Medi-Cal Facts and Figures

For more on California’s Medicaid program and how it has evolved over the years, see www.chcf.org.

CALIFORNIA HEALTH CARE ALMANAC QUICK REFERENCE GUIDE
DECEMBER 2017

Medi-Cal Enrollment, January 2006 to January 2017 (in millions)

- Managed Care
- Fee for Service (FFS)

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<th>FFS</th>
<th>Total</th>
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MEDI-CAL ENROLLMENT AS A PERCENTAGE OF CALIFORNIA POPULATION

- Managed Care: 50%
- Fee for Service (FFS): 50%

Eligibility Levels, Selected Programs, by Demographic, 2017

- Adults: 138% FPL (ACA expansion)
- Pregnant Women: 213% FPL
- Children: 266% FPL

Note: In 2017, the Federal Poverty Level (FPL) is $12,060 for a single person and $24,600 for a family of 4.

Enrollment, by Race/Ethnicity, January 2017

- Not Reported: 12%
- African American: 3%
- Asian/Pacific Islander: 2%
- White: 6%
- Latino: 48%
- Other: 20%

Notes: In 2017, Native American enrollment was <1%. Segments may not total 100% due to rounding.

Enrollment, by Age, January 2017

- Children 0 to 20: 50%
- Adults 21 to 64: 42%
- Seniors 65+: 8%

Notes: Segments may not total 100% due to rounding.

Enrollment, by Aid Category, January 2017 (in millions)

- Other: 11%
- Long-Term Care: 16%
- Adoption/Foster Care: 4%
- Undocumented*: 1%
- Children’s Health Insurance Programs: 28%
- Seniors and Persons with Disabilities: 16%
- ACA Expansion Adult: 15%
- Parent/Caretaker Relative and Child: 24%

*Restricted Scope
Note: Segments may not total 100% due to rounding.

Sources:
- Trend in Medi-Cal Program Enrollment by Managed Care Status, FY 2004-12 (July 2013), California Department of Health Care Services (DHCS).
CALIFORNIA STATE EXPENDITURES
FY2015

- Medi-Cal: 34%
- All Other: 24%
- Public Assistance: 4%
- Corrections: 5%
- Transportation: 5%
- Higher Education: 7%
- Elementary and Secondary Education: 21%

Note: State expenditures includes spending from state funds, federal matching funds, and other funds and revenue sources.

MEDI-CAL EXPENDITURES, BY SERVICE CATEGORY
FY2006 TO FY2016, SELECTED YEARS (IN BILLIONS)

- FY2006: $30.8
  - Other: 18%
  - Managed Care: 58%
  - FFS: 30%
- FY2011: $51.7
  - Other: 20%
  - Managed Care: 56%
  - FFS: 24%
- FY2016: $82.8
  - Other: 20%
  - Managed Care: 52%
  - FFS: 28%

Notes: Other includes dental, mental health, audits, Early and Periodic Screening, Diagnostic and Treatment (EPSDT), Medicare, Drug Medi-Cal, state hospital, recoveries, and miscellaneous services. Excludes general funds for state departments other than DHCS.

MEDI-CAL SHARE OF STATE EXPENDITURES
FY2014 TO FY2016

- FY2014: 30%
- FY2015: 34%
- FY2016: 35%

MEDI-CAL PARTICIPATING PHYSICIANS PER 100,000 ENROLLEES, 2013 AND 2015

- 2013:
  - Primary Care: 59
  - Specialists/Other: 63
- 2015:
  - Primary Care: 60
  - Specialists/Other: 60

Notes: The Council of Graduate Medical Education (COGME) studies workforce trends and needs. COGME ratios include Doctors of Osteopathic Medicine (DOs). Department of Health Care Services (DHCS) does not have a minimum standard for Specialists/Other.

MEDI-CAL SPENDING* PER ENROLLEE
2012 TO 2014

- 2012: $5,390
- 2013: $5,915
- 2014: $5,368

*Defined as personal health care spending, which excludes public health activities, administration, and investment.

NO USUAL SOURCE OF CARE, 2016

- Privately Purchased: 15%
- Employer-Based: 10%
- Medi-Cal: 16%
- Uninsured: 48%

DELAYED OR DIDN’T GET MEDICAL CARE, 2016

- Privately Purchased: 15%
- Employer-Based: 10%
- Medi-Cal: 10%
- Uninsured: 10%

Notes: The Council of Graduate Medical Education (COGME) studies workforce trends and needs. COGME ratios include Doctors of Osteopathic Medicine (DOs). Department of Health Care Services (DHCS) does not have a minimum standard for Specialists/Other.