Medi-Cal Expansion:
What's at Stake for Communities of Color

Since the establishment of Medicare and Medicaid in the '60s, our country has prioritized protecting vulnerable populations – our elderly, children, poor, blind, and disabled. But not all low-income people are eligible for Medicaid, and in California, the primary population left out – childless adults – are predominantly from communities of color.
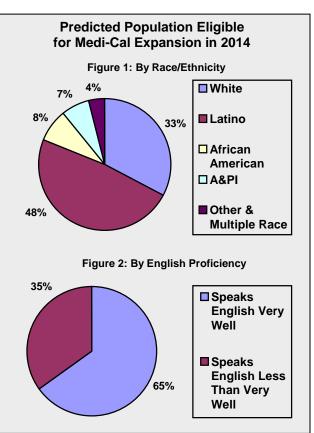
With the landmark signing of the Patient Protection and Affordable Care Act (ACA), we are finally closing this gap after almost 50 years. In 2014, nearly *everyone* making up to 138% of the Federal Poverty Level (FPL)[i] will be eligible for Medi-Cal (California's Medicaid program).

California's communities of color have a large stake in how the state expands Medi-Cal. We cannot let this opportunity pass us by – we must make sure that California expands the program to its fullest, conducts culturally and linguistically appropriate outreach, and streamlines the eligibility process so that everyone who is eligible is enrolled.

The Imperative for Communities of Color

In California, communities of color represent 60% of the population but account for 75% of the uninsured.[ii] As a result, communities of color make up a large majority of Californians who will be newly eligible for coverage under the Medi-Cal expansion. Of the approximately 1,420,000 non-elderly adults who will be newly eligible to receive Medi-Cal, 2 out of 3 (67% or 950,000) are from communities of color (see *Figure 1*). Over one-third (35% or 500,000) of the newly eligible will speak English less than very well (see *Figure 2)*.

How the state chooses to reach out to and educate those who are eligible for Medi-Cal will have a significant impact on enrollment. Simplifying enrollment procedures, implementing a robust culturally and linguistically outreach effort, and pre-enrolling individuals from existing health and human services programs are critical to maximizing participation. Even with these strategies in place, projections based on the California Simulation of

Predicted Population Eligible for Medi-Cal Expansion in 2014

Figure 1: By Race/Ethnicity

- White — 33%
- Latino — 48%
- African American — 8%
- A&PI — 7%
- Other & Multiple Race — 4%

Figure 2: By English Proficiency

- Speaks English Very Well — 65%
- Speaks English Less Than Very Well — 35%

Insurance Markets (CalSIM) estimate that only 55% of those who are newly eligible for Medi-Cal, or 780,000 people, will enroll in 2014. Without these efforts, *300,000 Californians*, 70% of whom would be from communities of color, are expected not to enroll in Medi-Cal despite being eligible.

The Imperative for the State
The Medicaid expansion through the ACA is a tremendous opportunity for California to dramatically decrease its uninsured population at minimum cost to the state. The newly eligible Medi-Cal enrollees will be fully funded by the federal government from 2014 through 2017, slowly decreasing to 90% by 2020. The influx of federal dollars means expanding Medi-Cal is a cost-effective way for the state to lower health care costs by enabling Californians to get the care they need and stay healthy. It will also create a healthier workforce and benefit state and local economies by sustaining jobs in the health sector.[iii]

Policy Recommendations
1. **Implement the Full Expansion of Medi-Cal:** The ACA provides an historic opportunity to reduce health disparities in our state by ensuring access to health coverage for individuals and families up to 138% FPL. The full expansion of Medi-Cal will result in lower health care costs and better health outcomes as more and more Californians are able to access critical primary and preventive services in place of more costly emergency room care.

2. **Maximize Medi-Cal Enrollment:** We must take advantage of the changes in Medi-Cal by using fast, confidential, and effective methods to ensure timely enrollment. For example, we should identify and pre- or auto-enroll those we know will be eligible for Medi-Cal *now*. We must also maximize enrollment of eligible individuals under the Low-Income Health Program (LIHP), county programs established to provide health care to uninsured adults who will transition to Medi-Cal in 2014.

3. **Simplify Enrollment Processes:** Strong collaboration between state and local government agencies and providers should be encouraged so that programs such as the LIHP, CalFresh, and others that already collect data on citizenship and income can share this data and accelerate enrollment. Additionally, individuals should be allowed to attest to this information when documentation is unavailable or obtaining the data will cause undue hardship. This will allow quick verification of eligibility for public benefits and avoid unnecessary delays in application processing.

4. **Ensure Culturally and Linguistically Appropriate Services from Outreach to Care:** With a large portion of the newly eligible speaking English less than very well, we must provide accurate, thorough, and easily understandable information in multiple languages to not only help them sign-up for Medi-Cal but also get the care they need. Additionally, we must prioritize training and certification of medical interpreters and prepare our health care professionals to work with California's diverse communities.

Methodology
The California Simulation of Insurance Markets (CalSIM), developed by the UC Berkeley Center for Labor Research and Education and the UCLA Center for Health Policy Research, uses four data sets to model employer and individual behavior to estimate the impact of the ACA on the enrollment of individuals in insurance coverage in California. CalSIM findings presented in this fact sheet are based on CalSIM Version 1.8. For further details on the methodology, please visit www.healthpolicy.ucla.edu.

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[i] In 2012, 138% of the Federal Poverty Level was $15,415 for an individual and $31,809 for a family of four.
[ii] California HealthCare Foundation. *California's Uninsured: Treading Water*. December 2012.Accessed at http://www.chcf.org/~/media/MEDIA%20LIBRARY%20Files/PDF/C/PDF%20CaliforniaUninsured2012.pdf.
[iii] National Health Law Program. *10 Advocacy Steps to Support a Medicaid Expansion in Your State.* September 2012. Accessed at www.healthlaw.org/images/stories/10_Advocacy_Steps_for_Medicaid_Expansion_September.pdf.