

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

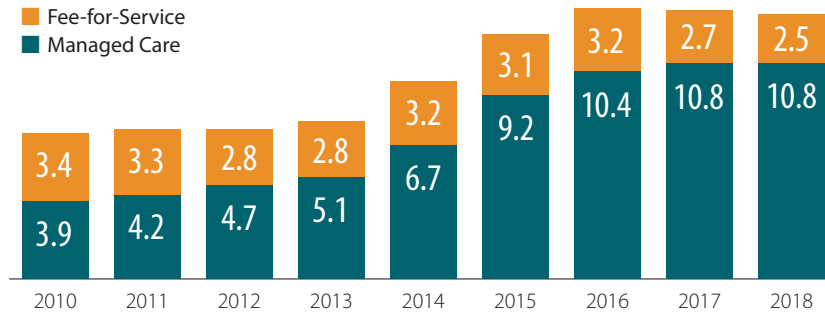
FEBRUARY 2019



California Health Care Foundation

Enrollment, JANUARY 2010 TO JANUARY 2018*

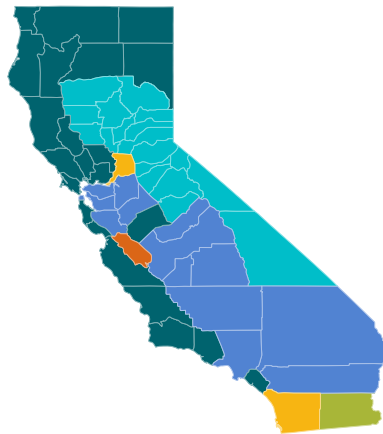
IN MILLIONS



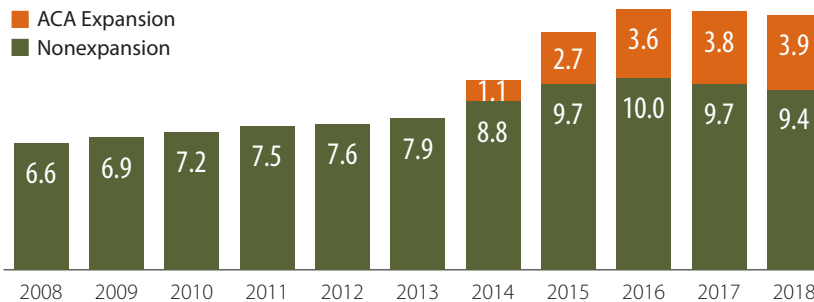
*Figures include restricted-scope Medi-Cal.

MANAGED CARE MODELS

- County Organized Health Systems (COHS)
- Geographic Managed Care (GMC)
- Two-Plan
- Regional
- San Benito
- Imperial



Enrollment, ACA Expansion and Nonexpansion, 2008-18 IN MILLIONS



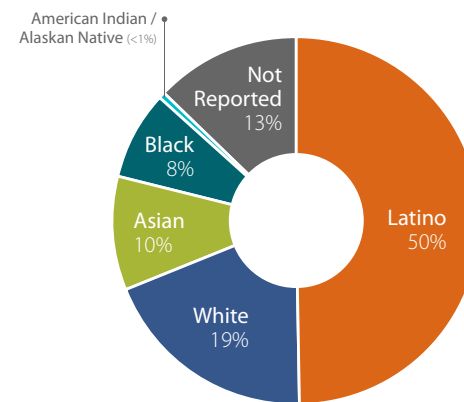
Eligibility Levels, SELECTED PROGRAMS, 2018

Adults: 138% FPL (ACA expansion) Pregnant Women: 213% FPL Children: 266% FPL
 Note: The federal poverty level (FPL) in 2018 for was \$12,140 for an individual and \$25,100 for a family of four.

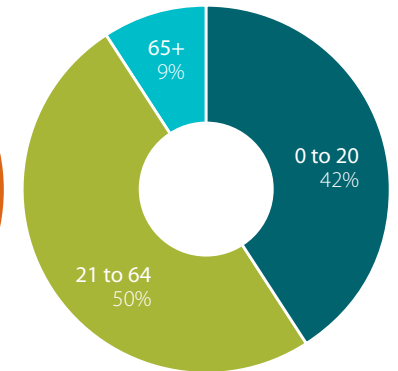
Enrollment, 2018

TOTAL BENEFICIARIES
13.2 million

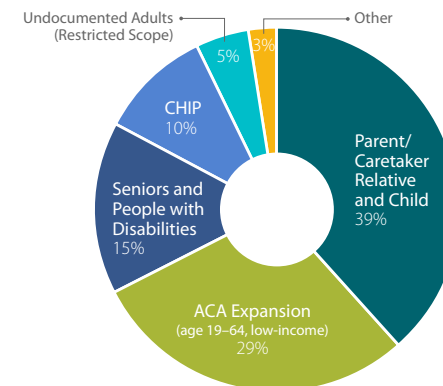
BY RACE/ETHNICITY



BY AGE



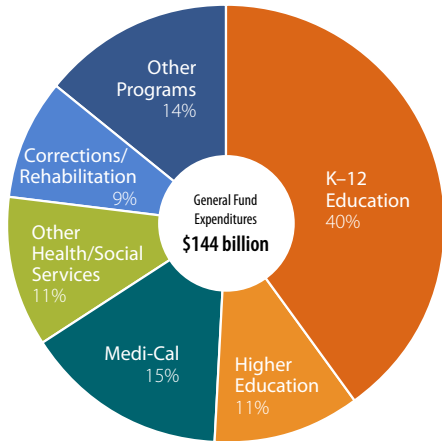
BY AID CATEGORY



Notes: *CHIP* is Children's Health Insurance Program. *Undocumented adults* is a DHCS classification that includes aid categories restricted to only pregnancy-related, long-term care and emergency services for adults who do not have satisfactory immigration status. *Other* includes long-term care and aid categories including Refugee Medical Assistance/Entrant Medical Assistance, Breast and Cervical Cancer Treatment Program (BCCTP), Abandoned Baby Program, Minor Consent Program, Accelerated Enrollment in the Children Health and Disability Prevention Program (CHDP), Trafficking and Crime Victims Assistance Program, and state and county inmates. Segments do not total 100% due to rounding.

Source: *Medi-Cal Facts and Figures: Crucial Coverage for Low-Income Californians*, February 2019, pages 21-24, 32, 33, California Health Care Foundation, www.chcf.org.

GENERAL FUND EXPENDITURES
FY 2018-19

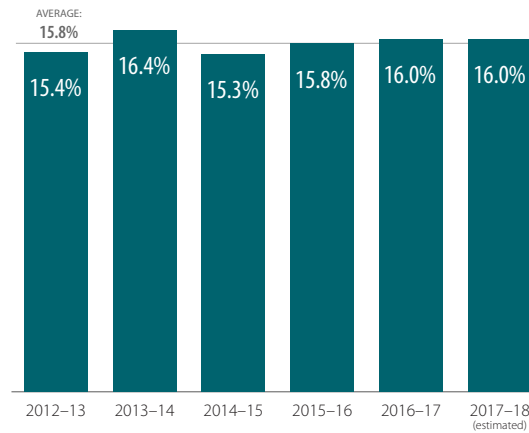


Notes: Expenditures as reported in the governor's 2019-20 budget. Includes medical care services, eligibility (county administration), fiscal intermediary management, and benefits (medical care and services).

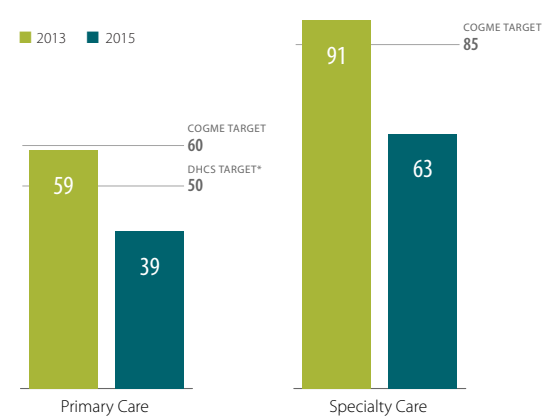
DELAYED CARE FOR ANY REASON
BY SOURCE OF COVERAGE, 2017



MEDI-CAL SHARE OF GENERAL FUND
FY 2013 TO FY 2018



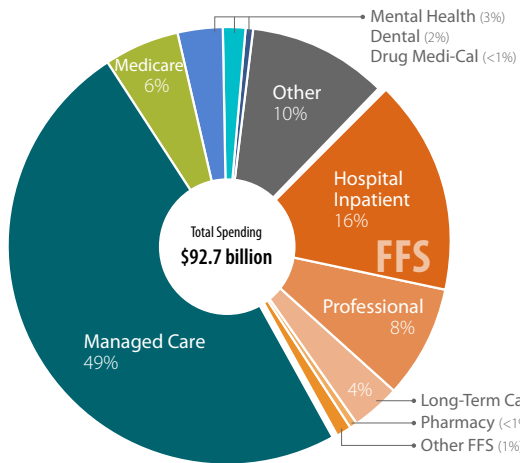
FTE PHYSICIANS PARTICIPATING IN MEDI-CAL
2013 AND 2015



*N/A for specialty care.

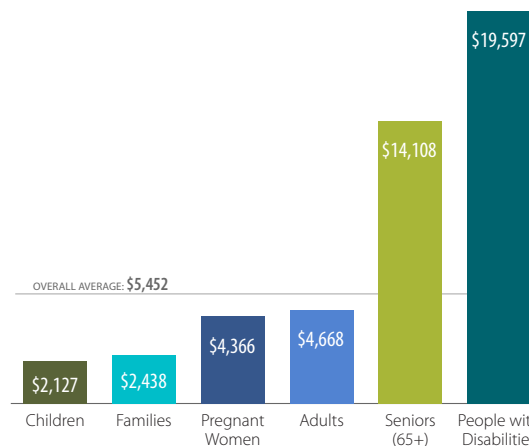
Notes: FTE is full-time equivalent. The Department of Health Care Services (DHCS) and the Council on Graduate Medical Education (COGME) establish targets for the adequate number of physicians to provide care. COGME is a federal advisory committee.

MEDI-CAL SPENDING
BY SERVICE CATEGORY, FY 2017-18[†]

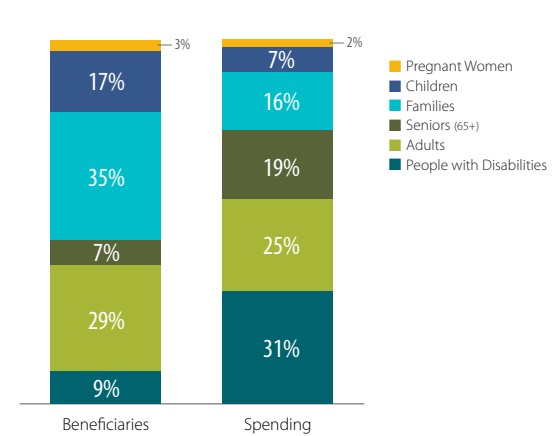


Notes: Other includes medical transportation; home health; audits/lawsuits; Early and Periodic Screening, Diagnostic, and Treatment screens; state hospitals / developmental centers; recoveries; Drug Medi-Cal payments; and other miscellaneous services. FFS is fee for service.

MEDI-CAL ANNUAL SPENDING PER BENEFICIARY
BY ELIGIBILITY CATEGORY, FY 2017-18[†]



BENEFICIARIES AND SPENDING
BY ELIGIBILITY CATEGORY, FY 2017-18[†]



Note: Reported values exclude Hospital Presumptive Eligibility and other aid codes totaling 0.2% of beneficiaries.

[†] Figures presented are estimates for FY 2017-18, as of May 2018.

Note: Pie segments may not total 100% due to rounding.

Source: Medi-Cal Facts and Figures: Crucial Coverage for Low-Income Californians, February 2019, pages 13, 14, 40-42, 50, 54, California Health Care Foundation, www.chcf.org.