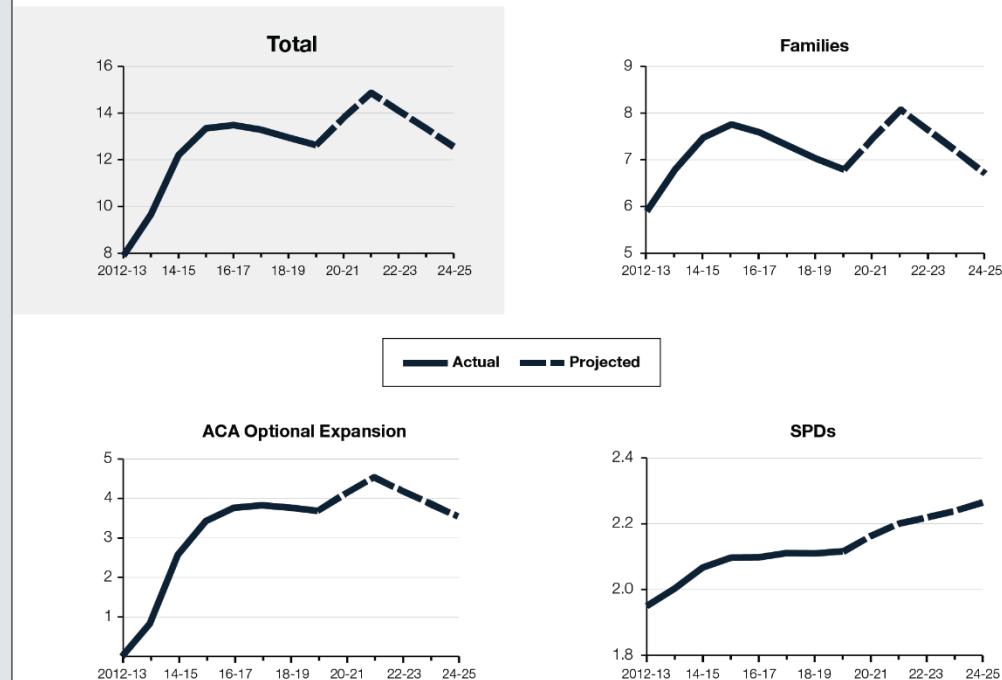


Share of workforce as of February 2020 and share of job losses between February and September 2020.
Chart: Legislative Analyst's Office • Source: Current Population Survey • Created with Datawrapper

LAO Fiscal Outlook for Medi-Cal Caseload

Medi-Cal Caseload Projected to Grow Significantly Through 2021-22 and Decline Thereafter

LAO Projections by Caseload Category (In Millions)



ACA = Patient Protection and Affordable Care Act and SPDs = seniors and persons with disabilities.

lao.ca.gov



CWDA

Advancing Human Services
for the Welfare of *All* Californians

Medi-Cal Enrollment During the Pandemic: County Perspectives

Cathy Senderling-McDonald

ITUP Policy Forum

December 2, 2020



Presentation Overview

What we know about enrollment

Status of County offices and services

Wish list/next steps



What we know about enrollment

Application data vs Caseload data

January estimate of lower caseload

The CalFresh experience

Where are all the people?



Status of County offices and services

Survey data - late October time frame

- Most counties had 1+ open offices
- If still closed, why?
- Practices for closed/limited hours
- Targeted services/outreach
- Reopening plans

Wish list / Next steps

Continue/expand simplifications

Make programs as similar as possible

Plan now for reopening post-PHE





CWDA

Advancing Human Services
for the Welfare of *All* Californians

Questions?

cwda.org | [@CWDA_CA](https://twitter.com/CWDA_CA)

925 L STREET, SUITE 350 SACRAMENTO, CA 95814

René Mollow, MSN

Deputy Director, Health Care Benefits & Eligibility, Department of Health Care Services

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Cathy Senderling-McDonald, MS

Deputy Executive Director, County Welfare Directors Association of California

Q&A

Status Update: Current California Enrollment Trends

State and National Enrollment Trends: Community Perspectives

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Research and Policy Associate, Health Care Program, UC Berkeley Labor Center

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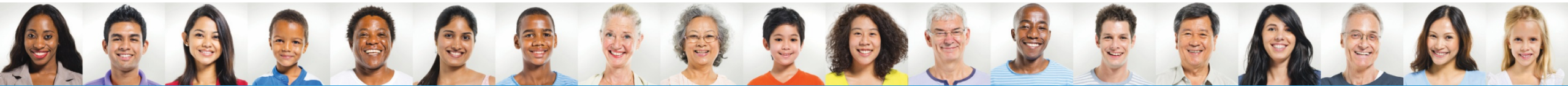
Georgina Maldonado

Executive Director, Community Health Initiative of Orange County



Medicaid Enrollment Trends

December 2, 2020
Joe Weissfeld
Director, Medicaid Initiatives



Dedicated to creating a nation where the best health and health care are equally accessible and affordable to all

Who We Are



COVERAGE



HEALTH CARE
VALUE



HEALTH EQUITY



CONSUMER
ENGAGEMENT

Families USA is a leading nonpartisan, national voice for health care consumers. We work to ensure the best health and health care are equally affordable and accessible to all. For almost 40 years we have worked on the state and national level to advance our mission through public policy analysis, advocacy, and collaboration with partners.

Visit us at:
familiesusa.org

Medicaid Enrollment Growth: 2019 vs. 2020

2019 (Feb. – Nov)

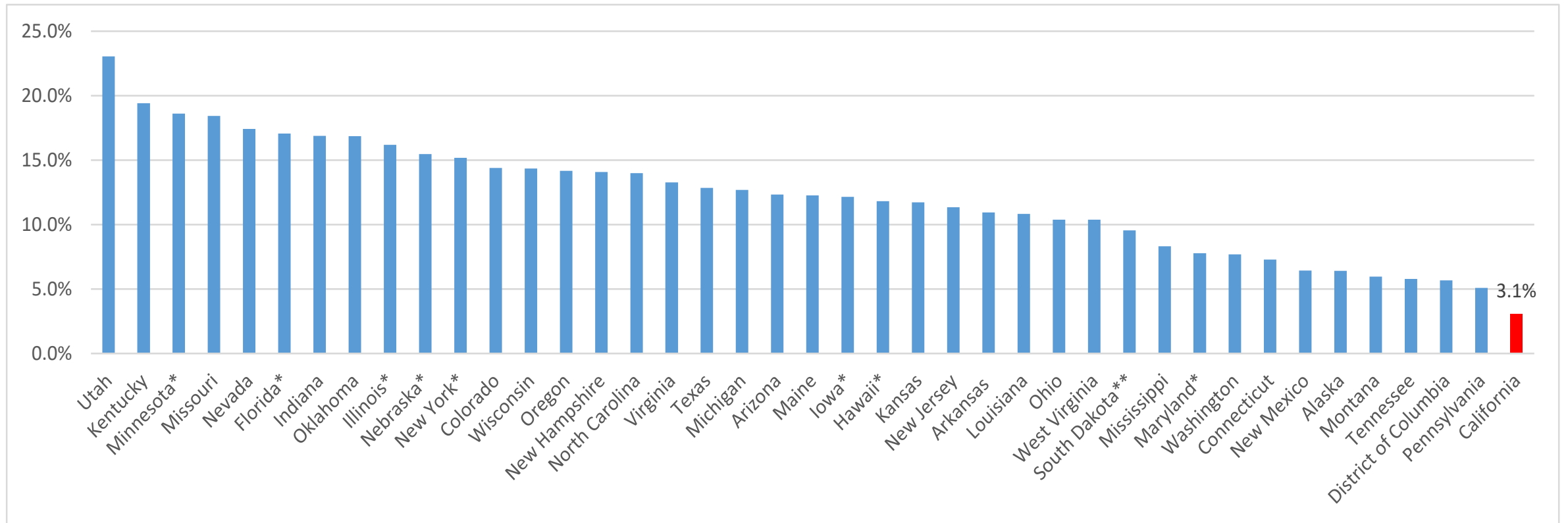
- Average growth: -0.93% (all 50 states and DC)
- Only 6 states saw >1% growth; 2 were due to Medicaid expansion (VA and UT)
- 32 states saw reductions in enrollment; Missouri had the highest at -6.11%

2020 (Feb. – to most recent month reported)

- Average growth: 10.65% (40 states and DC)
- Highest growth: Utah (23.1%), reported through October
- Lowest growth: California (3.1%), reported through September

Medicaid Enrollment Growth Since February (%)

Medicaid enrollment has grown by at least 10.65% since February, across 41 states

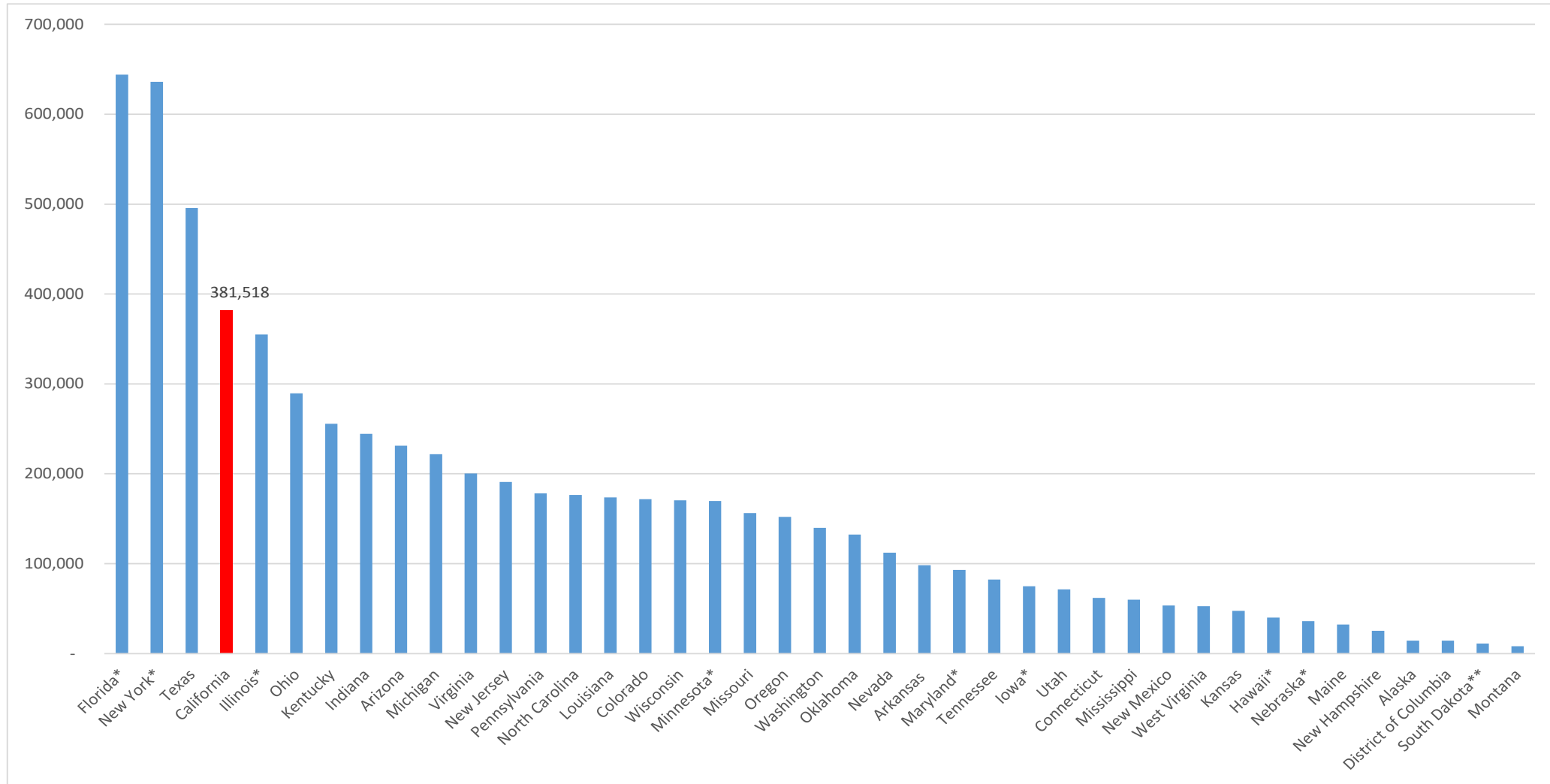


*Managed care or Oregon's Coordinated Care Organization enrollment data. Figures do not include fee-for-service enrollment data.

**The state refers to the data as "eligibility data." It is unclear if this is different than enrollment data.

Medicaid Enrollment Growth Since February (#)

Medicaid enrollment has grown by at least 6.7 million since February, across 41 states



*Managed care or Oregon's Coordinated Care Organization enrollment data. Figures do not include fee-for-service enrollment data.

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Enrollment Growth and Impact on State Budgets

Common Strategies States Have Pursued to Balance Budgets on the Backs of Medicaid

Cut Provider Rates

- Allowed during Public Health Emergency

Speed Up Redeterminations to Increase Terminations

- NOT allowed during Public Health Emergency

Cut Optional Benefits

- Was banned, but is now allowed during Public Health Emergency

Be proactive: Prioritize high quality, cost saving alternatives

- Efforts targeted on improving outcomes and reducing costs (behavioral health integration, ED utilization, medical homes, housing and health care, transitions in care, justice involved populations)
- Bipartisan efforts to address market abuses (Rx prices, surprise medical bills, hospital consolidation)

*Dedicated to creating a nation where the best health and
health care are equally accessible and affordable to all*



FamiliesUSA.org

Appendix: Medicaid Enrollment Growth Since February (%)

	Feb. to July 2020 (% Change)	Feb. to Aug. 2020 (% Change)	Feb. to Sept. 2020 (% Change)	Feb. to Oct. 2020 (% Change)	Feb. to Nov. 2020 (% Change)
Alaska	5.1%	5.5%	-	6.41%	-
Arizona	7.6%	8.9%	10.3%	11.15%	12.33%
Arkansas	6.2%	8.3%	9.16%	10.93%	-
California	3.7%	3.9%	3.1%	-	-
Colorado	8.7%	10.6%	12.3%	14.39%	-
Connecticut	4.8%	5.7%	6.4%	7.30%	-
DC	3.9%	4.7%	5.7%	-	-
Florida*	11.9%	13.6%	15.2%	17.07%	-
Hawaii*	8.8%	10.4%	11.8%	-	-
Illinois*	9.5%	-	16.2%	-	-
Indiana	11.8%	13.4%	15.04%	16.88%	-
Iowa*	7.1%	8.4%	9.7%	10.99%	12.16%
Kansas	7.8%	9.0%	10.5%	11.72%	-
Kentucky	14.3%	17.2%	20.1%	20.01%	19.42%
Louisiana	7.3%	8.6%	9.8%	10.83%	-
Maine	9.7%	11.1%	12.3%	-	-
Maryland*	6.2%	6.6%	7.8%	-	-
Michigan	10.0%	11.5%	12.7%	-	-
Minnesota*	12.8%	14.5%	15.91%	17.34%	18.60%
Mississippi	4.9%	6.1%	7.25%	8.33%	-
Missouri	12.9%	15.0%	16.86%	18.43%	-

	Feb. to July 2020 (% Change)	Feb. to Aug. 2020 (% Change)	Feb. to Sept. 2020 (% Change)	Feb. to Oct. 2020 (% Change)	Feb. to Nov. 2020 (% Change)
Montana	4.6%	6.0%	-	-	-
Nebraska*	6.8%	8.66%	10.40%	15.48%	-
Nevada	11.4%	13.6%	15.63%	17.41%	-
New Hampshire	9.7%	10.98%	12.77%	14.08%	-
New Jersey	7.0%	8.5%	10.2%	11.34%	-
New Mexico	4.7%	5.7%	6.4%	-	-
New York*	9.5%	11.3%	13.45%	15.19%	-
North Carolina	6.0%	12.8%	14.0%	-	-
Ohio	7.2%	8.5%	9.3%	10.39%	-
Oklahoma	11.7%	13.7%	15.24%	16.86%	-
Oregon	7.9%	9.3%	10.5%	11.71%	14.17%
Pennsylvania	6.3%	-	-	-	-
South Dakota**	5.4%	6.7%	8.25%	9.56%	-
Tennessee	3.0%	4.1%	5.03%	5.79%	-
Texas	9.6%	11.8%	12.8%	-	-
Utah	13.7%	16.8%	19.8%	23.06%	-
Virginia	8.0%	9.4%	10.6%	12.01%	13.28%
Washington	4.3%	5.7%	6.88%	7.69%	-
West Virginia	5.30%	6.30%	7.90%	8.87%	10.38%
Wisconsin	9.6%	11.3%	-	14.36%	-

*Managed care or Oregon's Coordinated Care Organization enrollment data. Figures do not include fee-for-service enrollment data.

**The state refers to the data as "eligibility data." It is unclear if this is different than enrollment data.

Estimating California's Insurance Coverage Shifts Under Covid

Miranda Dietz

miranda.dietz@berkeley.edu

CalSIM Project Director

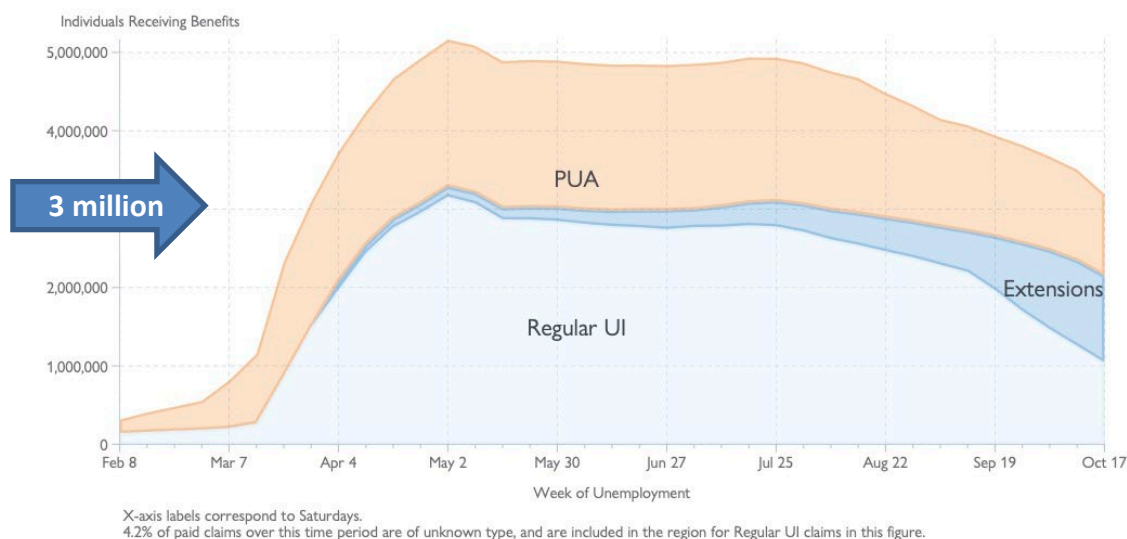
UC Berkeley Labor Center

December 2, 2020

Lots of Californians filed for UI; not many lost ESI

~3 million Californians were getting unemployment insurance

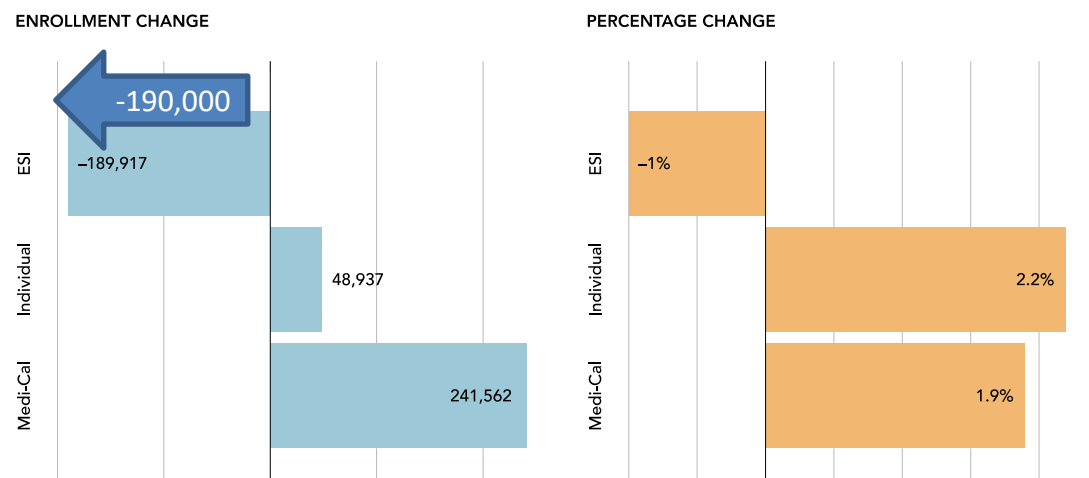
FIGURE 9B: All Claims Stacked: Total Number of Individuals Paid Benefits by Week of Unemployment, Total Number of Individuals Certifying for Benefits by Week of Certification, and Total Number Payments Certified by Week of Certification, 2/8/2020- 10/17/2020



<https://www.capolicylab.org/publications/november-19th-analysis-of-unemployment-insurance-claims-in-california-during-the-covid-19-pandemic/>

~200,000 Californians lost employer sponsored insurance as of June 2020

Chart. Changes in California Health Insurance Enrollment, Second Quarter 2020



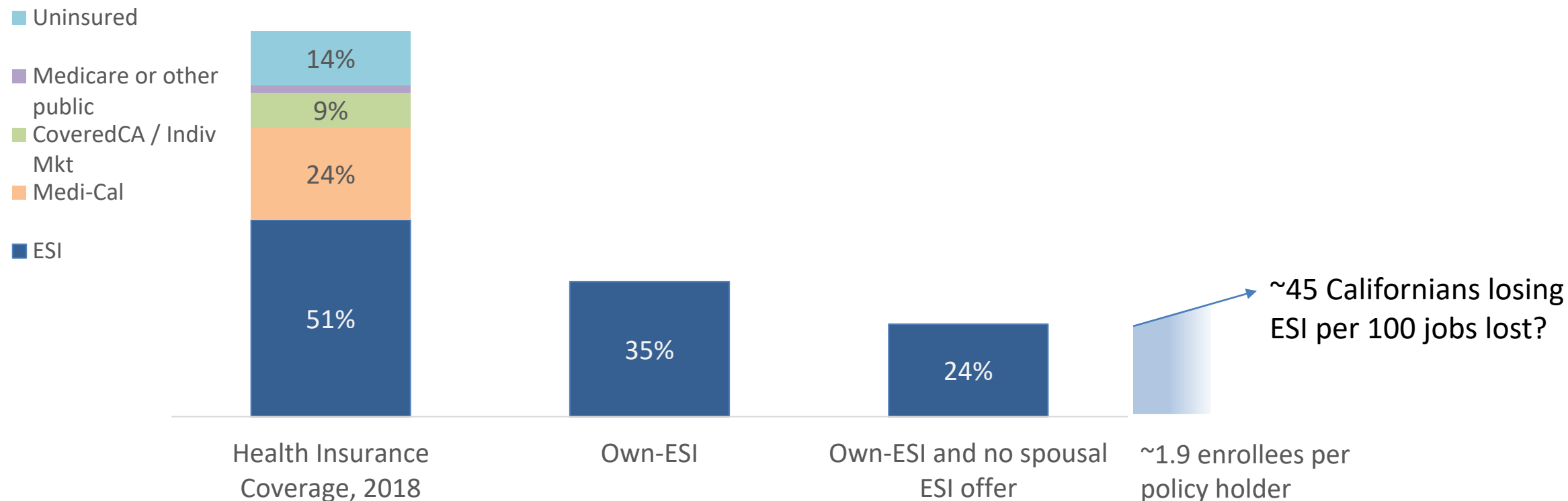
Notes: ESI is employer-sponsored insurance (group coverage and self-insured coverage, where employers contract for administrative services only). Medicare not shown.

Sources: Author estimates of statewide ESI and individual enrollment. Estimates based on DMHC enrollment at first- and second-quarter ends, 2020, and extrapolation of CDI December 2019 enrollment forward, by applying the rates of change from DMHC enrollment. (Additional details in Methods section.) Health Plan Financial Summary Report (2019–20), DMHC; California Health Insurance, Enrollment, 2020 — Data, CHCF; and Statewide Medi-Cal Certified Eligibles (2010 to August 2020), DHCS.

<https://www.chcf.org/publication/hanging-on-to-coverage>

Of those who lose a job, who will lose ESI?

California workers age 19-64 in industries most at risk of job losses due to Covid-19

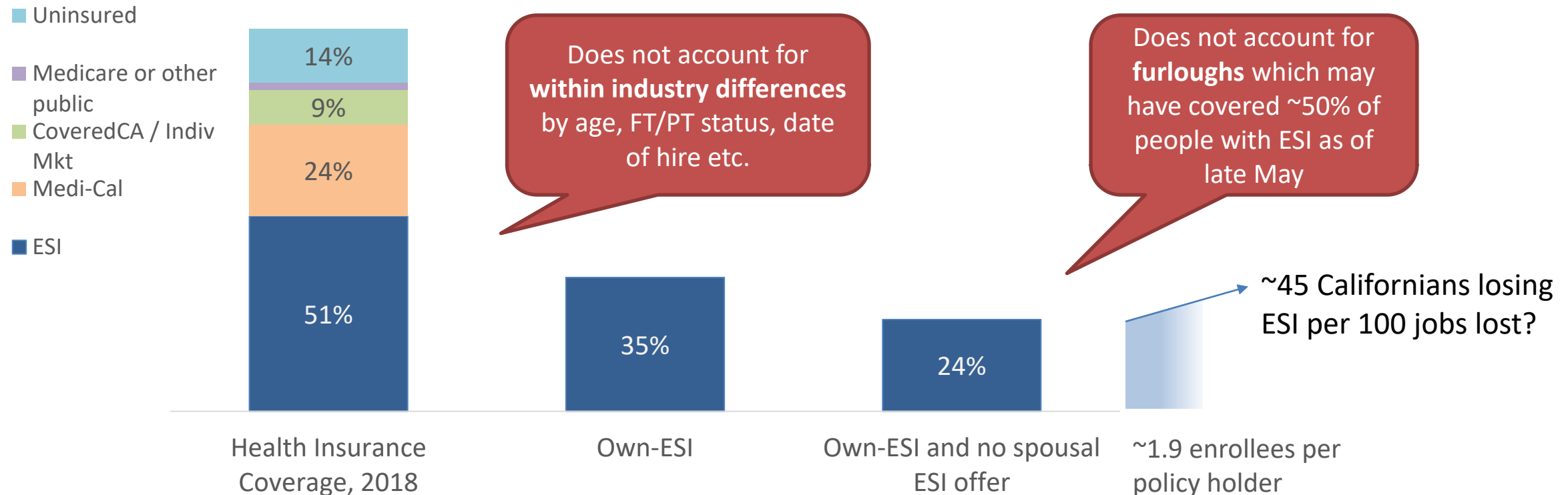


<https://laborcenter.berkeley.edu/health-coverage-ca-workers-at-risk-of-job-loss-covid-19/>

https://www.urban.org/sites/default/files/publication/102552/changes-in-health-insurance-coverage-due-to-the-covid-19-recession_4.pdf

But what about...

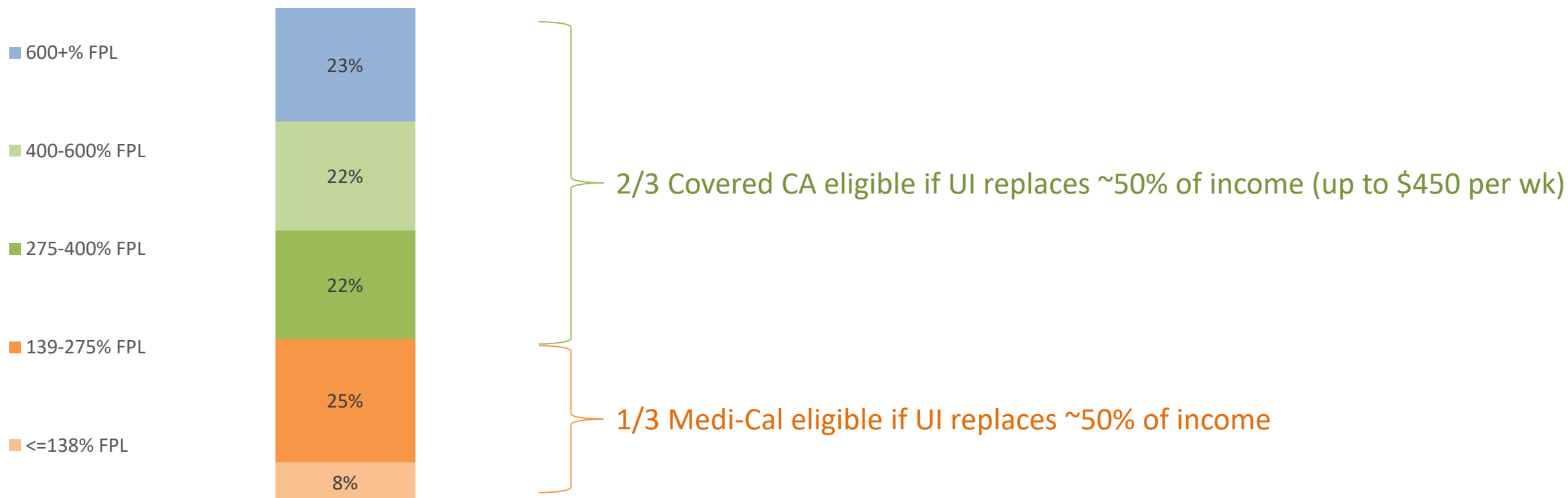
California workers age 19-64 in industries most at risk of job losses due to Covid-19



<https://www.commonwealthfund.org/publications/issue-briefs/2020/jun/implications-covid-19-pandemic-health-insurance-survey>

Of those who lose ESI, what are they eligible for?

Pre-pandemic family income of California workers age 19-64 in industries most at risk of job losses due to Covid-19



<https://laborcenter.berkeley.edu/health-coverage-ca-workers-at-risk-of-job-loss-covid-19/>



Medi-Cal Enrollment: Where Are All The People?

DAVID KANE | WESTERN CENTER ON LAW & POVERTY

DECEMBER 2, 2020



Advocate Reports

- “People aren’t going to the doctor anymore”
- Applicants do not access enrollers & assisters
- With the county closed, then partially reopened, it’s been hard to get applications submitted and complete
- Public charge
- Concerns about Medi-Cal quality of care
- And ... ??



Medi-Cal Applications

- Apply by **phone, internet**, mail, and drop-off
- No paperwork or proof requirements
- Written or telephonic attestations:
 - Ex: “I lost my job and have no income.”
- Telephonic signatures
- Immediate need & 45-day prompt processing



Free and confidential help: www.healthconsumer.org and (888) 804-3536



Contact Me!

David Kane
(213) 235-2623
dkane@wclp.org



WESTERN CENTER
ON LAW & POVERTY



COVID-19 Outreach Strategies

Georgina Maldonado, Executive Director



COMMUNITY HEALTH INITIATIVE
OF ORANGE COUNTY

Orange County Landscape

- Orange County's latest unemployment rate was 7.5%, lower than the pandemic's peak, but still high compared to the 2.6% from a year ago (EDD, Oct. 2020)
- Orange County Medi-Cal Enrollment - March to September



Why Aren't People Enrolling?

1. Higher financial priorities (e.g., food, rent/mortgage)
2. Lack of knowledge - first time eligible for public assistance
3. Continued chilling effect from Public Charge rule
4. COBRA



Outreach Strategies

1. Direct Outreach

- Phone Banking
- Text Campaigns
- Social Media

2. Existing Partner Referrals

- Schools/districts
- Community sites (e.g., WICs, FRCs, B&G Club, etc.)
- 211 Orange County

3. New/Expanded Initiatives

- Business to Business Outreach
- Food Banks
- One-Stop Centers
- COVID-19 Testing Sites
- Covered CA Hotspot Maps



Thank You
gmaldonado@chioc.org



Q&A

State and National Enrollment Trends: Community Perspectives

Joe Weissfeld, MPP

Director of Medicaid Initiatives, FamiliesUSA

Miranda Dietz, MPP

Research and Policy Associate, Health Care Program, UC Berkeley Labor Center

David Kane, JD

Staff Attorney, Western Center on Law & Poverty

Georgina Maldonado

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Thank You!

Contact us at: info@ITUP.org