

# Free essay on policy analysis and program evaluation

[Economics](#), [Budget](#)



**ASSIGN  
BUSTER**

1. I was aware about the Medicaid program (Medi-Cal) in California and I wanted to research and gain more information on the program as I know a few people who have gained good health prospects through this program.

2 The Affordable Care Act (ACA) that was passed on March 23, 2010 allows people to have better accessibility to the public and private health coverage by various excise and regulatory methods. Health coverage in this act is expanded by a health insurance exchange and a couple of expansions in the Medicaid program. Medi-Cal program provides complete health care services at a nominal or no cost to millions of low income people that may include mentally and physically challenged individuals, families that consists of children, pregnant women, neglected children, and senior citizens. Eligibility for Medi-Cal varies depending on the coverage group, but most adults with incomes at or below 100 percent federal poverty levels are covered (Governor's Budget 2013). This program is not applicable to single adults without children unless they have some form of disability, or if they are aged. 21. 7 percent of the state's population is represented by Medi-Cal program. California health benefit exchange, a new insurance marketplace, in collaboration with Medi-Cal offers a health plan with low or no premium to the individuals whose earning is low. In a couple of months the act would also make it mandatory for all the individuals to have a health plan and the insurers and health plans must provide health coverage for all the people regardless of their health status. The outcomes of the program are promising as it provides good health coverage for individuals and this factor makes it important to fund this program.

The major functions of ACA are to ensure that the insurers and health plans

who offer their products in small group markets do not deny any health coverage to the individuals citing

health reasons, and certify that the insurers and health plans do not charge a high premium depending on the gender and status of the health. The other function of ACA is to create a Medicaid expansion to the eligible people considering their eligibility like income, property, residency and citizenship status, and enrollment terms. The goal of ACA is to strengthen local flexibility, fairly allocate risk, and clearly delineate the respective responsibilities of the state and the counties (Governor's Budget 2013).

3. The effectiveness of the program is the policies that are implied on the health plans and insurers to provide products that give more coverage and cover all the required health benefits similar to the employer plans. The Medi-Cal program cost per case is lower than the national average (Governor's Budget 2013). Children up to 26 years can also be covered on the parents' insurance coverage. The Low Income Health Program (LIHP) was sanctioned in 2010. The federal waiver permits counties to provide a Medicaid-like expansion to individuals with incomes up to 138 percent FPL through 2013 (Governor's Budget 2013). The program has also identified and prioritized the health of children, and has promoted individual responsibilities towards the services, and has enhanced accountability.

4. The eligibility to afford the Medi-Cal program is determined multiple times. This is a method designed by ACA for the individuals with low income to be eligible for the program. The number of individuals who currently lose eligibility at the time of renewal is estimated to be in the range of 20 percent to 35 percent. (Governor's Budget 2013). Individual reviews are conducted

on people by relying completely on the information stored in the form of electronic data, and asset test is eliminated for people based on modified adjusted gross income. Persons eligible for Medi-Cal are reported to the Medi-Cal Eligibility Data System (MEDS) by the County Welfare Departments, the State, and the Social Security Administration (DHCS 2002).

## References

DHCS: California Medical Assistance Program (2002). California Medical Assistance Program

Annual statistical report. Retrieved from <http://www.dhcs.ca.gov/dataandstats/statistics/Documents/annual96.pdf>

Health Care Reform. (2013). Retrieved May 01, 2013 from <http://www.ebudget.ca.gov/2013-14/pdf/BudgetSummary/HealthCareReform.pdf>