Just the **FACTS**

The Medi-Cal Program

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Medi-Cal is a public health insurance program for low-income Californians.

Medi-Cal—California's Medicaid program—is a state-federal program that offers free or low-cost health coverage to Californians with low family incomes. Prior to the Affordable Care Act (ACA), Medi-Cal served low-income families and children, the elderly, and people with disabilities. Under the ACA, California lawmakers expanded the program to include low-income adults without children or a qualifying disability starting in 2014. Total program costs are slated to be $98.5 billion in fiscal year 2018–19, with the federal government providing $62.7 billion, the state General Fund $20.7 billion, and other state sources—including funds generated by provider fees and transfers from local governments—another $15.1 billion.

Medi-Cal eligibility is determined by a combination of income and other factors.

To qualify for comprehensive Medi-Cal, most adults must have an annual income below about $17,250 for a single adult (138% of the federal poverty level or FPL) and satisfactory immigration status. Pregnant and postpartum women are eligible with incomes up to about $68,700 for a family of three (322% FPL), though women with incomes just under this threshold must make financial contributions. Children under age 19 are eligible if their family incomes are below about $56,750 for a family of three (266% FPL), regardless of immigration status. A more limited version of Medi-Cal covers undocumented adults in certain situations, such as medical emergency or pregnancy.

Medi-Cal provides 12 million Californians with comprehensive health insurance.

Enrollment in comprehensive Medi-Cal has increased rapidly in recent years, growing from about 8 million at the end of 2013 to more than 12 million (31% of the state) in August 2018. The limited version of Medi-Cal covers about 900,000 low-income undocumented adults, an additional 2% of the state's population. In some counties, about half of residents are covered by either comprehensive or limited Medi-Cal.

Families make up half of the Medi-Cal caseload but have lower costs.

Children and parents are the largest group of Medi-Cal enrollees, accounting for nearly half of the total caseload. Adults under 65 who gained eligibility under the ACA are the second-largest group (26% of enrollees), followed by seniors and people with disabilities (15%). The remainder of the caseload includes undocumented adults and other groups, such as those in foster care and long-term care. The caseload mix is a main driver of costs. The most recent data for California from 2014 indicate annual average costs per enrollee were lowest for children ($2,836) and adults under 65 ($3,913)—but significantly higher for seniors ($12,268) and individuals with disabilities ($20,222).

Medicaid expansion is linked to improved outcomes.

Beyond substantially increasing insurance coverage, a growing body of evidence has linked Medicaid expansion under the ACA to improved outcomes across a number of domains. Individuals in states that expanded Medicaid experienced increased access to care, greater use of prescription drugs and preventive care, and improved financial well-being, including fewer bankruptcies, better credit scores, and reduced debt relative to those in states that chose not to expand. Medicaid expansion is also associated with improved financial performance at hospitals and a lower likelihood of hospital closures, especially in rural areas.

California's goal of expanding coverage conflicts with federal priorities.

Medi-Cal is an essential component of California policymakers' ongoing efforts to achieve universal health coverage. However, the federal government is encouraging states to adopt policies that could decrease coverage, such as making Medicaid subject to work requirements. Reduced federal funding also threatens several large Medi-Cal initiatives. One key project is California's Whole Person Care pilot program, which uses federal funds to provide more-integrated health and social services for high-cost enrollees, with the goal of reducing health care costs and maintaining budget neutrality.

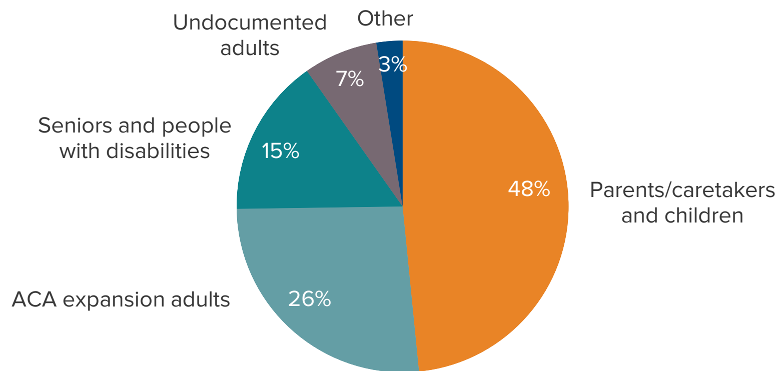
About half of residents in some counties are enrolled in Medi-Cal

County	Share of residents enrolled in Medi-Cal	County	Share of residents enrolled in Medi-Cal	County	Share of residents enrolled in Medi-Cal
Statewide	33%	Madera	45%	San Luis Obispo	21%
Alameda	26%	Marin	18%	San Mateo	19%
Alpine	28%	Mariposa	27%	Santa Barbara	33%
Amador	21%	Mendocino	48%	Santa Clara	21%
Butte	36%	Merced	49%	Santa Cruz	28%
Calaveras	27%	Modoc	34%	Shasta	35%
Colusa	42%	Mono	26%	Sierra	26%
Contra Costa	23%	Monterey	42%	Siskiyou	43%
Del Norte	44%	Napa	23%	Solano	27%
El Dorado	20%	Nevada	26%	Sonoma	25%
Fresno	48%	Orange	27%	Stanislaus	44%
Glenn	42%	Placer	16%	Sutter	42%
Humboldt	41%	Plumas	33%	Tehama	42%
Imperial	50%	Riverside	34%	Trinity	36%
Inyo	31%	Sacramento	35%	Tulare	54%
Kern	46%	San Benito	30%	Tuolumne	26%
Kings	38%	San Bernardino	40%	Ventura	27%
Lake	51%	San Diego	27%	Yolo	26%
Lassen	26%	San Francisco	24%	Yuba	42%
Los Angeles	38%	San Joaquin	39%		

Sources: California Department of Health Care Services, Research and Analytic Studies Division, Medi-Cal Certified Eligibles County Pivot through August 2018 and California Department of Finance, Population Estimates for July 1, 2018.

Notes: Numerator is total certified eligible enrolled in full-scope and limited-scope Medi-Cal. Denominator is total county population.

More than a quarter of Medi-Cal enrollees are adults who gained coverage under the ACA



Source: California Department of Health Care Services, Medi-Cal Monthly Enrollment Fast Facts, August 2018.

Notes: Children and pregnant women receiving Medi-Cal benefits under eligibility categories associated with the Children's Health Insurance Program (CHIP) are included in the share of parents and children. The 'Other' category comprises people in the following eligibility categories: adoption/foster care, individuals residing in long-term care facilities, and other unspecified groups.

Sources: For studies on the effects of the ACA Medicaid expansion, see Ghosh, Simon, and Sommers, "The Effect of Health Insurance on Prescription Drug Use Among Low-Income Adults" (2018); Hu et al. "The Effect of the Affordable Care Act Medicaid Expansions on Financial Wellbeing" (2018); Miller and Wherry, "Health and Access to Care during the First Two Years of the ACA Medicaid Expansions" (2017); Simon, Soni, and Cawley, "The Impact of Health Insurance on Preventive Care and Health Behaviors" (2017); and Lindrooth et al. "Understanding the Relationship Between Medicaid Expansions and Hospital Closures" (2018).

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