

# MEDI-CAL STATISTICAL BRIEF

MARCH 2017

## *Medi-Cal's Optional Adult ACA Expansion Population – October 2016*

**Abstract:** The Patient Protection and Affordable Care Act (ACA) extended Medicaid eligibility to previously ineligible, non-elderly adults with incomes under 138% of the Federal Poverty Level. In October 2016, 3,729,175 Californians between the ages of 19 and 64 were enrolled in Medi-Cal as a result of the ACA. In total, 9.5% of the statewide population – or one in 11 Californians – were newly enrolled in Medi-Cal pursuant to the ACA. Nine counties each enrolled more than 100,000 residents through the optional expansion eligibility pathway. Los Angeles County led the way with more than 1.1 million additional residents enrolled.

### Introduction

On March 23, 2010 President Barack Obama signed into law the Patient Protection and Affordable Care Act (ACA) in an effort to revamp the nation's health care system. The major impetus for this legislation was the recognition that a growing number of Americans – estimated in 2010 to be 16.3% of the U.S. population – lacked health insurance coverage.<sup>1</sup>

The intent of the ACA was to address gaps and limitations in the existing public/private health system in order to reduce the number of Americans without health care coverage. To accomplish this, the law established federal and state-based health insurance exchanges for the sale of subsidized policies to individuals and families lacking employer-sponsored insurance but not eligible for Medicaid. The ACA also expanded Medicaid eligibility to include adults ages 19-64 with incomes at or below 138% of the Federal Poverty Level (FPL) and without dependent children.

A number of court actions ensued after passage of the ACA. One question posed to the courts focused on whether the expansion of Medicaid eligibility under the ACA was mandatory, as a number of states felt that it was not their responsibility to provide coverage to adults ages 19-64 without dependent children. This culminated in a U.S. Supreme Court decision in June 2012, which broadly upheld the ACA but made the expansion of Medicaid to new adults optional for state governments.<sup>2</sup>

Consequently, not all states have chosen to expand Medicaid eligibility. California, however, exercised the option and implemented the Medicaid expansion. On January 1, 2014, California began enrolling qualified individuals under the expanded criteria. By October 2016, more than 3.7 million California adults ages 19-64 had obtained Medi-Cal coverage through the newly established optional adult ACA expansion.

In this statistical brief, the Department of Health Care Services (DHCS) Research and Analytic Studies Division (RASD) will describe the:

- Medi-Cal eligibility pathway for the newly eligible optional adult ACA expansion population, and applicable federal funding percentages;
- historic growth of Medi-Cal's optional adult ACA expansion population;
- demographic composition of the optional adult ACA expansion population; and
- percent of each county and congressional district's population that is certified eligible for Medi-Cal's optional adult ACA expansion.

## Background

Prior to the ACA, low-income adults without dependent children generally were not eligible for Medicaid, regardless of income. Section 2001 of the ACA established a new eligibility group and gave states the option of providing health care coverage to previously ineligible adults without dependent children<sup>3,4</sup>. These changes were significant in that, for the first time since the establishment of the Medicaid program in 1965, states could receive federal Medicaid funds to provide coverage to low-income individuals without regard to disability, parental status, or most other categorical limitations.<sup>5</sup>

The ACA's changes to Medicaid eligibility criteria expanded coverage to nearly all non-elderly adults without dependent children and incomes at or below 138% FPL, which was \$16,245 for an individual in 2015.<sup>6</sup>

The ACA also provided enhanced federal financial participation for the optional adult ACA expansion population. Authorized under federal statute, Medicaid is financed jointly between the federal government and each state.<sup>7</sup> The amount contributed by the federal government, known as the Federal Medical Assistance Percentage (FMAP), is based on a formula that uses a state's per capita income. Consequently, the FMAP from one state to another may vary. Nationally, the average FMAP is 57%, while California receives a 50% FMAP.<sup>8,9</sup> This generally means that for every dollar California spends on Medi-Cal services, the federal government matches it with a dollar.

California's FMAP is an important factor in the state's ability to maximize the amount of federal money paid towards Medi-Cal services. It helps diminish the burden on state funds and California's overall budget. It becomes particularly important when California is able to extend Medi-Cal benefits to more individuals at a higher FMAP rate, as was the case with the expansion of Medicaid under the ACA.

For the first three years, the federal government funded 100% of allowable health care costs.<sup>10</sup> The FMAP drops to 95% in 2017, 94% in 2018, 93% in 2019, and 90% for 2020 and beyond (Table 1). The individuals eligible to receive the enhanced FMAP are those who would not

have been eligible for benefits as of December 1, 2009, or who were eligible under a waiver but not enrolled in the program because of limits or caps on waiver enrollment.

**Table 1: Federal Medical Assistance Percentage (FMAP) for Medi-Cal’s Optional Adult ACA Expansion Population**

Year	Federal Government’s Share of Expenses for ACA Expansion Population	California’s Share of Expenses for ACA Expansion Population
2014	100%	0%
2015	100%	0%
2016	100%	0%
2017	95%	5%
2018	94%	6%
2019	93%	7%
2020 and Beyond	90%	10%

Source: Health Care and Education Reconciliation Act of 2010, Section 1201(1) B.

Beginning April 1, 2010, states also had the option of moving early to provide Medicaid coverage to previously ineligible non-elderly adults (up to 138% FPL) through a state plan amendment or waiver. States that utilized the early option received the regular FMAP for this population until January 1, 2014, and received the enhanced rate thereafter.

California implemented the early option under its 2010 Section 1115 waiver, “Bridge to Reform,”<sup>11</sup> through a program known as the Low-Income Health Program (LIHP).<sup>12</sup> Under the waiver (and resulting legislation, Assembly Bill 342), California received \$8 billion to fund various initiatives, including the early option. Enrollment for the LIHP began on July 1, 2011, and by 2013, the program had been implemented in 53 of the state’s 58 counties. It was intended as a temporary program set to expire on December 31, 2013, after which LIHP-enrolled individuals would transition to Medi-Cal. On January 1, 2014, 655,695 individuals transitioned from the LIHP into Medi-Cal.

**Data Sources and Methods**

The information presented in this statistical brief was derived from Medi-Cal enrollment data for October 2016 compiled by DHCS RASD and updated through December 2016. The enrollment data in this document represent only certified eligible counts. Certified eligibles are those beneficiaries who have been deemed qualified for Medi-Cal by a valid eligibility determination, and who have enrolled into the program. This classification excludes beneficiaries who have a monthly share-of-cost obligation that has not been met, as well as other specific populations, such as California’s Family Planning, Access, Care, and Treatment (Family PACT) program members and individuals granted temporary enrollment under the Presumptive Eligibility (PE)

program for pregnancy. Enrollment counts exclude individuals who have applied for the program but have not yet been enrolled, or are otherwise in the process of becoming certified eligible.

The optional adult ACA expansion population is comprised of certified eligibles enrolled in aid codes 7U, L1, M1, M2, and P3 (Table 2).

The Medi-Cal Inmate Eligibility Program (MCIEP) was established as part of implementation of the ACA, but is not included in this analysis. The MCIEP includes four aid codes (N5, N6, N7, and N8), which cover approximately 10,000 inmates of county and state correctional facilities. Inmates enrolled in these aid codes are generally certified eligible for the period of time they spend in an inpatient medical facility off the grounds of a correctional facility. For more information on the MCIEP population, see DHCS RASD statistical brief, "[Inmate Health Care and the Medi-Cal Inmate Eligibility Program](#)".<sup>13</sup>

**Table 2: Medi-Cal Aid Codes for the Optional Adult ACA Expansion Population**

Aid Code	Description
L1	Low Income Health Program (LIHP) Medicaid Covered Expansion (MCE) transition to Medi-Cal (Title XIX). Eligible recipients ages 19-64 with family incomes at or below 138% FPL enrolled in the LIHP MCE program on December 31, 2013. During their annual eligibility redetermination, some LIHP members may transition to other aid codes or categories.
M1	Individuals with Satisfactory Immigration Status (SIS) and family incomes at or below 138% FPL. Unlike the LIHP, there is no bulk assignment of these members; rather, these are new beneficiaries who now qualify for Medi-Cal coverage as a result of the ACA's expanded eligibility rules.
M2	Provides emergency, pregnancy-related, and long-term care services to undocumented adults lacking SIS and with family incomes at or below 138% FPL.
P3	Adults ages 19-64 with family incomes at or below 138% FPL. Hospital presumptive eligibility (PE) is a policy option that allows hospitals to provide temporary Medi-Cal coverage to individuals likely to qualify for Medi-Cal.
7U	Express Lane Eligibility permits states to rely on findings – for things such as income, household size, or other eligibility factors – from another program designated as an Express Lane agency to facilitate enrollment in health coverage. Express Lane agencies may include Supplemental Nutrition Assistance Program (SNAP), Free and Reduced Price School Meals,

Aid Code	Description
	Temporary Assistance for Needy Families (TANF), Head Start, and Women, Infants and Children (WIC), among others.

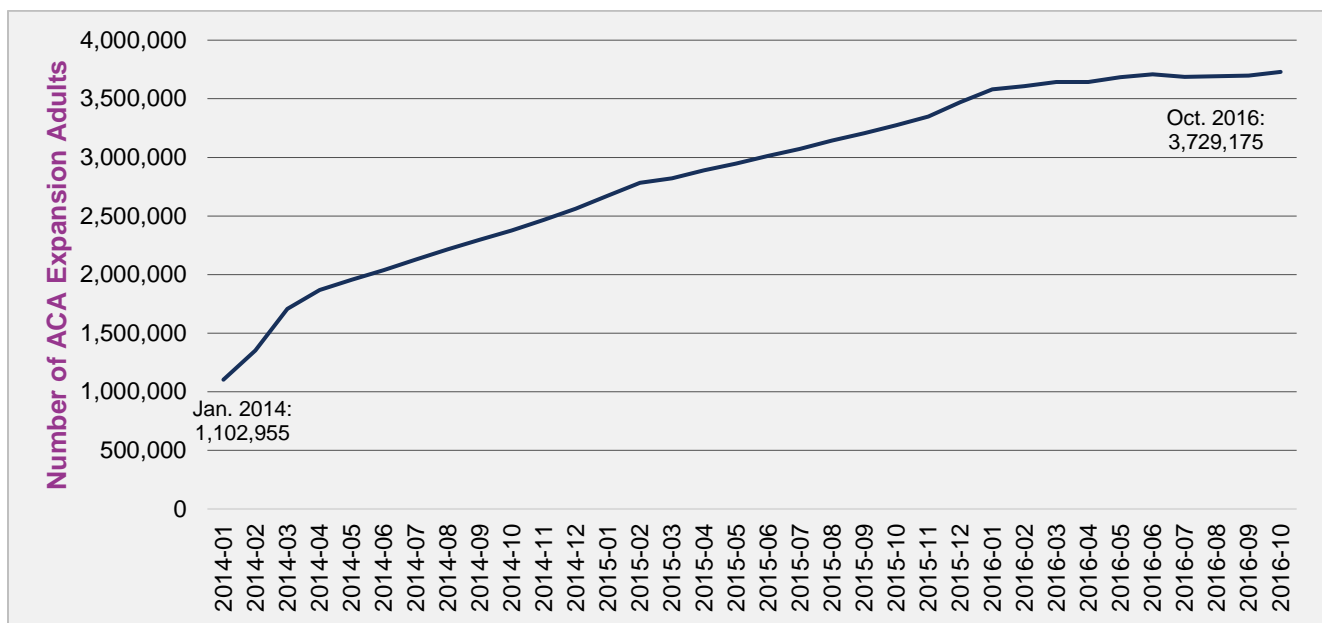
Source: Medi-Cal Provider Manual Part

## Results

### Enrollment Trends

Approximately 1.1 million newly eligible adults entered the Medi-Cal program in January 2014, the first month of the ACA Medicaid expansion, including the 655,695 individuals who transitioned from the early-option LIHP program. Since January 2014, the optional adult ACA expansion population has grown at an average rate of 80,000 certified eligible beneficiaries per month. By early 2016, the rate of growth finally appeared to be slowing (Figure 1).

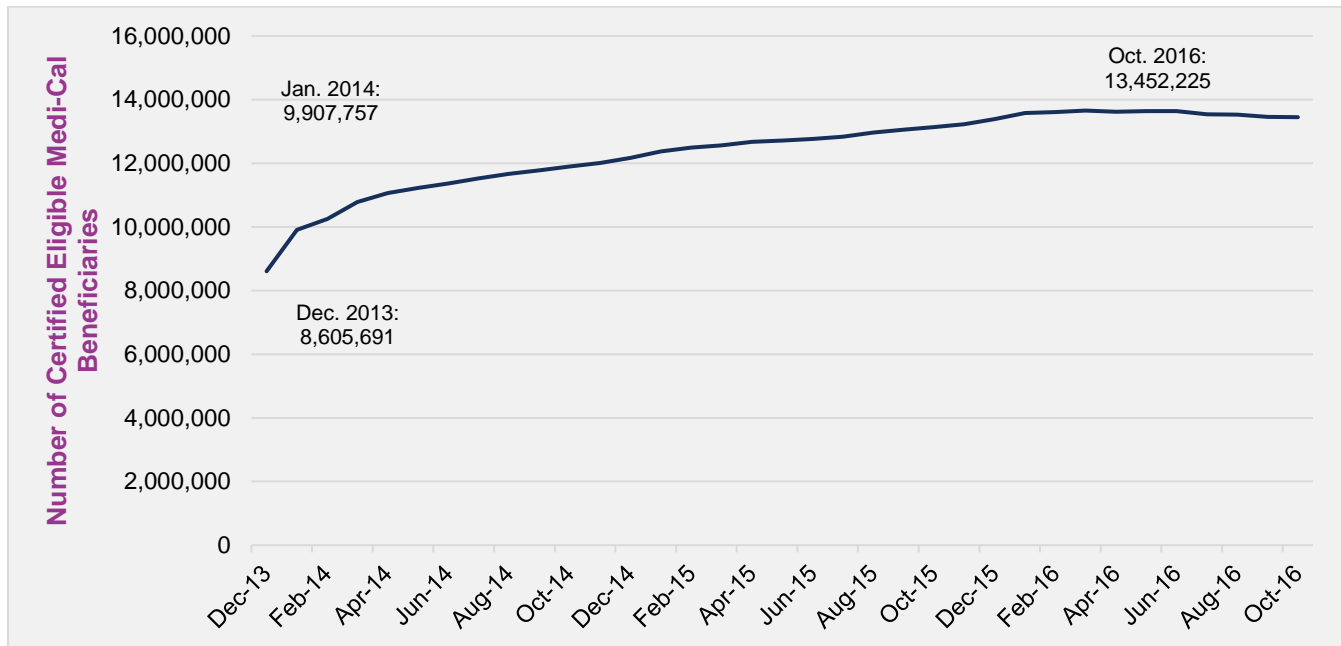
**Figure 1: Enrollment Trend in the Optional Adult ACA Expansion Population, by Month of Enrollment; January 2014 – October 2016**



Source: Created by RASD using Medi-Cal eligibility data.

From December 2013 through October 2016, overall enrollment in the Medi-Cal program increased from approximately 8.6 million to more than 13.4 million individuals, adding more than 4.8 million new certified eligible beneficiaries into the program (Figure 2). The 3,729,175 beneficiaries added through the optional adult ACA expansion accounted for 76.9% of this unprecedented growth in Medi-Cal enrollment.

**Figure 2: Enrollment Trend among Certified Eligible Medi-Cal Beneficiaries, by Month of Enrollment; December 2013 – October 2016**

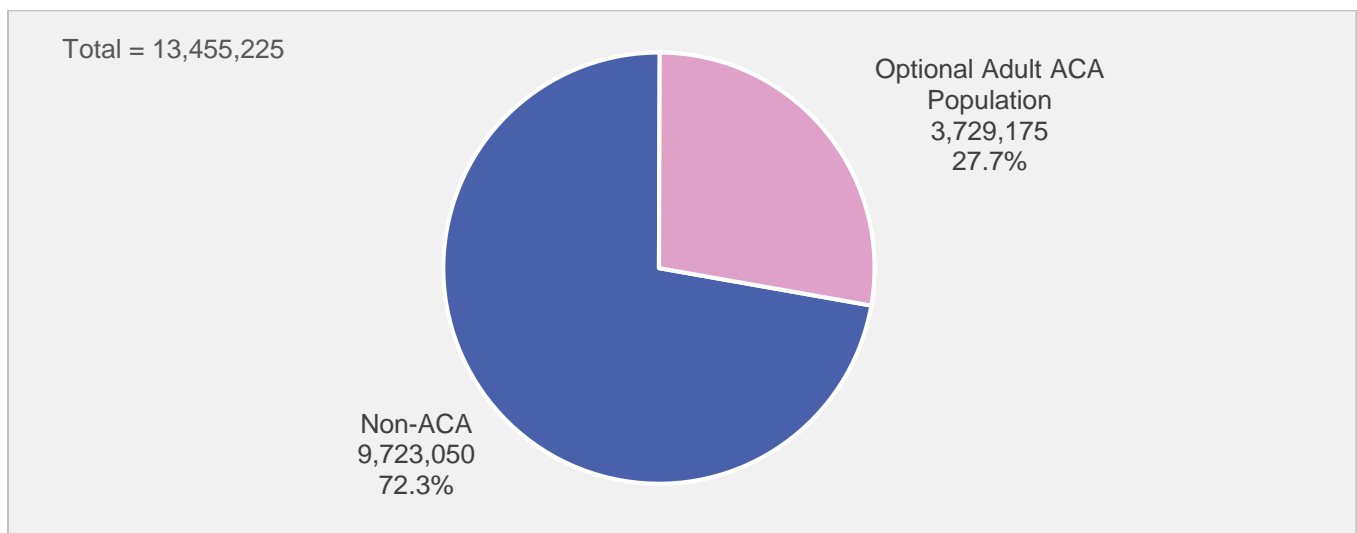


Source: Created by RASD using Medi-Cal eligibility data.

**Demographic Distribution of the Optional Adult ACA Expansion Population**

In October 2016, there were 13,452,225 individuals certified eligible for Medi-Cal. Of that total, 3,729,175 (27.7%) qualified for coverage under the ACA’s optional adult ACA expansion (Figure 3). The newly eligible optional expansion adults ages 19-64 represented approximately 9.5% of California’s entire statewide population.

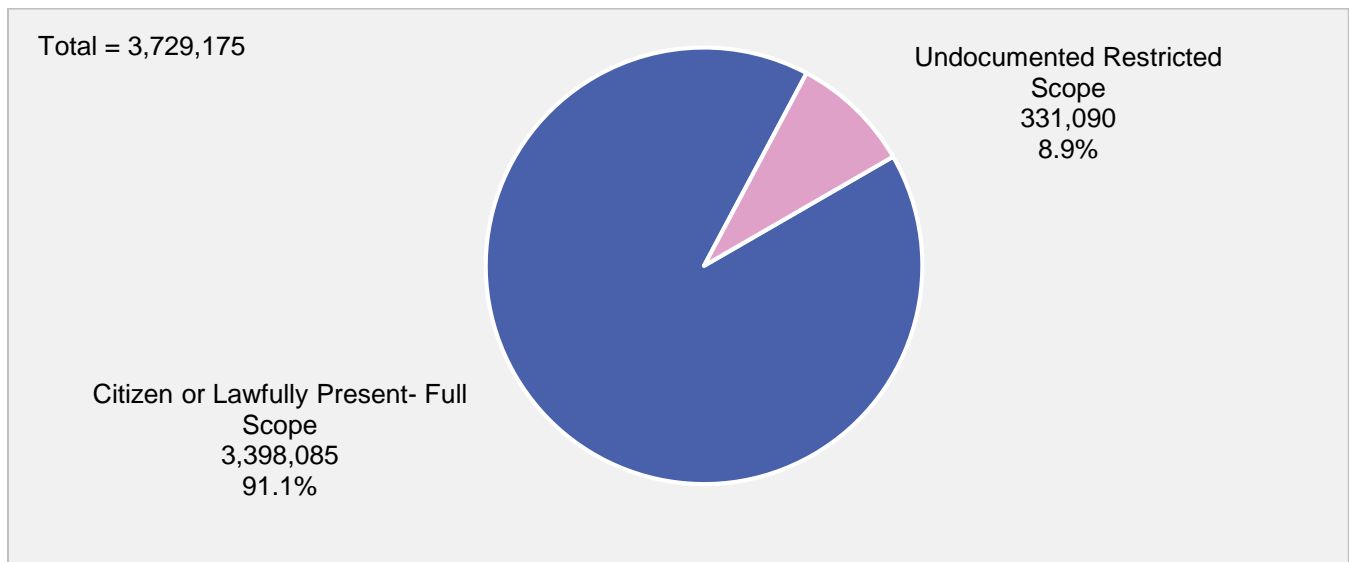
**Figure 3: Distribution of Enrollment in the Medi-Cal Population, by Optional Adult ACA Population; October 2016**



Source: Created by RASD using Medi-Cal eligibility data.

The vast majority of the optional adult ACA expansion population (3,398,085 beneficiaries, or 91.1%) was enrolled under aid codes for citizens or aliens lawfully present in the U.S. and eligible for the full scope of Medi-Cal services. The remaining beneficiaries (8.9%) were previously ineligible undocumented immigrants enrolled under aid code M2 and eligible for emergency and pregnancy-related services only (Figure 4).

**Figure 4: Distribution of Enrollment in the Optional Adult ACA Expansion Population, by Citizenship Status; October 2016**

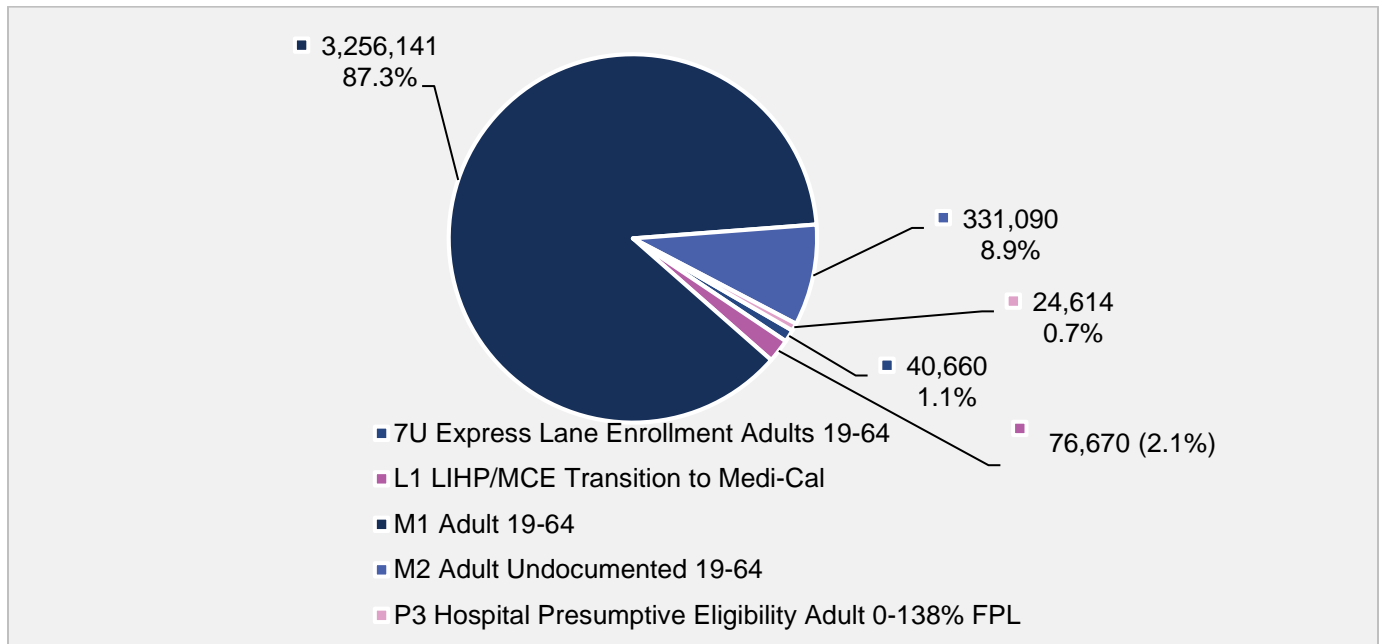


Source: Created by RASD using Medi-Cal eligibility data.

Most (87.3%) of the optional adult ACA expansion population was enrolled through the M1 pathway. (Figure 5 or Table 3) Undocumented immigrants who entered the program through the ACA expansion enrolled under aid code M2 (8.9%). Aid codes P3 (for hospital-based presumptive eligibility) and 7U (a bridge from California’s Supplemental Nutritional Assistance Program, Cal-Fresh) each comprised approximately 1% of the optional adult ACA expansion population. The remaining beneficiaries enrolled under aid code L1, the LIHP pathway, represented 2.1% of the total optional adult ACA expansion population (Figure 5 or Table 3).

Beneficiaries enrolled through these five aid codes receive the enhanced FMAP (Table 1). The FMAP is the proportion of spending covered by the federal government, with the remainder falling to the state budget.

**Figure 5: Distribution of Enrollment in the Optional Adult ACA Expansion Population, by Aid Code; October 2016**



Source: Created by RASD using Medi-Cal eligibility data.

**Table 3: Distribution of Enrollment in the Optional Adult ACA Expansion Population, by Aid Code; October 2016**

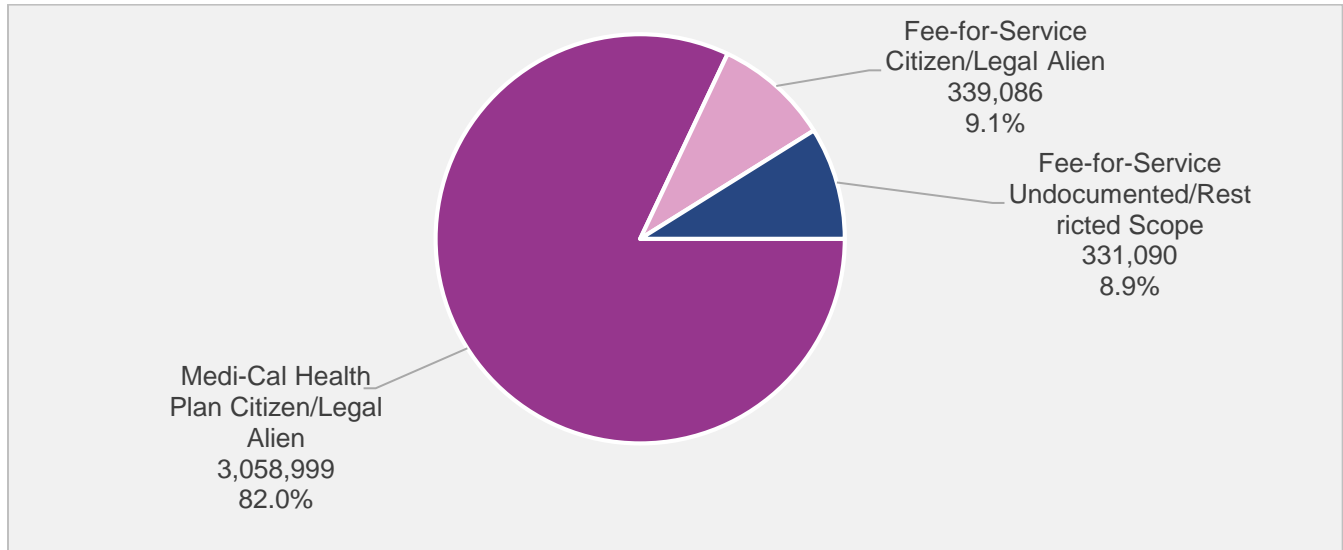
Aid Code	Optional Adult ACA Population	Proportion of Optional Adult ACA Population
7U Express Lane Enrollment Adults 19-64	40,660	1.1%
L1 LIHP/MCE Transition to Medi-Cal	76,670	2.1%
M1 Adult 19-64	3,256,141	87.3%
M2 Adult Undocumented 19-64	331,090	8.9%
P3 Hospital Presumptive Eligibility Adult 0 -138% FPL	24,614	0.7%

In October 2016, 82.0% of the optional adult ACA expansion population were enrolled in Medi-Cal health plans and receiving care through the managed care delivery system. The remaining 18.0% of the optional adult ACA expansion population received services under the traditional Fee-for-Service (FFS) delivery system; however, nearly half of the FFS population



were undocumented immigrants limited to emergency and pregnancy-related services only, and ineligible to enroll in managed care health plans (Figure 6).

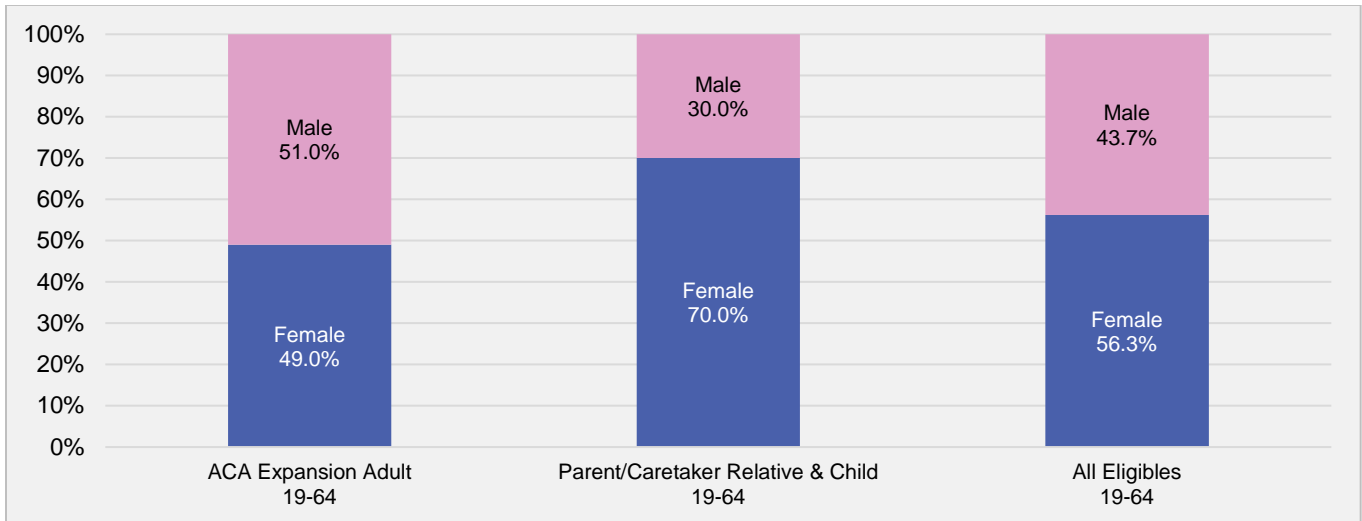
**Figure 6: Distribution of Enrollment in the Optional Adult ACA Expansion Population, by Delivery System and Immigration Status; October 2016**



Source: Created by RASD using Medi-Cal eligibility data.

Medi-Cal’s optional adult ACA expansion population was 51.0% male and 49.0% female, which differs from the gender distribution of 46.4% male and 53.6% female seen in the broader Medi-Cal population (Figure 7). This reflects the fact that males were more likely than females to be among the adults without dependent children who were previously ineligible for Medi-Cal.

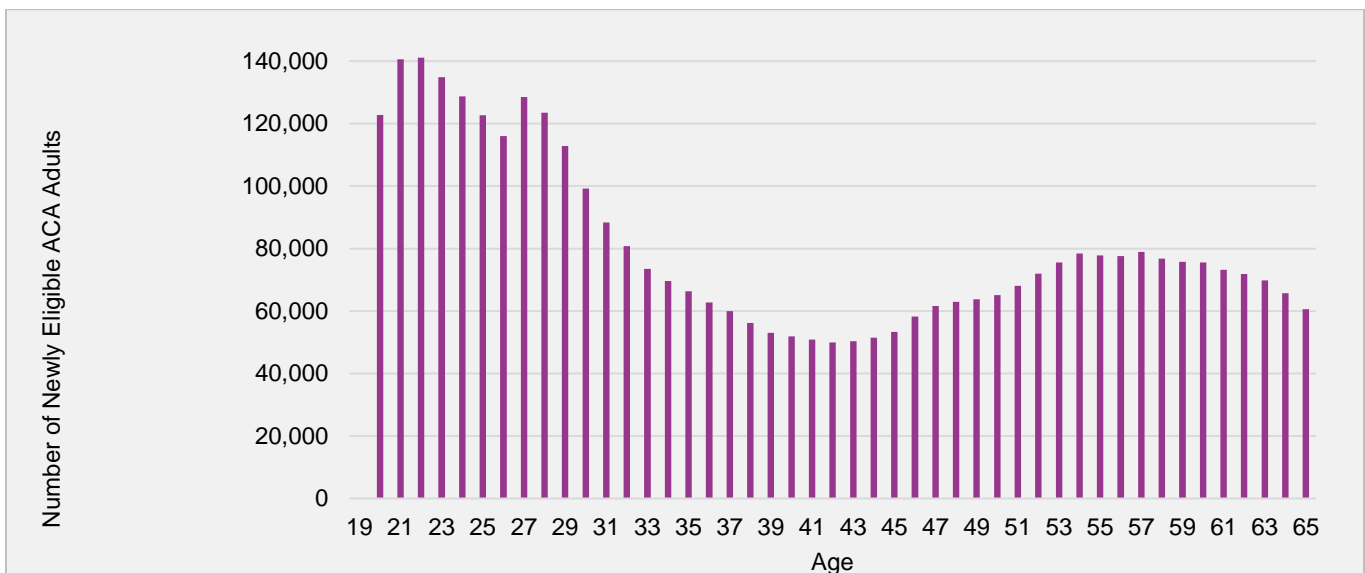
**Figure 7: Comparison of Enrollment Distribution in the Optional Adult ACA Expansion, Parent/Caretaker Relative & Child, and Overall Medi-Cal Populations among Beneficiaries Ages 19-64, by Gender; October 2016**



Source: Created by DHCS-RASD using Medi-Cal eligibility data.

The ACA’s eligibility expansion only applied to individuals ages 19-64 who were not eligible for Medicare. The age distribution in the optional adult ACA expansion population is bimodal, with a large peak of beneficiaries ages 19-30 and a smaller, but still significant peak between ages 56-64. (Figure 8).

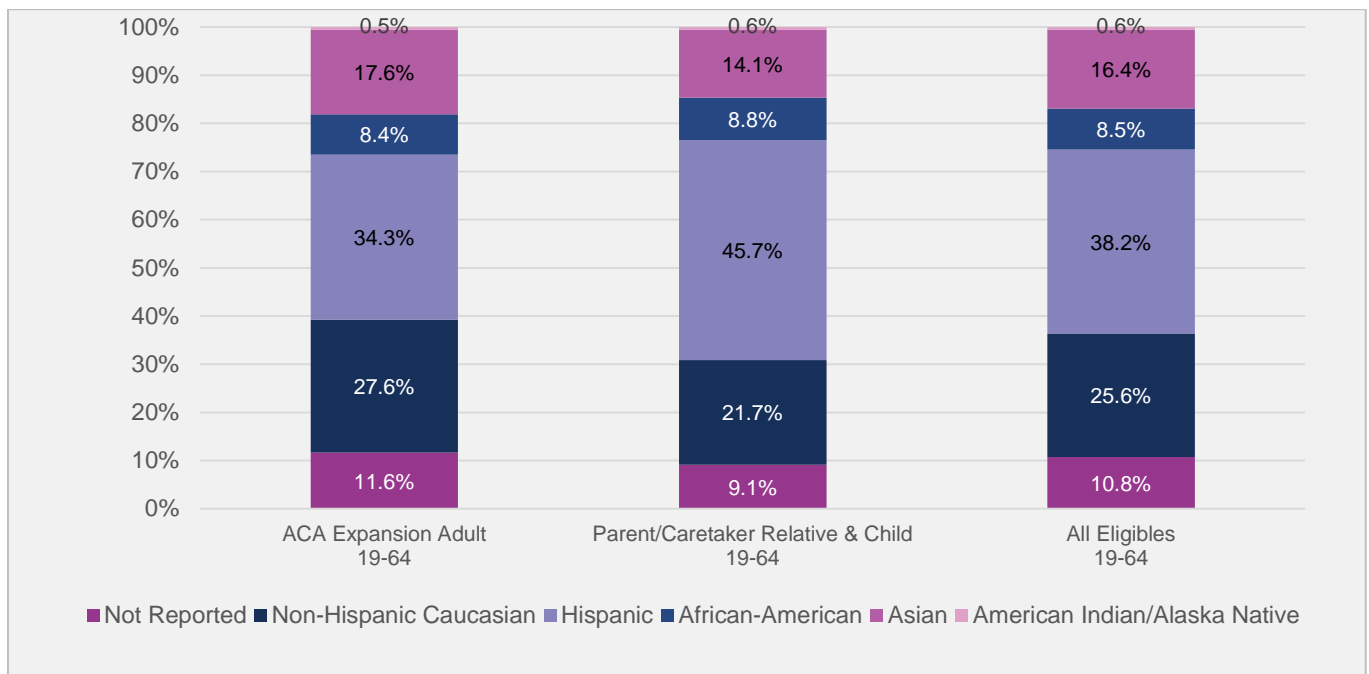
**Figure 8: Distribution of Enrollment in the Optional Adult ACA Expansion Population, by Age; October 2016**



Source: Created by RASD using Medi-Cal eligibility data.

The most notable difference in the racial/ethnic composition of the optional adult ACA expansion population was the lower representation of Hispanic beneficiaries compared to their numbers in the overall Medi-Cal population. Conversely, beneficiaries of an Asian, African-American, or non-Hispanic Caucasian race/ethnicity were represented to a greater degree in the optional adult ACA expansion population relative to their presence in the overall Medi-Cal population (Figure 9 or Table 4).

**Figure 9: Comparison of Enrollment Distribution in the Optional Adult ACA Expansion, Parent/Caretaker Relative & Child, and Overall Medi-Cal Populations among Beneficiaries Ages 19-64, by Race/Ethnicity; October 2016**



Source: Created by RASD using Medi-Cal eligibility data.

**Table 4: Comparison of Enrollment Distribution in the Optional Adult ACA Expansion, Parent/Caretaker Relative & Child, and Overall Medi-Cal Populations among Beneficiaries Ages 19-64, by Race/Ethnicity; October 2016**

Race/Ethnicity	Aid Code		
	ACA Expansion Adult Ages 19-64	Parent/Caretaker Relative & Child	All Eligibles 19-64
Non-Hispanic Caucasian	27.6%	21.7%	25.6%
Hispanic	34.3%	45.7%	38.2%

Race/Ethnicity	Aid Code		All Eligibles 19-64
	ACA Expansion Adult Ages 19-64	Parent/Caretaker Relative & Child	
African-American	8.4%	8.8%	8.5%
Asian	17.6%	14.1%	16.4%
American Indian/Alaskan Native	0.5%	0.6%	0.6%
Not Reported	11.6%	9.1%	10.8%

### Optional Adult ACA Expansion Population Enrollment, by County

Rates of Medi-Cal enrollment in the optional adult ACA expansion population were not uniform across the state. In Los Angeles County, 1,160,738 individuals enrolled in the optional adult ACA expansion population, representing 11.3% of the county’s population. Northern California’s Humboldt County had 19,000 individuals enrolled under the ACA expansion, representing 14.0% of the county’s population. The counties with the smallest percent of their population enrolled in Medi-Cal’s optional adult ACA expansion population were Napa (6.1%), Marin (5.7%), and Placer (4.8%) (Figure 10, Table 7).

The counties with the largest optional adult ACA expansion populations were Los Angeles (1,160,738) and San Diego (267,055) counties (Table 5).

**Table 5: Largest Aggregate Enrollment in the Optional Adult ACA Expansion Population, by County; October 2016**

County	Optional Adult ACA Population
Statewide	3,729,175
Los Angeles	1,160,738
San Diego	267,055
Orange	262,837
San Bernardino	231,114
Riverside	211,834
Sacramento	143,307
Santa Clara	138,903
Alameda	129,161

Source: Created by RASD using Medi-Cal eligibility data.

**Table 6: Top 10 Counties with The Largest Percent of the County’s Population Enrolled in the Optional Adult ACA Expansion Population, by County; October 2016**

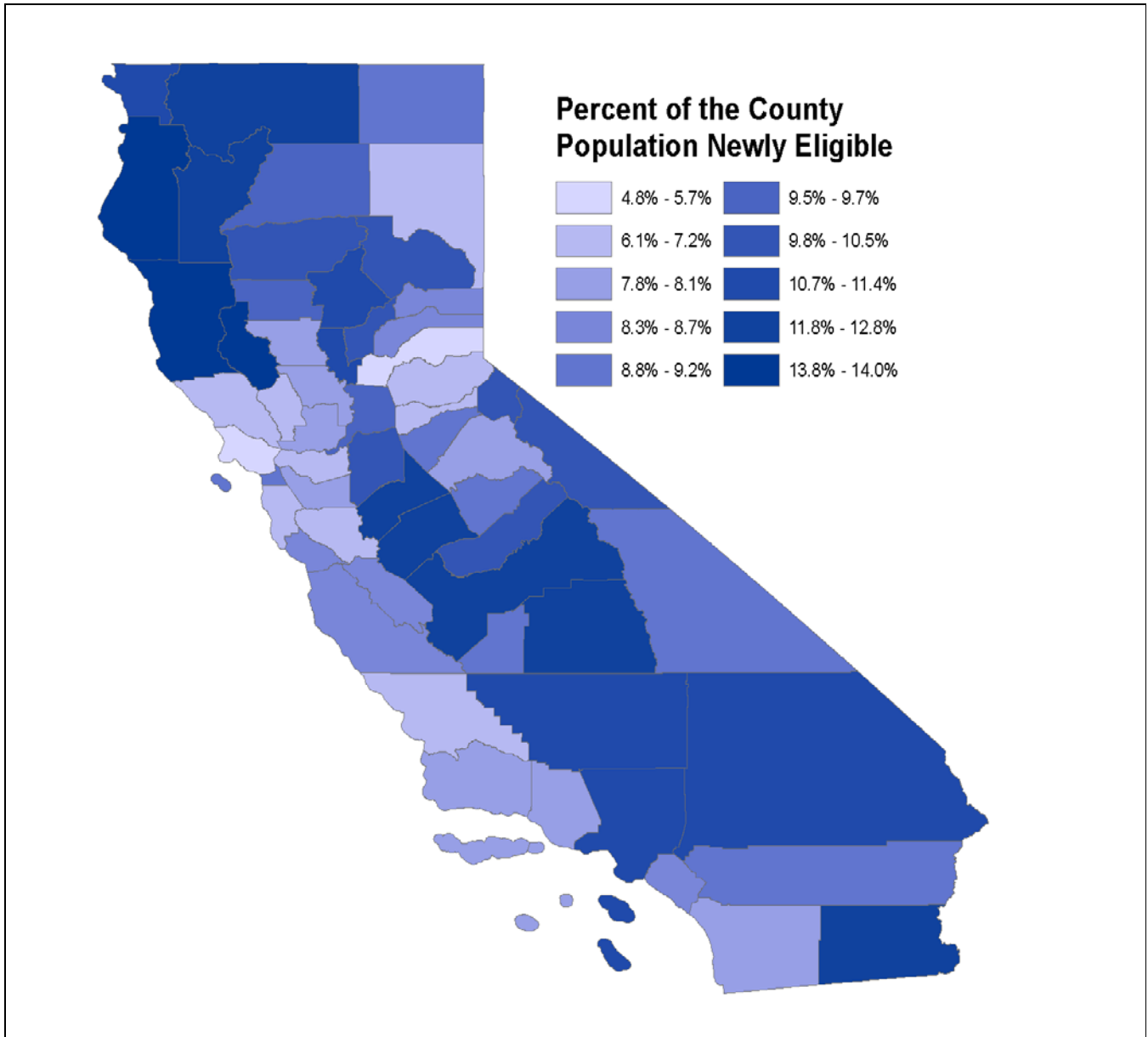
County	Percent of County Enrolled in Optional Adult ACA Expansion Population	Median Household Income	Percent of California’s Median Household Income
Humboldt	14.0%	\$40,739	63.2%
Mendocino	14.0%	\$43,237	67.1%
Lake	13.8%	\$37,993	58.9%
Trinity	12.8%	\$37,669	58.4%
Merced	12.2%	\$42,879	66.5%
Fresno	12.2%	\$46,608	72.3%
Tulare	12.1%	\$42,637	66.1%
Siskiyou	11.9%	\$37,447	58.1%
Imperial	11.8%	\$39,925	61.9%
Stanislaus	11.8%	\$51,949	80.6%
Statewide	9.5%	\$64,483	100%

Source: Created by RASD using Medi-Cal eligibility data and the U.S. Census Small Area Income and Poverty Estimates: 2015

The 10 counties with the largest percent of the county’s overall population enrolled in Medi-Cal’s optional adult ACA expansion population had median incomes ranging between \$37,447 and \$51,949 in 2015, which is between 58.1% and 80.6% of California’s statewide median income of \$64,483 for the same period (Table 6). In addition, these counties had a percent in poverty between 2.3 and 4.5 percentage points higher than the California statewide percent in poverty.<sup>14</sup>

The map (Figure 10) and table (Table 7) express the percent of every county’s population enrolled in the optional adult ACA expansion population, with the highest percentage in Humboldt/Mendocino Counties and the lowest in Placer County.

**Figure 10: Percent of County’s Overall Population Enrolled in the Optional Adult ACA Expansion Population; October 2016**



Sources: Statewide figures: State of California, Department of Finance, E-2. California County Population Estimates and Components of Change by Year — July 1, 2010–2016 Sacramento, California, May 2016.

Medi-Cal figures: California Department of Health Care Services MIS/DSS Data warehouse. Enrollment numbers for October 2016, updated as of December 2016.

**Table 7: California, Medi-Cal, and Optional Adult ACA Expansion Populations, and Enrollment in the Optional Adult ACA Expansion Population as a Proportion of Medi-Cal’s and California’s Populations, by County; October 2016**

County	Population July 1, 2016 (Preliminary)	Medi-Cal Population	Optional Adult ACA Expansion Population	Optional Adult ACA Expansion Population as a Percentage of Medi-Cal’s Population	Optional Adult ACA Expansion Population as a Percentage of Population
Statewide	39,354,432	13,452,225	3,729,175	27.7%	9.5%
Alameda	1,637,712	437,981	129,161	29.5%	7.9%
Amador	37,191	8,270	2,584	31.2%	6.9%
Butte	225,125	82,672	24,813	30.0%	11.0%
Calaveras	44,791	12,282	4,051	33.0%	9.0%
Colusa	22,408	9,136	1,805	19.8%	8.1%
Contra Costa	1,129,894	277,046	74,730	27.0%	6.6%
Del Norte	27,040	11,970	3,079	25.7%	11.4%
El Dorado	184,180	38,569	12,909	33.5%	7.0%
Fresno	989,183	494,974	120,303	24.3%	12.2%
Glenn	29,073	12,300	2,774	22.6%	9.5%
Humboldt	136,086	54,899	19,000	34.6%	14.0%
Imperial	187,157	94,150	22,165	23.5%	11.8%
Inyo	18,649	5,668	1,644	29.0%	8.8%
Kern	888,994	411,389	98,159	23.9%	11.0%
Kings	149,407	56,600	13,410	23.7%	9.0%
Lake	65,128	31,865	8,992	28.2%	13.8%
Lassen	30,645	7,835	2,031	25.9%	6.6%
Los Angeles	10,229,245	3,980,427	1,160,738	29.2%	11.3%
Madera	155,693	70,038	15,328	21.9%	9.8%
Marin	263,257	45,810	14,993	32.7%	5.7%
Mariposa	18,055	4,784	1,644	34.4%	9.1%
Mendocino	88,995	40,670	12,441	30.6%	14.0%
Merced	272,610	139,773	33,234	23.8%	12.2%
Mono	13,785	3,807	1,365	35.9%	9.9%
Monterey	441,129	183,225	38,301	20.9%	8.7%
Napa	142,269	32,683	8,724	26.7%	6.1%
Nevada	98,552	25,478	8,480	33.3%	8.6%
Orange	3,181,371	910,429	262,837	28.9%	8.3%
Placer	376,092	63,730	18,230	28.6%	4.8%
Plumas	19,494	6,223	2,046	32.9%	10.5%
Riverside	2,360,727	846,343	211,834	25.0%	9.0%

County	Population July 1, 2016 (Preliminary)	Medi-Cal Population	Optional Adult ACA Expansion Population	Optional Adult ACA Expansion Population as a Percentage of Medi-Cal's Population	Optional Adult ACA Expansion Population as a Percentage of Population
Sacramento	1,506,677	558,168	143,307	25.7%	9.5%
San Benito	58,014	19,031	4,802	25.2%	8.3%
San Bernardino	2,147,933	882,666	231,114	26.2%	10.8%
San Diego	3,300,891	907,970	267,055	29.4%	8.1%
San Francisco	871,185	224,947	79,793	35.5%	9.2%
San Joaquin	738,873	300,739	75,025	24.9%	10.2%
San Luis Obispo	278,917	62,149	18,723	30.1%	6.7%
San Mateo	768,122	155,776	49,740	31.9%	6.5%
Santa Barbara	448,353	146,897	34,806	23.7%	7.8%
Santa Clara	1,930,215	446,988	138,903	31.1%	7.2%
Santa Cruz	276,249	79,596	23,565	29.6%	8.5%
Shasta	178,208	64,607	17,305	26.8%	9.7%
Siskiyou	44,372	18,740	5,277	28.2%	11.9%
Solano	434,102	124,882	34,475	27.6%	7.9%
Sonoma	503,953	127,856	36,508	28.6%	7.2%
Stanislaus	545,008	245,437	64,410	26.2%	11.8%
Sutter	98,191	42,461	10,503	24.7%	10.7%
Tehama	64,098	27,237	6,304	23.1%	9.8%
Trinity	13,482	5,028	1,732	34.4%	12.8%
Tulare	468,235	258,523	56,599	21.9%	12.1%
Tuolumne	54,282	14,277	4,320	30.3%	8.0%
Ventura	854,383	240,926	67,250	27.9%	7.9%
Yolo	216,866	59,487	16,892	28.4%	7.8%
Yuba	76,129	32,462	7,745	23.9%	10.2%
Other*	13,757	4,349	1,217	28.0%	8.8%

Sources: Statewide figures: State of California, Department of Finance, E-2. California County Population Estimates and Components of Change by Year — July 1, 2010–2016. Sacramento, California, May 2016.

Medi-Cal figures: California Department of Health Care Services MIS/DSS Data warehouse. Enrollment numbers for October 2016, updated as of February 2017.

Note: \*Other counties include Alpine County, Modoc County, and Sierra County. These counties were combined to meet Public Aggregate Reporting requirements.



**Table 8: Count of the Total Population and the Optional Adult ACA Expansion Population as a Proportion of the Population, by Congressional District; October 2016**

Congressional District	Representative	Population Census 2015 ACS Estimate	Optional Adult ACA Expansion Population	Optional Adult ACA Expansion Medi-Cal Population as a Percentage of Population
1	Doug LaMalfa (R)	710,344	69,181	9.5%
2	Jared Huffman (D)	720,346	62,679	7.9%
3	John Garamendi (D)	731,775	61,765	9.9%
4	Tom McClintock (R)	722,313	44,486	6.9%
5	Mike Thompson (D)	733,412	55,931	11.0%
6	Doris Matsui (D)	750,843	78,376	9.0%
7	Ami Bera (D)	739,069	55,658	8.1%
8	Paul Cook (R)	716,399	81,201	6.6%
9	Jerry McNerney (D)	746,779	76,139	11.4%
10	Jeff Denham (R)	739,784	77,822	7.0%
11	Mark DeSaulnier (R)	752,786	52,303	9.7%
12	Nancy Pelosi (D)	749,688	67,507	8.7%
13	Barbara Lee (D)	755,776	75,685	8.4%
14	Jackie Speier (D)	757,062	54,092	6.2%
15	Eric Swalwell (D)	771,800	44,768	7.6%
16	Jim Costa (D)	740,625	101,106	10.4%
17	Ro Khanna (D)	760,444	44,527	7.5%
18	Anna Eshoo (D)	738,774	34,569	11.3%
19	Zoe Lofgren (D)	765,143	74,367	10.2%
20	Jimmy Panetta (D)	733,752	65,022	10.5%
21	David Valadao (R)	716,371	93,600	6.9%
22	Devin Nunes (R)	741,313	73,624	9.0%
23	Keven McCarthy (R)	738,690	66,484	10.0%
24	Salud Carbajal (D)	736,757	53,134	7.1%
25	Steve Knight (R)	720,316	63,067	5.8%
26	Julia Brownley (D)	725,084	57,414	13.7%
27	Judy Chu (D)	733,239	74,873	5.9%
28	Adam Schiff (D)	714,897	90,122	4.7%
29	Tony Cárdenas (D)	720,532	100,398	9.7%
30	Brad Sherman (D)	771,108	70,467	8.9%
31	Pete Aguilar (D)	738,482	82,223	13.1%
32	Grace Napolitano (D)	732,927	86,643	9.9%
33	Ted Lieu (D)	718,273	34,498	9.0%
34	Vacant	735,150	115,306	7.2%
35	Norma Torres (D)	739,819	87,226	8.8%
36	Raul Ruiz (D)	750,645	75,981	7.9%

Congressional District	Representative	Population Census 2015 ACS Estimate	Optional Adult ACA Expansion Population	Optional Adult ACA Expansion Medi-Cal Population as a Percentage of Population
37	Karen Bass (D)	722,781	98,485	10.2%
38	Linda Sánchez (D)	725,433	63,061	12.6%
39	Ed Royce (R)	731,324	54,800	13.9%
40	Lucile Roybal-Allard (D)	721,037	90,716	9.1%
41	Mark Takano (D)	745,630	77,855	11.1%
42	Ken Calvert (R)	772,860	53,283	11.8%
43	Maxine Walters (D)	744,444	88,496	4.8%
44	Nanette Barragan (D)	712,204	97,286	15.7%
45	Mimi Walters (R)	771,550	38,097	11.8%
46	Lou Correa (D)	738,410	84,859	10.1%
47	Alan Lowenthal (D)	718,339	75,946	13.6%
48	Dana Rohrabacher (R)	724,082	55,746	8.7%
49	Darrell Issa (R)	735,828	39,735	7.5%
50	Duncan D. Hunter (R)	753,486	54,675	12.6%
51	Juan Vargas (D)	724,812	90,616	10.4%
52	Scott Peters (D)	755,498	37,064	6.9%
53	Susan Davis (D)	776,583	59,101	11.9%
Unclassified*			67,110	1.8%

Sources: Statewide figures: U.S. Census Bureau, 2015 American Community Survey 1-Year Estimates.

Medi-Cal figures: California Department of Health Care Services MIS/DSS Data warehouse. Enrollment numbers for October 2016, updated as of February 2017.

Note: \*Unclassified eligibles have addresses that could not be coded to specific congressional districts, which may result from ambiguity in the address in the Medi-Cal Eligibility Data System. The U.S. Census latest estimate was used due to the lack of California Department of Finance congressional district population estimates.

## Conclusions

Beginning in 2014, Medi-Cal experienced increases in enrollment far greater than the program had seen throughout its entire history. The tremendous growth was fueled primarily by the addition of more than 3.7 million low-income adults without dependent children through the optional Medicaid expansion component of the ACA. California's implementation of the optional adult ACA Medicaid expansion has enabled the state to significantly reduce the proportion of its residents lacking health insurance. Since January 2014, the state's uninsured rate has decreased by nearly half, from 17.2% in 2013 to 8.6% in 2015.<sup>15</sup>

RASD's analysis shows that Medi-Cal's optional adult ACA expansion population is primarily comprised of legal citizens enrolled in managed care health plans through the M1 eligibility pathway. Compared to the overall Medi-Cal population, the optional adult ACA expansion population is comprised of a slightly larger proportion of males than females and a larger proportion of beneficiaries ages 19-30 and 56-64 than other age ranges. Further, the optional adult ACA expansion population is comprised of a smaller proportion of beneficiaries of Hispanic race/ethnicity compared to the overall Medi-Cal population.

Owing to its extremely large population, Los Angeles County had the largest number of residents enrolled in Medi-Cal's optional adult ACA expansion population. However, the counties with the largest proportion of their residents enrolled under the ACA expansion are Humboldt, Mendocino, and Lake counties, each with more than 13% of residents enrolled and an average percent in poverty of 20.6%.

To more fully assist stakeholders in understanding the optional adult ACA expansion population, DHCS-RASD will follow up this brief with others focusing on the financial and clinical characteristics of Medi-Cal's optional adult ACA expansion population.

## [More Information on the Medi-Cal Population](#)

The Research and Analytic Studies Division (RASD) of the Department of Health Care Services (DHCS) performed the analysis for this report. RASD compiles official statistics and performs analytical studies to assist DHCS in achieving its mission and goals.

## [Subscribe to the RASD Mailing List](#)

Click [here](#) to receive email notifications when new statistical content is added the RASD website. The RASD website is updated regularly with graphics, pivot tables and statistical briefs describing the Medi-Cal population, Medi-Cal enrollment trends, and other issues relevant to the Medi-Cal program and its stakeholder

### **IF YOU PLAN TO CITE THIS PAPER IN A SUBSEQUENT WORK, WE SUGGEST THE FOLLOWING CITATION:**

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### **PLEASE NOTE:**

This document provides a brief summary of complex subjects and should be used only as an overview and general guide to the Medi-Cal program. The views expressed herein do not necessarily reflect the policies or legal positions of the California Health and Human Services Agency (CHHS) or the California Department of Health Care Services (DHCS). These summaries do not render any legal, accounting, or other professional advice, nor are they intended to explain fully all of the provisions or exclusions of the relevant laws, regulations, and rulings of the Medicare and Medicaid programs. Original sources of authority should be researched and utilized.

## End Notes

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<sup>1</sup> United States Census Bureau. (Sept. 2012.) Income, Poverty, and Health Insurance Coverage in the United States: 2011. Retrieved from: <https://www.census.gov/prod/2012pubs/p60-243.pdf>

<sup>2</sup> United States Supreme Court. (June 2012.) National Federation of Independent Business v. Sebelius.

<sup>3</sup> Patient Protection and Affordable Care Act, HR3590, Section 2001.

<sup>4</sup> Social Security Act, Section 1902(a)(10)(A)(i) (42 U.S.C. 1396a).

<sup>5</sup> Department of Health and Human Services, Center for Medicare and Medicaid Services. (April 2010.) New Option for Coverage of Individuals Under Medicaid. Retrieved from: <https://downloads.cms.gov/cmsgov/archived-downloads/SMDL/downloads/smd10005.pdf>

<sup>6</sup> The Kaiser Commission on Medicaid and the Uninsured. (March 2015.) Medicaid Moving Forward. Retrieved from: <http://kff.org/health-reform/issue-brief/medicaid-moving-forward/>

<sup>7</sup> Centers for Medicare & Medicaid Services. Medicaid.gov. Retrieved from <https://www.medicare.gov/medicaid/index.html>

<sup>8</sup> National Health Policy Forum. (2008, December). Medicaid Financing: How the FMAP Works and Why It Falls Short. Retrieved from [http://www.nhpf.org/library/issue-briefs/IB828\\_FMAP\\_12-11-08.pdf](http://www.nhpf.org/library/issue-briefs/IB828_FMAP_12-11-08.pdf)

<sup>9</sup> Office of the Federal Register. Federal Register. Retrieved from <https://www.federalregister.gov/documents/2015/11/25/2015-30050/federal-financial-participation-in-state-assistance-expenditures-federal-matching-shares-for>

<sup>10</sup> Social Security Act, Section 1905(y), as amended by the Affordable Care Act.

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<sup>11</sup> California Section 1115 “Bridge to Reform Waiver.” Retrieved from: <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/ca/ca-bridge-to-health-reform-fs.pdf>

<sup>12</sup> Department of Health Care Services. (June 2010.) California Section 1115 Comprehensive Demonstration Project Waiver. Retrieved from: <http://www.dhcs.ca.gov/provgovpart/Documents/A%20Bridge%20to%20Reform%206-10-2010.pdf>

<sup>13</sup> Research and Analytic Studies Division. March 2017. *Inmate Health Care and the Medi-Cal Inmate Eligibility Program*. Medi-Cal Statistical Brief. California Department of Health Care Services.

<sup>14</sup> U.S. Census Bureau (Dec. 2016.) Small Area Income and Poverty Estimates: 2015. All Ages Percent in Poverty. Retrieved From: <https://www.census.gov/did/www/saipe/>

<sup>15</sup> U.S. Census Bureau. (Sept. 2016.) Health Insurance Coverage in the United States: 2015. Table A-1 Population without Health Insurance Coverage by State: 2013 to 2015. Retrieved from: <https://www.census.gov/content/dam/Census/library/publications/2016/demo/p60-257.pdf>