

Keeping Indigent Care Responsive

October 7, 2026



Alameda County Health

Why we're here today!

- Forecasting the impact on HR 1 policies
- Challenges with forecasting: data availability, inconsistencies, internal politics, policy uncertainties
- What HR 1's impacts mean for indigent care
- Expectations vs reality and navigating difficult policy decisions

Meet the Team!



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The Forecasting Project

- With the passage of recent policies, HealthPAC needed to understand the impacts on Medi-Cal that would result in increased uninsured individuals who may qualify for HealthPAC
- In Oct 2025, Alameda County Health partnered with The Better Government Lab (BGL) to conduct this data analysis



- Estimates are based on several data sources:
 - Social Services Agency
 - California Department of Health and Human Services
 - Kaiser Family Foundation
 - Well-Being and Basic Needs Survey (Urban Institute)
 - Survey of Income and Program Participation (US Census Bureau)
 - Other states that have implemented similar policies

Policies Impacting Medi-Cal Enrollment

Effective Date	Policy Change
Jan 2026 **	• Enrollment freeze for UIS aged 19 and above • Asset limit reinstated for Non-MAGI: \$130,000 for single household and \$65,000 for every additional person
Jan 2027**	Work requirements take effect for UIS and ACA expansion adults 19-64
Jan 2027	• All UIS and QNC will be moved from Managed Care to Fee-For-Service (FFS) • Retroactive coverage change for enrollees 19-64
Mar 2027 **	Six-month redetermination cycle begins: UIS and ACA expansion adults renew eligibility every 6 months instead of annually
Jul 2027 **	Qualified Non-Citizen definition change — approximately 9,420 Alameda County residents will be moved to Restricted-Scope
Jul 2027	• Monthly premiums (up to \$50/month) required for UIS enrollees aged 19–59 • Dental coverage ends for UIS aged 19 and above • Asset limit for Non-MAGI lowered to \$21,000 for single household and \$10,000 for every additional household member
Oct 2028	Copayments introduced for enrollees above 138% FPL (beyond current projection window)

** Indicates that this policy change has been incorporated into projections

Better Government Lab's Projections for Alameda County

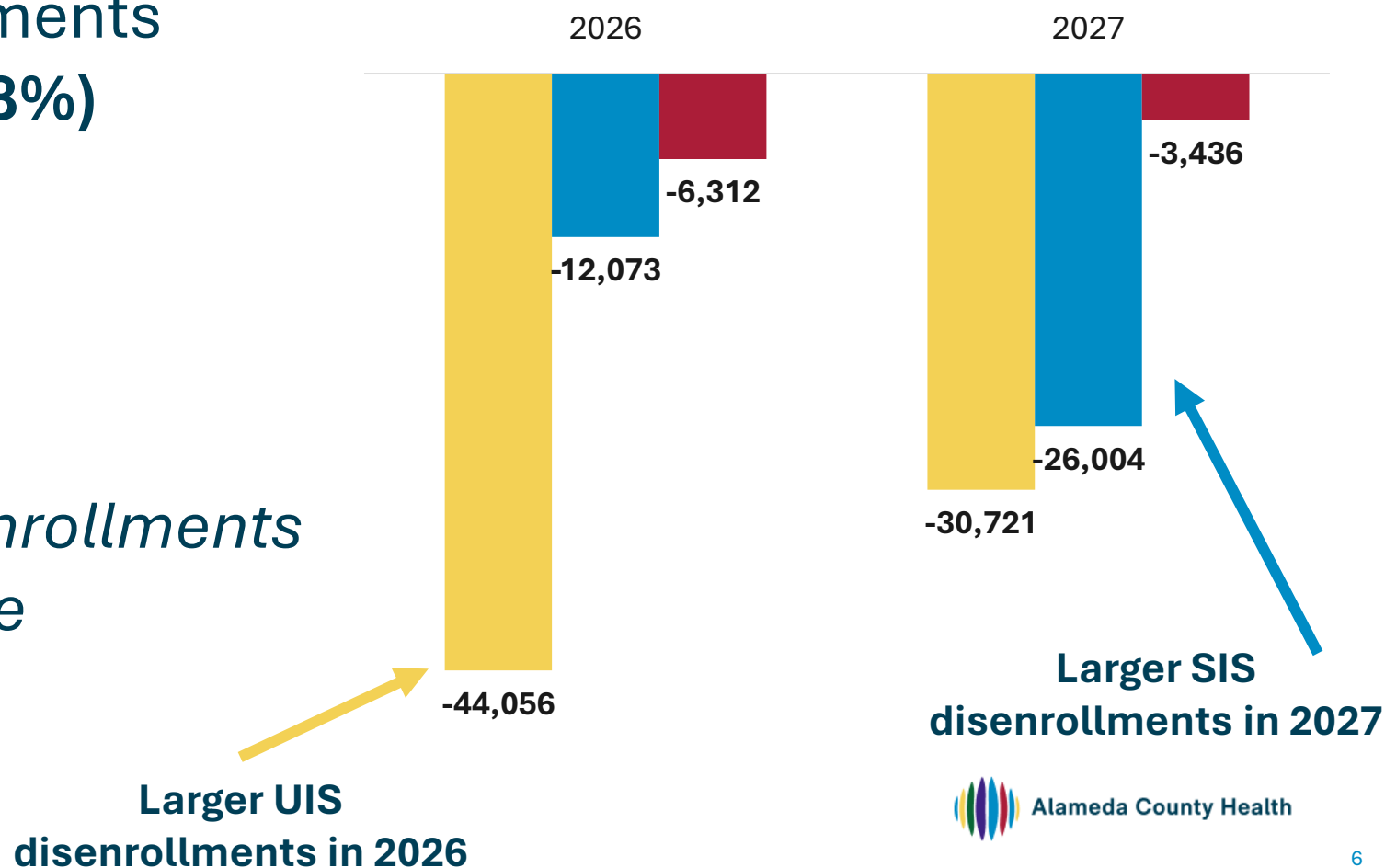
Total projected disenrollments
(2026-2027): **122,600 (-28%)**

- 2026: **62,400**
- 2027: **60,200**

*takes into account re-enrollments
where possible*

Projected Disenrollments

UIS SIS Non-MAGI

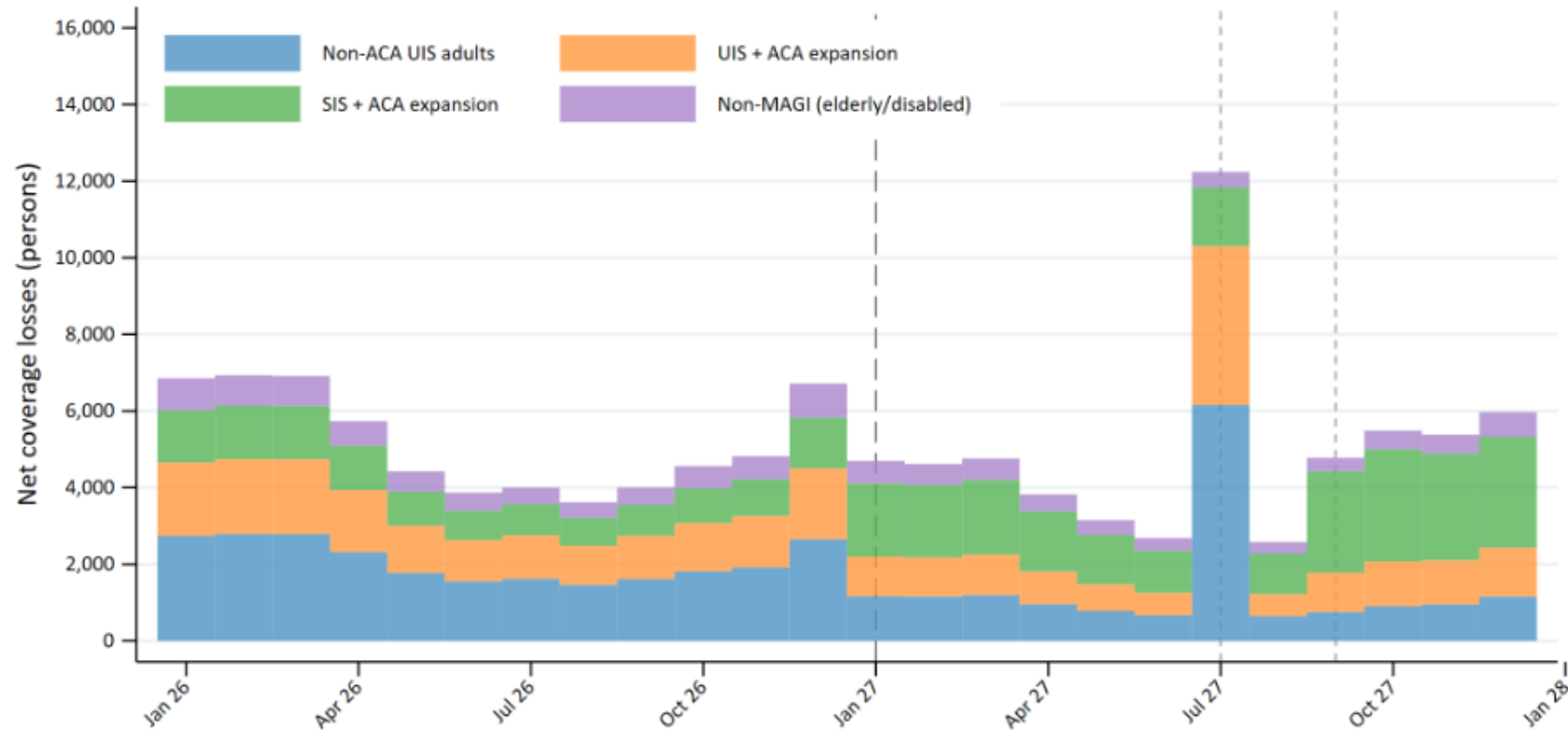


UIS = Unsatisfactory Immigration Status
SIS = Satisfactory Immigration Status
Non-MAGI = Non-Modified Adjusted Gross Income

Expected spikes in losses Dec 2026 and July 2027

Monthly Net Medi-Cal Coverage Losses by Population Group

Alameda County, January 2026 – December 2027



Dashed lines: Jan 2027 (work requirements), July 2027 (QNC lose coverage), Sep 2027 (first 6-month renewals due)
Net loss = gross losses minus re-enrollments (churn-back).

SIS = Satisfactory Immigration Status
UIS = Unsatisfactory Immigration Status
ACA = Affordable Care Act
MAGI = Modified Adjusted Gross Income

Reflections on projections

Assumptions

- Ex parte match rates are 0% for UIS
- Re-enrollment (churn-back) differs for UIS vs SIS
 - UIS: 5% successfully re-enroll
 - SIS: 40% successfully re-enroll
- Procedural denials are based on historical data
 - MAGI: 26% procedural denials
 - Non-MAGI: 17% procedural denials
- Assume that a proportion of people who are not exempt for work requirement will lose coverage for noncompliance

Challenges

- Discrepancies between local Social Service data and CalHSS data
- Data access
- Discrepancies between counties on forecasting assumptions

What has your County's process been like for estimating coverage losses?

What are your challenges?

What have you found most helpful?

Are your projections matching reality?

Indigent Care

- Section 17000 obligation
 - California counties have a statutory responsibility to provide a health care safety net for indigent residents who have no other source of care.
- As coverage changes under H.R. 1, we need to consider:
 - Who is at risk of becoming uninsured or disconnected from Medi-Cal?
 - Who remains eligible but may face barriers to enrollment or renewal?
 - Who has coverage but may still face barriers to accessing care?
 - How can the County identify and connect people to coverage before they become uninsured?
 - What role should HealthPAC and other County programs play in bridging gaps in coverage and care?

Health Program of Alameda County



- **Free or low-cost health program** that covers similar services as Medi-Cal
- Eligibility:
 - Lives in Alameda County
 - 19 years or older
 - Family income at or below 200% FPL →
 - Not eligible for full-scope Medi-Cal or other health insurance
- How patients apply:
 - Often at the time of accessing care
 - Document needs: identity, residence, and income

Federal Poverty Level (FPL) 2026

Household size	Annual income below 200% FPL
1	\$31,300
2	\$42,300
3	\$53,300
4	\$64,300
5	\$75,000
6	\$86,300
7	\$97,300
8	\$108,300
Add for each additional person	\$11,000

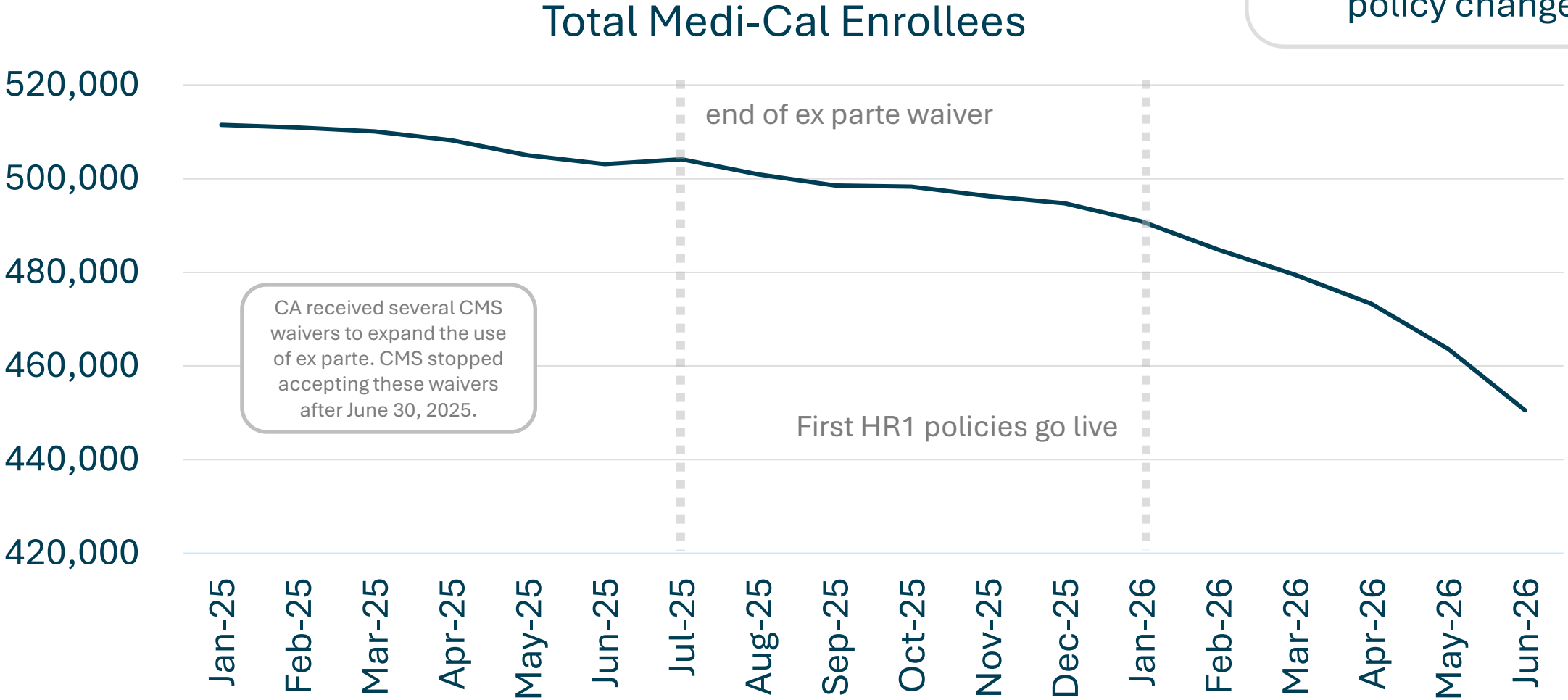
HealthPAC: Covered Services

- Preventive & Routine Care
- Specialty Care
- Urgent Care
- Hospital Care
- Emergency Care
- Mental Health Care
- Dental
- Radiology
- Laboratory Services/Tests
- Medical Equipment & Supplies
- Non-emergency transport
- Pharmacy & Prescriptions

Mirror Medi-Cal
covered services

Medi-Cal Enrollment: Jan 2025 – June 2026

State data shows a steeper decline in enrollment after key policy changes

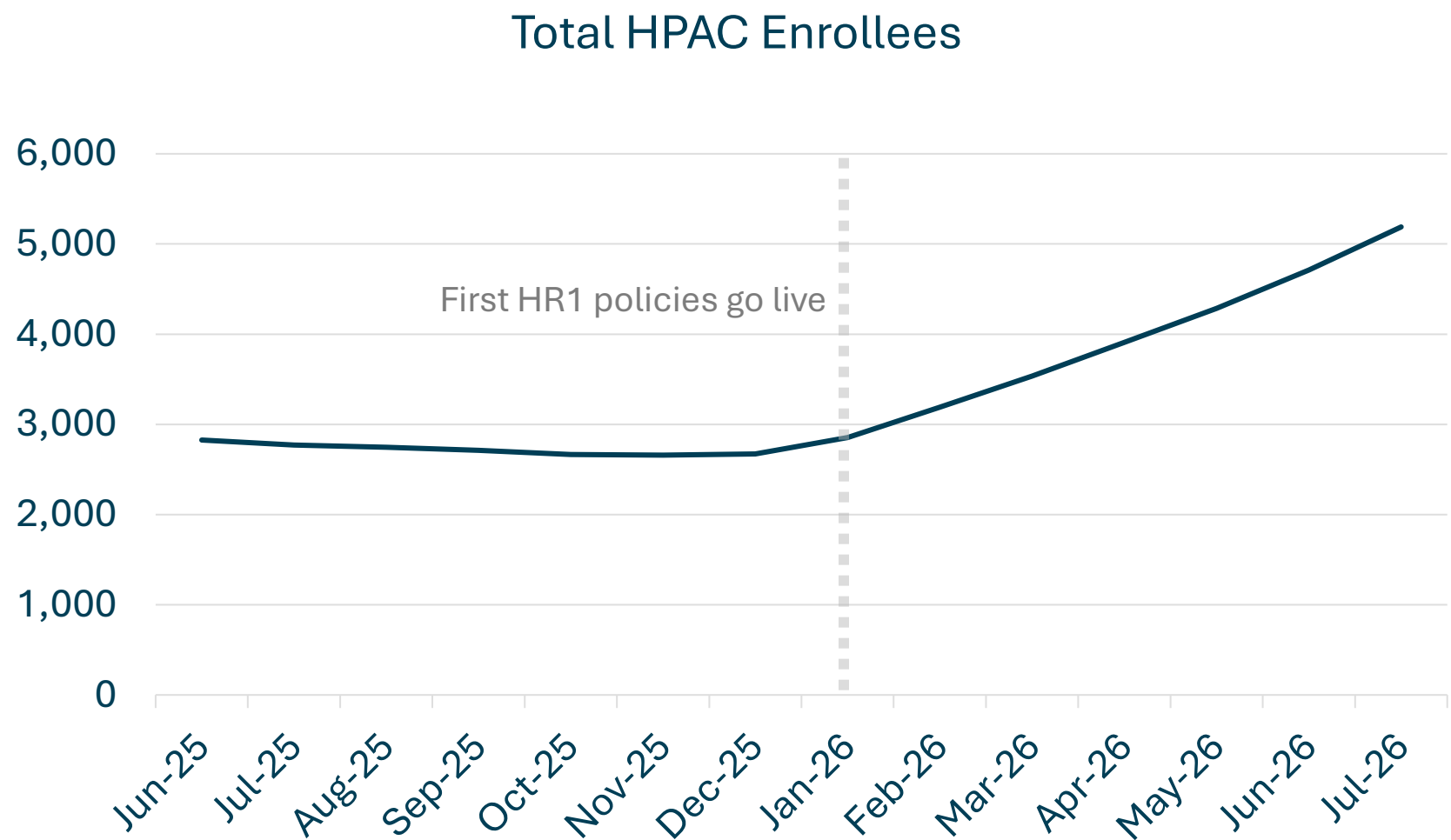


CA received several CMS waivers to expand the use of ex parte. CMS stopped accepting these waivers after June 30, 2025.

end of ex parte waiver

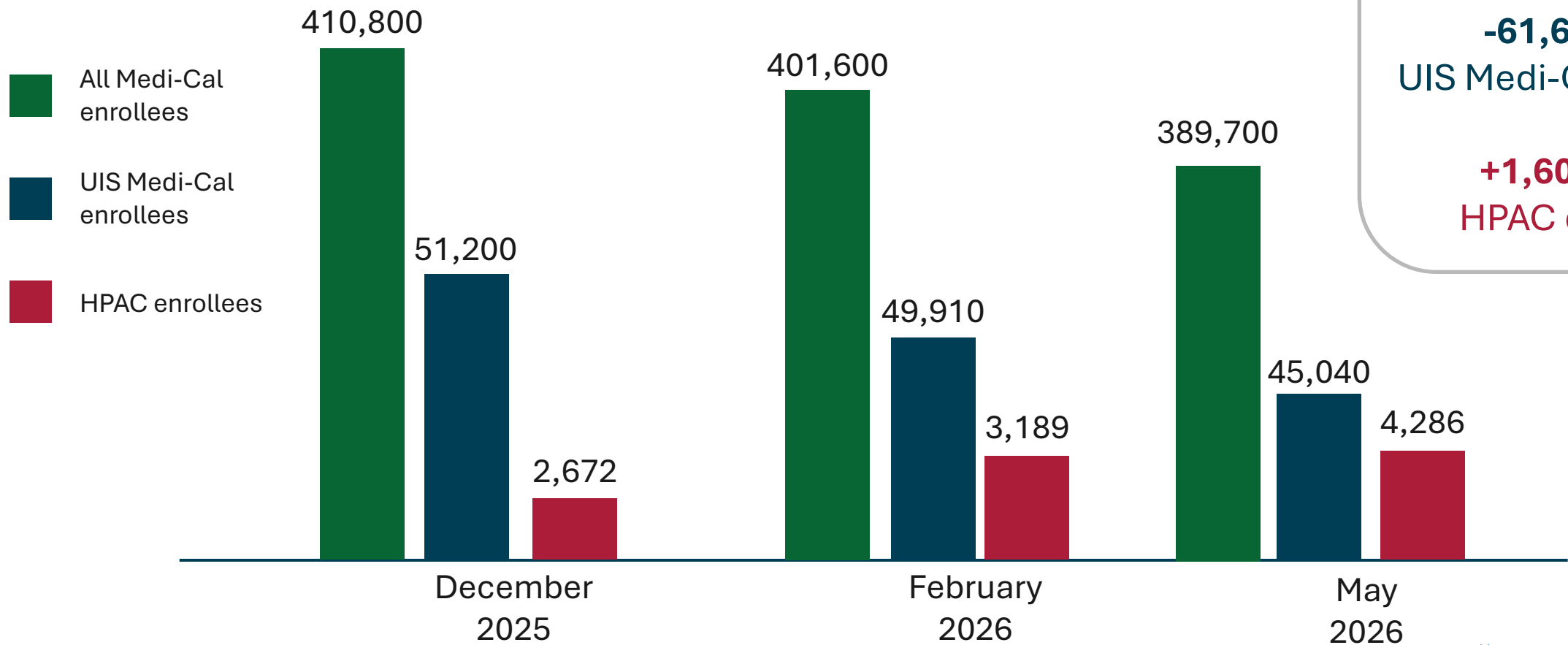
First HR1 policies go live

HealthPAC Enrollment: June 2025 – June 2026



HPAC enrollment has **almost doubled** since June 2025

HealthPAC is not growing proportionately with disenrollments – Where are patients going?



Dec 2025 – May 2026

-21,130 (5%)
Medi-Cal enrollees

-61,60 (12%)
UIS Medi-Cal enrollees

+1,600 (52%)
HPAC enrollees

What do we believe is happening?

- People are not accessing care due to:
 - Immigration fears
 - Worries about cost of care
 - Confusion about eligibility status
 - Difficulty navigating enrollment and renewal process
- People who are accessing care are opting for self-pay
- People are seeking care only when their health needs become urgent/emergent rather than accessing preventive or routine care.

Are people becoming disconnected from coverage, disconnected from care, or both, and what is driving that disconnect?

Adjustments to HealthPAC under consideration

- Must be compliant with Section 17000 mandate
- Goal is regional strategy with neighboring counties
- HPAC coverage continue to mirror Medi-Cal?
 - Change eligibility to 0-138%?
 - Discontinue coverage of some services?
 - Acupuncture
 - Full-Scope Dental
 - High cost pharmaceuticals
 - Monthly co-pay/fee?
 - Limit time on HPAC?

Challenges

- Discrepancies between counties on fulfilling the Section 17000 Indigent Care responsibilities
- Other states not fulfilling the Section 17000 obligation similar to California so few models to look at

Questions & Discussion

- How is your county approaching the Section 17000 obligation with the decrease in Medi-Cal enrollments?
- What do you anticipate might be the impact of coverage losses on the system of care in your County?
- How are you supporting Medi-Cal members in staying on the benefit?



Next steps for Alameda County Health

- Track key aggregate data:
 - HealthPAC usage
 - Patient make-up by payor (Medicare, Medi-Cal, Self-Pay, and Commercial Insurance)
 - Patient demographics
- Strategize changes to HealthPAC eligibility and services
- Request Board of Supervisor approval for HealthPAC eligibility changes
- **Strong focus on keeping residents on Medi-Cal through outreach and support**