The Future of Health Care in California: Expanding the Medi-Cal Program

Shannon McConville

The ACA offers opportunity to expand Medi-Cal program

- Federal law expands eligibility criteria
  - Income up to 138% FPL
  - Single adults with no dependent children
  - All citizens and legal immigrants in US at least 5 years
- Simplifies and streamlines eligibility determination and enrollment processes
- Federal government provides bulk of financing
- Supreme Court decision makes expansion a state option

California is moving forward with expansion

- Governor's January Budget Proposal
  - Outlines two approaches: state-based and county-based

- Legislation passed in Senate and Assembly

- Preparations for Medi-Cal expansion already underway
  - County Low-Income Health Programs
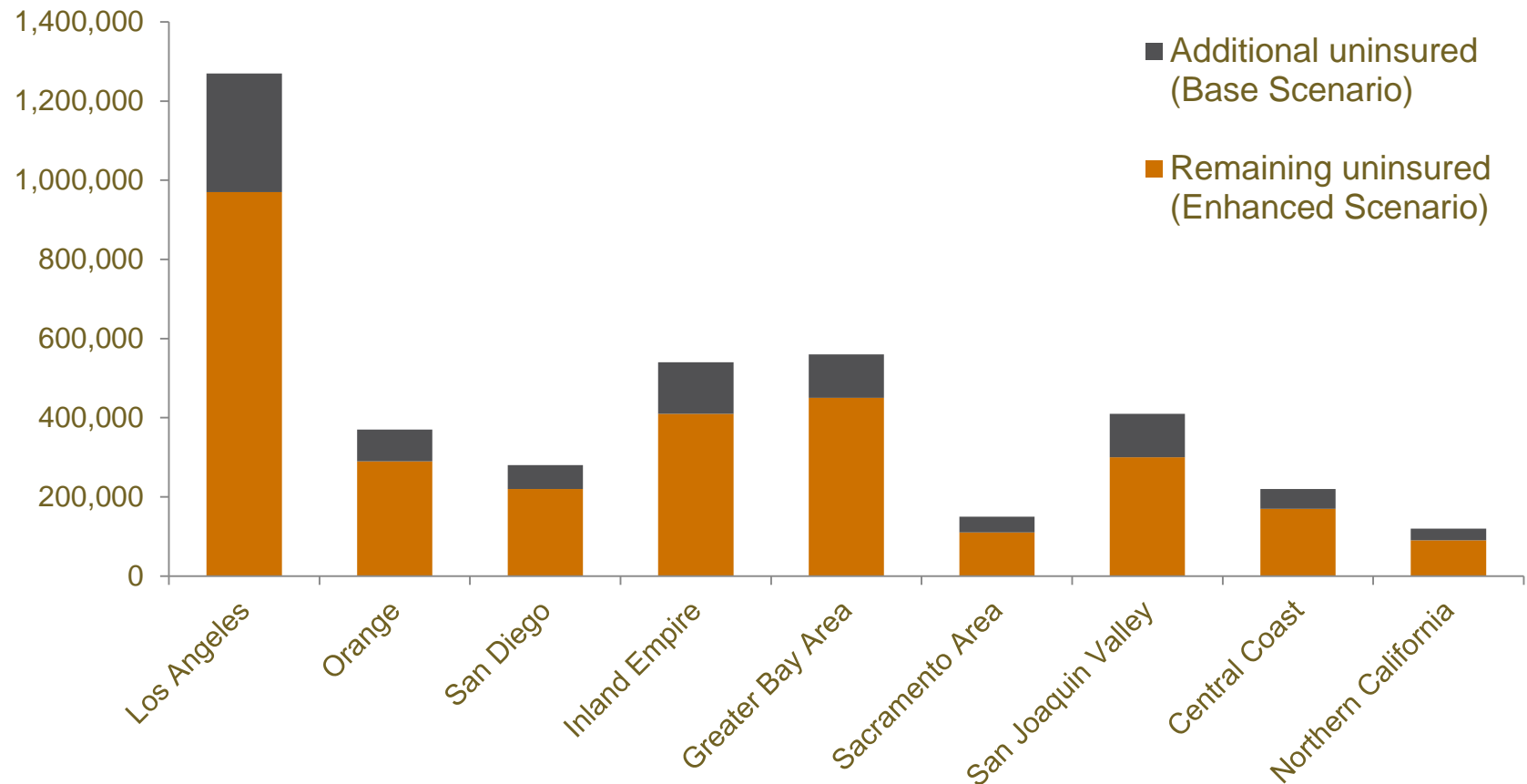 - Public hospital system investments

More than a million Californians will become eligible for Medi-Cal

- Over 1.4 million made newly eligible

- Actual enrollment of this group difficult to predict
  – 480,000 to 780,000 projected for 2014
  – 750,000 to 910,000 by 2019

- Increase in enrollment also expected among those currently eligible but not enrolled

But millions of Californians expected to remain uninsured

Estimated uninsured by county and region (2019)

Legend:
- ■ Additional uninsured (Base Scenario)
- ■ Remaining uninsured (Enhanced Scenario)

SOURCE: UC Berkeley-UCLA CalSIM Model, version 1.7 from *Remaining Uninsured in California under the Affordable Care Act: Regional and County Estimates*.

Local-state relationship for serving uninsured will be affected

- County indigent programs currently serve many low-income uninsured residents
  - Under ACA, many likely to shift to Medi-Cal
- State financing for county indigent programs may change
- Counties that operate public hospital and clinic systems particularly impacted

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Many questions ahead

- Who will enroll? How healthy will they be?

- What benefits will be available for the newly eligible?

- What will it cost to provide their care?

- Will there be enough providers to serve new Medi-Cal enrollees?
  - Will they be located where needed?

- Who will serve the remaining uninsured?
  - How will that care be financed?

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Notes on the use of these slides

These slides were created to accompany a presentation. They do not include full documentation of sources, data samples, methods, and interpretations. To avoid misinterpretations, please contact:

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Thank you for your interest in this work.