

# Medi-Cal Aid Codes:

## Methodology for Identifying Dual Enrollment Opportunities Between Medi-Cal and CalFresh

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## Overview

Most California families who received health insurance through Medi-Cal are also eligible to receive CalFresh – and vice-versa. With both health coverage and nutrition assistance, families with low incomes can have better health and greater opportunity. The challenge is that California has been the **best** state at signing up eligible families for health coverage, but historically among the **worst** at signing up eligible families for CalFresh. An important first step in improving dual enrollment between these two programs is understanding the rates at which households eligible for both programs actually enroll in both, and in identifying specific sub-populations within the large Medi-Cal population who are most likely to be eligible for CalFresh.

Over the last year, the SF-Marin Food Bank has worked on behalf of the Alliance to Transform CalFresh to lead the development of an updated methodology for calculating dual enrollment rates between the programs. The goal of this work is to identify opportunities for CalFresh in-reach work in counties where dual enrollment may be lower than expected.

With guidance from the Department of Health Care Services, the work group reviewed program aid codes to select those Medi-Cal aid codes that identify individuals who are likely to be income-eligible for CalFresh. Aid codes were also used to remove from the Medi-Cal group any individual who would be categorically ineligible for CalFresh due to immigration status, residence in a long term care facility, inmate status, or receipt of SSI.

There are two methodologies included in this document:

1. Percentage of CalFresh recipients also receiving Medi-Cal.
2. Percentage of likely-CalFresh-eligible Medi-Cal participants also receiving CalFresh.

The Alliance to Transform CalFresh looks forward to partnering further with the state and counties to identify the best ways to leverage this methodology to facilitate targeted in-reach, thereby helping the state to reach the goal of raising the CalFresh participation rate to 80% by the end of 2019.

For current detailed aid code lists referenced in this document, please contact Diana Jensen at [djensen@sfmfoodbank.org](mailto:djensen@sfmfoodbank.org).

## Are most CalFresh participants also enrolled in Medi-Cal?

The goal of this measure is to understand the degree to which CalFresh participants are successfully enrolled in Medi-Cal. The vast majority of CalFresh participants are likely to be eligible for Medi-Cal.

$$\begin{array}{l} \text{\% of CalFresh} \\ \text{Participants} \\ \text{also receiving} \\ \text{Medi-Cal} \end{array} = \frac{\text{(CalFresh Participants who also receive ANY kind of Medi-Cal)}}{\text{(All CalFresh participants)}}$$

### Definitions:

- State data comes from MEDS; it includes all participants eligible for CalFresh or Medi-Cal during a month. The first month of the quarter will be used for reporting to the CalFresh Data Dashboard, as the data is more reliable after the passage of some time.
- Counties conducting their own internal analysis will use data from their local SAWS system.
- CalFresh participants are those receiving NACF, PACF, CFAP, and/or WINS based on eligibility status.
- Participants are considered to be receiving Medi-Cal if they are currently eligible with *at least one* Medi-Cal aid code\* as a primary or secondary aid code. The expectation is that some of these codes will not show up for any CalFresh participants (e.g., SSI codes), but the method will match CalFresh recipients to all Medi-Cal aid codes to cover all possible scenarios of dual enrollment.

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## Which Medi-Cal participants are the most likely to be eligible for CalFresh? Are most of them enrolled in CalFresh?

The goal of this measure is to identify opportunities for CalFresh in-reach in the Medi-Cal caseload.

$$\begin{array}{l} \text{\% of likely-CalFresh-} \\ \text{eligible Medi-Cal} \\ \text{participants who are} \\ \text{also receiving} \\ \text{CalFresh} \end{array} = \frac{\text{(Likely-CalFresh-eligible Medi-Cal Participants who also receive CalFresh)}}{\text{(All likely-CalFresh-eligible Medi-Cal participants)}}$$

Not all Medi-Cal participants are likely to be eligible for CalFresh.

Individuals enrolled in Medi-Cal programs that would make them categorically ineligible for CalFresh are excluded from this analysis (e.g., Medi-Cal programs specifically for people on SSI, for those with immigration status that makes them ineligible for CalFresh, for individuals in long term care institutional settings, or for inmates).

For those remaining Medi-Cal program participants, only those participants with *at least one* aid code that indicates income below 138% of the federal poverty level are selected as likely-eligible for CalFresh, as those are the individuals most likely to also meet net income requirements. Many aid codes that are considered likely-eligible for CalFresh have income thresholds that are lower (e.g., 100% FPL). In some cases, the Medi-Cal aid code includes an explicit income limit. In other cases, the aid code reflects an individual's participation in another program that has similar income limits (e.g., CalWORKS). A small number of codes do not have explicit income limits but reflect circumstances that are so likely to result in very low income that it makes sense to include them (e.g., individuals attempting to appeal the loss of SSI benefits). That final group of aid codes also all offer Medi-Cal without a share of cost.

Note that household composition and countable income definitions vary slightly between Medi-Cal and CalFresh. It is also possible for categorically CalFresh-ineligible individuals to be enrolled in a Medi-Cal programs that does not identify them as such. Medi-Cal households that appear likely to be eligible for CalFresh based on Medi-Cal program aid codes will require further screening to verify CalFresh eligibility.

### *Definitions:*

- State data comes from MEDS; it includes all participants eligible during a month. The first month of the quarter will be used for reporting to the CalFresh Data Dashboard, as the data is more reliable after the passage of some time.
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Calculating this metric requires a four-step process:

**Step 1:** Identify all individuals who receive Medi-Cal through ANY Medi-Cal program\*, regardless of their likelihood to receive CalFresh. Use both primary and secondary aid code fields. Exclude only those individuals who do NOT receive any type of Medi-Cal (such individuals may have an aid code that reflects receipt of cash benefits but not Medi-Cal, for example).

**Step 2:** Exclude from that list all individuals who have *at least one aid code* that reflects categorical ineligibility for CalFresh\*. Check both primary and secondary aid codes.

**Step 3:** Of those individuals who remain after step 2, flag as likely-eligible for CalFresh any individual who has *at least one* aid code from the “Tier 1 – Most Likely” list\*. Check both primary and secondary aid codes. The distinct count of these individuals will be the denominator of this measure.

**Step 4:** Of those individuals included as likely-eligible for CalFresh in Step 3, identify the number who also receive CalFresh via NACF, PACF, or CFAP. This number will be the numerator for this metric.

**Notes on other aid codes:** Some aid codes are related to diagnosis or other status and are therefore not used to include or exclude an individual as likely-eligible for CalFresh. An individual with one of these aid codes will be included or not depending on whether s/he has at least one of the aid codes listed in Step 3, not based on the presence or not of one of these aid codes.

## Steps for further refinement

The “Tier 1 – Most Likely” list\* includes Medi-Cal programs with income limits up to 138% FPL. Counties may choose to restrict this list to narrow the pool of clients for in-reach. There are several ways to achieve this:

1. Choose sub-categories from the “Tier 1 – Most Likely” list (e.g., <100% FPL, no SOC)\*.
2. Use SAWS data on case income to identify the actual reported FPL level and restrict the final list to a maximum FPL. For example, use the full list of “Tier 1 – Most Likely” aid codes but restrict in-reach only to those with reported Medi-Cal incomes that are below 100% FPL.
3. Consider whether any other data elements in your local databases could be used to remove categorically CalFresh ineligible Medi-Cal participants.
4. Analyze the resulting list of likely-CalFresh-eligible Medi-Cal clients to identify key sub-populations of unenrolled individuals with whom to conduct targeted in-reach strategies (e.g., seniors, families with children, under-enrolled neighborhoods, under-enrolled racial/ethnic/monolingual population).

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