

Expanding Medi-Cal: Profiles of Potential New Users

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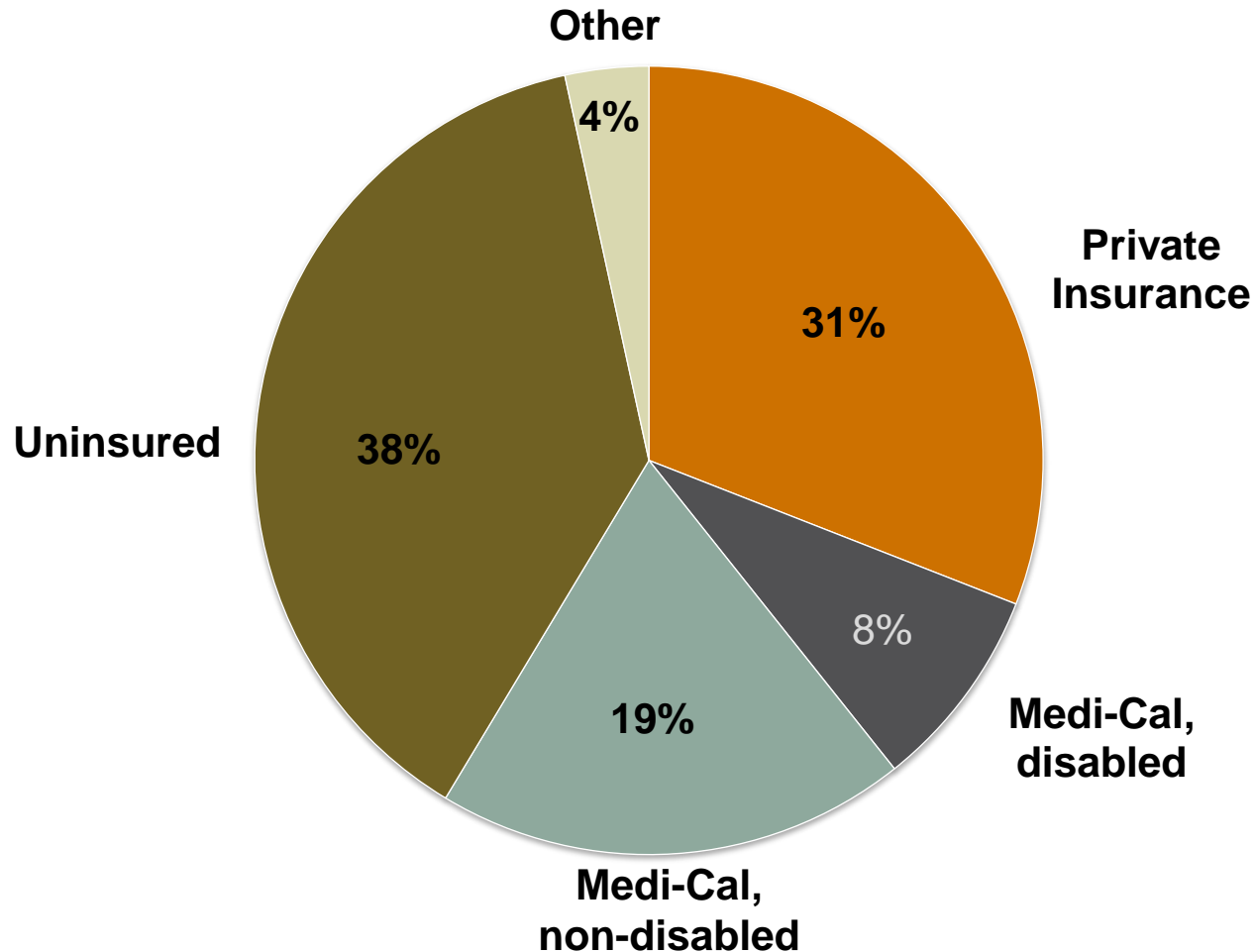
California Is Preparing to Expand Medi-Cal Program

- Federal *Affordable Care Act* seeks to close insurance coverage gaps
- Medi-Cal expands in 2014
 - 1.7 to 3 million new enrollees
- California has early opportunity to jump-start expansion
 - County health programs targeting same “new” Medi-Cal eligible population



Four in Ten Poor Adult Citizens in California Are Currently Uninsured

Sources of insurance coverage



Who Are Potential New Medi-Cal Users?

- Depends on state and local policy decisions
 - Outreach, enrollment
 - Benefit levels, services
 - Access, coordinated care
- Creating “culture of coverage” essential
- Fundamental questions for implementation:
 - “Invincible young”?
 - Differing health care needs?
 - Valuations of coverage? Medi-Cal program?



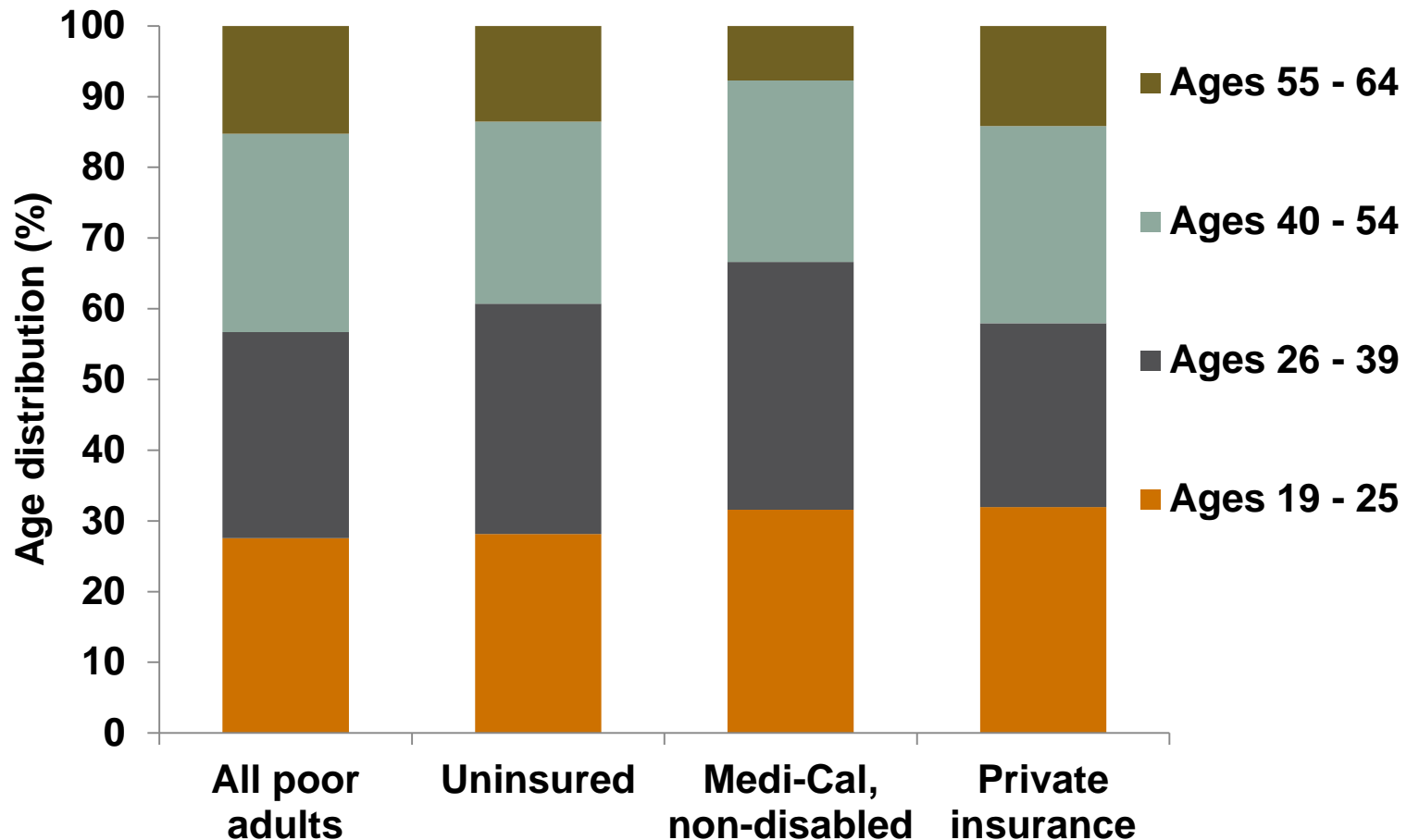
Outline

- Sociodemographic profiles
- Health profiles
- Focus group perspectives
- Conclusions



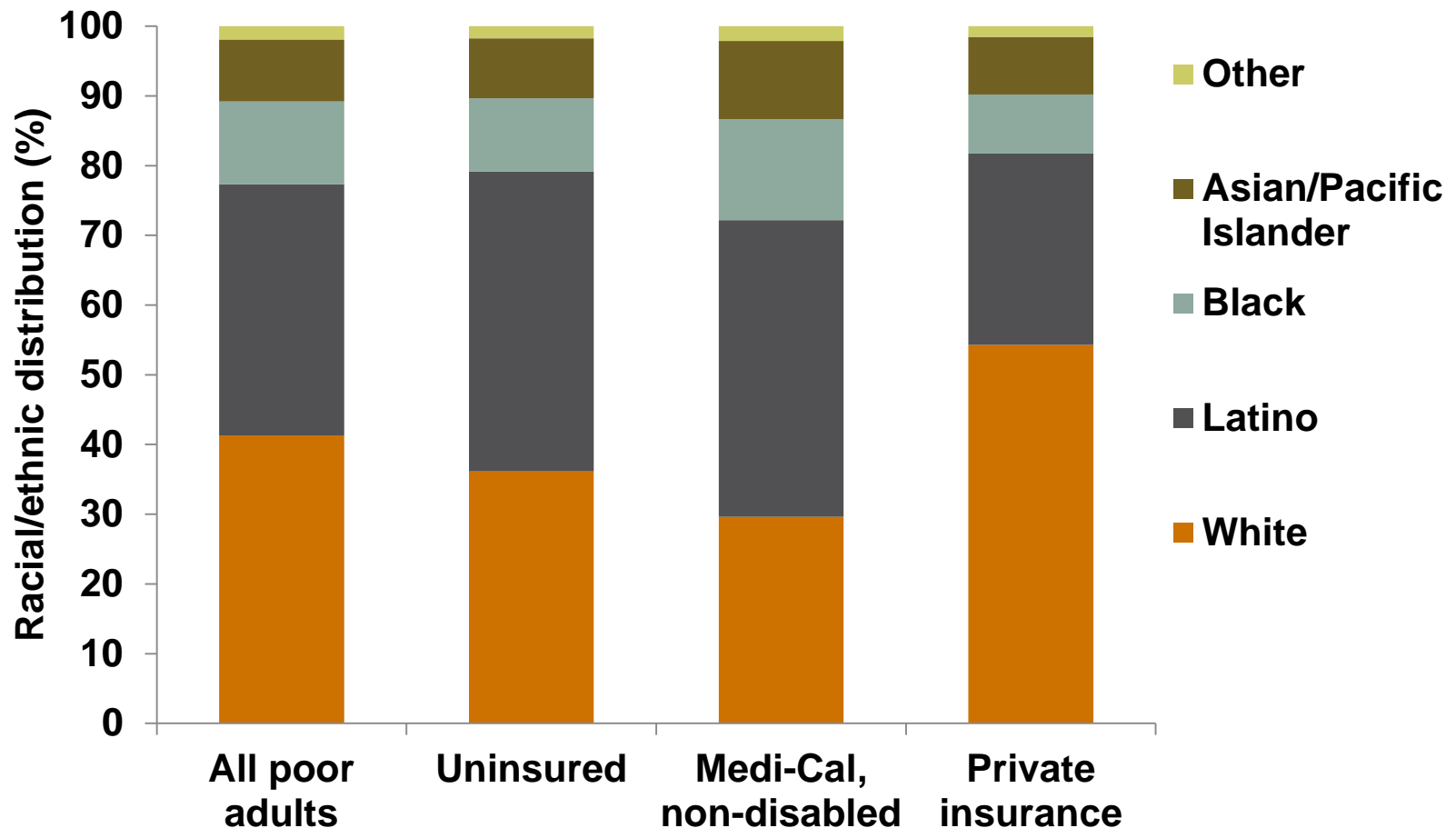
Six in Ten Uninsured Poor Adults Are Under Age 40

Age distribution by insurance coverage



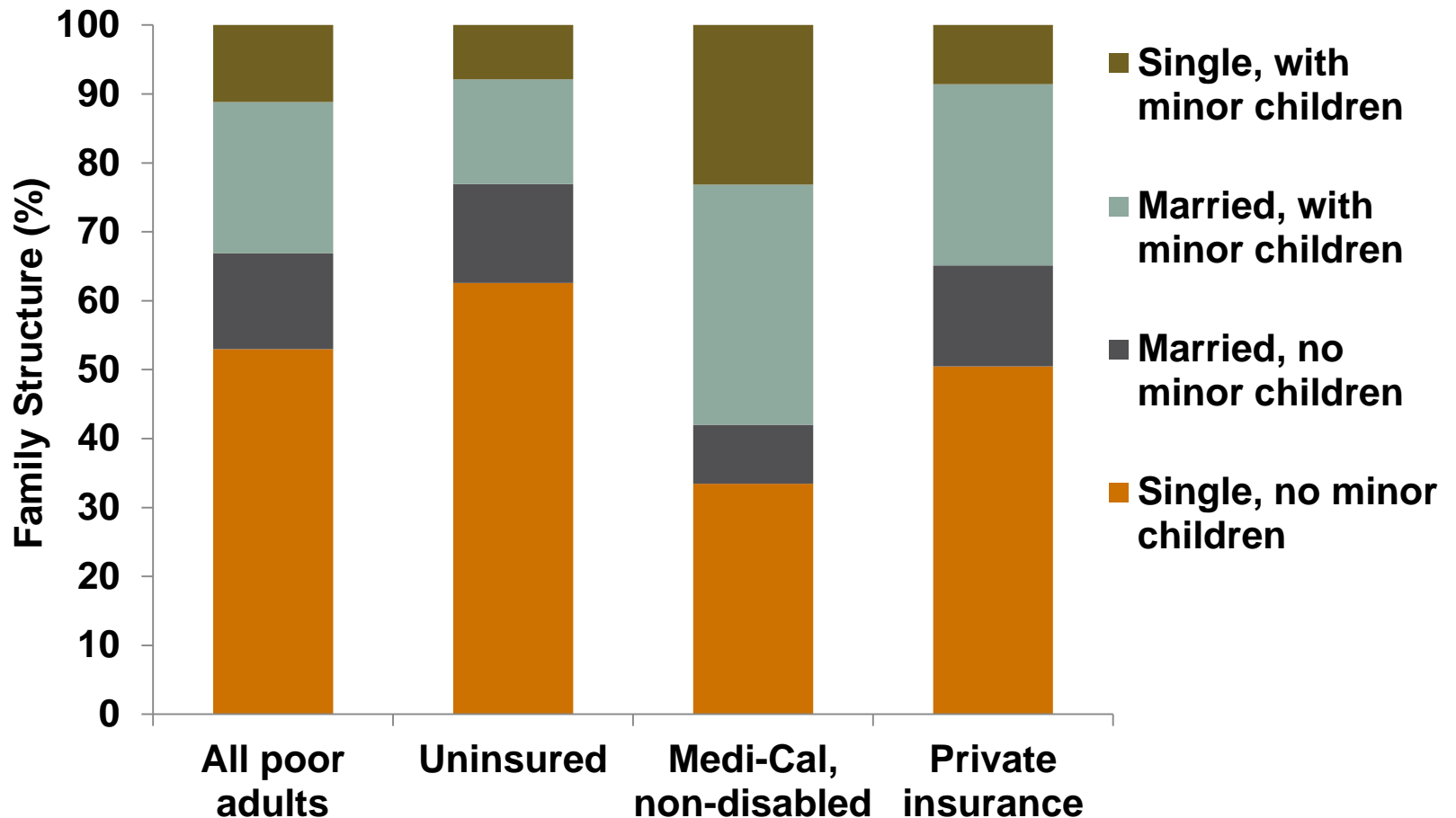
Majority of Uninsured Poor Adults Are Latino, Minorities

Racial/ethnic distribution by insurance coverage



Many Are Single with No Minor Children

Family structure by insurance coverage



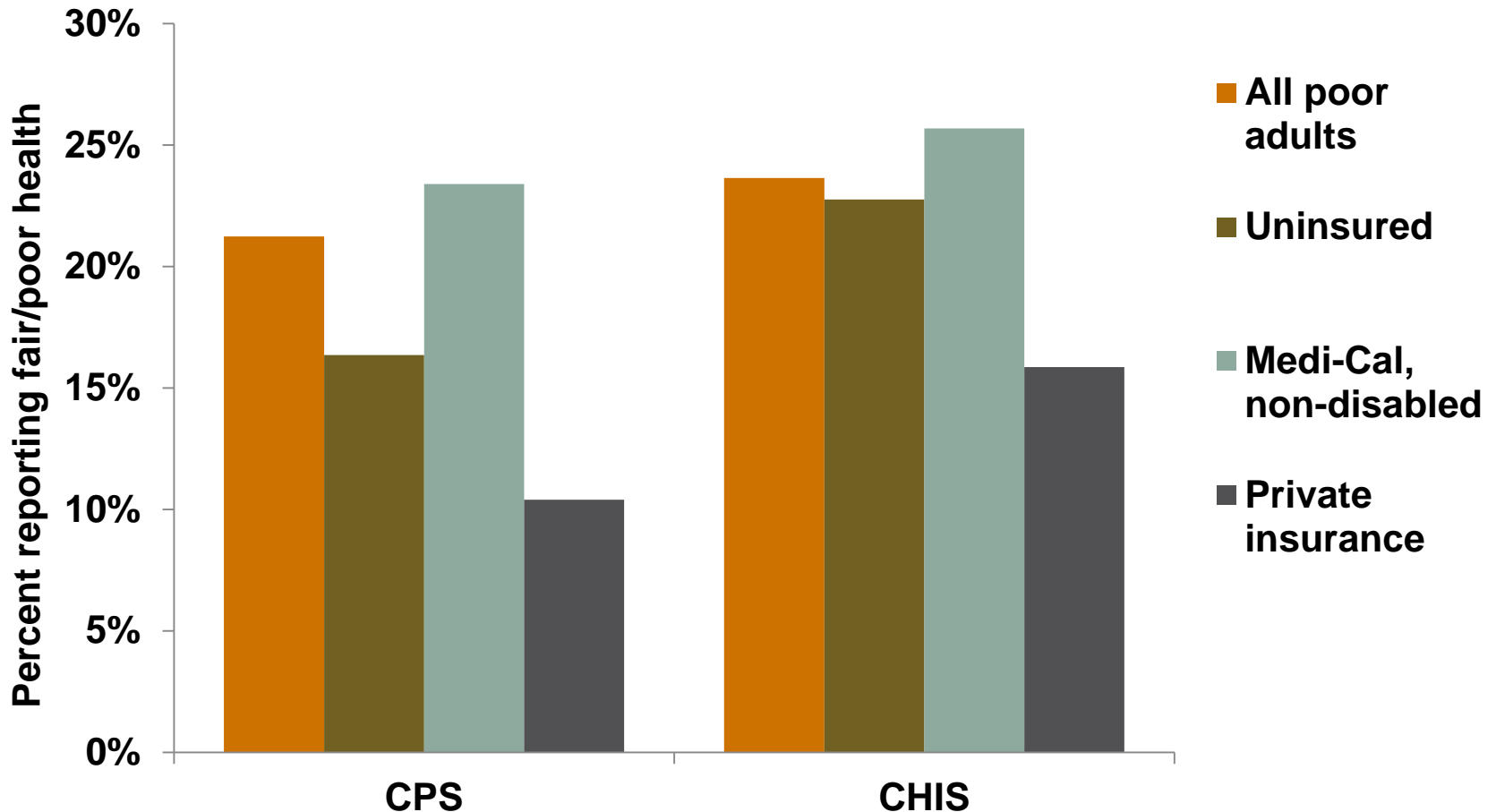
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Uninsured Poor No Less Healthy Than Current Medi-Cal Users

Self-reported fair/poor health status

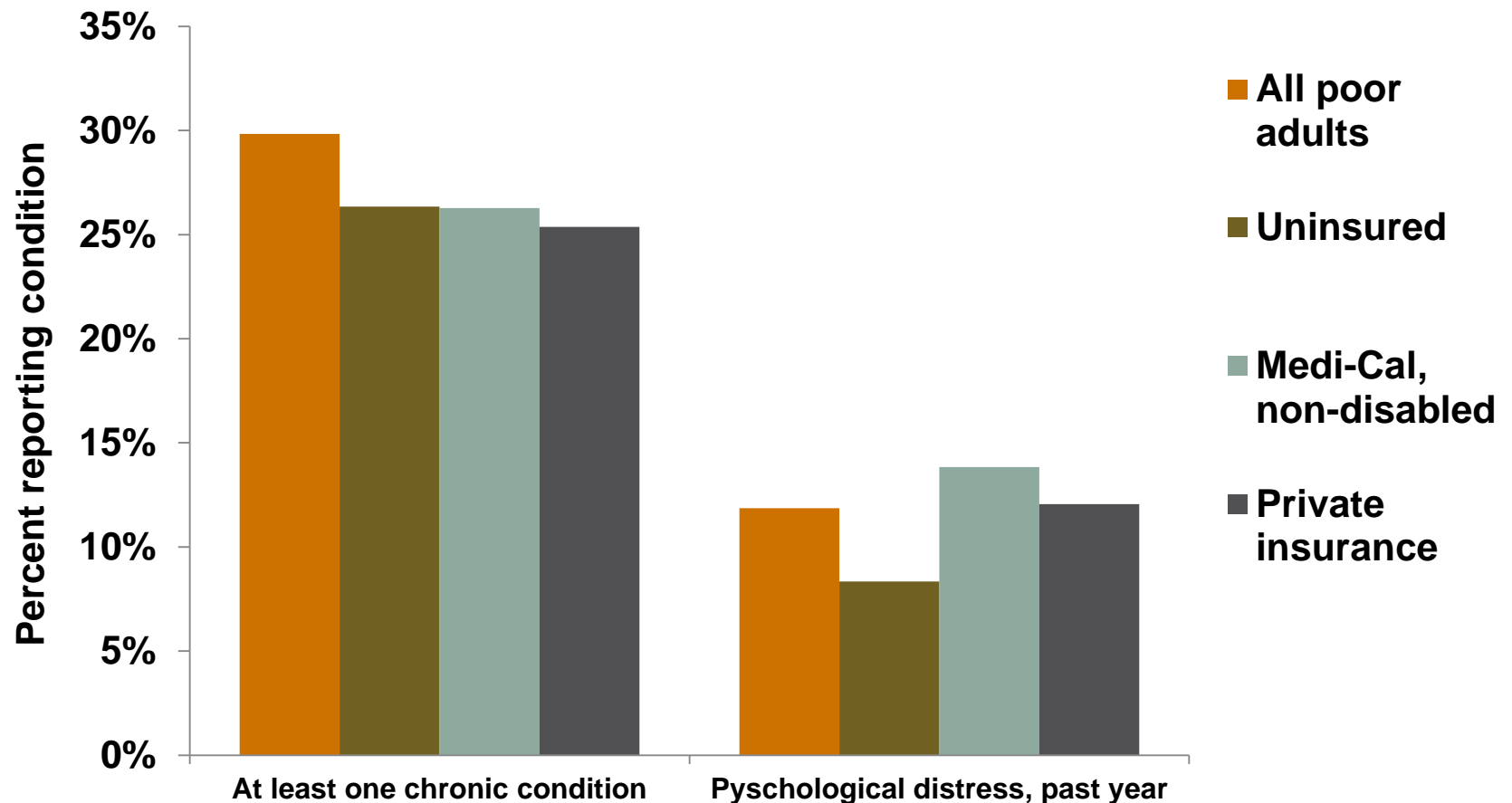


Sources: Current Population Survey (CPS), Annual Social and Economic Supplement, 2008- 2010 and California Health Interview Survey (CHIS), 2009.



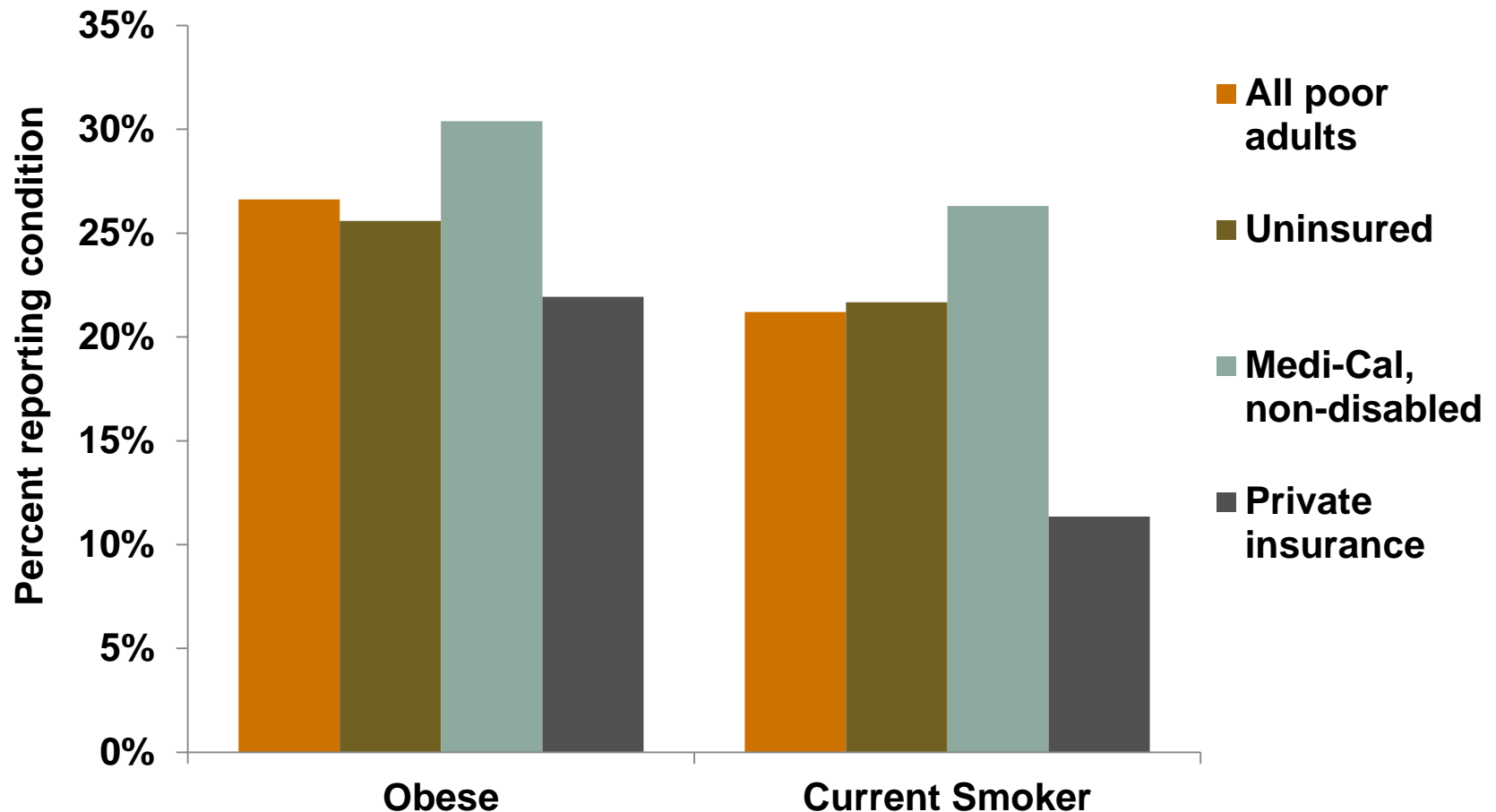
But 25% Report at Least One Chronic Condition

Chronic conditions and psychological distress by insurance coverage



Health Behaviors Similar to Medi-Cal Participants

Prevalence of obesity and smoking





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- Sociodemographic profiles
- Health profiles
- **Focus group perspectives**
 - Knowledge of ACA provisions
 - Creating a culture of coverage
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Focus Groups Provide Insight into Potential New Users

- From SF Bay Area, Los Angeles, Central Valley
- Low-income uninsured adults
 - Mostly childless
- Parents of publicly insured children
 - Majority did not have insurance themselves



Limited Knowledge, Concern About Future

- Uncertainty about upcoming Medi-Cal changes
 - Unaware of removal of dependent children criteria
 - Unsure about new income thresholds
- Recent Medi-Cal cuts highlight concerns about future coverage:

“I think the doctors feel that.... like why am I going to prescribe you something? Your insurance [Medi-Cal] is not going to cover it, and if you have Medi-Cal, it's obvious that you can't afford to just go buy it.”



Individual Mandate Not Well Understood

- Some strongly opposed to individual mandate
 - Ron:* I think it's ridiculous.... We're supposed to vote for what we want, what we don't want, and then if you don't get it, you're going to get a fine or you're taxed?
 - Matt:* Pretty much, if you can't afford it....
 - Ron:* Yes! I can't afford insurance. What makes you think I can afford this fine you're going to give me?
 - Others:* Mm-hm (affirmative)
- Many did not realize they are likely exempt or could fulfill the mandate by enrolling in Medi-Cal
- Analogy to car insurance common
 - Perhaps a useful dissemination approach



Provider Capacity Is a Major Challenge

- Several key difficulties for Medi-Cal parents
 - Overcrowded providers
 - Long wait-time for appointments
 - Limited patient-provider interaction time
- Fear that providers will become even more strained under ACA
- Greatest perceived barrier:
Medi-Cal provider list — out-of-date and limited

Some Participants Felt Quite Strongly About This

I swear, they send you this book with the list of providers just to tick you off, just to make you mad.... You'll call every single one of them and “No, not accepting. No, we don't take that anymore.... Nope, we shouldn't even be listed.” And you go through the book until you just feel like ripping it in pieces and throwing it out. I don't even know why they put this stupid book together because most of the doctors don't accept Medi-Cal anymore or they are full.



Movement Between Programs Also a Challenge...

- Income fluctuations will shift users between eligibility pools
- 1.8 million Californians could shift from Medi-Cal to Basic Health Plan eligibility over one year
- May lead to less continuity of care, greater administrative burdens
- Important to consider building overlapping provider networks across programs



...As Is Reorienting Self-Care Strategies...

- Many uninsured create self-care treatments
- Developed “urgent care” mindset when interacting with formal health care system
- How will prevention-based models of care be incorporated?



...And Encouraging Enrollment

- Almost all participants would sign up for Medical if offered:
 - “Any coverage is better than no coverage.”
- A few would not:
 - “I’m healthy ... I don’t get sick.”
- Important to highlight the psychological benefits of coverage:
 - “If it's mandatory for us to have insurance, that’s great. Because there are many days I wish I've had insurance.... I think I would sleep better at night, knowing I had it.”





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Conclusions: User Profiles

- Many potential new Medi-Cal users younger, relatively healthy
- But 25% could have serious health conditions
 - High-need users may be more likely to enroll
- Opportunity to use 1115 Waiver evaluations
 - Get better picture of health care needs
 - Examine success of “medical home” assignments, begin coordination of care



Conclusions: Program Challenges

- New Medi-Cal patients will likely enter managed care
 - Critical to connect to primary care provider
 - Medi-Cal provider networks currently limited, urgent and significant problem for the state
- Messaging the value of coverage
 - Two-way street: Insurance is expected; Enrollment and access are not onerous
 - Need to respect, reorient self-care strategies to incorporate prevention



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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.

