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Rise in Medi-Cal Enrollment Corresponded to Increases in California County Health Spending During ACA Implementation

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SUMMARY: As Medi-Cal enrollment expanded during the early years of ACA expansion (2014 and 2015), county health department spending in California also swelled. For most counties and regions in the state, the two measures tracked closely. However, exceptions in Northern California (with high enrollment and

low spending growth) and Central California (low enrollment but high spending growth) show that other factors may also have had an effect. Importantly, if Medi-Cal is turned into a capped block-grant program at the federal level, counties would be heavily impacted and could be left with budget shortages.

“The levels of {Medi-Cal} coverage, as well as the gains in coverage, were not distributed uniformly statewide.”

Following the expansion of Medi-Cal through the Patient Protection and Affordable Care Act of 2010 (ACA), California’s counties moved swiftly to increase enrollment in the program by more than 3 million nonelderly adults and children by the end of 2015.¹ Statewide, enrollment in Medi-Cal reached nearly one-third of the population (31.1 percent) by 2015.¹ But the levels of coverage, as well as the gains in coverage, were not distributed uniformly statewide (Exhibit 1). San Joaquin County had the largest increase in enrollment (22 percent), as well as one of the largest increases in total county health expenditures (25 percent; Exhibit 1).

Often, the greatest increases in Medi-Cal enrollment corresponded to increased public health department expenditures, as seen in Riverside, Placer, Mendocino, Monterey, and Fresno counties (Exhibit 1). County health department spending trends for the Northern/Sierra region and San Bernardino County, two areas with similar levels of Medi-Cal enrollment post-ACA, illustrate the linkages between public investment and enrollment.

Northern Californian counties (i.e., Del Norte, Siskiyou, Lassen, etc.) retained their consistently high enrollment in the program, with 31 percent of their combined population enrolled in Medi-Cal in 2015 (Exhibits 1 and 2). However, this actually reflected a slight decline in enrollment in these counties from the pre-ACA expansion period (-3 percent; Exhibits 1 and 3). In contrast, San Bernardino County had enrollment levels similar to those of the Northern California counties in 2015 (35 percent; Exhibits 1 and 2), but this was the result of rapid growth in the program (+15 percent; Exhibits 1 and 3).

Surprisingly, these trends did not necessarily track with the overall level of county health department expenditures. When the per capita amount of dollars spent on all county health department functions was assessed using data from the California State Controller’s Office, the Northern Region counties emerged as some of the highest per capita spenders in California, while spending in more populous San Bernardino County was among the lowest in the state (Exhibit 4).

Exhibit 1

Medi-Cal Enrollment and Per Capita County Health Department Spending by County, California, 2015

County	% Enrolled in Medi-Cal in 2014/2015	Change in Medi-Cal Enrollment from 2012 to 2014/2015	Per Capita Expenditures 2015	% Increase in Per Capita Expenditures from 2012 to 2015
Alameda	22%	3%	\$319	14%
Butte	35%	13%	\$305	-6%
Contra Costa	20%	7%	\$214	6%
El Dorado	25%	8%	\$152	1%
Fresno	49%	11%	\$201	24%
Humboldt	29%	-2%	\$387	11%
Imperial	47%	9%	\$336	28%
Kern	41%	8%	\$168	1%
Kings	48%	9%	\$204	8%
Lake	43%	16%	\$271	16%
Los Angeles	32%	8%	\$293	14%
Madera	44%	-5%	\$156	18%
Marin	10%	4%	\$292	-3%
Mendocino	38%	15%	\$337	24%
Merced	43%	18%	\$210	27%
Monterey	33%	11%	\$349	25%
Napa	27%	18%	\$335	5%
Nevada	16%	2%	\$261	11%
Orange	24%	12%	\$122	5%
Placer	19%	11%	\$155	29%
Riverside	33%	12%	\$199	39%
Sacramento	28%	11%	\$292	0%
San Benito	36%	7%	\$176	8%
San Bernardino	35%	15%	\$163	22%
San Diego	27%	13%	\$157	7%
San Francisco	21%	6%	N/A	N/A
San Joaquin	42%	22%	\$192	25%
San Luis Obispo	17%	9%	\$271	15%
San Mateo	23%	13%	\$310	17%
Santa Barbara	20%	3%	\$295	24%
Santa Clara	21%	9%	\$265	21%
Santa Cruz	28%	12%	\$362	9%
Shasta	34%	19%	\$275	7%
Solano	24%	5%	\$253	10%
Sonoma	21%	5%	\$257	12%
Stanislaus	34%	6%	\$163	20%
Sutter	40%	17%	\$347	-4%
Tulare	44%	13%	\$209	17%
Ventura	21%	7%	\$225	5%
Yolo	19%	-5%	\$172	23%
Yuba	43%	11%	\$79	-12%
Del Norte, Siskiyou, Lassen, Trinity, Modoc, Plumas, Sierra	31%	-3%	\$382	2%
Tehama, Glenn, Colusa	39%	12%	\$313	5%
Tuolumne, Calaveras, Amador, Inyo, Mariposa, Mono, Alpine	28%	12%	\$304	4%

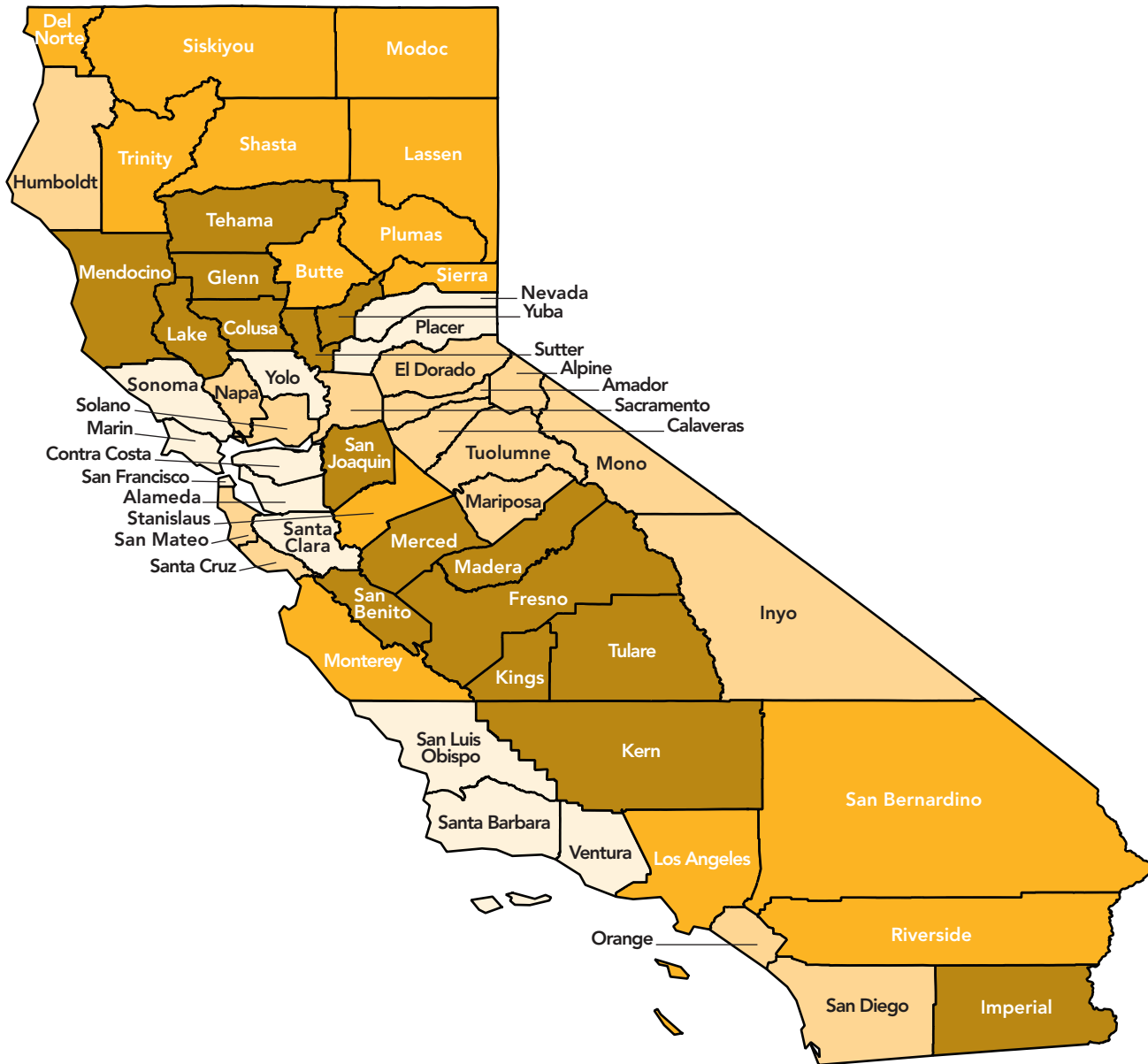
Source: 2012, 2014, and 2015 California Health Interview Surveys; 2012 and 2015 California State Controller data

N/A: "not available"

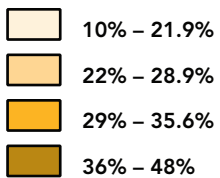
Note: Total county health department expenditures include public health, mental health, health care, and other department initiatives.

Percent Enrollment in Medi-Cal by County Among Nonelderly Adults and Children, Ages 0-64, California, 2014–2015

Exhibit 2



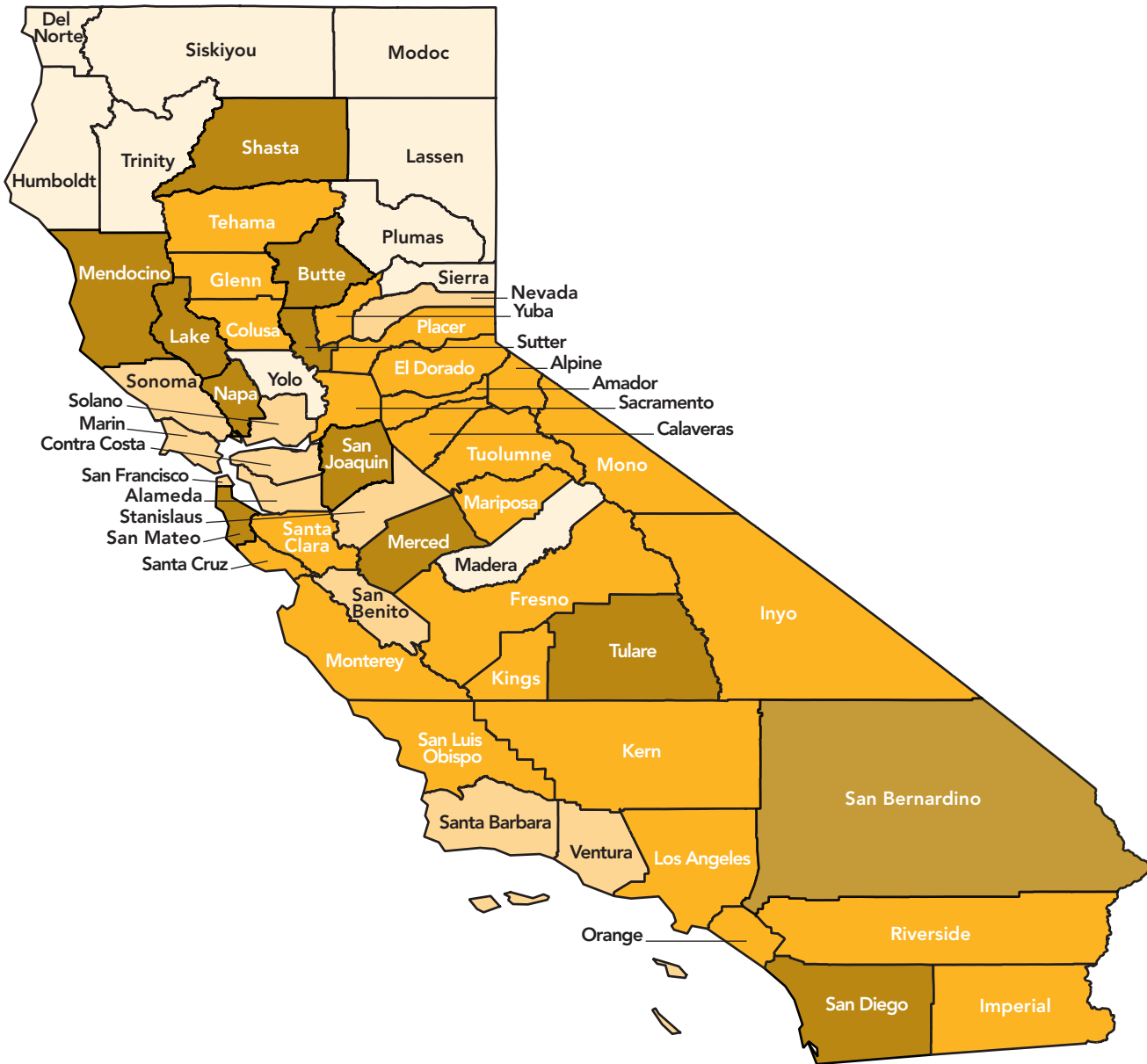
Percentage of Population Enrolled in Medi-Cal in 2014–2015



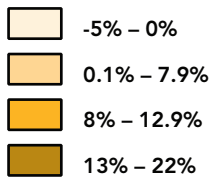
Source: 2014 and 2015 California Health Interview Surveys

Exhibit 3

Change in Percent Enrollment in Medi-Cal by County Among Nonelderly Adults and Children, Ages 0-64, California, 2012 to 2015



Percent Enrollment Change from 2012 to 2015



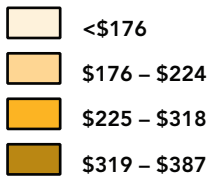
Source: 2012 and 2015 California Health Interview Surveys

Public Health Spending per Capita, Ages 0-64, by County Health Department, California, 2015

Exhibit 4



2015 Per Capita Spending



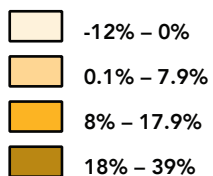
Source: 2015 California Health Interview Survey (population estimate) and California State Controller's Office (county health department spending)

Exhibit 5

Percent Change in Public Health Spending per Capita, Ages 0-64, by County Health Department, California, 2012 to 2015



Percentage of Increase in Health Expenditures from 2012-2015



Source: 2012 and 2015 California Health Interview Surveys (population estimates) and California State Controller's Office (county health department spending)

However, when examining the change in county health department spending from 2012 (pre-ACA Medi-Cal expansion) to 2015 (post-ACA Medi-Cal expansion), a different picture emerges. The Northern California counties maintained roughly the same level of spending per capita (Exhibit 5), which corresponded to the decrease in enrollment in Medi-Cal overall as a percentage of the population. San Bernardino County increased its public health expenditures by 22 percent, although the overall level still remained low compared to the rest of the state (Exhibits 1 and 5). However, some exceptions to this pattern can be seen in the data. Butte County, which had nearly as much of a percent increase in enrollment as San Bernardino County, decreased its total expenditures overall. Madera and Yolo counties, in contrast, had decreased enrollment but fairly large increases in spending.

California counties have moved forward with enrollment efforts on the ground, expanding both the number of Medi-Cal enrollees and overall health expenditures by county health departments. That progress may be threatened by cuts to Medicaid at the federal level, most notably by the possible transformation of the program into a capped block grant. This could, over time, strangle investment in Medicaid growth and erode the gains that California has made until now.

Data Source and Methods

This policy brief presents county-level data (using the 44 strata of counties and county groups) from the 2014 and 2015 California Health Interview Surveys (CHIS), as compared to the 2012 CHIS. Health insurance coverage uses a “current point-in-time” variable to assess type or lack of coverage at the time of the CHIS interview. For more information on the CHIS instrument, including funding for the survey, please see www.chis.ucla.edu. In order to provide stable estimates for the small counties, health insurance rates were pooled between 2014 and 2015. County health department expenditure data were obtained from the California State Controller’s Office.

Funder Information

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Endnote

- 1 Becker T. 2017. *Number of Uninsured in California Remained at Record Low in 2016*. Los Angeles, CA: UCLA Center for Health Policy Research.

“Cuts to Medicaid at the federal level ... could, over time, strangle investment in Medicaid growth and erode the gains that California has made.”

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