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CalSIM
California Simulation of Insurance Markets

The California Simulation of Insurance Markets (CalSIM) model is designed to estimate the impacts of various elements of the Affordable Care Act on employer decisions to offer insurance coverage and individual decisions to obtain coverage in California. It was developed by the UC Berkeley Center for Labor Research and Education and the UCLA Center for Health Policy Research, with generous funding provided by The California Endowment.

FACT SHEET • JUNE 2012

Predicted Increase in Medi-Cal Enrollment under the Affordable Care Act: Regional and County Estimates

Between 1.2 and 1.6 million more Californians will have coverage through Medi-Cal in 2019 due to the Affordable Care Act

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The Affordable Care Act (ACA) will expand access to health coverage across California. Californians with household incomes up to 138 percent of the Federal Poverty Level ($14,856 for an individual and $31,809 for a family of four in 2012) will be eligible for Medi-Cal starting in January 2014 under the law. Childless adults will be eligible for Medi-Cal for the first time based on income alone, while the income thresholds will be increased for parents and children ages 6–19. The new law will also significantly simplify program enrollment and retention, including eliminating asset tests for those who are eligible solely due to their income.[1] As a result, between 1.2 and 1.6 million more Californians are predicted to be enrolled in Medi-Cal in 2019 than otherwise would have been under current law. (See *Nine Out of Ten Non-Elderly Californians Will Be Insured When the Affordable Care Act is Fully Implemented*).

An estimated 1.4 million Californians under age 65 will be newly eligible for Medi-Cal in 2014 due to the ACA. Of the newly eligible, 730,000 are predicted to take up the program by 2019 under our base scenario, and 900,000 under our enhanced scenario, which involves extensive outreach and multiple consumer-friendly enrollment pathways. In addition, 1.3 million Californians are currently eligible for Medi-Cal, but not enrolled. About 100,000 of those currently eligible but not enrolled are predicted to take up coverage under our base scenario, while 300,000 will take up under our enhanced scenario.[2]

Medi-Cal enrollment will expand in every county across the state. Los Angeles and the remaining Southern California counties are predicted to each account for more than 30 percent of the new enrollees. The San Joaquin Valley will have a higher share of new enrollees (14 percent under the base scenario) compared to its population size (10.4 percent of the state's population), while the Greater Bay Area will have a smaller share of new enrollees (11.4 percent) compared to its size (19.3 percent of the state's population).

Exhibit 1. Predicted Increase in Medi-Cal Enrollment due to the ACA, Californians under Age 65, by Region and County, 2019

Region/County	Baseline Without Increases due to ACA	Increased Enrollment Base Scenario		Increased Enrollment Enhanced Scenario	
		Predicted Enrollees	Percent of State Total	Predicted Enrollees	Percent of State Total
Northern California and Sierra Counties	**250,000**	**50,000**	**4.4%**	**60,000**	**3.9%**
Greater Bay Area	**740,000**	**130,000**	**11.4%**	**180,000**	**11.7%**
Santa Clara	190,000	30,000	2.6%	40,000	2.6%
Alameda	190,000	30,000	2.6%	40,000	2.6%
Sacramento Area	**250,000**	**60,000**	**5.2%**	**80,000**	**5.2%**
San Joaquin Valley	**990,000**	**160,000**	**14.0%**	**210,000**	**13.7%**
Fresno	270,000	30,000	2.6%	40,000	2.6%
Central Coast	**330,000**	**60,000**	**5.2%**	**80,000**	**5.2%**
Ventura	90,000	30,000	2.6%	30,000	2.0%
Los Angeles	**1,990,000**	**350,000**	**30.6%**	**460,000**	**30.0%**
Other Southern California	**1,330,000**	**350,000**	**30.6%**	**470,000**	**30.6%**
Orange	410,000	90,000	7.9%	110,000	7.2%
San Diego	310,000	90,000	7.9%	120,000	7.8%
San Bernardino	340,000	80,000	7.0%	110,000	7.2%
Riverside	230,000	90,000	7.9%	110,000	7.2%

Source: UC Berkeley–UCLA CalSIM model, version 1.7.

Note: Not all counties are listed due to sample sizes. For definitions of regions see Table 7-2 Regions in California, CHIS 2009 Methodology Report Series #5, page 7-7, http://www.chis.ucla.edu/pdf/CHIS2009_method5.pdf.

Data Sources and Methodology

We used the California Simulation of Insurance Markets (CalSIM) model, version 1.7, to predict changes in health coverage in California under the ACA. The model is designed to estimate the impacts of various elements of the ACA on employer decisions to offer insurance coverage and individual decisions to obtain coverage in California. For further information on the CalSIM methodology, please visit http://www.healthpolicy.ucla.edu/pubs/files/calsim_methods.pdf.

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Endnotes

[1] Asset tests remain for individuals applying for other Medicaid eligibility categories, including the elderly and disabled.

[2] For more details see Exhibits 12–17, Kominski et al., *Health Insurance Coverage in California under the Affordable Care Act*, June 2012.