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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.

After Millions of Californians Gain Health Coverage under the Affordable Care Act, who will Remain Uninsured?



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EXECUTIVE SUMMARY

The implementation of the Affordable Care Act (ACA) is predicted to expand coverage to millions of Californians by 2019. This increase in coverage will primarily result from the expansion of Medi-Cal and the availability of subsidized coverage in the California Health Benefit Exchange (Exchange). However, three to four million Californians could remain uninsured even after the law is fully implemented.

We use the California Simulation of Insurance Markets (CalSIM) model, version 1.8, to estimate the size and characteristics of the remaining uninsured under age 65 in California under two scenarios. In a base scenario we assume that take up of Medi-Cal follows current trends and that take up in the Exchange reflects typical individual behavior patterns from the health economics literature. In our enhanced scenario, we assume that eligibility determination will be simplified, outreach and enrollment efforts will be escalated in a culturally sensitive and language appropriate manner, and that the majority of individuals currently enrolled in existing categorical public programs that provide services but not full coverage will transition to Medi-Cal and the Exchange.

We predict that by 2019 when the ACA is fully implemented:

Health coverage will significantly expand in California

- The number of uninsured Californians under age 65 will decrease by between 1.8 and 2.7 million.
- Of the uninsured Californians who are predicted to gain coverage as a result of the ACA, between 640,000 and 1.0 million will newly enroll in Medi-Cal and between 790,000 and 1.2 million will enroll in subsidized coverage in the Exchange.

Many Californians will remain uninsured

- 3.1 to 4 million Californians are predicted to remain uninsured in 2019.
- Almost three-quarters of the remaining uninsured in California will be U.S. citizens or lawfully present immigrants.
- Half of all remaining uninsured, or two million Californians, will be eligible for Medi-Cal or Exchange subsidies but remain unenrolled under the base scenario. Barriers to enrollment could include lack of awareness about the programs, challenges in the enrollment process, or inability to afford subsidized coverage. With stronger outreach and enrollment efforts, this group of uninsured would be reduced to 1.2 million or fewer.
- 72 percent of remaining uninsured Californians will be exempt from paying tax penalties under the minimum coverage requirements of the ACA due to income, lack of an affordable offer of coverage or immigration status. Approximately three percent of all Californians will owe a tax penalty due to not obtaining minimum coverage.
- Nearly 40 percent of the remaining uninsured will lack an offer of affordable coverage with premiums costing eight percent of household income or less. Some uninsured Californians will be ineligible for subsidized coverage due to income or immigration status, while others will be eligible for subsidized plans in the Exchange with premiums that exceed the affordability standard.
- Some of the remaining uninsured will lack coverage for short time periods due to life transitions.

Some demographic groups will be more likely to remain uninsured

- Two-thirds (66%) of Californians remaining uninsured will be Latino, compared to a projected 45 percent of the non-elderly population in 2020.
- Nearly three out of five California adults who remain uninsured will be Limited English Proficient.
- 62 percent of California's remaining uninsured will be residents of Los Angeles and other Southern California counties.
- 57 percent of Californians who remain uninsured will have household incomes at or below 200 percent of the Federal Poverty Level.

Recommendations

Outreach and enrollment efforts are needed to minimize the number of remaining uninsured

Outreach and enrollment efforts should be customized to reflect the groups of Californians with the highest rates of uninsurance: Latinos, Limited English Proficient adults, and residents of Southern California. We predict that nearly 800,000 more Californians would enroll in Medi-Cal or Exchange subsidies if there were robust outreach and enrollment efforts, based on the enhanced scenario. Outreach efforts are also needed to reduce the number of Californians who are uninsured for a short period of time when they lose a job or undergo another life transition, such as divorce or aging out of a parent's coverage. In addition, Californians who already participate in categorical public programs that provide services but not full coverage should be pre-enrolled in Medi-Cal or the Exchange.

California will still have a great need for a strong safety net system post-ACA

A strong safety net of health care providers will still be needed to provide care for the predicted 2.3 million uninsured Californians with household incomes at or below 200 percent of the Federal Poverty Level.

Programs needed for Californians left with no affordable coverage option

In addition to securing the health care safety net, California should maintain and expand programs for individuals without an offer of affordable coverage. Existing programs for the uninsured, such as Family PACT for family planning services, should be sustained and new programs should be explored.

INTRODUCTION

The Affordable Care Act (ACA) will greatly expand health insurance coverage in California. Beginning in 2014, millions of low- and middle-income Californians will gain access to coverage under the expansion of Medi-Cal and through premium and cost sharing subsidies offered through the California Health Benefit Exchange (the Exchange). The ACA requirement that individuals maintain minimum coverage or pay a tax penalty will also increase enrollment. As a result of these coverage expansions, between 1.8 and 2.7 million Californians are predicted to gain coverage by 2019, depending on the extensiveness of outreach and enrollment strategies. However, between 3.1 and 4.0 million Californians are predicted to remain uninsured.

In this report, we use the California Simulation of Insurance Markets (CalSIM) model, version 1.8, to characterize the demographics, geographic distribution, eligibility for coverage and applicability of the minimum coverage requirements of Californians who are predicted to remain uninsured after full implementation of the ACA in 2019. This report focuses on Californians under age 65.

We analyzed the number of remaining uninsured under two scenarios. The base scenario estimates take up of coverage in the Exchange using the best evidence on individual decision-making from the health economics literature. We assume that Medi-Cal take up for newly eligible uninsured individuals will continue at the current take up rate of 61 percent,[1] while previously eligible individuals will take up at a 10 percent rate. These take up rates are applied to all Californians under the base scenario, except that Limited English Proficient (LEP) Californians, defined as those speaking English less than very well, are assumed to be less likely to enroll based on available evidence.[2]

In developing the enhanced scenario, we assume that eligibility determination is simplified, strong outreach and education is conducted, 'no wrong door' enrollment is implemented, outreach and enrollment are culturally sensitive and language appropriate, and the use of pre-enrollment strategies is maximized. This scenario assumes 75 percent take up of Medi-Cal for newly eligible individuals who were previously uninsured. It assumes 40 percent Medi-Cal take up for previously eligible but uninsured Californians, following the Urban Institute/Kaiser Family Foundation enhanced participation estimate.[3] It also assumes 75 percent take up of uninsured adults eligible for subsidies in the Exchange.

The take-up rates we assume under the enhanced scenario are not an upper limit. While there will always be some eligible individuals who do not enroll in any program, including those who are eligible transitionally for only short periods of time, evidence from other states and other programs suggests that California could do even better than 75 percent take-up among those newly eligible for Medicaid and uninsured who are eligible

Eligibility for Medi-Cal and Exchange Subsidies under the ACA

In 2014, Medi-Cal will be expanded to eligible Californians with household incomes up to 138 percent of the Federal Poverty Level ($15,415 for an individual and $31,809 for a family of four in 2012), including childless adults who will be eligible for Medi-Cal for the first time based solely on income. Eligible families with incomes up to 400 percent of the Federal Poverty Level ($44,680 for an individual and $92,200 for a family of four in 2012) who do not have an offer of affordable job-based coverage and are not eligible for Medi-Cal or Medicare or other public coverage, will become eligible for premium tax credits and cost sharing subsidies for coverage purchased through the Exchange.

for subsidized coverage in the Exchange. Medicaid take-up rates for currently eligible adults are already as high as 80 percent in Massachusetts and 88 percent in Washington DC.[4] In California, 85 percent of non-elderly adults who are offered job-based coverage enroll.[5] Take up of Medicare Part B is around 96 percent nationally.[6]

This report primarily focuses on the Californians who are predicted to remain uninsured under the base scenario as this is the more conservative set of estimates. As noted, the base scenario assumes Medi-Cal take-up rates at the current level for California of 61 percent. The eligibility and enrollment simplifications required under federal regulations implementing the ACA, coupled with the plans the state and the Exchange have already developed for outreach and enrollment, should enable California to surpass those rates. In order to show the potential impact of more robust outreach and enrollment efforts, the number of remaining uninsured under the enhanced scenario is shown in Exhibit 2, and eligibility for coverage and characteristics of the uninsured under that scenario are shown in Exhibits 11b and 12 in the Appendix.

FINDINGS

Many Californians will gain coverage under ACA due to expanded eligibility

Exhibit 1 shows the coverage gains that are predicted under the ACA in 2019 for Californians who would have otherwise been uninsured. Of the 5.8 million Californians who would be uninsured in 2019 without the ACA, 880,000 are predicted to be newly eligible for Medi-Cal, 880,000 are predicted to already be eligible for Medi-Cal and 1.6 million are predicted to be eligible for subsidized coverage in the Exchange. Of these, 640,000 to 1.0 million are predicted to newly enroll in Medi-Cal and 790,000 to 1.2 million are predicted to enroll in the Exchange with subsidies.

Additional Californians who are currently enrolled in the individual market or unaffordable job-based plans are also predicted to newly enroll in more affordable coverage options, for a predicted total of 1.0 to 1.4 million Californians newly enrolled in Medi-Cal and 1.7 to 2.1 million enrolled in subsidized coverage in the Exchange in 2019 (data not shown).

The number of uninsured Californians falls to 4.0 million under the ACA base scenario and is nearly one million lower (3.1 million) under the enhanced scenario, demonstrating the importance of outreach and enrollment efforts (Exhibit 2, page 8).

Exhibit 1. Insurance coverage with the ACA for the 5.8 million Californians under age 65 who would be uninsured without the ACA, 2019

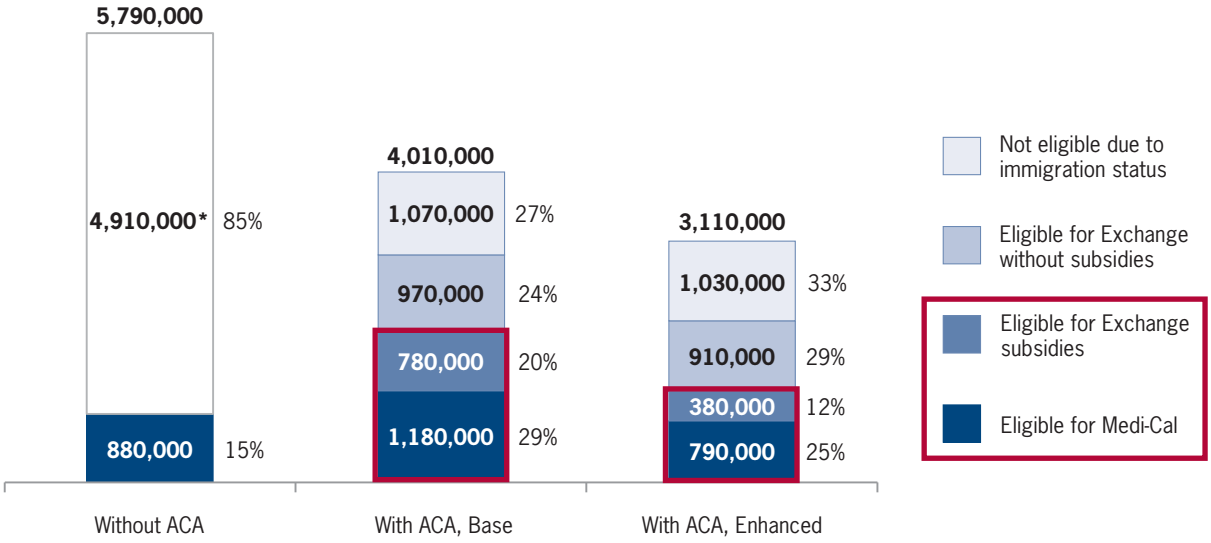
Insurance coverage with the ACA	Employer-sponsored insurance	Newly eligible for Medi-Cal	Previously eligible for Medi-Cal	Exchange with subsidies	Unsubsidized Exchange/ individual market
Eligible*	850,000	880,000	880,000	1,590,000	NA**
Enrollment, base scenario	220,000	550,000	90,000	790,000	510,000
Enrollment, enhanced scenario	220,000	670,000	350,000	1,210,000	580,000

Source: UC Berkeley–UCLA CalSIM model, Version 1.8

* Individuals may be eligible for more than one type of coverage.

** All individuals are eligible to purchase insurance in the individual market.

Exhibit 2. Uninsured Californians under age 65, with and without the ACA, 2019



Source: UC Berkeley–UCLA CalSIM model, Version 1.8
* Not eligible for Medi-Cal or subsidies without ACA.

As a result of these coverage expansions, between 89 and 91 percent of non-elderly Californians are predicted to have health coverage under the ACA, compared to 84 percent without the law.[7]

Many Californians eligible for coverage could remain unenrolled

Under the base scenario, 2.0 million Californians, or half of all remaining uninsured, are predicted to be eligible for Medi-Cal[8] or Exchange subsidies but remain unenrolled. With greater outreach and retention efforts under the enhanced scenario, the number of uninsured who are eligible for no-cost coverage or subsidized drops to 1.2 million.

Almost three-quarters of the remaining uninsured are predicted to be lawfully present residents (Exhibit 2).

Eligibility for coverage of the remaining uninsured is shown by income,[9] age, self-reported health status, race and ethnicity, English proficiency, family structure and region in Exhibits 6 and Exhibits 11a and 11b in the Appendix.

Current barriers to enrollment in Medicaid and the State Children's Health Insurance Program nationally include lack of awareness of the programs or eligibility standards, difficult application or re-enrollment processes, burdensome documentation requirements, and stigma associated with enrolling in the programs. The ACA addresses some barriers to enrollment by simplifying enrollment and re-enrollment processes, increasing the use of existing government data sources to determine eligibility and encouraging the creation of 'no wrong door' for enrollment. Other barriers could cause Californians who are eligible for Exchange subsidies to remain uninsured, some of which depend on decisions made by the Exchange. For example, Californians may be unaware of their options in the Exchange, may encounter challenges in the application process or may be unable to afford subsidized coverage.

Californians eligible for Medi-Cal are able to enroll in coverage when they show up for care at a safety net hospital or clinic or another provider. Medi-Cal may retroactively cover medical expenses incurred over the previous 90 days. However, it is important

for eligible individuals to sign up in advance of needing care because individuals who enroll in Medi-Cal will choose or be assigned to a medical home and may be more likely to seek preventive or primary care. Research on the Oregon Medicaid program for previously uninsured low-income adults found that, compared to similar adults who were not selected by lottery to apply for Medicaid, "people with Medicaid coverage were 70% more likely to report having a regular place of care and 55% more likely to report having a usual doctor; Medicaid coverage also increased the use of preventive care such as mammograms (by 60%) and cholesterol monitoring (by 20%)."[10]

Californians eligible for subsidies in the Exchange will apply during the annual open enrollment period.[11] When an individual loses minimum essential coverage, gains or becomes a dependent through marriage, birth or adoption, gains lawful immigration status, or experiences other triggering events outlined in regulations, he or she will qualify for a special enrollment period at the time of the change in circumstances. Individuals will not be able to enroll in Exchange coverage outside of these enrollment periods, making it important that Exchange-eligible individuals are aware of their coverage options and the process for enrolling because they cannot wait until they need care to enroll.

Majority of remaining uninsured Californians predicted to be exempt from tax penalties

Under the ACA, individuals who do not have minimum essential coverage will be required to pay a tax penalty beginning in 2014. The penalty will be waived if the cost of available coverage exceeds eight percent of household income, if an individual's income is below the federal tax-filing threshold, if an individual is ineligible for coverage due to immigration status or if an individual meets other criteria for exemption described in the ACA. Approximately 1.1 million Californians, 28 percent of the remaining uninsured or 3 percent of all Californians, are predicted to owe a tax penalty in 2019 due to not having minimum essential coverage.[12]

In total, 72 percent of the remaining uninsured in California, or nearly 2.9 million, are predicted to be exempt from the penalties in 2019 (Exhibit 3).

Exhibit 3. Individual penalty and exemptions for remaining uninsured, Californians under age 65, *base scenario*, 2019

Eligibility for benefits	Exempt from penalty	Subject to penalty	Total
Exempt due to immigration status	1,070,000		
Exempt due to low income	990,000		
Exempt due to no affordable coverage	820,000		
Total	**2,880,000**	**1,130,000**	**4,010,000**
Percentage	*72%*	*28%*	*100%*

Source: UC Berkeley–UCLA CalSIM model, Version 1.8

Many remaining uninsured Californians predicted to lack an affordable coverage offer

More than 1.5 million uninsured Californians, or nearly 40 percent of the remaining uninsured, are predicted to lack an offer of affordable coverage (Exhibit 4), defined under the minimum coverage requirements of the ACA as costing a family eight percent of income or less. These Californians are predicted to lack an offer of affordable coverage after implementation of the ACA for several reasons.

First, undocumented immigrants are ineligible for Medi-Cal or coverage in the Exchange.

Second, families with incomes between 250 and 400 percent of the Federal Poverty Level are eligible for subsidized coverage in the Exchange, but premiums will be capped at 8.05-9.5 percent of household income, exceeding the standard of affordability under the minimum coverage requirement. Families with incomes of more than 400 percent of the Federal Poverty Level will not be eligible for subsidies in the Exchange. Eligible

Exhibit 4. Availability of affordable coverage to remaining uninsured by income (federal poverty level), Californians under age 65, *base scenario*, 2019

Availability of affordable coverage (<8% income)	0–138% FPL	139–200% FPL	201–250% FPL	251–400% FPL	401% + FPL	Total
Has an offer of affordable coverage	1,230,000	470,000	300,000	210,000	250,000	2,460,000
No offer of affordable coverage	500,000	100,000	70,000	370,000	520,000	1,550,000
Total	**1,720,000**	**570,000**	**370,000**	**580,000**	**770,000**	**4,010,000**
Percentage with no offer of affordable coverage	*29%*	*18%*	*19%*	*64%*	*67%*	*39%*

Source: UC Berkeley–UCLA CalSIM model, Version 1.8

individuals below 250 percent of the Federal Poverty Level are offered Medi-Cal or Exchange coverage with premiums costing less than eight percent of income, which largely explains why these uninsured individuals are much more likely to have an offer of affordable coverage (75% of uninsured) than those with income above 250 percent of the Federal Poverty Level (34% of uninsured) (Exhibit 4).

The majority of Californians above 400 percent of the Federal Poverty Level who are predicted to remain uninsured with no offer of affordable coverage are ages 45 to 64. In the individual market, older individuals will be charged higher premiums than their younger counterparts, though the age-based variation in premiums will be reduced under the ACA compared to the current California individual market.

Finally, under draft federal regulations, some Californians with incomes below 400 percent of the Federal Poverty Level will lack an offer of affordable coverage because family members will be ineligible for subsidized coverage in the Exchange if an employee is offered affordable self-only coverage by an employer, even if family coverage is unaffordable.[13] The CalSIM model and all of the estimates in this report are based on the assumption that these regulations are finalized as proposed.

Majority of remaining uninsured Californians predicted to be Latino or Limited English Proficient

According to the Kaiser Family Foundation, people of color are more likely to lack health coverage because they "are more likely to be low-income than whites, and less likely to have health coverage through an employer, in part because they are more likely to be unemployed, and when employed, they are more likely to work low-wage jobs, which are less likely to offer coverage."[14] Racial and ethnic minority groups are predicted to comprise 66 percent of non-elderly Californians in 2020[15] and 82 percent of the remaining uninsured under the ACA in 2019. The rate of decline in uninsurance under the ACA is predicted to be greatest among African Americans and Whites and lowest among Latinos and Asians, but the overall distribution of uninsured across race and ethnicity groups is not expected to change significantly under the ACA (Exhibit 5, page 11).

Latinos are predicted to represent an especially large share of the remaining uninsured: two-thirds (66%) in 2019 (Exhibit 5). By comparison, Latinos are predicted to comprise approximately 45 percent of non-elderly Californians in 2020.[16]

Speaking a language other than English has been shown to result in barriers to coverage. A national survey found that lack of language-appropriate materials hindered Medicaid enrollment among Spanish-speaking parents.[17] Eligible Limited English Proficient (LEP) Californians are projected to

Exhibit 5. Race and ethnicity and English proficiency of the uninsured with and without the ACA, Californians under age 65, 2019

	Without ACA		With ACA, base		Percentage change
Total	**5,790,000**		**4,010,000**		**-31%**
Race and Ethnicity					
Latino	3,710,000	64%	2,660,000	66%	-28%
Asian, not Latino	620,000	11%	450,000	11%	-27%
African American, not Latino	210,000	4%	110,000	3%	-48%
White, not Latino	1,160,000	20%	730,000	18%	-37%
Other, multi-racial, not Latino	100,000	2%	60,000	1%	-40%
English Proficiency					
Age 18+, Speaks English at least very well	2,500,000	43%	1,400,000	35%	-44%
Age 18+, Limited English proficiency	2,730,000	47%	2,040,000	51%	-25%

Source: UC Berkeley–UCLA CalSIM model, Version 1.8

be less likely to enroll in coverage than non-LEP Californians in the base scenario, based on available evidence. Therefore, the decline in uninsurance is predicted to be greater among Californians who speak English at least very well (44%) than among LEP Californians (25%). While the overall number of uninsured LEP and non-LEP Californian adults will decrease significantly, the share of uninsured who are LEP will increase under the ACA. Nearly three out of five adults who are predicted to remain uninsured are LEP, while the remainder of the uninsured adult population will consist of native English speakers or adults who speak English very well (Exhibit 5). An additional 570,000 uninsured Californians are predicted to be children with all levels of English proficiency (data not shown).

Spanish is the most common language (other than English) spoken at home by LEP Californians who are projected to enroll in the Exchange in 2019 (80%); other common languages spoken are Chinese, Vietnamese and Korean.[18]

California already has experience with language-appropriate outreach and enrollment in its Medi-Cal and Healthy Families programs that it can draw upon in implementing the ACA. The Medi-Cal program currently provides notices and information in 13 threshold languages: English, Spanish, Vietnamese, Chinese, Korean, Tagalog, Russian, Armenian, Khmer, Arabic, Farsi, Hmong and Laos.

The vast majority of uninsured who are not eligible for coverage due to immigration status are predicted to be Latino (95%) and LEP (80% of adults). However, we also predict that a majority of uninsured Californians who are eligible for no-cost or subsidized coverage but remain unenrolled will be Latino (64%) and LEP (54% of adults) (Exhibit 6, page 12).

Six out of ten remaining uninsured predicted to reside in Southern California

Residents of Los Angeles and other Southern California counties (Orange, San Diego, San Bernardino, Riverside and Imperial) are predicted to make up 55 percent of California's population in 2019, but a disproportionate 62 percent of the remaining uninsured due to a higher predicted rate of uninsurance. Thirteen percent of Los Angeles County residents and 12 percent of residents of other Southern California counties are predicted to remain uninsured while in the rest of California we predict that an average of 9 percent of the population will remain uninsured (Exhibit 7, page 12).

Exhibit 6. Eligibility for benefits of remaining uninsured by race and ethnicity and English proficiency, Californians under age 65, *base scenario,* 2019

	Not eligible due to immigration status	Eligible for Medi-Cal	Eligible for Exchange subsidies	Eligible for Exchange without subsidies	Total
Race and Ethnicity					
Latino	1,020,000	740,000	520,000	380,000	2,660,000
Asian, not Latino	40,000	90,000	70,000	250,000	450,000
African American, not Latino	–	60,000	20,000	30,000	110,000
White, not Latino	10,000	260,000	170,000	280,000	730,000
Other, multi-racial, not Latino	–	30,000	10,000	20,000	60,000
English Proficiency					
Age 18+, Speaks English at least very well	200,000	400,000	330,000	470,000	1,400,000
Age 18+, Limited English proficiency	820,000	420,000	420,000	380,000	2,040,000

Source: UC Berkeley–UCLA CalSIM model, Version 1.8

Exhibit 7. Total remaining uninsured by region and county, Californians under age 65, *base scenario,* 2019

Region/county	Remaining uninsured	Projected total population	Uninsured share of county population	Share of uninsured within each region/county
All California	**4,010,000**	**35,810,000**	**11%**	**100%**
Northern California and Sierra Counties	**120,000**	**1,240,000**	**10%**	**3%**
Greater Bay Area	**570,000**	**6,840,000**	**8%**	**14%**
Santa Clara County	140,000	1,740,000	8%	4%
Alameda County	120,000	1,470,000	8%	3%
Sacramento Area	**150,000**	**2,010,000**	**7%**	**4%**
San Joaquin Valley	**410,000**	**3,780,000**	**11%**	**10%**
Fresno County	100,000	900,000	11%	2%
Central Coast	**220,000**	**2,110,000**	**11%**	**6%**
Ventura County	70,000	780,000	9%	2%
Los Angeles	**1,280,000**	**9,780,000**	**13%**	**32%**
Other Southern California	**1,220,000**	**10,050,000**	**12%**	**30%**
Orange County	370,000	2,970,000	13%	9%
San Diego County	290,000	2,960,000	10%	7%
San Bernardino County	280,000	1,970,000	14%	7%
Riverside County	270,000	1,990,000	13%	7%

Source: UC Berkeley–UCLA CalSIM model, Version 1.8

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

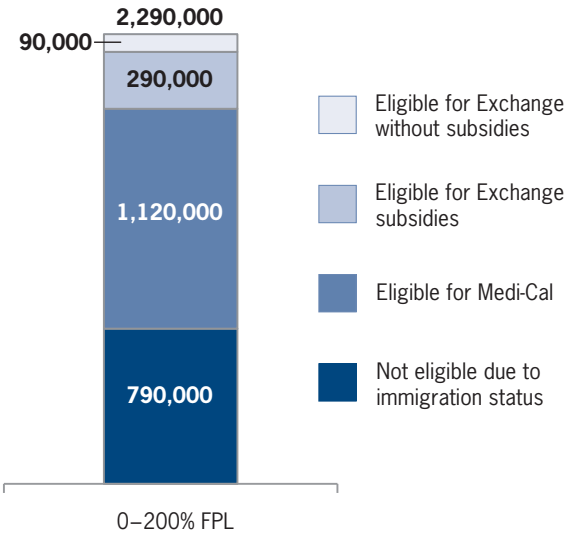
Eligibility for benefits among the remaining uninsured is also predicted to vary by region. For example, the predicted share of uninsured individuals who will be eligible for Medi-Cal varies significantly, from 23 percent of the uninsured in the Greater Bay Area to 42 percent in the Northern California and Sierra Counties. The share of uninsured individuals eligible for the Exchange without subsidies varies from 17 percent of the uninsured in the San Joaquin Valley and Northern California and Sierra Counties to 33 percent in the Greater Bay Area, while the share eligible for subsidies in the Exchange is relatively consistent across regions (16 to 20 percent of the uninsured; see Exhibit 11a in the appendix).

Most remaining uninsured Californians will be low-income

We predict that 57 percent of the remaining uninsured under the ACA in 2019 will be in families with incomes at or below 200 percent of the Federal Poverty Level ($22,340 for an individual and $46,100 for a family of four in 2012) (Exhibit 9). This income threshold is significant because most of the uninsured users of the health care safety net system of public hospitals, community and government clinics that primarily serve the uninsured and public program enrollees have incomes at or below 200 percent of the Federal Poverty Level,[19] though some Californians with incomes over this threshold also use the safety net.

Nearly 2.3 million Californians with incomes at or below 200 percent of the Federal Poverty Level are predicted to remain uninsured and rely on the safety net after the ACA is fully implemented in 2019. This includes over 1.1 million Californians who are eligible for Medi-Cal but remain unenrolled, 290,000 who are eligible for Exchange subsidies but remain unenrolled, 90,000 who are eligible for the Exchange without subsidies and 790,000 who are not eligible for coverage due to their immigration status (Exhibit 8).

Exhibit 8. Likely safety net users, remaining uninsured at or below 200% FPL, Californians under age 65, base scenario, 2019



Source: UC Berkeley–UCLA CalSIM model, Version 1.8

Other characteristics of remaining uninsured Californians

In Exhibit 9 (page 14), we show how other characteristics of the uninsured would differ with and without the ACA in 2019.

- **Income:** The total number of uninsured is predicted to decline across all income categories under the ACA, but the largest declines are among Californians with incomes between 100 and 400 percent of the Federal Poverty Level, with smaller declines below and above that income range.
- **Gender:** The gender distribution of the uninsured is not predicted to change significantly under the ACA.
- **Age:** The number of uninsured Californians in all age groups is predicted to decline under the ACA, but uninsured Californians in 2019 are predicted to be slightly younger, on average, than those who would be uninsured without the ACA. The Medi-Cal coverage expansion mostly affects adults, resulting in a greater percentage decline in uninsurance among adults (34%) than children (8%), coupled with already high rates of insurance coverage among children (94% were insured in 2009[20]).

Exhibit 9. Characteristics of the uninsured with and without the ACA, Californians under age 65, 2019

	Without ACA		With ACA, base		Percentage change
Total	**5,790,000**		**4,010,000**		**-31%**
Income					
Less than 100% FPL	1,600,000	28%	1,310,000	33%	-18%
101–138% FPL	730,000	13%	410,000	10%	-44%
139–200% FPL	1,020,000	18%	570,000	14%	-44%
201–250% FPL	580,000	10%	370,000	9%	-36%
251–400% FPL	880,000	15%	580,000	14%	-34%
401% or more	980,000	17%	770,000	19%	-21%
Gender					
Male	2,990,000	52%	2,060,000	51%	-31%
Female	2,800,000	48%	1,950,000	49%	-30%
Age					
0–18 years	650,000	11%	600,000	15%	-8%
19–29 years	1,690,000	29%	1,020,000	25%	-40%
30–64 years	3,450,000	60%	2,390,000	60%	-31%
Self-Reported Health Status					
Excellent, very good, or good	4,790,000	83%	3,410,000	85%	-29%
Fair or poor	1,000,000	17%	610,000	15%	-39%
Family Structure					
Single adult	2,270,000	39%	1,360,000	34%	-40%
All others (children, parent, or married)	3,520,000	61%	2,650,000	66%	-25%

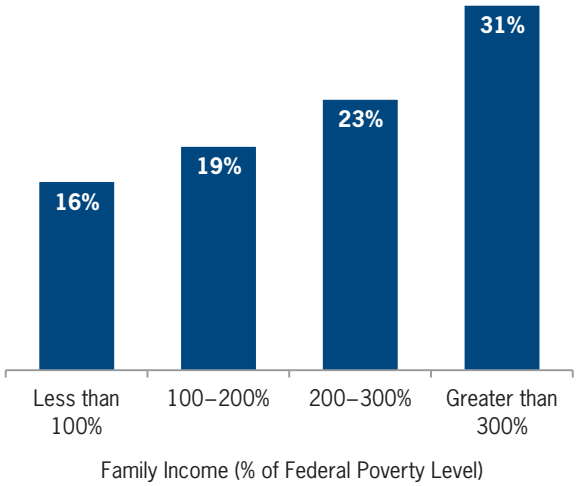
Source: UC Berkeley–UCLA CalSIM model, Version 1.8

- **Health status:** We predict no major change in self-reported health status among the uninsured with and without the law. Uninsurance is predicted to decline more among Californians with fair or poor health status (39%) than for those with excellent or very good health status (29%) because individuals with fair or poor health status are more likely to enroll in coverage when they become eligible. Despite this variation, only a slightly higher percentage of uninsured Californians would report excellent or very good health status with the ACA than without the ACA. This predicted experience is consistent with the experience in Massachusetts, where no clear pattern in self-reported health status was observed after the state implemented its own health care reform in 2006.[21]
- **Family structure:** Single adults are predicted to comprise a smaller share of the uninsured after the ACA is implemented (34% with the ACA and 39% without) due to the expansion of Medi-Cal to low-income childless adults.

Appreciable share of remaining uninsured Californians will lack coverage for short time periods

Regardless of how robust outreach and enrollment efforts are under the ACA, a certain number of individuals who are uninsured for short time periods will remain after the ACA is implemented, often because they are between jobs. Research suggests that more than one-fifth of Americans who are uninsured at any point during the year are uninsured for five months or less,[22] though this percentage is likely to change after the ACA is implemented. An analysis by the Urban Institute using data from the 2002 National Survey of America's Families found that higher-income uninsured individuals had shorter bouts of uninsurance than lower-income individuals (Exhibit 10).

Exhibit 10. Percent of uninsured with a short spell of uninsurance, by income level, 2001–2002*



Source: Urban Institute, 2004

* Percent of all non-elderly individuals who were uninsured at any point during previous year with duration of uninsurance of 5 months or less.

RECOMMENDATIONS

Outreach and enrollment efforts needed to minimize the number of remaining uninsured

Half of Californians who are predicted to remain uninsured will be eligible for Medi-Cal or subsidies in the Exchange. The exact share of eligible Californians who enroll in coverage could depend on a number of factors, including the to-be-determined scope of the Medi-Cal benefit package for newly-eligible adults[23] and the affordability of plans in the Exchange. However, research indicates that effective outreach and enrollment strategies are one significant factor that can drive increased take up of coverage.[24] States can increase take up by ensuring that outreach and enrollment efforts are language appropriate and culturally competent, targeting outreach efforts to populations with a high share of remaining uninsured, pre-enrolling individuals who already participate in other categorical public programs that provide services but not full coverage and connecting individuals to coverage when they lose insurance due to a life transition. More robust outreach and enrollment efforts would be predicted to reduce the number of uninsured who are eligible for Medi-Cal or Exchange subsidies by nearly 800,000 in 2019 compared to the base scenario (Exhibit 2, page 8).

Outreach to Latinos will be especially important

Latinos are predicted to make up two-thirds of all remaining uninsured Californians in 2019 and the majority of uninsured who are eligible for Medi-Cal or Exchange subsidies but remain unenrolled. As the state, the Exchange and community organizations make plans to inform Californians of the new coverage options, and develop enrollment systems and processes, strategies should be customized to address the high share of Latinos who are predicted to remain uninsured. With culturally

California's Plan for Marketing and Outreach under the ACA

The California Exchange, Department of Health Care Services, and Managed Risk Medical Insurance Board have already sponsored a plan for using marketing, outreach and education to maximize enrollment of Californians eligible for Medi-Cal or coverage in the Exchange.[25] The plan takes into account that the majority of the uninsured are predicted to be Latino and that California has at least 13 threshold languages in which outreach is needed. One of the guiding principles of the plan is that it considers "where eligible populations live, work and play." The plan also considers rebranding Medi-Cal to encourage enrollment. Under the plan, outreach will begin in January 2013 to make Californians aware of the new coverage options that will be available.

sensitive outreach and enrollment efforts under the enhanced scenario, we predict that 570,000 fewer Latinos who are eligible for Medi-Cal or Exchange subsidies would remain uninsured in 2019 compared to under the base scenario (Exhibits 6 and 11b).[26]

Language-appropriate outreach and enrollment are critical

Three out of five California adults remaining uninsured are predicted to be Limited English Proficient (LEP) in 2019. LEP Californians are also predicted to make up the majority of the uninsured who are eligible for Medi-Cal or Exchange subsidies, making language appropriate outreach and enrollment efforts critical to take-up of these coverage options. It is important that outreach efforts are conducted in all threshold languages. California can build upon its existing experience with language-appropriate outreach and enrollment in its Medi-Cal and Healthy Families programs. If language appropriate outreach and enrollment efforts are undertaken, we predict that 440,000 fewer LEP Californians who are eligible for Medi-Cal or Exchange subsidies would be uninsured compared to under the base scenario (Exhibits 6 and 11b).

Focused outreach efforts are needed in Southern California

Outreach efforts in Los Angeles and other Southern California counties are especially important due to higher predicted rates of uninsurance in those regions. Focused efforts in those regions could reach 2.5 million Californians who are predicted to remain uninsured. Variations in eligibility for coverage by region also underscore the importance of customizing outreach efforts by region.

Measures needed to minimize short-term uninsurance

Some individuals will always be uninsured for short periods, but the number of individuals in this category could be reduced through outreach and enrollment efforts focused on individuals undergoing life transitions because individuals often lose health coverage during those transitions. The Exchange service centers, counties, assistors and navigators will play an important role in helping Californians navigate these life events and ensure that they maintain coverage.

In addition, Californians often come into contact with other public institutions as they experience a change in life circumstances. At these connection points, uninsured Californians could be notified of their potential eligibility for Medi-Cal or the Exchange and provided with information on how to enroll.[27] California Assembly Bill 792, recently passed by the state legislature, would require insurers and courts to provide notices informing Californians of their coverage options and how to obtain coverage when they dis-enroll from an individual or group plan, or file for divorce, separation or adoption. There are many other examples of public institutions that could connect Californians to coverage when they undergo life transitions, such as the California Employment Development

Department when individuals apply for unemployment insurance, the Department of Motor Vehicles when they change address, or public colleges when students enroll or graduate.

It is important to link Californians who lose coverage to appropriate resources to secure new insurance coverage quickly so that they avoid tax penalties unnecessarily. In recognition of the prevalence of short bouts of uninsurance, the ACA allows a three-month grace period under which individuals who lack coverage will not owe any tax penalties. Individuals who are uninsured for more than three continuous months in a year will owe a penalty for all of the months they lacked coverage. The ACA allows only one three-month grace period per tax year.

Addressing this type of uninsurance is important as research has shown that even short spells of uninsurance can have negative health consequences.[28]

California will still have a great need for a strong safety net system post-ACA

With three to four million residents remaining uninsured, California will still have a critical need to maintain and strengthen the health care safety net system of public hospitals, community and government clinics and other providers, even after the ACA is fully implemented. More than half of remaining uninsured individuals are predicted to have incomes at or below 200 percent of the Federal Poverty Level, the typical income range of safety net users. The safety net also serves a high share of uninsured LEP individuals and people of color. Strengthening the safety net will help ensure that care is available for these Californians who are more likely to remain uninsured, but a strong safety net system will need to be there for all Californians. These considerations should be taken into account as policy decisions affecting the safety net are made, such as the provision of federal and state grants to fund operations of community clinics, the distribution of realignment funds, and the allotment of Disproportionate Share Hospital (DSH) subsidies.

Programs needed for Californians left with no affordable coverage option

In addition to adequately funding the safety net, California should maintain and develop programs for individuals with no affordable coverage option. Nearly 40 percent of the remaining uninsured are predicted to have no offer of affordable coverage. Existing state and local programs for the uninsured, including state-funded populations, should be maintained and strengthened. For example, due to their inability to afford coverage through the Exchange or ineligibility for Medi-Cal, many uninsured Californians will continue to rely on programs such as Family PACT for family planning services and Every Woman Counts for services to prevent, detect, diagnose and treat breast and cervical cancer. The locally-funded Healthy Kids programs provide coverage to children who are not eligible for public programs due to income or immigration status, but demand for these county-based programs currently exceeds the funding. Programs similar to Healthy Kids for adults or non-insurance programs like Healthy San Francisco should also be considered. Exploration of programs that would fill in the coverage gaps for Californians left with no affordable option should be considered at both the state and county levels.

CONCLUSIONS

While the ACA will expand coverage to millions of uninsured Californians, three to four million could remain uninsured in 2019. Some may remain uninsured because they lack an offer of affordable coverage, some because they lose coverage for short periods of time as life circumstances change and others because they encounter barriers to enrollment or are not aware of their options. Most of the remaining uninsured will be exempt from the tax penalty; though some will choose to pay the penalty rather than purchasing coverage.

Efforts are needed to maximize enrollment. Half of the remaining uninsured are predicted to be eligible for Medi-Cal or subsidies in the Exchange in 2019. Many of these individuals are already enrolled in state health or social services programs or already have connections to public institutions. Additionally, individuals often connect with public institutions or services when they undergo a life transition such as losing a job, filing for divorce or aging out of a parent's coverage. Outreach efforts should take advantage of these connection points to notify these individuals of their new ACA coverage options. Planning for outreach and enrollment efforts should take into account that Latinos are predicted to make up two-thirds of the remaining uninsured, LEP individuals are predicted to constitute nearly 60 percent of uninsured adults and over 60 percent of the uninsured are predicted to reside in Southern California.

Significant demand for safety net providers in California will remain after the ACA is fully implemented. We predict that 2.3 million individuals with incomes at or below 200 percent of the Federal Poverty Level will remain uninsured and rely on the safety net in 2019. Adequate funding of the safety net is critical to ensuring that these individuals have access to care. Finally, state and local programs should be maintained and developed for the predicted 1.5 million remaining uninsured Californians who will not have an affordable coverage option available.

Appendix 1: Additional Exhibits

Exhibit 11a. Eligibility for benefits of remaining uninsured, Californians under age 65, *base scenario,* 2019

	Not eligible due to immigration status	Eligible for Medi-Cal	Eligible for Exchange subsidies	Eligible for Exchange without subsidies	Total
Income					
Less than 100% FPL	440,000	840,000	40,000	–	1,310,000
101–138% FPL	200,000	190,000	20,000	–	410,000
139–200% FPL	160,000	90,000	230,000	90,000	570,000
201–250% FPL	110,000	60,000	180,000	30,000	370,000
251–400% FPL	100,000	–	320,000	160,000	580,000
401% or more	70,000	–	–	700,000	770,000
Age					
0–18 years	50,000	370,000	40,000	130,000	600,000
19–29 years	320,000	260,000	260,000	180,000	1,020,000
30–64 years	700,000	550,000	480,000	660,000	2,390,000
Self-Reported Health Status					
Excellent, very good, or good	820,000	1,010,000	690,000	880,000	3,410,000
Fair or poor	250,000	170,000	90,000	90,000	610,000
Family Structure					
Single adult	430,000	290,000	400,000	250,000	1,360,000
All others (children, parent, or married)	650,000	890,000	390,000	730,000	2,650,000
Region					
Northern California and Sierra Counties	20,000	50,000	20,000	20,000	120,000
Greater Bay Area	160,000	130,000	90,000	190,000	570,000
Sacramento Area	20,000	60,000	30,000	40,000	150,000
San Joaquin Valley	110,000	140,000	80,000	70,000	410,000
Central Coast	70,000	60,000	40,000	50,000	220,000
Los Angeles	380,000	340,000	250,000	310,000	1,280,000
Other Southern California	330,000	360,000	230,000	310,000	1,220,000

Source: UC Berkeley–UCLA CalSIM model, Version 1.8

Note: See Exhibit 6 for eligibility for benefits by race and ethnicity and English proficiency.

Exhibit 11b. Eligibility for benefits of remaining uninsured, Californians under age 65, e*nhanced scenario,* 2019

	Not eligible due to immigration status	Eligible for Medi-Cal	Eligible for Exchange subsidies	Eligible for Exchange without subsidies	Total
Income					
Less than 100% FPL	430,000	570,000	–	–	1,000,000
101–138% FPL	190,000	120,000	–	–	310,000
139–200% FPL	150,000	60,000	70,000	80,000	360,000
201–250% FPL	110,000	40,000	90,000	20,000	260,000
251–400% FPL	100,000	–	210,000	150,000	450,000
401% or more	60,000	–	–	650,000	720,000
Age					
0–18 years	50,000	260,000	40,000	130,000	490,000
19–29 years	310,000	160,000	140,000	160,000	770,000
30–64 years	670,000	370,000	190,000	620,000	1,850,000
Self-Reported Health Status					
Excellent, very good, or good	790,000	680,000	350,000	830,000	2,650,000
Fair or poor	240,000	110,000	20,000	80,000	460,000
Race and Ethnicity					
Latino	980,000	470,000	220,000	340,000	2,010,000
Asian, not Latino	40,000	60,000	40,000	230,000	370,000
African American, not Latino	–	40,000	10,000	30,000	90,000
White, not Latino	10,000	190,000	100,000	280,000	590,000
Other, multi-racial, not Latino	–	20,000	10,000	20,000	50,000
English Proficiency					
Age 18+, Speaks English at least very well	200,000	280,000	190,000	460,000	1,130,000
Age 18+, Limited English proficiency	790,000	250,000	150,000	320,000	1,510,000
Family Structure					
Single adult	400,000	180,000	210,000	230,000	1,020,000
All others (children, parent or married)	630,000	610,000	170,000	680,000	2,090,000
Region					
Northern California and Sierra Counties	20,000	40,000	10,000	20,000	90,000
Greater Bay Area	150,000	90,000	50,000	170,000	460,000
Sacramento Area	20,000	40,000	10,000	30,000	120,000
San Joaquin Valley	110,000	100,000	40,000	60,000	310,000
Central Coast	70,000	40,000	20,000	50,000	180,000
Los Angeles	360,000	230,000	110,000	280,000	980,000
Other Southern California	310,000	240,000	110,000	280,000	950,000

Source: UC Berkeley–UCLA CalSIM model, Version 1.8

Exhibit 12. Characteristics of the remaining uninsured, Californians under age 65, *enhanced scenario*, 2019

	With ACA, enhanced	
Total	**3,110,000**	
Income		
Less than 100% FPL	1,000,000	32%
101–138% FPL	310,000	10%
139–200% FPL	360,000	12%
201–250% FPL	260,000	8%
251–400% FPL	450,000	15%
401% or more	720,000	23%
Gender		
Male	1,590,000	51%
Female	1,510,000	49%
Age		
0–18 years	490,000	16%
19–29 years	770,000	25%
30–64 years	1,850,000	36%
Self-Reported Health Status		
Excellent, very good, or good	2,650,000	85%
Fair or poor	460,000	15%
Race and Ethnicity		
Latino	2,010,000	65%
Asian, not Latino	370,000	12%
African American, not Latino	90,000	3%
White, not Latino	590,000	19%
Other, multi-racial, not Latino	50,000	2%
English Proficiency		
Age 18+, Speaks English at least very well	1,130,000	37%
Age 18+, Limited English proficiency	1,510,000	49%
Family Structure		
Single adult	1,020,000	33%
All others (children, parent or married)	2,090,000	67%

Source: UC Berkeley–UCLA CalSIM model, Version 1.8

Appendix 2: Methodology

The California Simulation of Insurance Markets (CalSIM) model is designed to estimate the impact of various elements of the ACA on employer decisions to offer insurance coverage and individual decisions to obtain coverage in California. The CalSIM model uses four data sources: the 2004–2008 Medical Expenditure Panel Survey Household Component (MEPS-HC) public use data files, the 2009 California Health Interview Survey (CHIS), California Employment Development Department (EDD) 2007 wage distribution, insurance offer, and firm size data, and the 2010 California Employer Health Benefits Survey (CEHBS). CHIS, EDD, and CEHBS provide weights and wage distributions that adjust the nationally-representative MEPS data to build a California-specific model. Once re-weighted, the MEPS-HC respondents are then assumed to represent the population of California.

The California Simulation of Insurance Markets (CalSIM) model was created by the UC Berkeley Center for Labor Research and Education and the UCLA Center for Health Policy Research with funding from the California Endowment. For further information, please visit http://www.healthpolicy.ucla.edu/pubs/files/calsim_methods.pdf.

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[7] We estimate that California's 2019 population will be 35.8 million in 2019 based on population data from the 2009 California Health Interview Survey inflated by 7.57 percent predicted annual Medicaid enrollment growth without the ACA, consistent with assumptions in the CalSIM.

[8] Throughout this report, when we refer to individuals eligible or enrolled in Medi-Cal in 2019, we are including children in families with incomes up to 250 percent of the Federal Poverty Level who will be transitioned into Medi-Cal beginning in 2013.

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[12] We estimate that California's 2019 population will be 35.8 million in 2019 based on population data from the 2009 California Health Interview Survey inflated by 7.57 percent predicted annual Medicaid enrollment growth without the ACA, consistent with assumptions in the CalSIM. The number of Californians who will be subject to the penalty is a high-end estimate because it does not take into account that some Californians will be exempt from the penalty due to the three-month grace period.

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