

Medi-Cal Timeline

Medi-Cal was created to provide health coverage to low-income families, children, pregnant women, and persons with disabilities.

November 11, 1965

California Medical Assistance Program (Medi-Cal) signed into law by Governor Edmund G. "Pat" Brown.

July 30, 1965

Medicaid Signed Into Law by President Lyndon B. Johnson. Video depicts President Johnson addressing the crowd after signing Medicaid into law.

March 1, 1966

Medi-Cal Established

July 7, 1966

Office of Health Care Services Established within the Health and Welfare Agency for the purpose of "coordination and supervision of the many and varied state agencies involved in Medi-Cal."

December 31, 1966

The Average Number of Medi-Cal Members in 1966 was 1,181,100.

July 1, 1968

The Office of Health Care Services became the Department of Health Care Services under the Human Relations Agency (formerly the Health and Welfare Agency) and retained its primary purpose of coordinating and supervising the many and varied state agencies involved in Medi-Cal.

January 1, 1968

The Social Security Amendments of 1967 mandate Early and Periodic Screening, Diagnostic, and Treatment services for eligible children up to age 21.

1971

Medically Indigent Program (MIP) Established Medically indigent adults (MIA) are persons who do not have health insurance and who are ineligible for other health care coverage, such as Medicaid, Medicare, or private health insurance. The MIP may help MIAs access medical care by paying for all or part of the cost of their medical care.

1971

On Lok Established - Model for the Program of All Inclusive Care for the Elderly (PACE). The PACE model of care can be traced to the early 1970s, when the Chinatown-North Beach community of San Francisco saw the pressing need for long-term care services for families whose elders had immigrated from Italy, China, and the Philippines. In 1971, Dr. William L. Gee headed the committee that hired Marie-Louise Ansak to investigate solutions. They, along with other community leaders, formed a nonprofit corporation, On Lok Senior Health Services, to create a community-based system of care.

1971

Short Doyle/Medi-Cal Program Established. Legislation in California added Short-Doyle community mental health services into the scope of benefits of the Medi-Cal program, enabling counties to obtain federal

matching funds on their costs of providing certain mental health services to persons eligible for Medi-Cal.

October 30, 1972

Security Income (SSI) is a federal income supplement program funded by general tax revenues (not Social Security taxes). It is designed to help aged, blind, and disabled people, who have little or no income, and it provides cash to meet basic needs for food, clothing, and shelter. SSI beneficiaries may also be eligible for Medi-Cal.

July 1, 1973

Department of Health Established consolidating the Departments of Health Care Services, Public Health, and Mental Hygiene into one department.

December 29, 1973

Established Managed Care in California. President Nixon signed into law the HMO Act of 1973, which led to a national expansion of HMOs. He also coined the term “health maintenance organization.”

1974

Child Health and Disability Prevention (CHDP) Program Established. The CHDP program is a preventive program that delivers periodic health assessments and services to low-income children and youth in California.

1975

Knox-Keene Act requires licensure of health plans and establishes the basic framework for regulating plans and established protections under managed care.

December 31, 1976

The Average Number of Medi-Cal Members in 1976 was 2,671,700.

July 1, 1978

Department of Health Services (DHS) established. The Legislature reorganized the Department of Health into the Department of Health Services to increase program visibility, improve policy direction, and provide greater public accountability. DHS had dual responsibilities of serving the poor and needy and overseeing the general health concerns of the state.

August 13, 1981

Omnibus Reconciliation Act (OBRA) 81. OBRA 81 converted Title V into a block grant. As a block grant, each state must prepare and submit a standardized application to provide a mechanism for program planning, management, measurement of progress, and accounting for the costs of state efforts.

1982

Medicaid Reform Legislation. Allowed the Medi-Cal program to contract with County Organized Health System (COHS) plans, which are created and run by the county.

September 3, 1982

Tax Equity and Fiscal Responsibility Act (TEFRA) allows states to make medical assistance available to certain children with disabilities under age 18 without counting their parent’s income. TEFRA also revised previous Medicaid cost-sharing policies to expand state options for imposing nominal cost sharing on certain Medicaid beneficiaries and services.

July 18, 1984

Deficit Reduction Act of 1984 mandated coverage of children born after September 30, 1983, up to age 5, of Aid to Families with Dependent Children (AFDC)-eligible families. Coverage for AFDC-eligible first-time pregnant women and pregnant women in two-parent unemployed families also became mandatory.

April 7, 1985

OBRA 85 mandated coverage for all remaining AFDC-eligible pregnant women.

October 21, 1986

OBRA 86 required states to cover treatment of emergency medical conditions for undocumented immigrants otherwise eligible for Medicaid. OBRA 86 also gave states the option of covering pregnant women and infants (up to 1 year old) up to 100% of FPL, and allowed states to pay for Medicare premiums and cost-sharing for low-income qualified Medicare beneficiaries (QMBs) with income at or below 100% of FPL.

December 22, 1987

Omnibus Budget Reconciliation Act (OBRA) 87 gave states the option of covering pregnant women and children under age 1 in families with income up to 185% of FPL. OBRA 87 also enacted nursing home reforms that upgraded quality of care requirements and revised monitoring and enforcement of facilities participating in Medicaid.

December 31, 1987

The Average Number of Medi-Cal Members in 1987 was 3,037,000.

1988

Family Support Act established the Transitional Medical Assistance program for 12 months for families losing Aid for Families With Dependent Children.

1989

Extended Coverage. Medi-Cal began providing coverage to pregnant women with incomes up to 185% FPL.

December 19, 1989

OBRA 89 mandated coverage for pregnant women and children under age 6 in families with incomes at or below 133% of FPL (whether or not they were receiving AFDC cash assistance). OBRA 89 expanded the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit for children under age 21 to include needed diagnostic and treatment services, even if the services were not covered for adult beneficiaries.

1990

Extended Coverage. Medi-Cal began providing coverage to pregnant women with incomes up to 200% FPL and children born after September 30, 1983, with incomes up to 100% FPL.

November 5, 1990

Medicaid Drug Rebate Program established requiring pharmaceutical manufacturers to give "best price" rebates to states and the federal government.

1991

Baby-Cal Established. The BabyCal campaign is a statewide public awareness and education campaign aimed at combating low birthweight and decreasing infant mortality.

1991

Implemented First Medicaid Drug Rebate Program.

March 1, 1991

Medi-Cal Turns 25.

December 31, 1991

The Average Number of Medi-Cal Members in 1991 was 4,366,900.

1993

Established Presumptive Eligibility for Pregnant Women The Presumptive Eligibility for pregnant women program allows qualified providers to grant immediate, temporary Medi-Cal coverage for ambulatory prenatal care and prescription drugs for conditions related to pregnancy to low-income, pregnant patients, pending approval of their formal Medi-Cal application.

1994

Benefits Identification Card (BIC) issued a BIC is used to verify Medi-Cal members' eligibility for Medi-Cal benefits, allowing Medi-Cal providers to bill DHCS for services rendered.

1994

Sacramento County Implemented Geographic Managed Care (GMC) the GMC pilot project made enrollment into managed care mandatory primarily for low-income children and families in Sacramento County. This plan model allows beneficiaries the option of choosing from multiple commercial plan alternatives. Expansion of the Medi-Cal managed care program was designed to improve timely access to preventive and primary health care services in a cost-effective manner for Medi-Cal beneficiaries enrolled in managed care health plans.

1996

Health Insurance Portability and Accountability Act (HIPAA) provides the ability to transfer and continue health insurance coverage for millions of American workers and their families when they change or lose their jobs; reduces health care fraud and abuse; mandates industry-wide standards for health care information on electronic billing and other processes; and requires the protection and confidential handling of protected health information.

1996

Implemented Two-Plan Managed Care. Medi-Cal beneficiaries in these counties have the option to select from two managed care plans, either a locally-operated “local initiative” plan or a commercial health plan.

August 22, 1996

Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA). This separated Medicaid from welfare coverage and created Temporary Assistance for Needy Families (TANF). This change, implemented in California on January 1, 1998 resulted in the new 1931 (b) program with Medi-Cal covering low income families and adults with the necessity of them being on CalWorks. Under this, 400,000 people were added to Medi-Cal.

December 31, 1996

The Average Number of Medi-Cal Members in 1996 was 5,376,700.

August 8, 1997

Balanced Budget Act allowed states to require most Medicaid beneficiaries to enroll in managed care plans without a waiver, and mandated states to pay Medicare premiums for disabled and elderly individuals with incomes between 120% and 135% FPL.

1997

Healthy Families/Medi-Cal for Children education and outreach campaign established. Medi-Cal accelerated expanded eligibility for children under 18 to 100 percent of the poverty level and implemented an asset waiver for children.

1997

Program of All Inclusive Care for the Elderly (PACE) eEstablished as a permanent provider under Medicare and Medicaid.

1998

Medi-Cal to Healthy Families Bridging extended health care coverage when a child no longer qualifies for a program during an annual eligibility review or a no-cost Medi-Cal annual redetermination review.

1999

Family Planning, Access, Care & Treatment (Family PACT) waiver approved under Section 1115 waiver authority. Family PACT is a program that helps eligible Californians gain access to family planning services and educational resources.

1999

The second joint Application for Medi-Cal & Healthy Families was implemented California became one of the first states in the nation to take advantage of new federal funding to expand health coverage for children.

2000

Baby-Cal campaign awarded Emmy. The BabyLove television special with UPN Los Angeles/KCOP 13 reached an estimated 500,000 television households and was recognized by the Academy of Television Arts and Sciences, which awarded BabyLove a 2000 Emmy Award for Excellence in Education.

2000

Enrollment Process. The Medi-Cal enrollment process eliminated face-to-face interviews and introduces mail-in applications in 11 languages.

2000

Established 250% Working Disabled Program. This program allows certain individuals to become eligible for Medi-Cal by paying low monthly premiums based on countable income.

2000

Expanded Medi-Cal Coverage to Children Leaving Foster Care

2000

Medi-Cal Expansion. State legislation expanded Medi-Cal 1931 (b) coverage for adults with incomes up to 100 percent of the federal poverty level and increased coverage for the working poor resulting in over a million new enrollees to Medi-Cal.

2001

Aged and Disabled Poverty Level Program expanded coverage for seniors and people with disabilities to approximately 133 percent of the federal poverty level and covered an additional 140,000 people.

2001

Enacted Continuous Eligibility for Children

2002

Breast and Cervical Cancer Treatment Program (BCCTP) Implemented. The BCCTP provides vital cancer treatment to eligible individuals diagnosed with breast and/or cervical cancer and who are in need of treatment.

2002

Centers for Medicare & Medicaid Established Health Care Financing Administration changed its name to the Centers for Medicare & Medicaid Services.

December 31, 2002

The Average Number of Medi-Cal Members in 2002 was 6,137,900.

2003

California Releases Olmstead Plan. The California Olmstead Plan provides a blueprint for improving California's long-term care delivery system to ensure that persons with disabilities and older adults have appropriate access and choice regarding community-based services and long-term care options.

2005

CMS approved California's First 1115 Medi-Cal Waiver which triggered a significant change in hospital reimbursement in California, provided direct funding to safety net hospitals for care the uninsured, and introduced a pilot expansion of Medi-Cal to uninsured adults.

July 1, 2007

Department of Health Care Services (DHCS) Established. DHS is reorganized, creating two separate Departments. DHCS and the Department of Public Health, with DHCS charged with running Medi-Cal. DHS Director Sandra Shewry is appointed by Governor Schwarzenegger to lead DHCS.

October 2009

DHCS' California Partnership for Long-Term Care launches a pilot education program in San Diego County to help residents understand the issues surrounding long-term care and how to prepare appropriately

November 2009

In-Home Supportive Services (IHSS) Fraud Sweep. DHCS participates in its first In-Home Supportive Services (IHSS) fraud sweep as part of the Sacramento County Task Force. DHCS investigators' aggressive moves to clamp down on potential fraud in the IHSS program resulted in 12 arrests.

May 2009

Medi-Cal Payment Error Study (MPES). DHCS releases its fourth annual MPES, the nation's most comprehensive study of payment errors in a state Medicaid program, which found that more than 93% of reimbursements paid to fee-for-service Medi-Cal providers in 2007 were billed appropriately and paid accurately.

December 31, 2009

The Average Number of Medi-Cal Members in 2009 was 7,070,500.

November 1, 2010

"Bridge to Reform" Section 1115 Waiver Governor Schwarzenegger received federal approval of California's "Bridge to Reform" Medicaid waiver, which strengthened the state's hospital safety net and delivery system and resulted in \$10 billion in federal resources to expand health coverage for low-income, uninsured residents and improve care for vulnerable populations.

March 23, 2010

The Patient Protection and Affordable Care Act (ACA) was passed in the senate on December 24, 2009, and passed in the house on March 21, 2010. It was signed into law by President Obama on March 23rd, 2010.

October 2011

Medi-Cal Payment Error Study (MPES). DHCS releases its fifth MPES, which found that nearly 95 percent of payments to fee-for-service Medi-Cal providers in 2009 were billed appropriately and paid accurately, and the potential provider fraud rate declined significantly.

June 1, 2011

begins the transition of about 300,000 seniors and persons with disabilities to Medi-Cal managed care, as part of the "Bridge to Reform" waiver.

April 2012

Community-Based Adult Services (CBAS). CBAS become effective under the "Bridge to Reform" waiver to provide necessary medical and social services to those with the greatest need. About 31,900 members were determined eligible for CBAS.

March 27, 2013

Dual Eligible Demonstration Program. DHCS' three-year dual eligible demonstration program to improve the coordination of health care services for people with Medi-Cal and Medicare is approved by the federal government.

November 11, 2013

Expansion of Medi-Cal Managed Care Services. DHCS completes the expansion of Medi-Cal managed care services to more than 274,000 Medi-Cal members in 28 rural counties, bringing Medi-Cal managed care to all of California's 58 counties.

December 1, 2013

Healthy Families Program Transition. DHCS completes the transition of 751,293 children from the Healthy Families Program to Medi-Cal.

March 27, 2013

Mobile App. DHCS demonstrates California's first-ever state administered mobile health application at the Mobile Government 2013 forum. The mobile app was created to access the new California Health Care Quality Report Card, a one-stop shop to review the quality ratings of medical groups, HMOs, and PPOs in California.

November 11, 2013

Streamlined Application. DHCS worked cooperatively with its partners to implement the streamlined

California Healthcare Eligibility, Enrollment and Retention System application process for Medi-Cal coverage and Covered California health plans.

December 31, 2013

The Average Number of Medi-Cal Members in 2013 was 8,385,200.

January 1, 2014

Affordable Care Act (ACA) is implemented, including the optional Medicaid expansion. Since this expansion, Medi-Cal has enrolled more than 4.7 million members.

August 8, 2014

Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver. The federal government approved California's DMC-ODS waiver to help improve the success rate of individuals seeking substance use disorder treatment.

June 24, 2014

Specialty Mental Health Services Consolidation Waiver. The Medi-Cal Specialty Mental Health Services Consolidation waiver is approved by the Centers for Medicare & Medicaid Services for a five-year term, from July 1, 2015, through June 30, 2020.

December 31, 2014

The Average Number of Medi-Cal Members in 2014 was 11,3033,000.

January 28, 2014

The California Endowment grants \$23 million to 36 California counties or county groups to help increase and enhance Medi-Cal outreach and enrollment efforts.

December 30, 2015

Medicaid Section 1115 Waiver. The federal government approved California's 1115 waiver renewal, which includes \$6.2 billion of initial federal funding to support the Medi-Cal program and its health care coverage of more than 13.3 million individuals.

December 31, 2015

The Average Number of Medi-Cal Members in 2015 was 12,684,700.

March 1, 2016

Medi-Cal Turns 50. 50 years after its creation, Medi-Cal is the state's largest health care purchaser and provides coverage to one-third of Californians. Largely due to the expanded eligibility requirements under the Affordable Care Act, more than 13.3 million people, including childless adults, families, seniors, and children, are covered by Medi-Cal.