Medi-Cal, California’s Medicaid program, provides a lifetime for 14 million residents
and their families. Today, Medi-Cal covers a diverse population, providing coverage
to parents, people with disabilities, and workers from an array of industries,
including agriculture, restaurant, retail, and other services.

### Medi-Cal by the Numbers

Medi-Cal and the Children’s Health Insurance Program (CHIP) provide coverage to more than 13.5 million Californians, roughly 31% of the state’s population.¹ ¹ These programs cover 40% of children, 60% of nursing home residents, and 50% of persons with disabilities.¹ ¹ Medi-Cal is a significant funding source for hospitals, clinics, and providers, and allows for secure, rewarding jobs in the health care sector.

### Medi-Cal Enrollees are in Working Families

Although Medi-Cal is a program for low-income individuals, 80% of non-disabled Medi-Cal enrollees under 65 are in families with a worker.¹ ¹ Among those who work, over half (51%) worked for the entire year, full-time.³ The majority (84%) worked at the same job for the whole year, and most (59%) worked 40 hours a week or more.⁴

### Is Medi-Cal Working? Absolutely – Check the Facts.

Medi-Cal covers roughly 36% of workers in agriculture, forestry, fishing, and mining; 33% of restaurant workers; 32% of persons employed in administrative and building services, such as security and landscape; 30% of persons providing other types of services such as auto mechanics, hair dressing, and private household services; and 26% of retail workers.¹ ¹

Only a third of working-age Californians who earn between 100% and 200% of the federal poverty level (FPL) get insurance through their employer.

That number is just 17% for those below the FPL.¹ ¹

For middle income earners and above, ESI rates are nearly 80%.

Research also shows that the expansion of Medicaid has itself generated jobs.¹ ¹ The Medi-Cal program supports workers’ ability to stay healthy, improving employment rates among certain populations,¹ ¹ and has had positive effects overall on the labor market, leading to general improvements in productivity.

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Medi-Cal is both cost-efficient and effective at improving health outcomes for patients

Analyses show that Medicaid is more efficient than private insurance. A comprehensive literature review found that if Medicaid enrollees were instead covered by private insurance, the cost of their care would be 18% to 25% higher.11

Medi-Cal, in particular, is extremely efficient, spending 21% (around $1,500) less per enrollee, annually, than national average Medicaid spending.14

Further, after the expansion, per-enrollee Medi-Cal spending fell by more than 9%, while private health insurance per enrollee spending grew by nearly 4%.16

In addition to the program's cost-efficiency, Medi-Cal benefits the individual and the broader community. Studies show that beneficiaries in Medicaid expansion states like California experience better health, are more likely to have a relationship with a personal doctor, and are more likely to have a regular checkup.17

Further, the expansion has also improved financial health for enrollees. A recent study found that the Medicaid expansion was associated with an 11% reduction in the number of payday loans taken out, leading to an overall reduction in payday loan debt.17

Public Health Care Systems: Core Medi-Cal providers and providers of critical community services

California’s 21 public health care systems (comprised of county-attested facilities and the University of California medical centers) are the core of the state’s health care safety net, delivering high quality care to all who need it, regardless of ability to pay or insurance status.

Public health care systems play an integral role in serving California’s Medi-Cal population, delivering roughly 35% of all hospital care to Medi-Cal beneficiaries in the communities they serve. Public health care systems are the primary care providers to more than 500,000 Medi-Cal enrollees who have gained coverage since 2014.

In addition to their role as Medi-Cal providers, public health care systems provide critical community services that benefit everyone. They operate half of California’s top-level trauma centers and two-thirds of burn centers. Public health care systems train more than half of all new doctors in the state, and employ more than 78,000 individuals.

Public Health Care Systems: Improving health for patients while strengthening efficiencies within the Medi-Cal program

With dramatic increases in the number of insured patients as a result of the Medicaid expansion, public health care systems are transforming care delivery to be more efficient, cost-effective, and patient-centered.

Clinicians are proactively managing patients’ health, rather than simply responding to acute patient needs in costly emergency settings.

Public Health Care Systems 2020

Public health care systems have embraced the challenge and opportunity of system transformation through three innovative programs that are part of Medi-Cal 2020, California’s five-year Section 1115 Medicaid waiver:

- Public Hospital Redesign and Incentives in Medi-Cal (PRIME), a nationally-leading pay-for-performance-based system transformation initiative
- Whole Person Care, which aims to improve the health and well-being of high-risk, high-utilizing Medi-Cal patients by coordinating services that address physical health, behavioral health, and other needs; and
- The Global Payment Program, which encourages more patient-centered and cost-effective care for the uninsured.

In each of these programs, public health care systems earn Medi-Cal funding based on their achievement of challenging performance targets, with the goal of improving the overall value of care. Over the last year, early data shows positive results:

- Over half of California’s public health care systems are now performing within the top 10% of the country for controlling patients’ high blood pressure.
- Over 70% of systems perform within the top 10% for preventing poor control of patients’ blood sugar.
- 16 out of 17 public health care systems score within the top 10% for patients reporting a high quality interaction with their provider.

In the most recent year alone, 25,000 additional people have been screened and counseled for tobacco use and 16,000 additional people have been screened for colorectal cancer.

UC Irvine CEO Dr. Howard Federoff

“Speaking as CEO of UC Irvine Health System, our community’s public health care system, I know how much stronger our health care safety net has become because of the expansion.

Speaking as a physician, I know what a difference it has made to patients.

The increased stability our health care system has experienced over the last few years has allowed UC Irvine Health to strengthen and expand the services we provide to the community.

When patients are afraid to seek the care they need to stay healthy, they delay treatment. Losing access to affordable health care will cause patients to avoid the primary and preventive care they need to stay healthy, until their conditions worsen to the point that they need to seek care in emergency settings.

Untreated conditions can easily become advanced, becoming more painful to patients, more harmful to our community, and more costly for providers to treat.”

Medi-Cal Financing

Medicaid is financed jointly by states and the federal government, and each state administers its own program.

The federal government matches state dollars based on Federal Medical Assistance Percentages (FMAP), which vary across the country, but helps ensure shared responsibility between the state and federal government.

California’s FMAP stands at 50%, the lowest allowed by federal law.

States have significant flexibility in designing their Medicaid programs and implementing innovative care delivery models, and can quickly respond to any regional or national changes, such as natural disasters, epidemics, or to administer life-saving breakthroughs in medical technologies.

The Medicaid expansion, as part of the Affordable Care Act, allowed individuals to qualify for Medicaid coverage based solely on their income.

The expansion provided financial incentives to states to expand coverage through an increased FMAP for the newly eligible population: 95% for 2017, 94% in 2018, 93% in 2019, and 90% in 2020 and beyond.