

Medi-Cal Matters

July 2017

Updated September 2017



California Health Care Foundation
HEALTH CARE THAT WORKS FOR ALL CALIFORNIANS

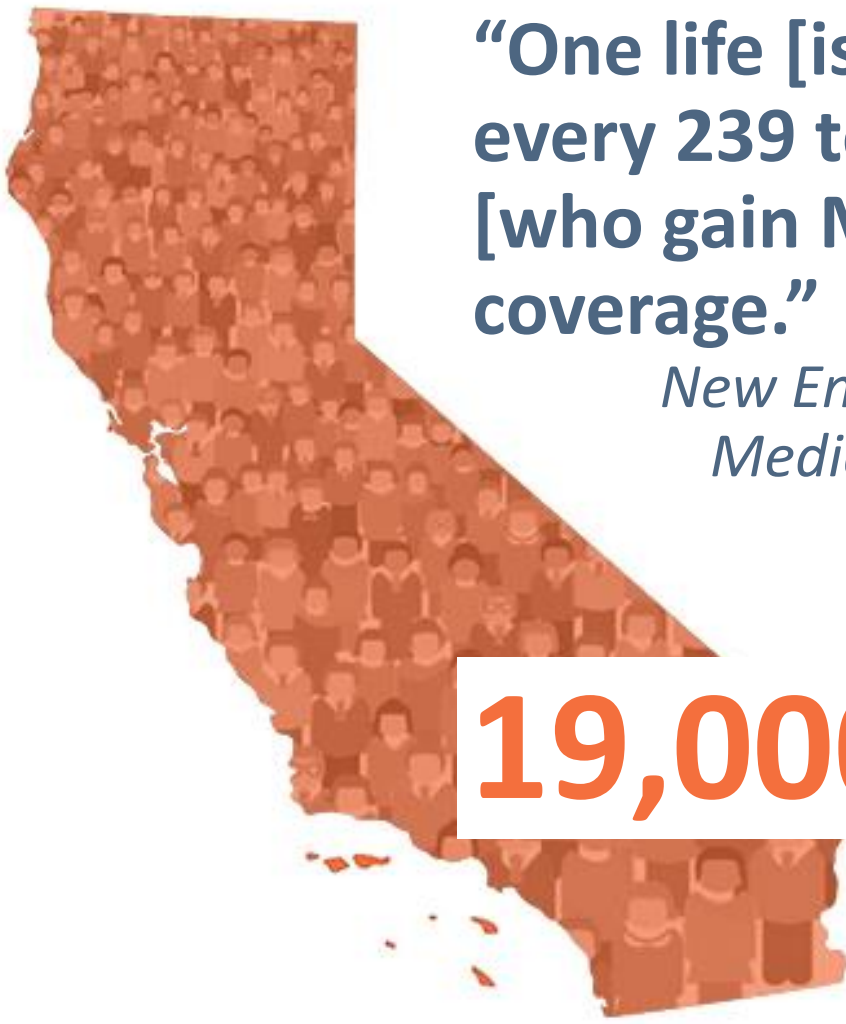


Medi-Cal Matters to California

This publication is a snapshot of many of the benefits Medi-Cal (California's Medicaid program) provides to Californians.

- ✓ Medi-Cal covers millions of Californians at **all stages of life** and **levels of need**.
- ✓ Medi-Cal **provides access** to vital health care providers and services.
- ✓ Californians **say Medi-Cal matters** to their state and their families.

Medi-Cal Saves Lives



“One life [is] saved for every 239 to 316 adults [who gain Medicaid] coverage.”

New England Journal of Medicine – June 2017

This translates to
19,000-25,600 lives saved
across California
every year

Medi-Cal Covers Californians

The number of Californians covered by **Medi-Cal coverage has increased 63%** under the Affordable Care Act.

Medi-Cal serves Californians at all stages of life — and with many types of health care needs, from those living with a disability to veterans to working adults without employer coverage.

Medi-Cal Covers Nearly 13.5 Million Californians

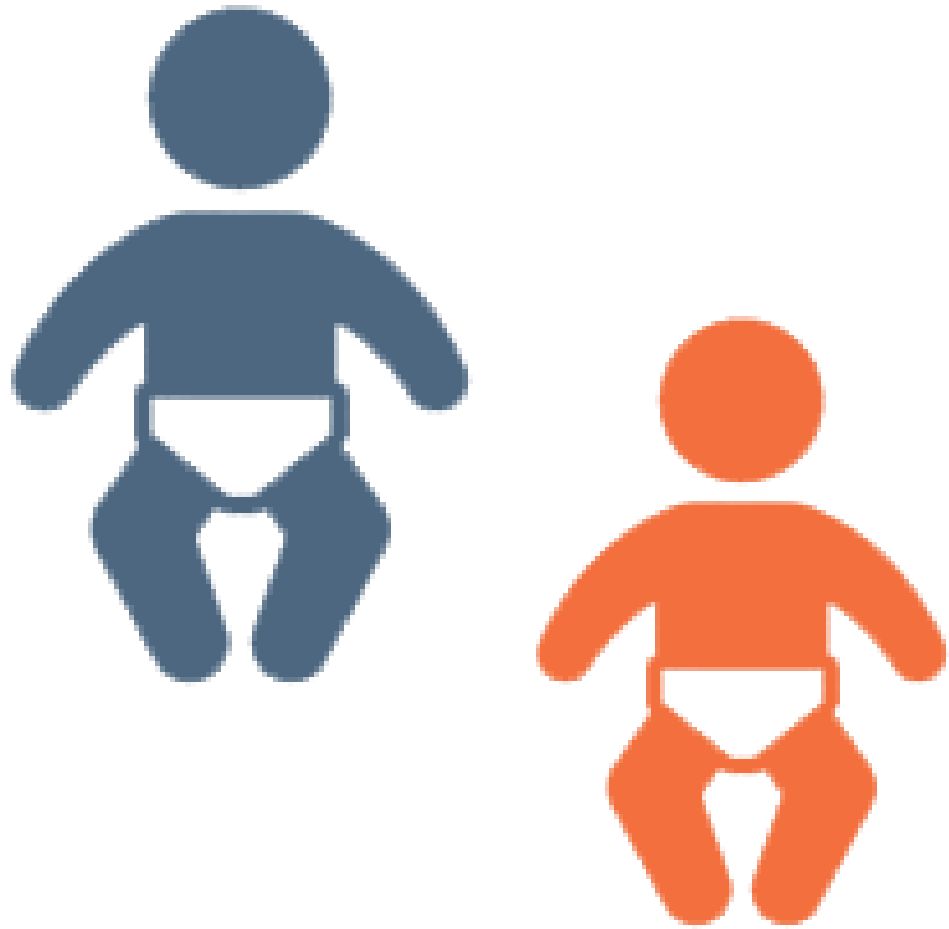
Nearly

1 in **3**

**Californians have
Medi-Cal coverage**



Medi-Cal Covers Californians in All Stages of Life



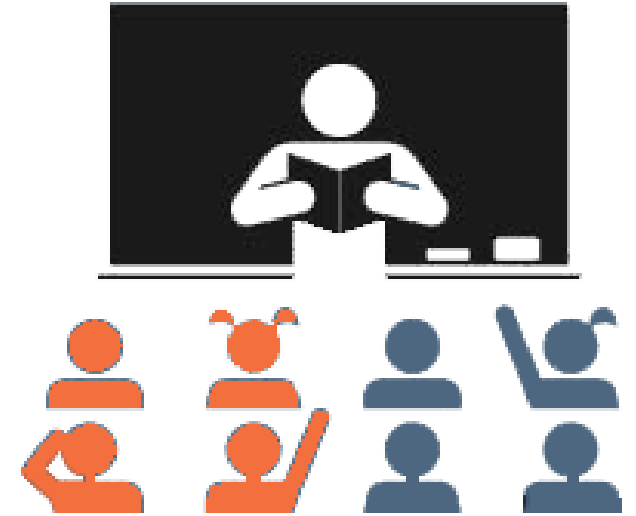
Medi-Cal pays for

1 in **2**

births in the state

Medi-Cal Covers Californians in All Stages of Life

Medi-Cal covers nearly **49%**
of kids age 0 to 11



Kids with Medicaid:*



Miss fewer school days
because they're sick or injured

Are more likely to finish high
school & graduate college



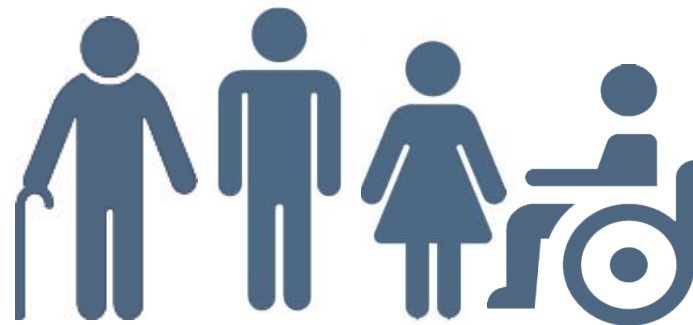
Are less likely to have high
blood pressure, ER visits,
or hospitalizations as adults

Earn more & pay more
taxes as adults



Medi-Cal Covers Californians in All Stages of Life

Nearly **62%** of Californians (age 0-64) covered by Medi-Cal are families with children



38% - Adults without Children



62% - Families with Children

Medi-Cal Covers Californians in All Stages of Life

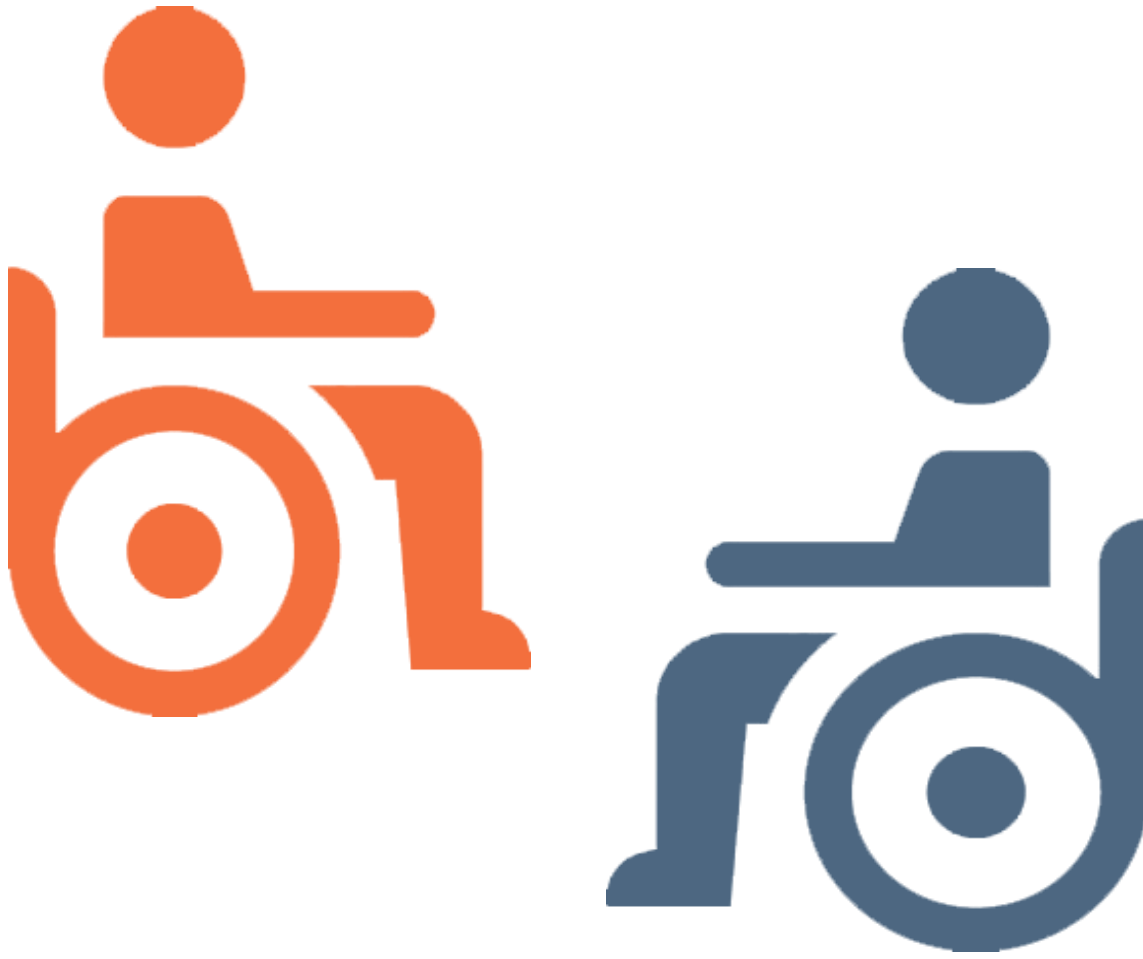


Medi-Cal covers
more than

1 in **5**

Californians
age 65+

Medi-Cal Covers Californians Who Need Care



Medi-Cal covers

1 in **2**

Californians living
with a disability

Medi-Cal Covers Californians Who Need Care

Medi-Cal covers nearly **3 in 5** nursing facility residents



Medi-Cal Covers California's Veterans

Medi-Cal helps around

183,000

California veterans
access the care they need



and Medicaid helps nearly **1** in **10** veterans nationwide

Medi-Cal Covers Working Californians

More than
2 in 3 Medi-Cal adults
are in the labor force

That is more than
4.6 million
Californians
working full-time,
working part-time, or
actively trying to find a job

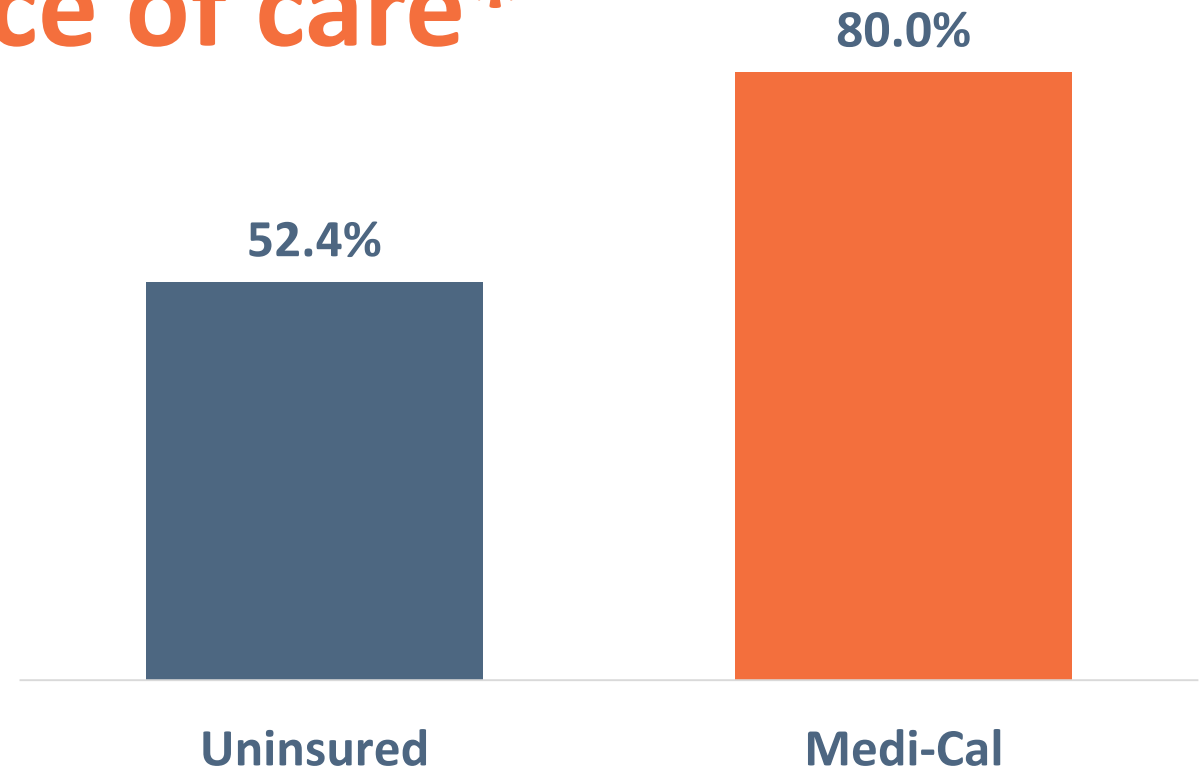
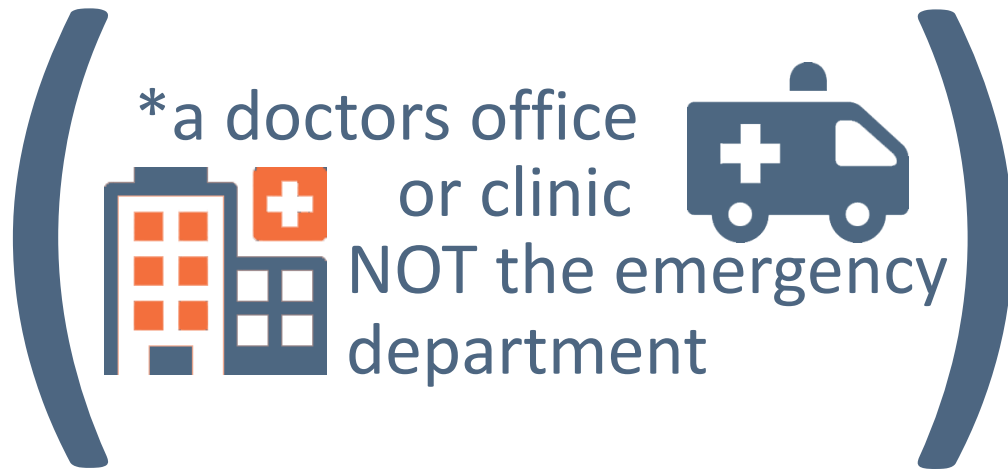


Medi-Cal Provides Access to Care

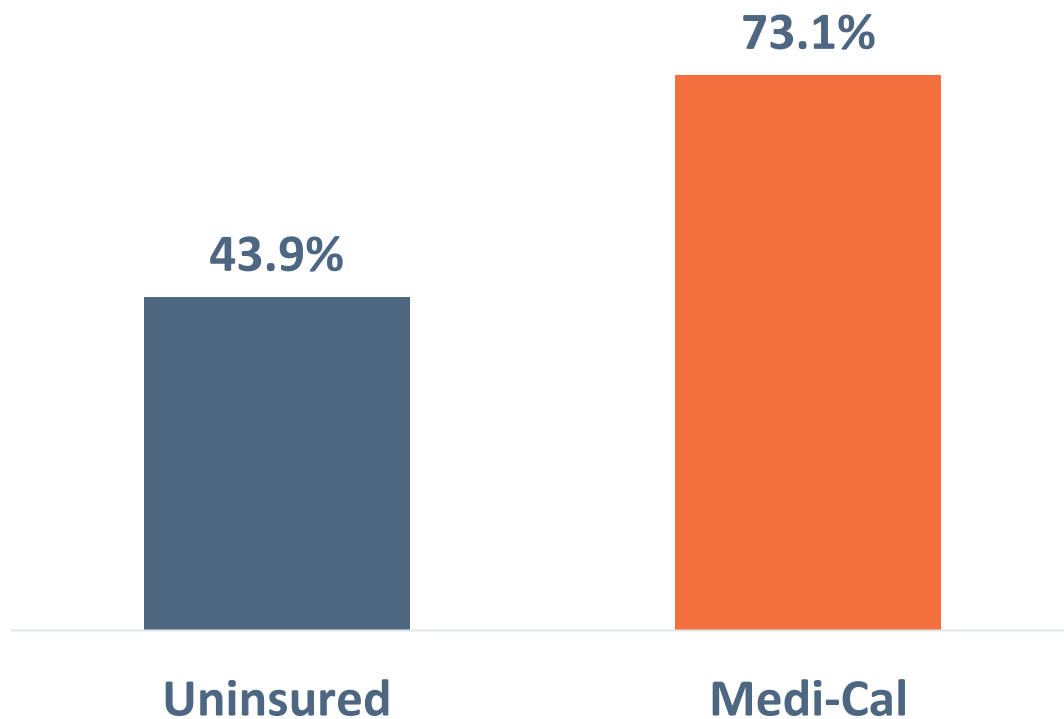
In 2016, California paid **\$82 billion** to the health plans, physicians, hospitals, long-term care providers, and others to ensure Californians with Medi-Cal coverage got the care they needed.

Medi-Cal Means a Regular Place to Go for Care

80% of Californians with
Medi-Cal have a **usual source of care***




Medi-Cal Means Californians Get Routine Checkups



California adults with Medi-Cal are

40%
more likely



to receive routine checkups
than the uninsured

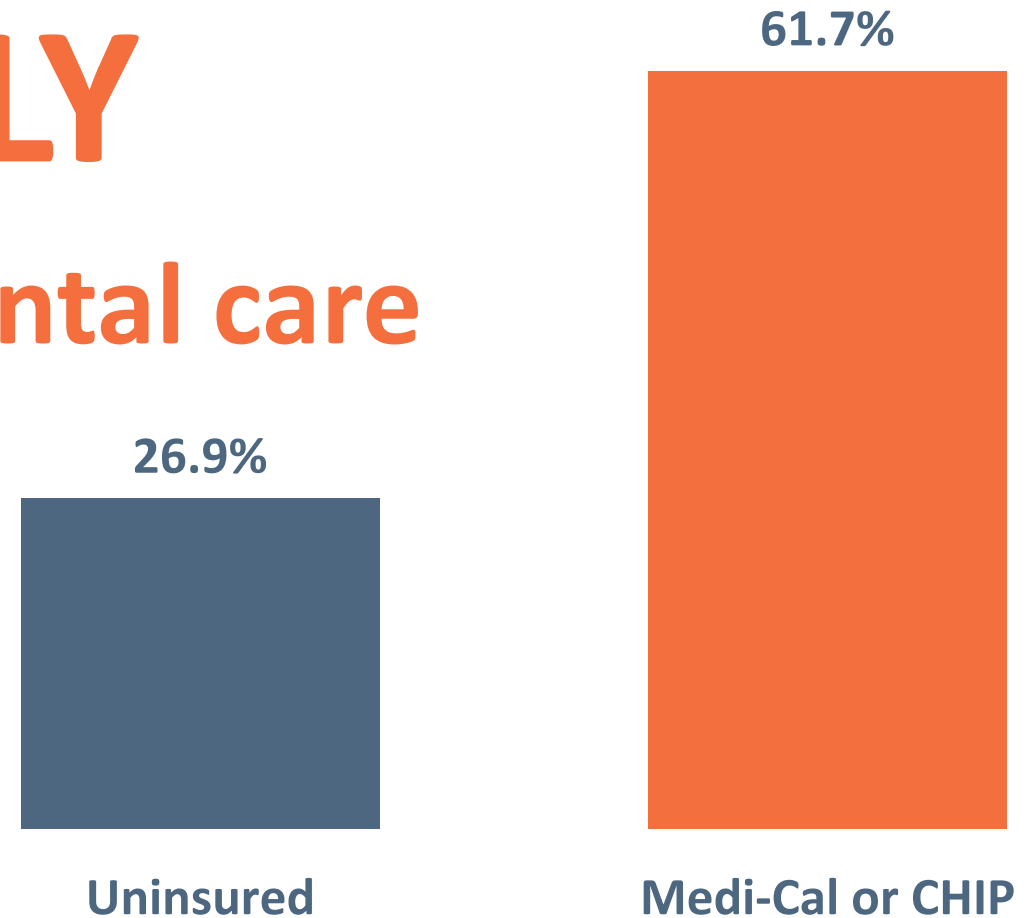
Medi-Cal Helps Kids Stay Healthy

Kids with Medi-Cal are more than

TWICE AS LIKELY

to receive routine

preventive medical & dental care
as uninsured kids



Medi-Cal Helps Treat Addiction



More than

3,000,000

Californians struggle with

alcohol and drug abuse

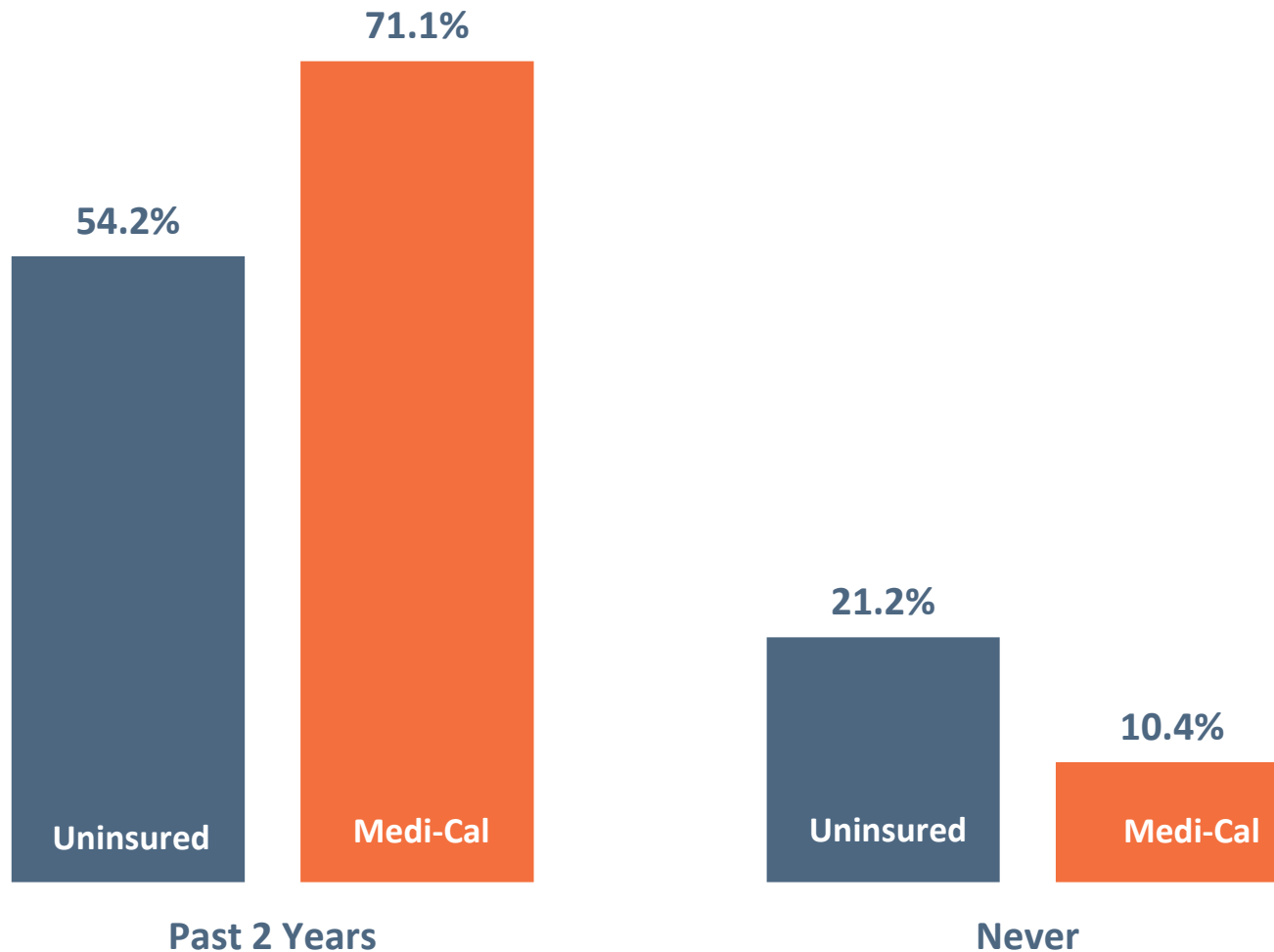
More than

1 in 3

Californians seeking help
for an emotional/mental health
problem or use of alcohol/drug
have Medi-Cal coverage



Medi-Cal Helps Women Get Mammograms



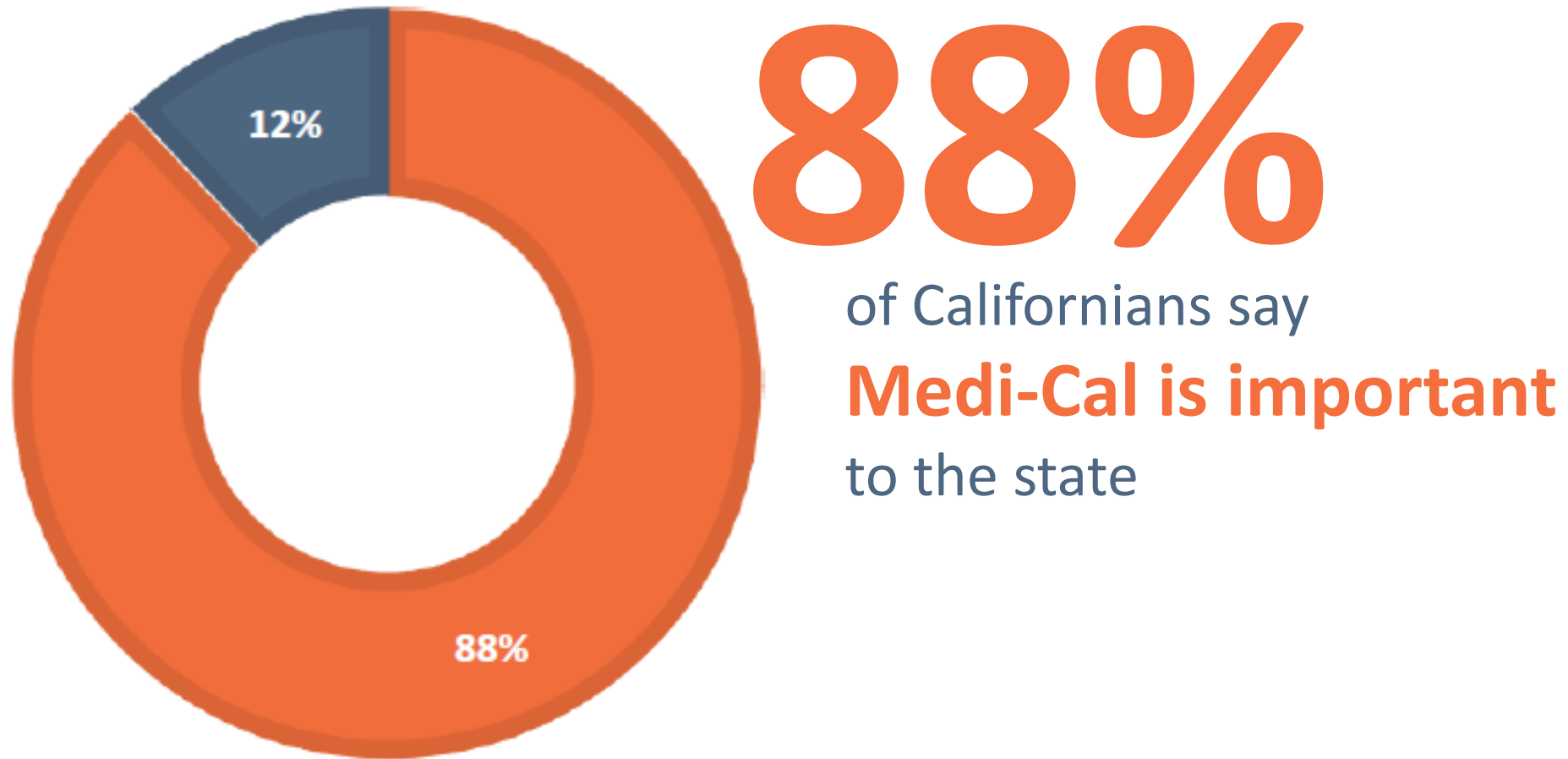
Women with Medi-Cal are
nearly **24%**
more likely
to receive a
mammogram
as the uninsured

Medi-Cal Is Important to Californians

Californians say that Medi-Cal is important not just to the state, but to their families.

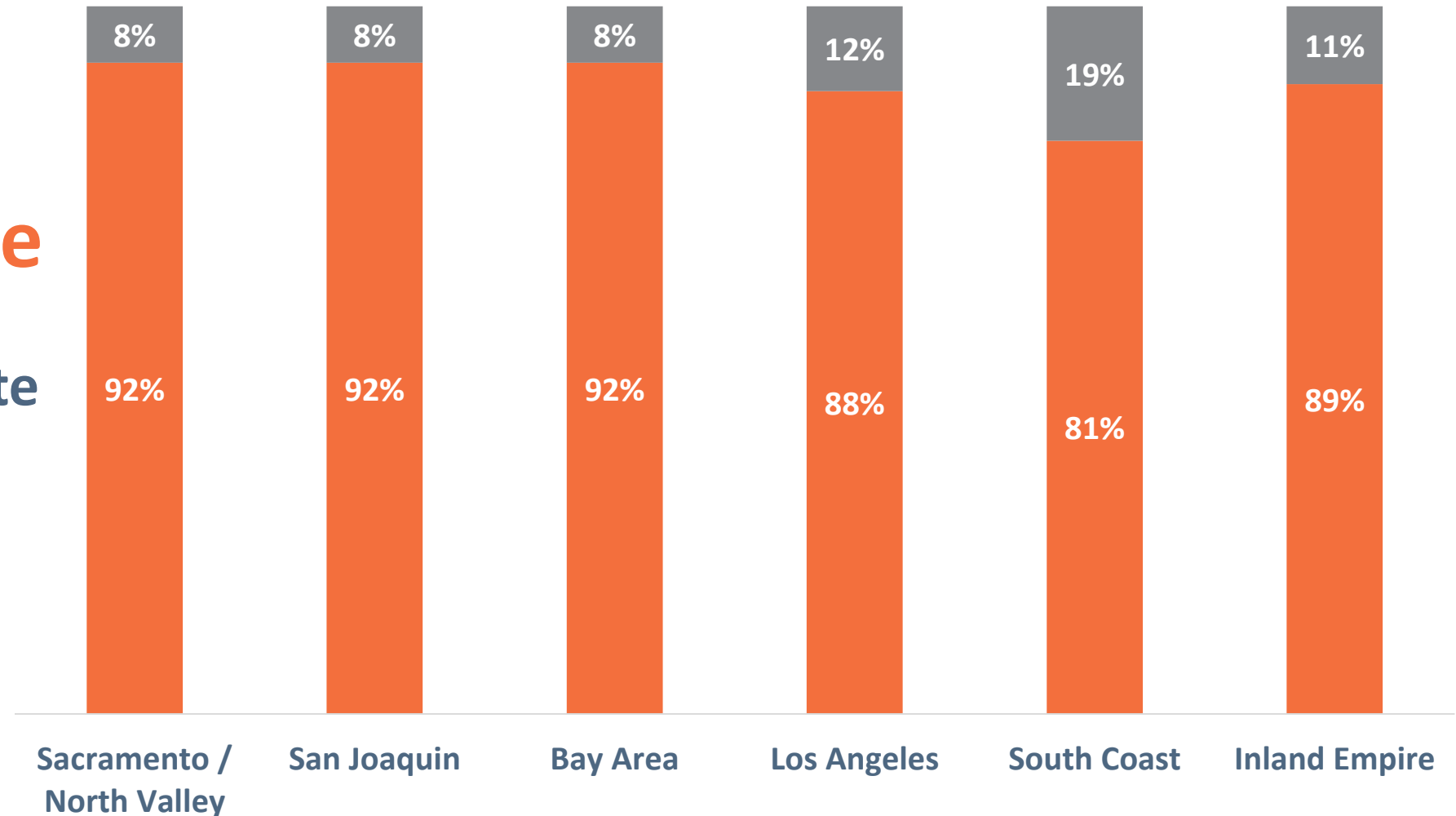
Medi-Cal is an investment in our communities' health. It can save us money and help our economy.

Californians Say Medi-Cal Is Important

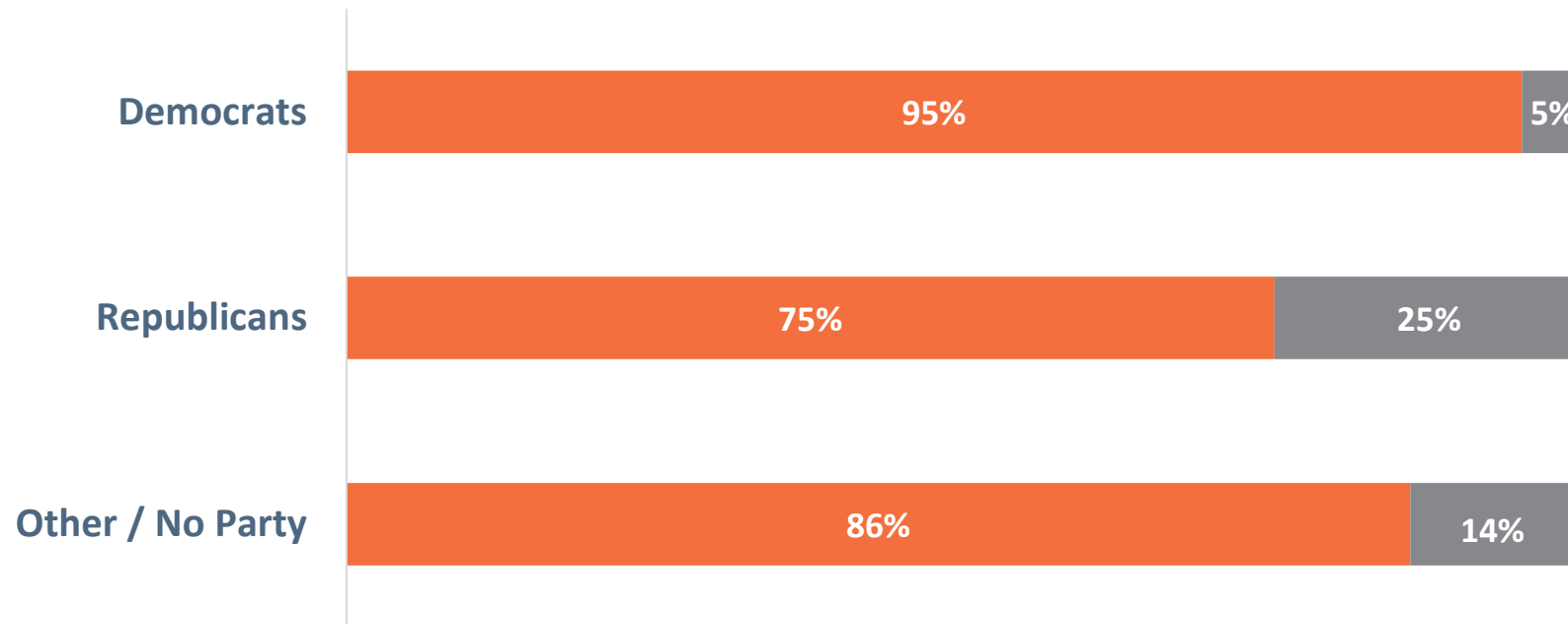


Californians Say Medi-Cal Is Important

Californians
across the state
say that Medi-Cal is
important to the state

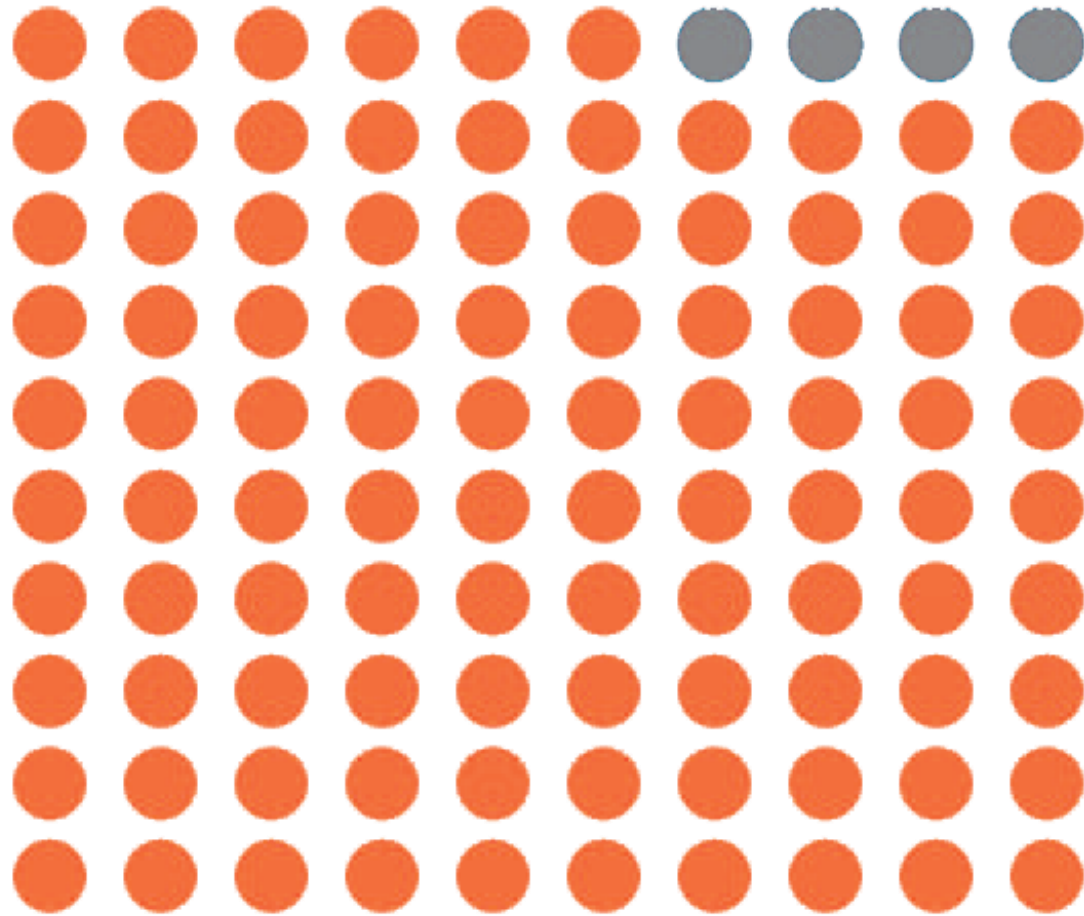


Californians Say Medi-Cal Is Important



**Californians
across political
affiliations
say that Medi-Cal is
important to the state**

Californians with Medi-Cal Value Their Coverage



96%
of Californians with
Medi-Cal say it is
**important to
themselves and
their families**

Medi-Cal Helps Working Californians

Full-time workers with Medi-Cal
gain an estimated

4.7 extra working days

that add up to

\$1.7 billion

in extra personal income per year



Workers in restaurants,
retail, and service industries like
auto repair and hair salons are
**more likely to
rely on Medi-Cal coverage**
than workers in other industries

Medi-Cal Can Save California Money



For every dollar
Medi-Cal spends on
preventive care

California can save

\$3



in health care costs

Medi-Cal Matters: Northern California

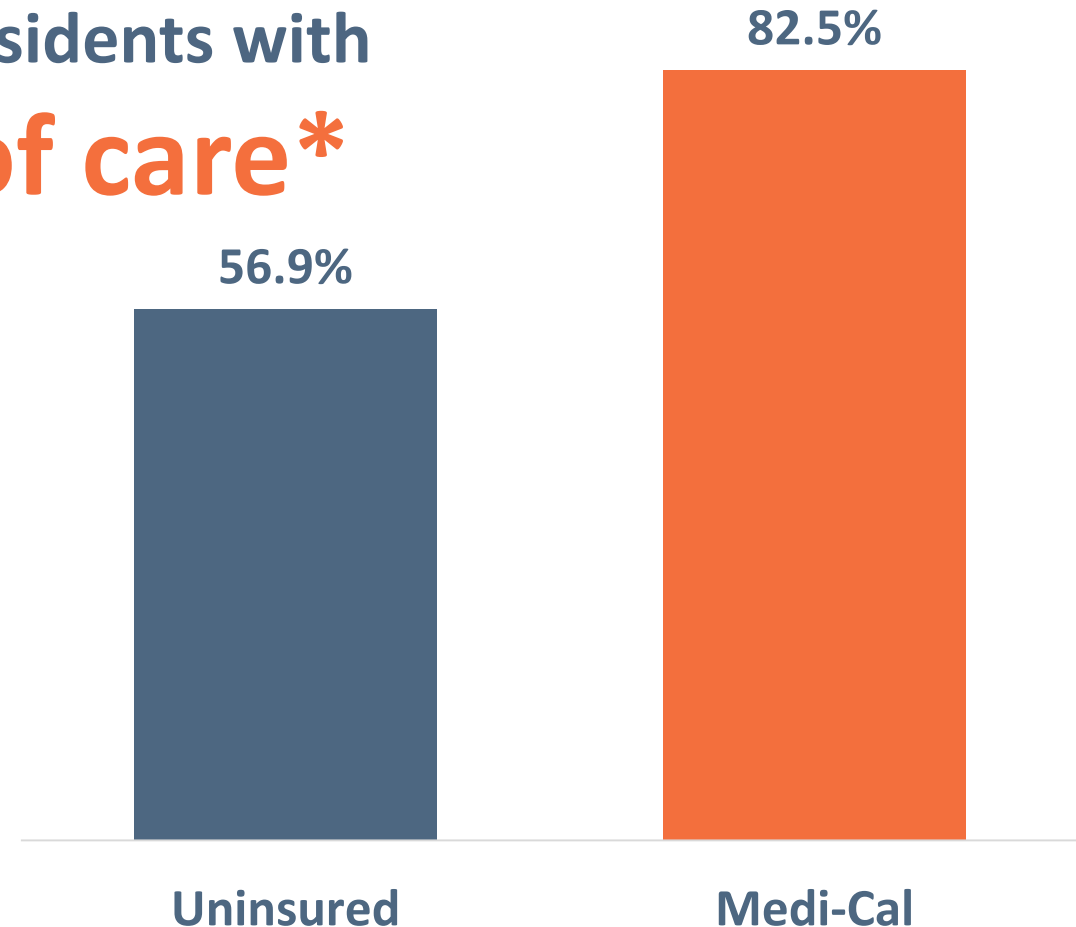
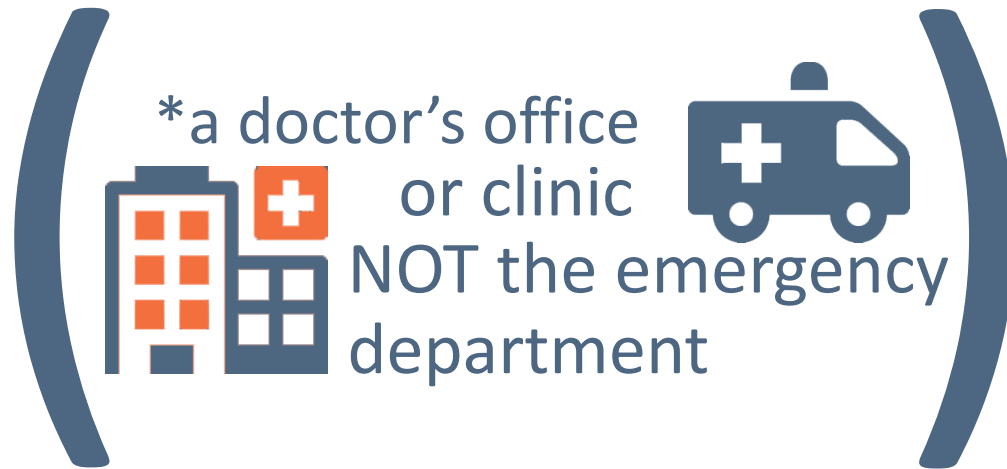
Medi-Cal covers more than
1.1 million Californians in the
Northern California counties:

Alpine, Amador, Butte, Calaveras,
Colusa, Del Norte, El Dorado, Glenn,
Humboldt, Inyo, Lake, Lassen, Mariposa,
Mendocino, Modoc, Mono, Nevada,
Placer, Plumas, Sacramento, Shasta,
Sierra, Siskiyou, Sutter, Tehama,
Tuolumne, Trinity, Yolo, and Yuba.

That's more than **30%** of residents.

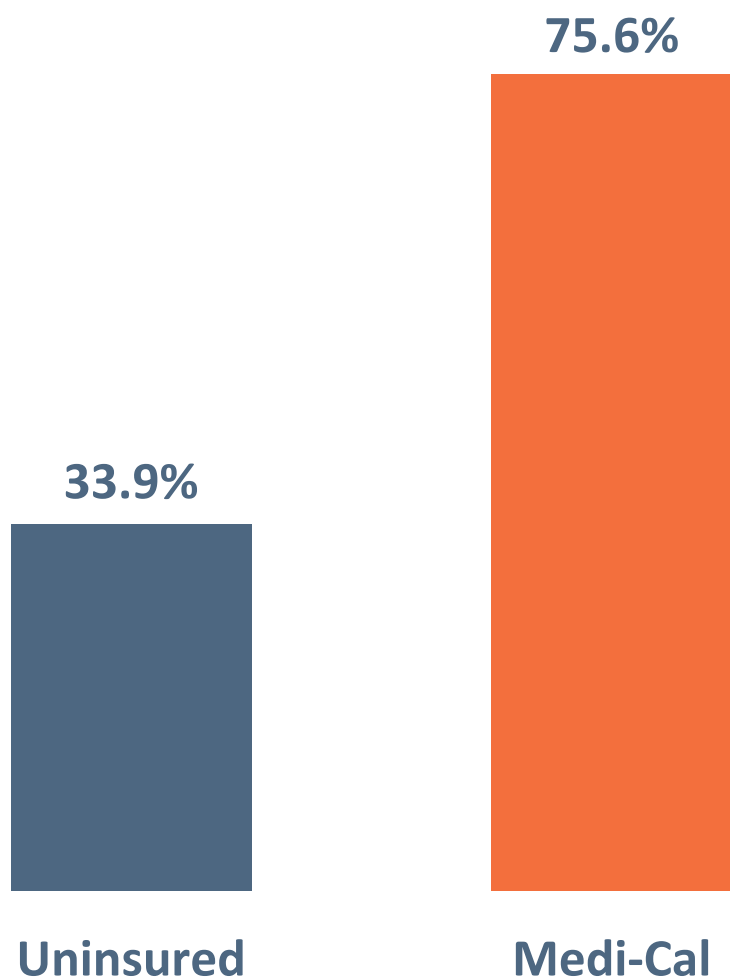
Medi-Cal Means a Regular Place for Care in Northern CA

Over **82%** of Northern California residents with
Medi-Cal have a **usual source of care***



Includes Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, El Dorado, Glenn, Humboldt, Inyo, Lake, Lassen, Mariposa, Mendocino, Modoc, Mono, Nevada, Placer, Plumas, Sacramento, Shasta, Sierra, Siskiyou, Sutter, Tehama, Tuolumne, Trinity, Yolo, and Yuba Counties


Medi-Cal Means Northern CA Residents Get Routine Checkups



Northern California adults
with Medi-Cal are more than

55%
more likely

to receive routine checkups
as the uninsured



Includes Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, El Dorado, Glenn, Humboldt, Inyo, Lake, Lassen, Mariposa, Mendocino, Modoc, Mono, Nevada, Placer, Plumas, Sacramento, Shasta, Sierra, Siskiyou, Sutter, Tehama, Tuolumne, Trinity, Yolo, and Yuba Counties

Partnership Health Plan Covers 618,000 Members

In 2016...

60% of members
had at least
one prescription



7.5
prescriptions
per member

59% of members
had at least
one primary care visit

primary care visits
per member **2.5**

2 specialty visits
per member



Medi-Cal Matters: Bay Area

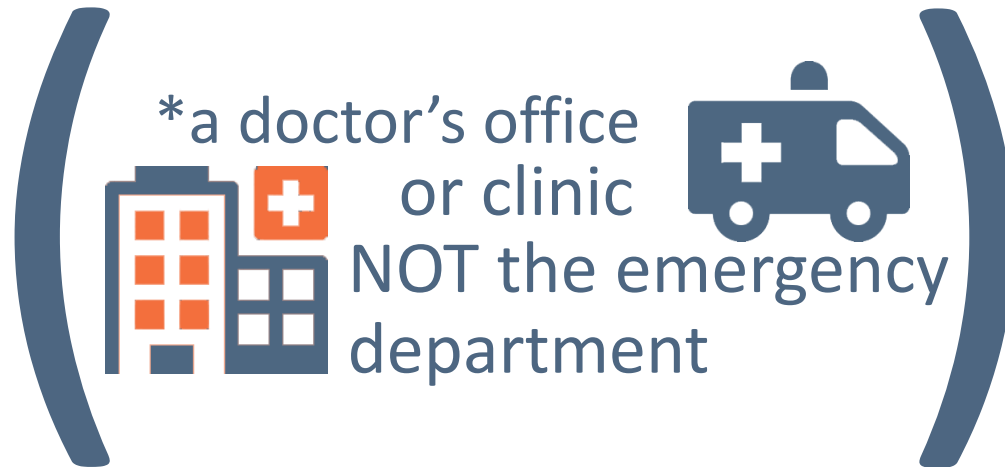
Medi-Cal covers **more than 1.6 million Californians** in the Bay Area counties:

Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano, and Sonoma.

That's more than **1 in 5** residents.

Medi-Cal Means a Regular Place for Care in the Bay Area

Nearly **84%** of Bay Area residents with
Medi-Cal have a **usual source of care***



Includes Alameda, Contra Costa, Marin, Napa, San Francisco,
San Mateo, Santa Clara, Solano, and Sonoma Counties

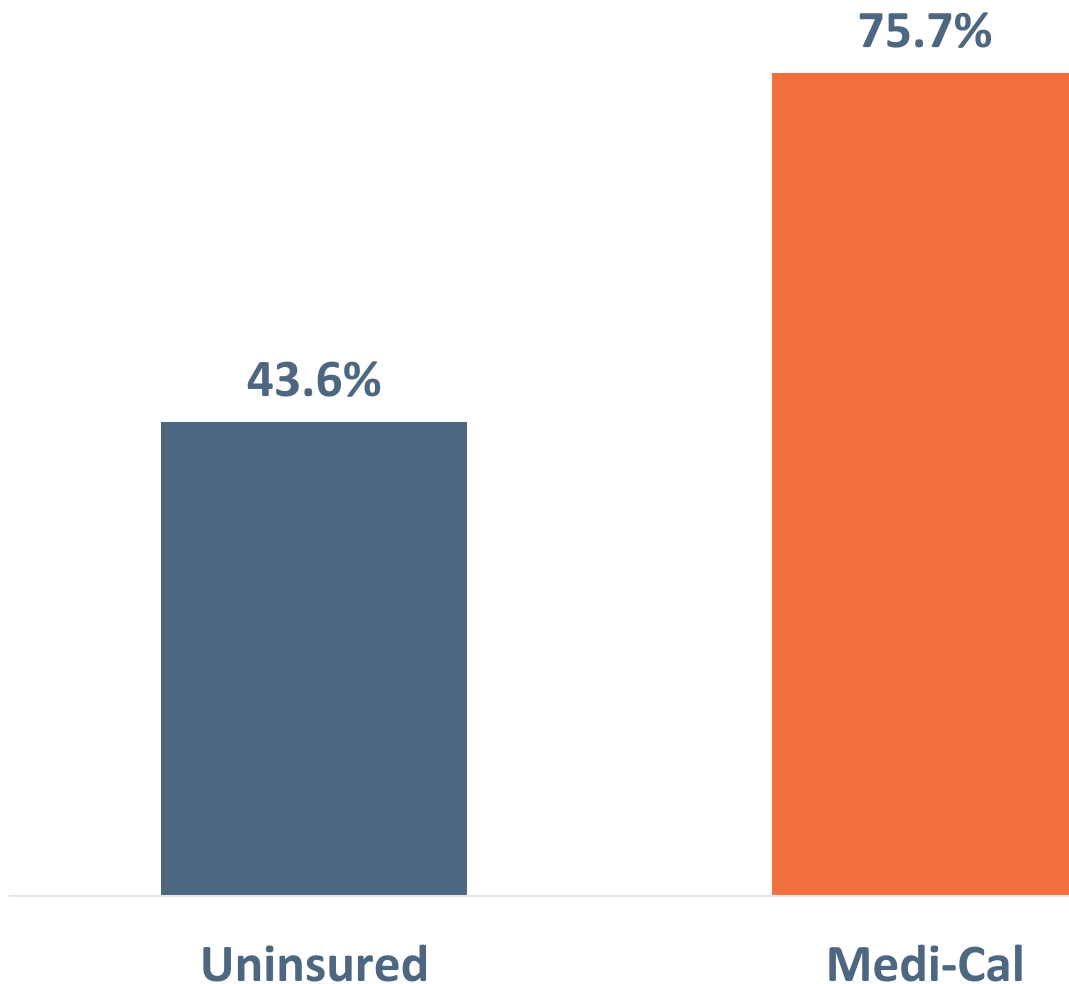


Uninsured




Medi-Cal

Medi-Cal Means Bay Area Residents Get Routine Checkups



Bay Area adults
with Medi-Cal are over
42%
more likely
to receive routine checkups
as the uninsured



Includes Alameda, Contra Costa, Marin, Napa, San Francisco,
San Mateo, Santa Clara, Solano, and Sonoma Counties

Contra Costa Health Plan Covers 223,000 Members

In 2016...

59% of eligible women
got mammograms



1.4

primary care visits
per member

1.7

specialty visits per
member

San Francisco Health Plan Covers 157,000 Members

In 2016...

73% of eligible kids got well child visits

88% of eligible kids got pediatrician visits

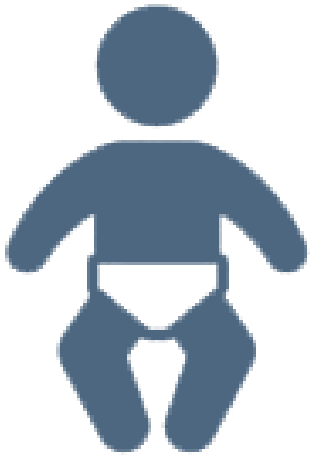


70% of eligible women got mammograms



Health Plan of San Mateo Covers 133,000 Members

In 2016...



54%

of eligible kids
got well child visits

66% of eligible kids
got pediatrician visits

66% of eligible women
got mammograms

56% of members had at least
one primary care visit

50% of members had at least
one prescription

Medi-Cal Matters: San Joaquin Valley

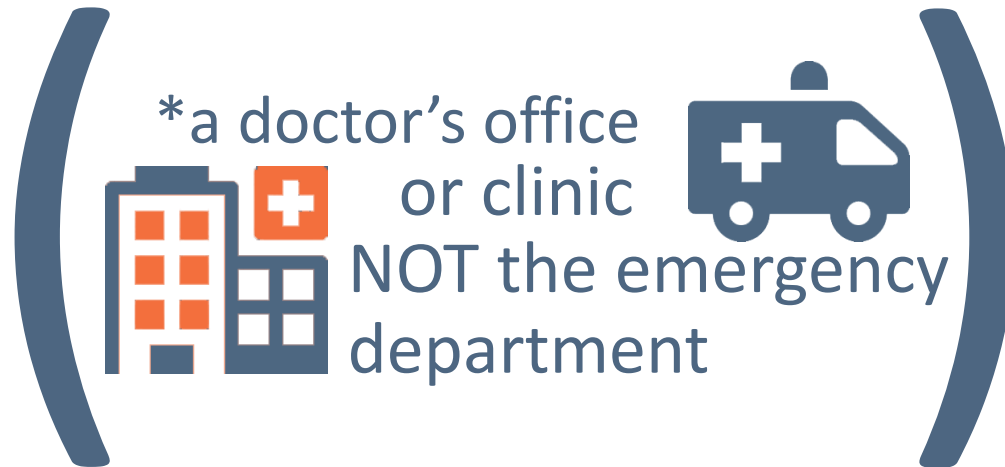
Medi-Cal covers **more than 1.8 million Californians** in the San Joaquin Valley counties:

Fresno, Kern, Kings, Madera, Merced, San Joaquin, Stanislaus, and Tulare.

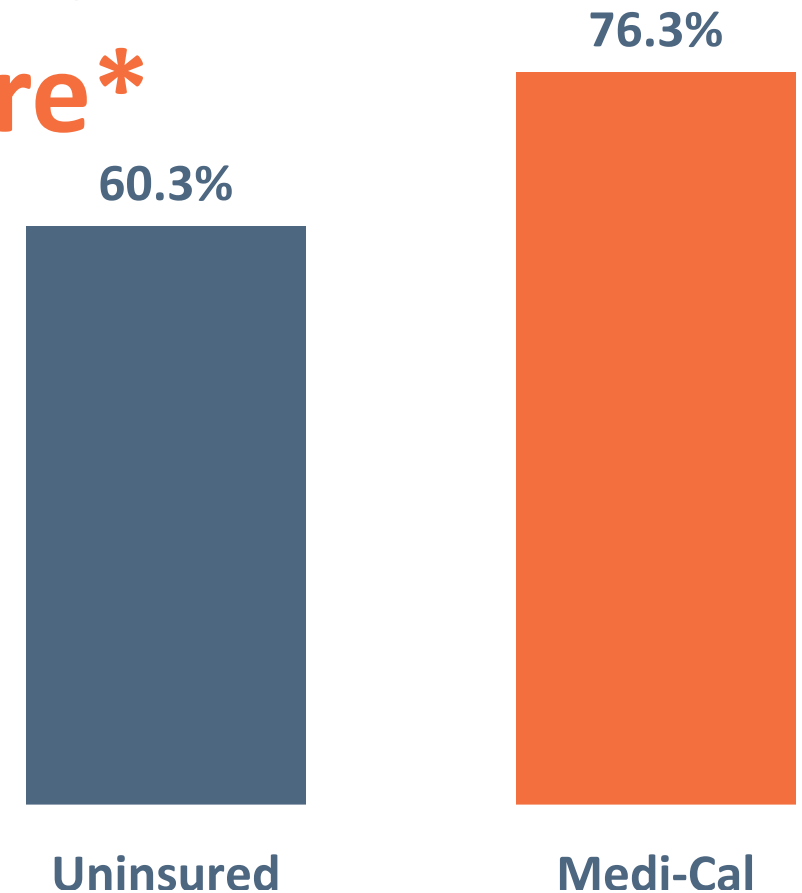
That's nearly **45%** of residents.

Medi-Cal Means a Regular Place for Care in the Valley

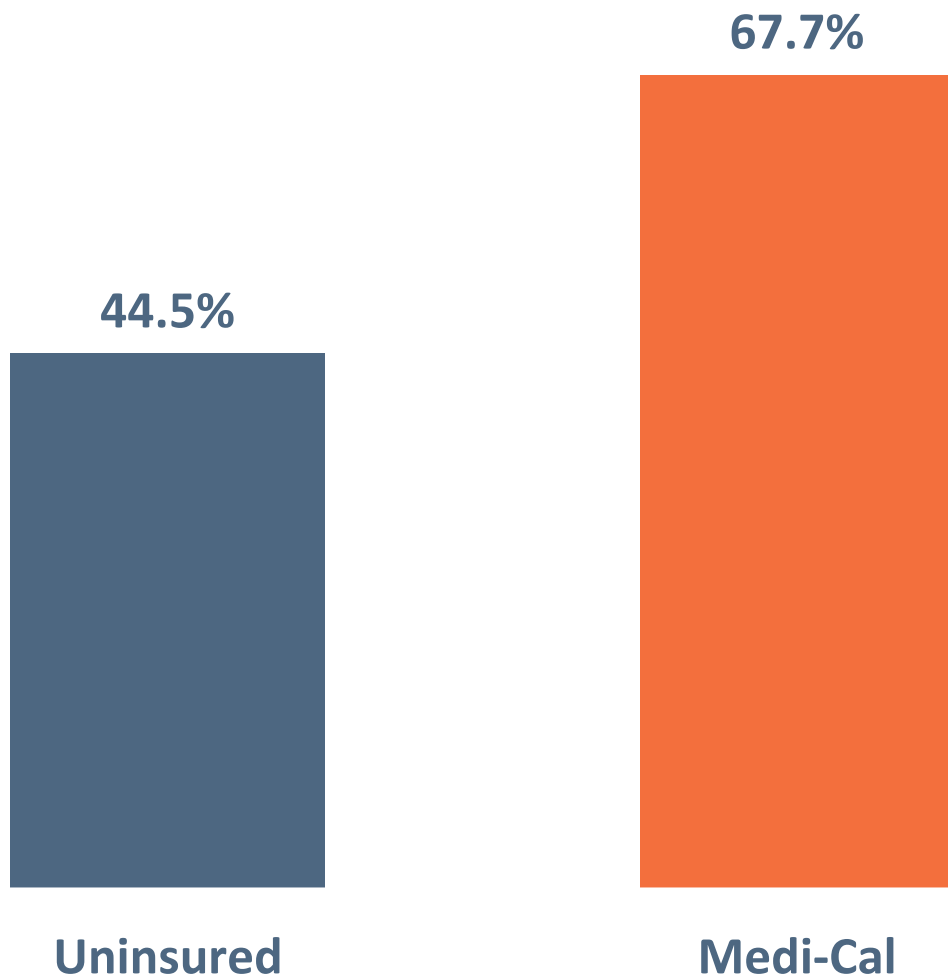
Over **76%** of San Joaquin Valley residents with
Medi-Cal have a **usual source of care***




Includes Fresno, Kern, Kings, Madera, Merced,
San Joaquin, Stanislaus, and Tulare Counties



Medi-Cal Means Valley Residents Get Routine Checkups



San Joaquin Valley adults
with Medi-Cal are over
34%
more likely
to receive routine checkups
as the uninsured



Includes Fresno, Kern, Kings, Madera, Merced,
San Joaquin, Stanislaus, and Tulare Counties

Kern Health System Covers 249,500 Members

In 2016...

56%

of members had
at least one prescription



11.5
prescriptions
per member



62% of eligible kids
got pediatrician visits

Health Plan of San Joaquin Covers 350,000 Members

In 2016...



53% of eligible women
got mammograms

5.2
prescriptions
per member

3.1
specialty visits
per member



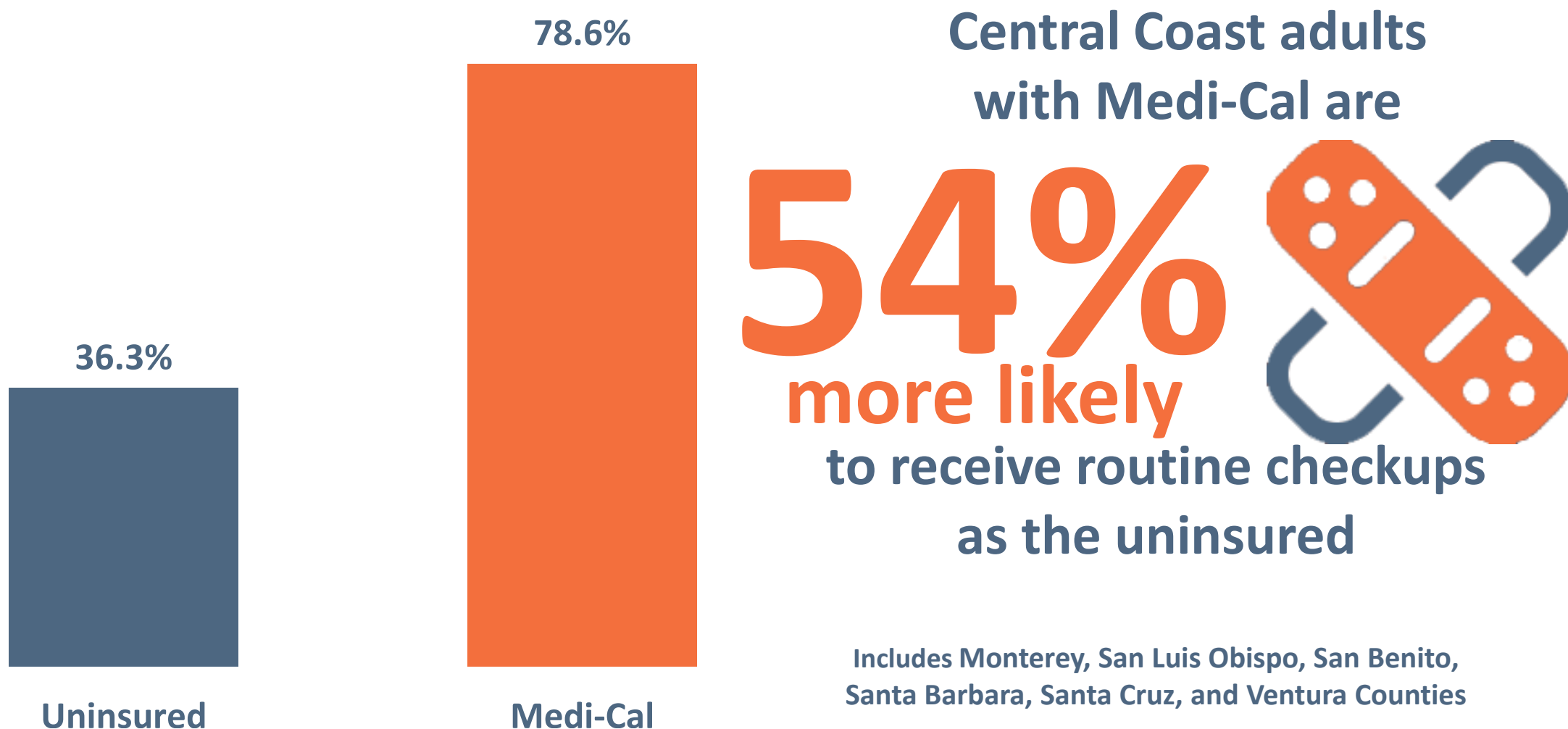
Medi-Cal Matters: Central Coast

Medi-Cal covers
599,000 Californians in the
Central Coast counties:

Monterey, San Luis Obispo,
San Benito, Santa Barbara,
Santa Cruz, and Ventura.

That's nearly **27%** of residents.

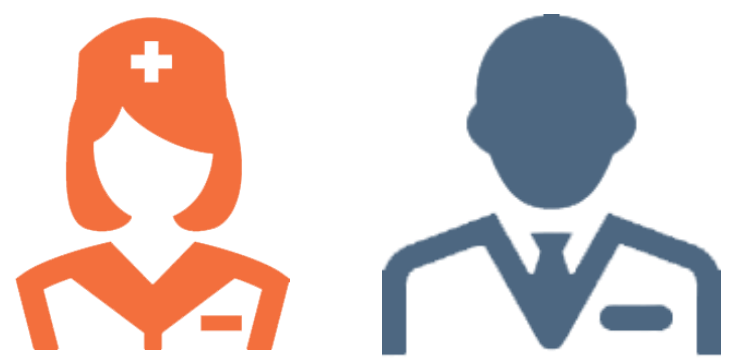
Medi-Cal Means Central Coast Residents Get Routine Checkups



Central California Alliance for Health Covers 348,000 Members

In 2016...

59% of eligible women
got mammograms



71% of members had at
least one prescription



63% of members had
at least one
primary care visit

Gold Coast Health Plan Covers 186,000 Members

In 2016...



74%

of members had at least one primary care visit

72%

of members had at least one specialty care visit

61%

of members had at least one prescription



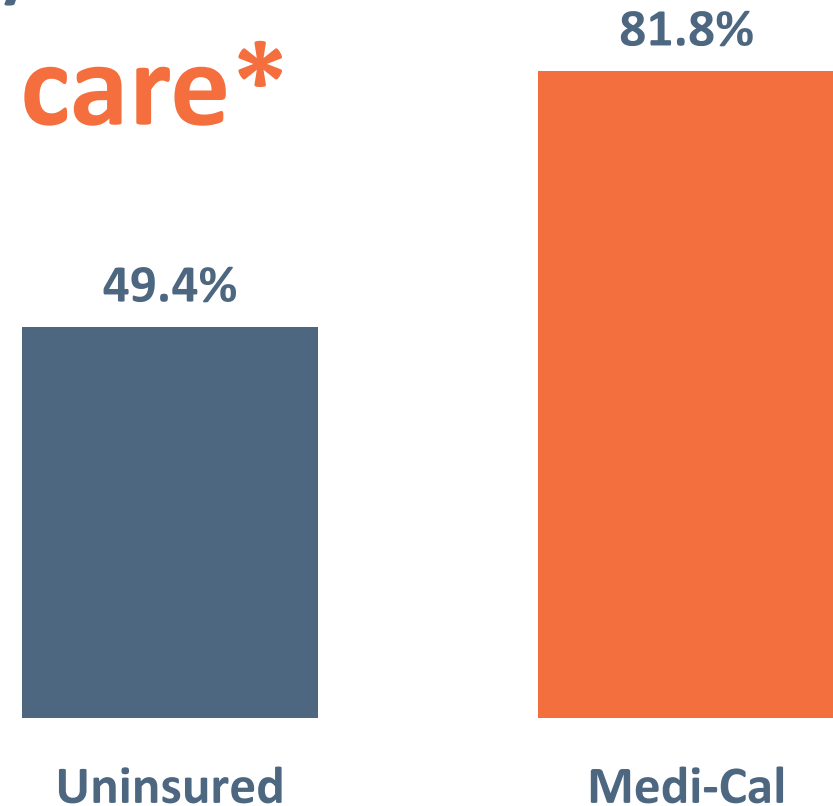
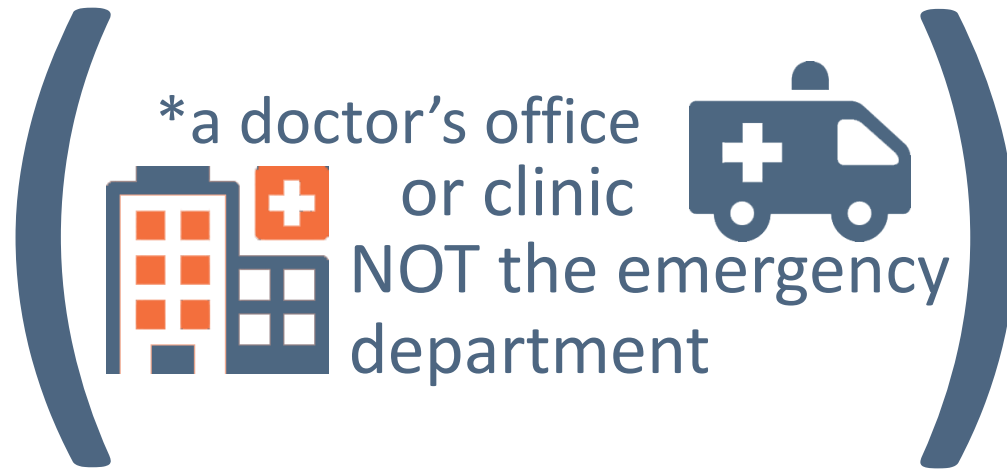
Medi-Cal Matters: Los Angeles

Medi-Cal covers **more than 3.4 million Californians** in Los Angeles County.

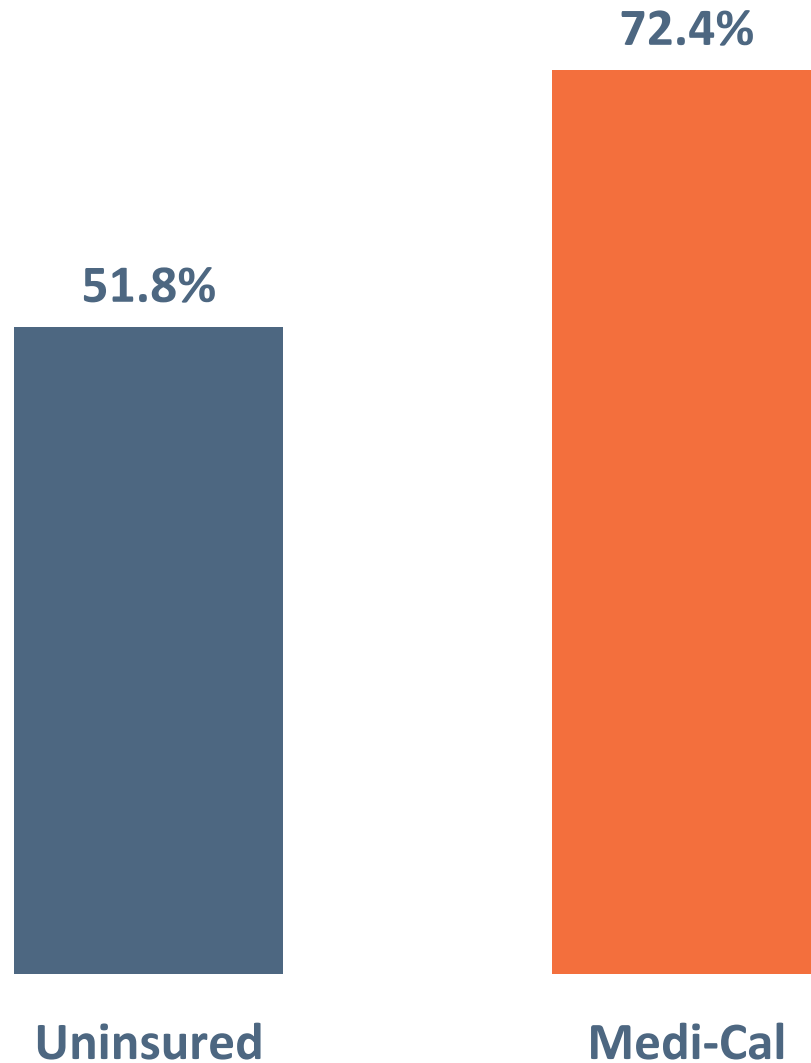
That's nearly **35%** of residents.

Medi-Cal Means a Regular Place for Care in Los Angeles

More than **81%** of Los Angeles County residents with
Medi-Cal have a **usual source of care***




Medi-Cal Means Los Angeles Residents Get Routine Checkups



Los Angeles County adults
with Medi-Cal are nearly

29%
more likely

to receive routine checkups
as the uninsured



LA Care and Its Delegated Plans Cover over 2 Million Members

In 2016...

53% of members
had at least
one prescription

53% of members
had at least
one primary care visit



7
prescriptions
per member



2
primary care visits
per member

Medi-Cal Matters: Southern California

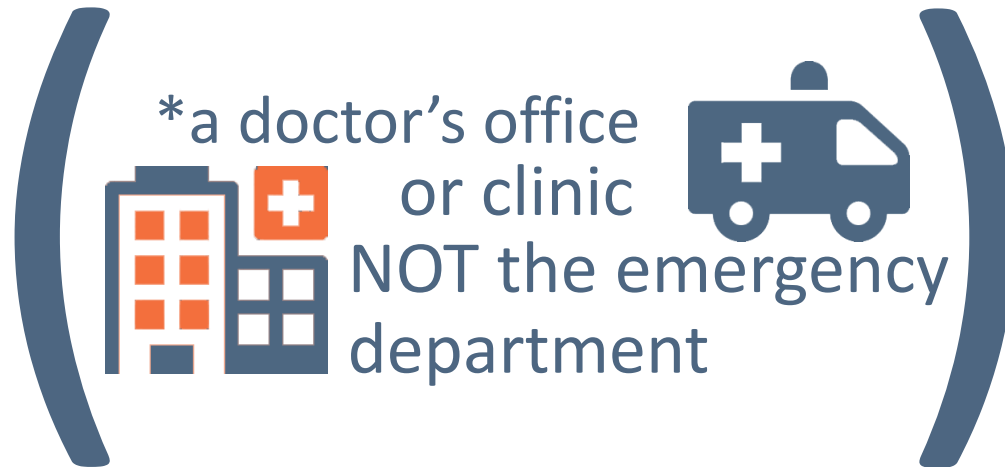
Medi-Cal covers **more than 3.3 million Californians** in the Southern California counties:

Imperial, Orange, Riverside,
San Bernardino, and San Diego.

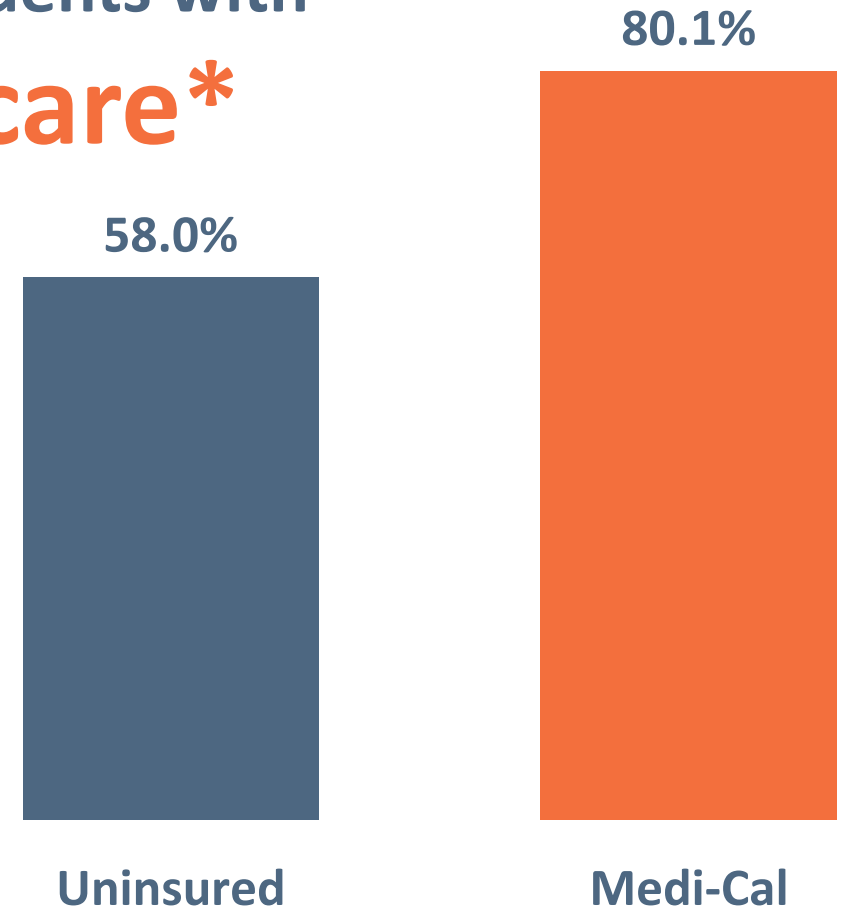
That's nearly **31%** of residents.

Medi-Cal Means a Regular Place for Care in Southern CA

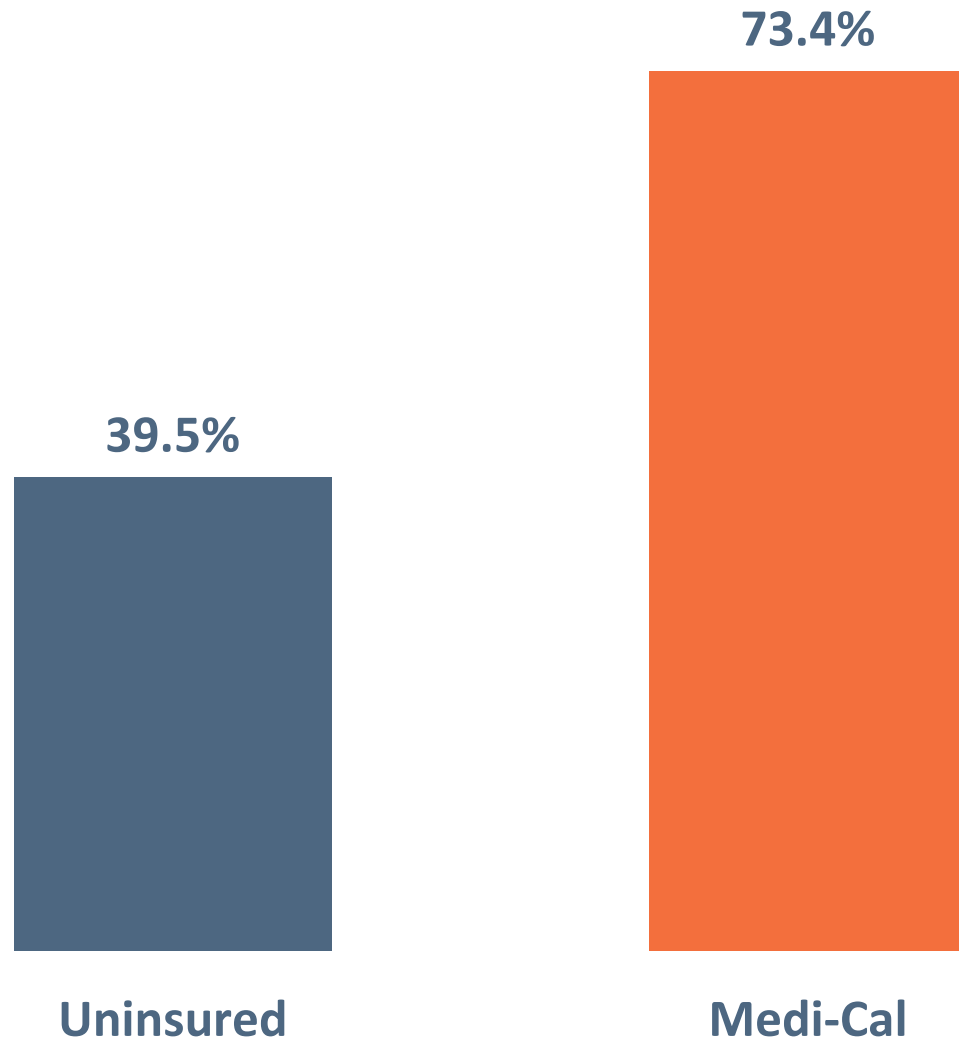
80% of Southern California residents with
Medi-Cal have a **usual source of care***



Includes Imperial, Orange, Riverside, San Bernardino,
and San Diego Counties




Medi-Cal Means Southern CA Residents Get Routine Checkups



Southern California adults
with Medi-Cal are more than

46%
more likely

to receive routine checkups
as the uninsured



Includes Imperial, Orange, Riverside, San Bernardino,
and San Diego Counties

CalOptima Covers 721,000 Members

In 2016...

60%

of eligible members got a colorectal cancer screening



69% of kids had at least one pediatrician visit

64% of eligible women got mammograms

8 prescriptions per member



Inland Empire Health Plan Covers 1.25 Million Members

In 2016...



72%
of kids age 3 to 6
got well child visits

64% of eligible women
got mammograms



85%
of diabetics
received
recommended
testing

Sources

- **Slide 3 (lives):** Benjamin D. Sommers et al. "Health Insurance Coverage and Health — What the Recent Evidence Tells Us," *New England Journal of Medicine* 377, no. 6 (August 10, 2017), doi:10.1056/NEJMs1706645; Benjamin D. Sommers, "State Medicaid Expansions and Mortality, Revisited: A Cost-Benefit Analysis," *American Journal of Health Economics* 3, no. 3 (Summer 2017), doi:10.1162/ajhe_a_00080.
- **Slide 4 (63% increase):** *2017-18 Governor's Budget Highlights*, The California Department of Health Care Services (January 10, 2017), calculation: 5 million increase since 2013 ($1 - (5 / 13.5) = 63\%$), www.dhcs.ca.gov/Documents/FY-2017-18_GB_Highlights_011017.pdf (PDF).
- **Slide 5 (Californians):** *Medi-Cal Monthly Enrollment Fast Facts*, The California Department of Health Care Services (January 2017), www.dhcs.ca.gov/dataandstats/statistics/Documents/Fast_Facts_January_2017_ADA.pdf (PDF); UCLA Center for Health Policy Research, AskCHIS 2015, "Type of current health coverage," accessed June 22, 2017, <http://ask.chis.ucla.edu>.
- **Slide 6 (babies):** "Births Financed by Medicaid," Henry J. Kaiser Family Foundation (2016), accessed June 24, 2017, www.kff.org/medicaid/state-indicator/births-financed-by-medicaid/?currentTimeframe=0&selectedRows=%7B%22states%22:%7B%22california%22:%7B%7D%7D%7D&sortModel=%7B%22colId%22:%22Time%20Period%20Reported%22,%22sort%22:%22desc%22%7D.
- **Slide 7 (kids):** UCLA Center for Health Policy Research, AskCHIS 2015, accessed June 22, 2017, <http://ask.chis.ucla.edu>; Ryan Yeung et al., "Can Health Insurance Reduce School Absenteeism?," *Education and Urban Society* 43, no. 6 (November 1, 2011): 696-721, doi:10.1177/0013124510381379; Sarah Cohodes et al., "The Effect of Child Health Insurance Access on Schooling: Evidence from Public Insurance Expansions," National Bureau of Economic Research (May 2014), doi:10.3386/w20178; M. Boudreaux, E. Golberstein, and D. McAlpine, "The Long-Term Impacts of Medicaid Exposure in Early Childhood: Evidence from the Program's Origin," unpublished manuscript (2015); Laura R. Wherry et al., *Childhood Medicaid Coverage and Later Life Health Care Utilization*, National Bureau of Economic Research (2015), www.nber.org/papers/w20929.pdf (PDF); David W. Brown, Amanda E. Kowalski, and Ithai Z. Lurie, *Medicaid as an Investment in Children: What Is the Long-Term Impact on Tax Receipts?*, National Bureau of Economic Research (October 6, 2015), doi:10.3386/w20929; Rourke O'Brien and Cassandra Robertson, *Medicaid and Intergenerational Economic Mobility*, Institute for Research on Poverty (April 2015), <https://peerta.acf.hhs.gov/content/medicaid-and-intergenerational-economic-mobility>.
- **Slide 8 (families):** UCLA Center for Health Policy Research, AskCHIS 2015, "Type of health insurance for those younger than 65 by family type (marital status and number of children)," accessed June 22, 2017, <http://ask.chis.ucla.edu>.
- **Slide 9 (65+):** UCLA Center for Health Policy Research, AskCHIS 2015, "Individuals covered by Medi-Cal, 65+," accessed June 22, 2017, www.askchis.ucla.edu.

Author

Harbage Consulting
Hilary Haycock, MPP
Lucy Pagel, MPH
Jennifer Ryan

Harbage Consulting is a mission-driven health care policy and communications firm that helps state agencies, local governments, foundations, providers, and other clients understand and improve health care policies and programs.

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Sources

- **Slide 10 (disabilities):** *Medicaid in California*, Henry J. Kaiser Family Foundation (June 2017), <http://files.kff.org/attachment/fact-sheet-medicaid-state-CA>.
- **Slide 11 (nursing facilities):** Landon Gibson, “Nursing Homes in California,” Public Policy Institute of California (November 2015), www.ppic.org/main/publication_show.asp?i=1168.
- **Slide 12 (veterans):** Andrea Callow, “Cutting Medicaid Would Hurt Veterans,” Families USA (May 2017), <http://familiesusa.org/product/cutting-medicaid-would-hurt-veterans>.
- **Slide 13 (labor force):** *Mainstreaming Medi-Cal: Investing in Patient Access, Improving Economic Productivity*, Bay Area Economic Institute (June 2016), www.bayareaeconomy.org/files/pdf/MainstreamingMedi-Cal.pdf (PDF).
- **Slide 14 (82 billion):** Kaiser Foundation, *Medicaid in California*.
- **Slide 15 (source of care):** UCLA Center for Health Policy Research, AskCHIS 2015, “Type of usual source of care compared by type of current health coverage source — under 65 years old: Usual source of care includes doctor’s office, HMO, Kaiser, community clinic, government clinic, community hospital,” accessed June 24, 2017, <http://ask.chis.ucla.edu>.
- **Slides 16 (checkups):** UCLA Center for Health Policy Research, AskCHIS 2015, “Individuals who received routine checkup with doctor in the past 12 months,” accessed June 24, 2017, <http://ask.chis.ucla.edu>.
- **Slide 17 (kids care):** *The Health and Well-Being of Children: A Portrait of States and the Nation 2011-2012*, National Survey of Children’s Health 2011-12 (June 2014), <https://mchb.hrsa.gov/nsch/2011-12/health/pdfs/nsch11.pdf> (PDF).
- **Slide 18 (addiction):** *Behavioral Health Barometer: California, 2015*, Substance Use and Mental Health Services Administration (2015), www.samhsa.gov/data/sites/default/files/2015_California_BHBarometer.pdf (PDF); UCLA Center for Health Policy Research, AskCHIS, accessed June 28, 2017, <http://ask.chis.ucla.edu>.
- **Slide 19 (mammogram):** UCLA Center for Health Policy Research, AskCHIS 2015, “Mammogram screening history for women age 40 and older: received mammogram in past two years or never received,” accessed June 24, 2017, <http://ask.chis.ucla.edu>.
- **Slide 21-24 (importance and value):** Mark DiCamillo, “Over Half of Californians Worry That They or a Family Member Will Lose Health Coverage If the Affordable Care Act Is Repealed,” Berkeley Institute of Governmental Studies, press release, June 20, 2017, <http://escholarship.org/uc/item/5h21p3d9>.
- **Slide 25 (economic impact):** Laurel Lucia, Miranda Dietz, and Ken Jacobs, “Which California Industries Would Be Most Affected by ACA Repeal and Cuts to Medi-Cal?,” UC Berkeley Labor Center, February 23, 2017, <http://laborcenter.berkeley.edu/which-california-industries-would-be-most-affected-by-aca-repeal-and-cuts-to-medi-cal/>.
- **Slide 26 (prevention savings):** *Reducing Health Care Costs Through Prevention*, Prevention Institute and The California Endowment with The Urban Institute, August 2007, www.preventioninstitute.org/sites/default/files/publications/HE_Health%20Care%20Reform%20Policy%20Draft_040511.pdf (PDF).

Note: The data on slides 7, 8, 15, 16, 18, 19, 28, 29, 32, 33, 37, 38, 39, 47, 48, 51, & 52 were updated on Sept. 26, 2017, to reflect corrections to 2015 CHIS data. All data changes were provided by CHIS.