

Profile of Older Californians: Medicare Beneficiaries Near Income Eligibility for Medi-Cal

July 2023

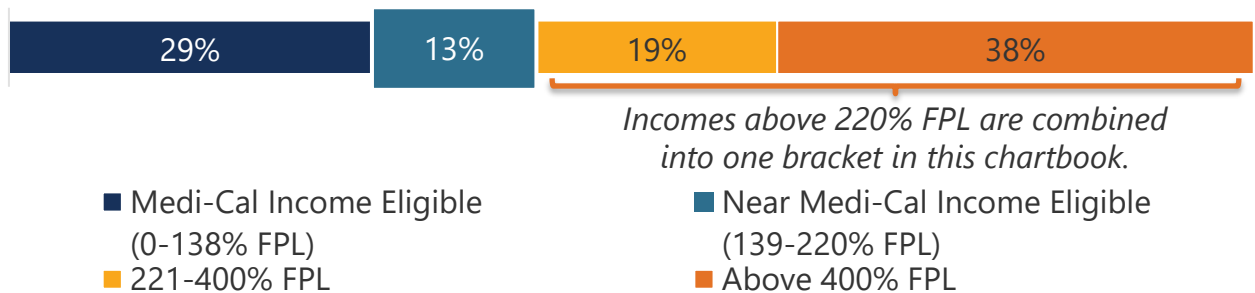
California Department of Health Care Services
Office of Medicare Innovation and Integration
Prepared by ATI Advisory

Executive Summary

Medi-Cal covers long-term services and supports (LTSS) for its members, but Medicare beneficiaries who are Near Medi-Cal Income Eligible do not qualify for Medi-Cal LTSS. This is notable because Medicare beneficiaries who are Near Medi-Cal Income Eligible have **higher rates of disability, less available income, and less access to social supports** than those with higher incomes, and therefore are vulnerable to not having their care needs met.

In 2019, 13% of California Medicare beneficiaries age 65 or older living in the community were Near Medi-Cal Income Eligible, defined as having a household income between 139% and 220% of the federal poverty level (FPL).

Income Bracket of California Medicare Beneficiaries Age 65+



Demographic Profile of Near Medi-Cal Income Eligible Beneficiaries

In 2019, the demographic profile of Near Medi-Cal Income Eligible beneficiaries aligned more with Medi-Cal Income Eligible beneficiaries, compared to those with higher incomes.

Near Medi-Cal Income Eligible beneficiaries:

- **More often were female** (59%) than beneficiaries with higher incomes (51%).
- **More often were age 75 or older** (48%) than beneficiaries with higher incomes (38%).
- **Had a higher representation of Black, Latino, and Asian identities** (45%) than the beneficiary population with higher incomes (28%).
- **More often had limited English proficiency** (15%) than beneficiaries with higher incomes (4%).
- **More often lived in the central cities of metropolitan areas** (18%) than beneficiaries with higher incomes (15%).

Note: Analyses exclude individuals in institutions.

In this analysis, "Latino" includes both beneficiaries from Latin America and Hispanic beneficiaries (including individuals from Spain). Chart percentages may not sum to 100% due to rounding.

Executive Summary (Continued)

Disability and Resources Profile of Near Medi-Cal Income Eligible Beneficiaries

LTSS is covered by Medi-Cal, but not by Medicare. Without Medi-Cal coverage, beneficiaries may pay out-of-pocket for LTSS and rely on unpaid caregivers.

Near Medi-Cal Income Eligible beneficiaries more often had disabilities than those with higher incomes, **but also had fewer financial resources and social supports**, in 2019.

Near Medi-Cal Income Eligible beneficiaries:

- **More often had one or more disability** (41%) than beneficiaries with higher incomes (27%).
 - 20% of Near Medi-Cal Income Eligible beneficiaries had difficulty with tasks outside the home, while 11% had self-care difficulty and 11% had cognitive limitations.
 - All six studied types of disability were more common for Near Medi-Cal Income Eligible beneficiaries than those with higher incomes.
- **Had a typical annual income** (\$22K in 2023 dollars) **closer to Medi-Cal Income Eligible beneficiaries** (\$14K) than to beneficiaries with higher incomes (\$57K).
- **More often lived alone** (30%) than those with higher incomes (22%).
- **Less often lived with a spouse** (43%) than those with higher incomes (65%).
- **Less often had veterans health coverage** (5%) than those with higher incomes (7%). Veterans Health coverage is another source of LTSS coverage.



LTSS costs several times more than the typical income of Near Medi-Cal Income Eligible beneficiaries. Without Medi-Cal, in-home LTSS typically costs \$77,675 per year in California in 2023.⁴

Note: Analyses exclude individuals in institutions

¹ Genworth [2021 Cost of Care Survey](#). Typical (median) in-home care 2023 cost estimate for California, with default 44 weekly hours of homemaker or home health aide services.

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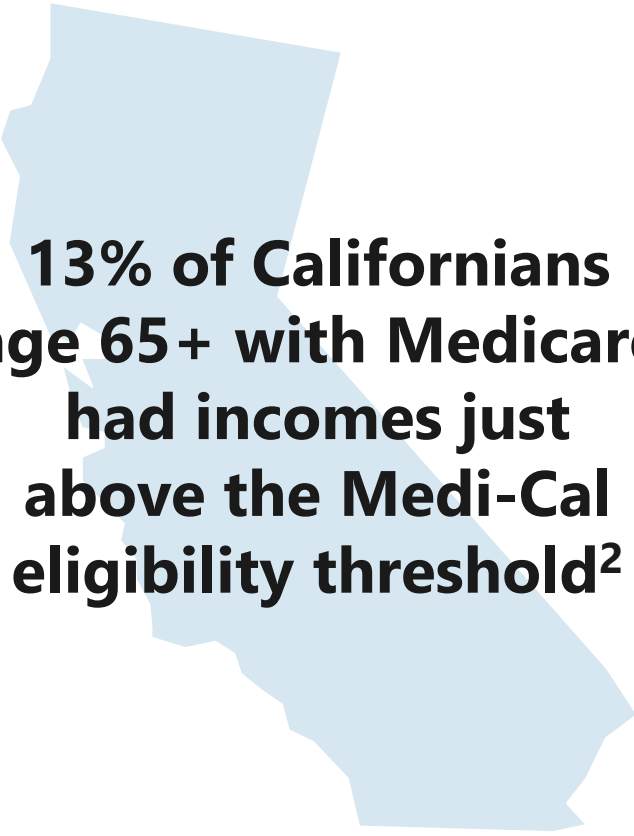
Why We Care

One of California's many strengths is the diversity of its population. Residents represent a range of ages, cultures, and geographies. In this context, California is advancing policies and programs to serve its sizable population with Medicare, aiming to improve experiences for all Californians covered by the federal health care program. Given the growing older adult population in the state, which is also becoming more diverse and given that California has the second highest life expectancy in the United States, the state can benefit from forward-looking policy that is person-centered and advances equity.

Nearly one in eight older Californians who have Medicare have low incomes, but are just above the eligibility limit for Medi-Cal. This means that most do not qualify for the benefits, services, and supports that Medi-Cal could provide, and they likely cannot afford to pay for these services out of pocket. Thus, this population is especially vulnerable to unmet needs.

Understanding the demographics, resources, and accessibility needs of near Medi-Cal income eligible beneficiaries is important to the California Department of Health Care Services (DHCS) as it considers programs and policies to meet the health and social needs of California's diverse Medicare beneficiaries.

This brief examines key racial, ethnic, linguistic, spousal, familial, and insurance demographics of Californians with a focus on Medicare beneficiaries who are low income but do not meet income eligible requirements for Medi-Cal.



**13% of Californians
age 65+ with Medicare
had incomes just
above the Medi-Cal
eligibility threshold²**

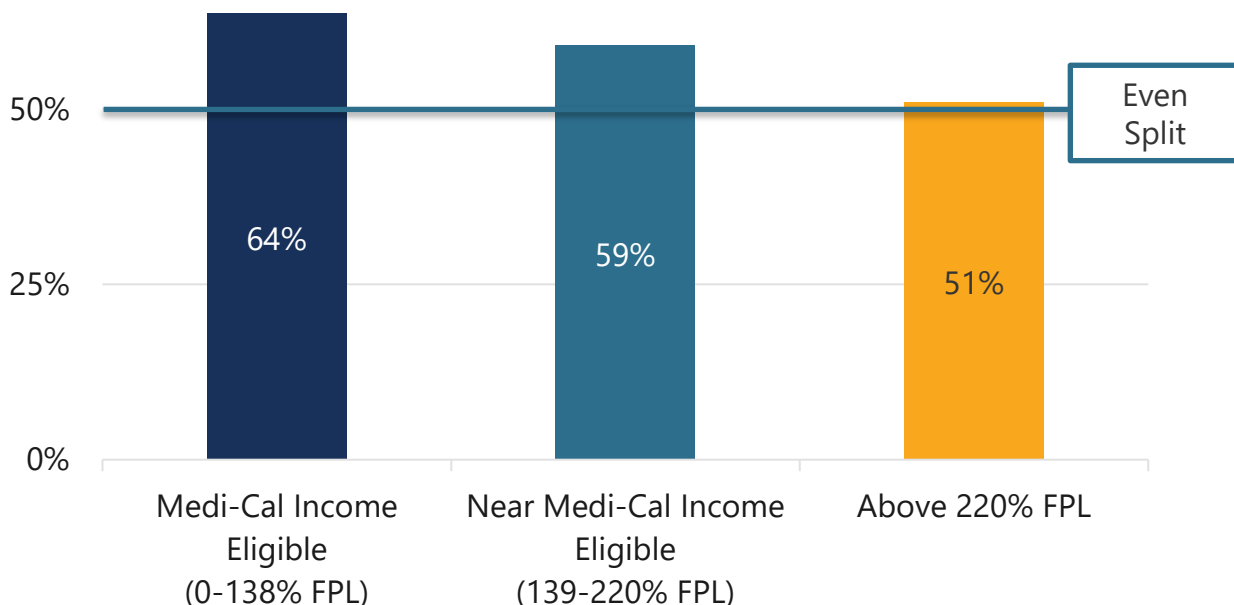
Text Sources: [California Master Plan for Aging](#). California Department of Aging. January 2021. [Are Older Americans Getting the LTSS They Need?](#). The Commonwealth Fund. January 2019.

² In 2019, based on ATI Advisory analysis of 2019 Census ACS microdata, IPUMS USA, University of Minnesota, www.ipums.org.

Sex, by Income Bracket

Near Medi-Cal Income Eligible beneficiaries were disproportionately female, with six female beneficiaries for every four male beneficiaries. Beneficiaries in the higher income bracket were more evenly split between male and female.

Female Percent of Age 65+ California Medicare Beneficiaries, by Income Bracket



Data Source: IPUMS USA – Microdata from the U.S. Census Bureau American Community Survey
www.ipums.org | Dates Represented: 2015–2019 | Date Downloaded: 3/22/2022
 Prepared by ATI Advisory

Percent of Age 65+ California Medicare Beneficiaries of Each Sex, by Income Bracket

Sex	Medi-Cal Income Eligible	Near Medi-Cal Income Eligible	Above 220% FPL
Male	36%	41%	49%
Female	64%	59%	51%

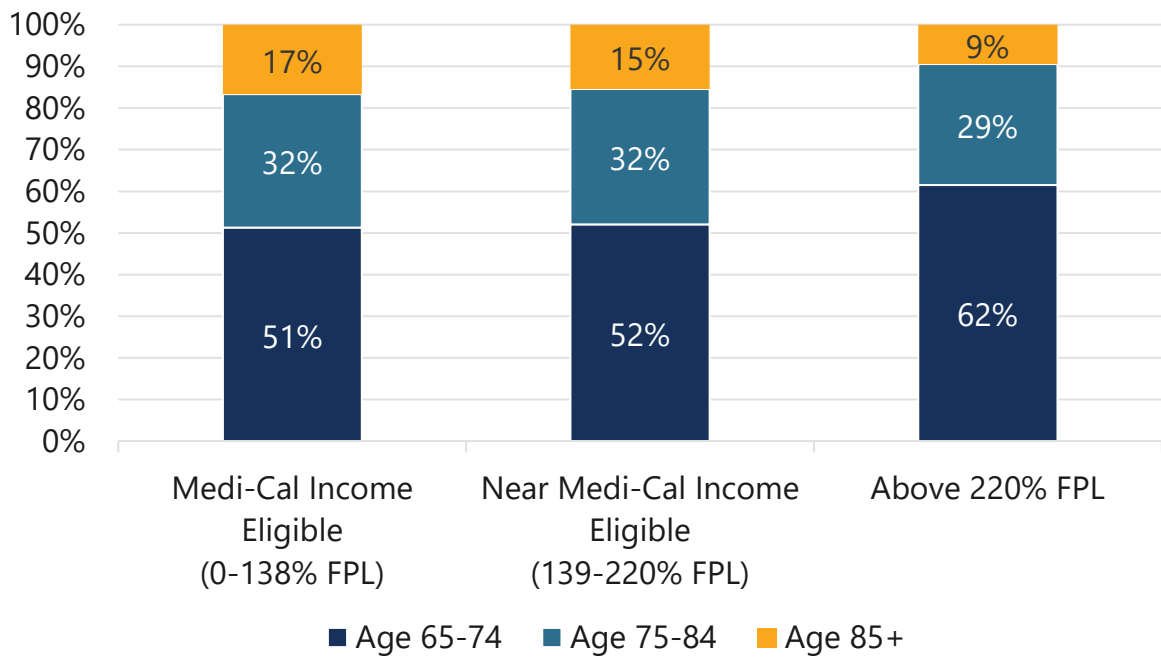
Note: Analyses exclude individuals in institutions

Group percentages may not sum to 100% due to rounding.

Age, by Income Bracket

About half of Near Medi-Cal Income Eligible beneficiaries were age 75 or older, and about one in seven were age 85 or older. Near Medi-Cal Income Eligible Beneficiaries were more often age 85 or older compared to beneficiaries with higher incomes.

Age Group of Age 65+ California Medicare Beneficiaries, by Income Bracket



Data Source: IPUMS USA – Microdata from the U.S. Census Bureau American Community Survey www.ipums.org | Dates Represented: 2015–2019 | Date Downloaded: 3/22/2022
Prepared by ATI Advisory

Age Group of Age 65+ California Medicare Beneficiaries, by Income Bracket

Age Group	Medi-Cal Income Eligible	Near Medi-Cal Income Eligible	Above 220% FPL
65-74	51%	52%	62%
75-84	32%	32%	29%
85+	17%	15%	9%

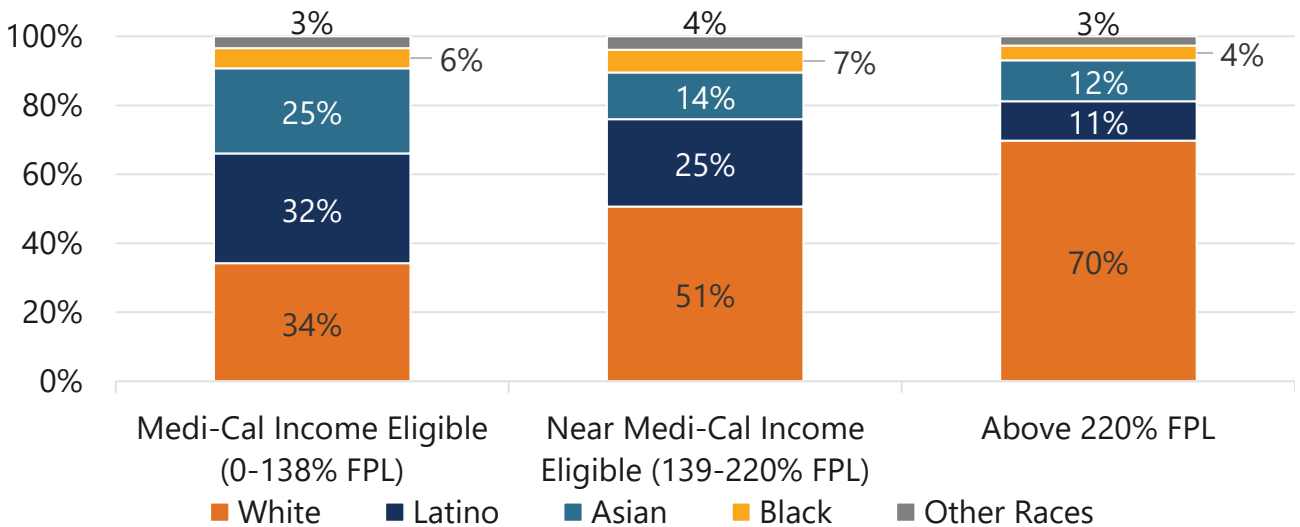
Note: Analyses exclude individuals in institutions

Group percentages may not sum to 100% due to rounding.

Race and Ethnicity, by Income Bracket

Black, Latino, and Asian identities were more represented in the Near Medi-Cal Income Eligible population than in the population with higher incomes.

Race or Ethnicity of Age 65+ California Medicare Beneficiaries, by Income Bracket



Data Source: IPUMS USA – Microdata from the U.S. Census Bureau American Community Survey
www.ipums.org | Dates Represented: 2015–2019 | Date Downloaded: 3/22/2022

Prepared by ATI Advisory

Race or Ethnicity of Age 65+ California Medicare Beneficiaries, and Income Bracket

Race or Ethnicity	Medi-Cal Income Eligible	Near Medi-Cal Income Eligible	Above 220% FPL
White	34%	51%	70%
Latino	32%	25%	11%
Asian	25%	14%	12%
Black	6%	7%	4%
Other Races	3%	4%	3%

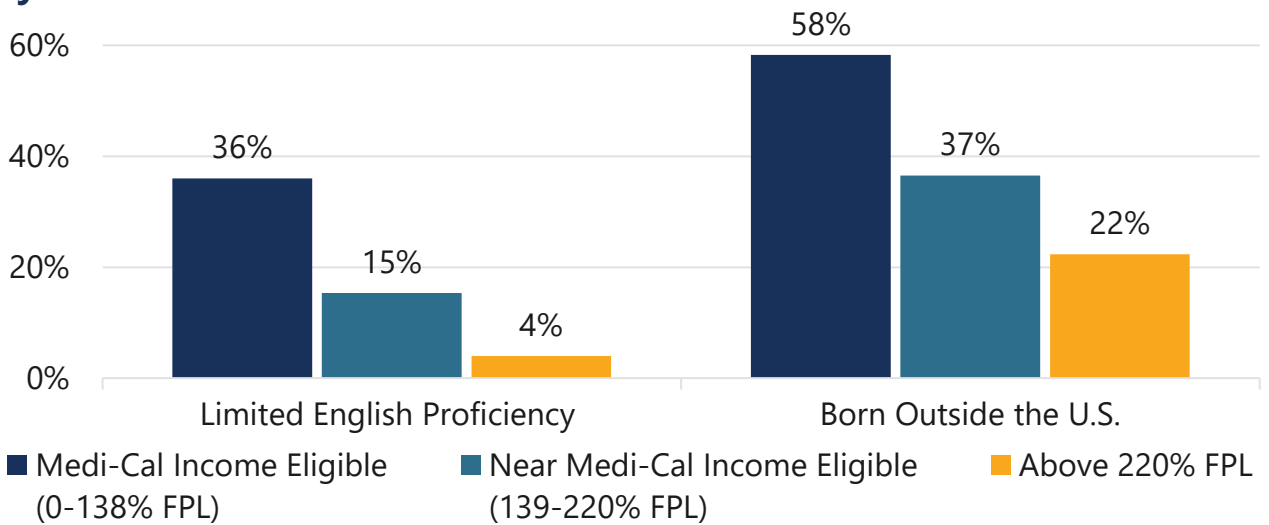
Note: Analyses exclude individuals in institutions.
 Group percentages may not sum to 100% due to rounding.

See [page 23](#) regarding race and ethnicity definitions. See [page 19](#) regarding known differences between these data and other sources.

Cultural Demographics, by Income Bracket

Near Medi-Cal Income Eligible beneficiaries were far more likely to have limited English proficiency compared to beneficiaries with higher incomes. Additionally, Near Medi-Cal Income Eligible beneficiaries were more likely to have been born outside the U.S. than those with higher incomes.

Percent of Age 65+ California Medicare Beneficiaries with Limited English Proficiency or Who Were Born Outside the U.S., by Income Bracket



Data Source: IPUMS USA – Microdata from the U.S. Census Bureau American Community Survey
www.ipums.org | Dates Represented: 2015–2019 | Date Downloaded: 3/22/2022
 Prepared by ATI Advisory

Percent of Age 65+ California Medicare Beneficiaries With Cultural Demographic Characteristic, by Income Bracket

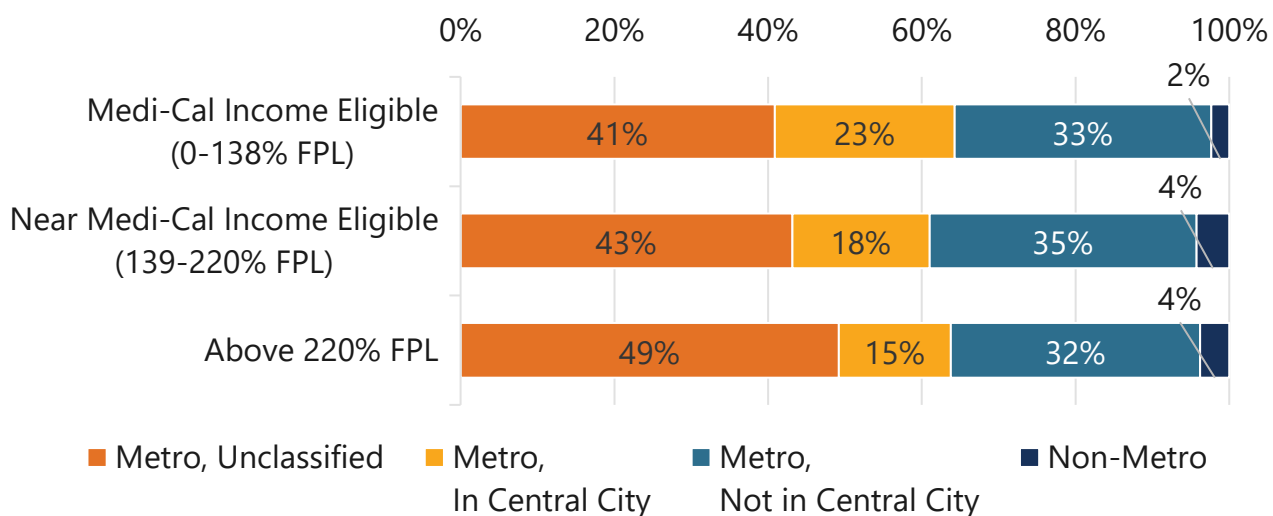
Characteristic (Not mutually exclusive)	Medi-Cal Income Eligible	Near Medi-Cal Income Eligible	Above 220% FPL
Limited English Proficiency	36%	15%	4%
Born Outside the U.S.	37%	58%	22%

Note: Analyses exclude individuals in institutions

Residence in Metropolitan Areas and Central Cities, by Income Bracket

Near Medi-Cal Income Eligible beneficiaries more often lived in the populous central cities of metropolitan areas compared to beneficiaries with higher incomes.

Percent of Age 65+ California Medicare Beneficiaries in Four Metropolitan Statistical Area Designations, by Income Bracket



Data Source: IPUMS USA – Microdata from the U.S. Census Bureau American Community Survey
www.ipums.org | Dates Represented: 2015–2019 | Date Downloaded: 3/22/2022
 Prepared by ATI Advisory

Percent of Age 65+ California Medicare Beneficiaries in Metropolitan Statistical Areas, by Income Bracket

Area	Medi-Cal Income Eligible	Near Medi-Cal Income Eligible	Above 220% FPL
Metro, Unclassified	36%	41%	49%
Metro, In Central City	23%	18%	15%
Metro, Not Central City	33%	35%	32%
Non-Metro	2%	4%	4%

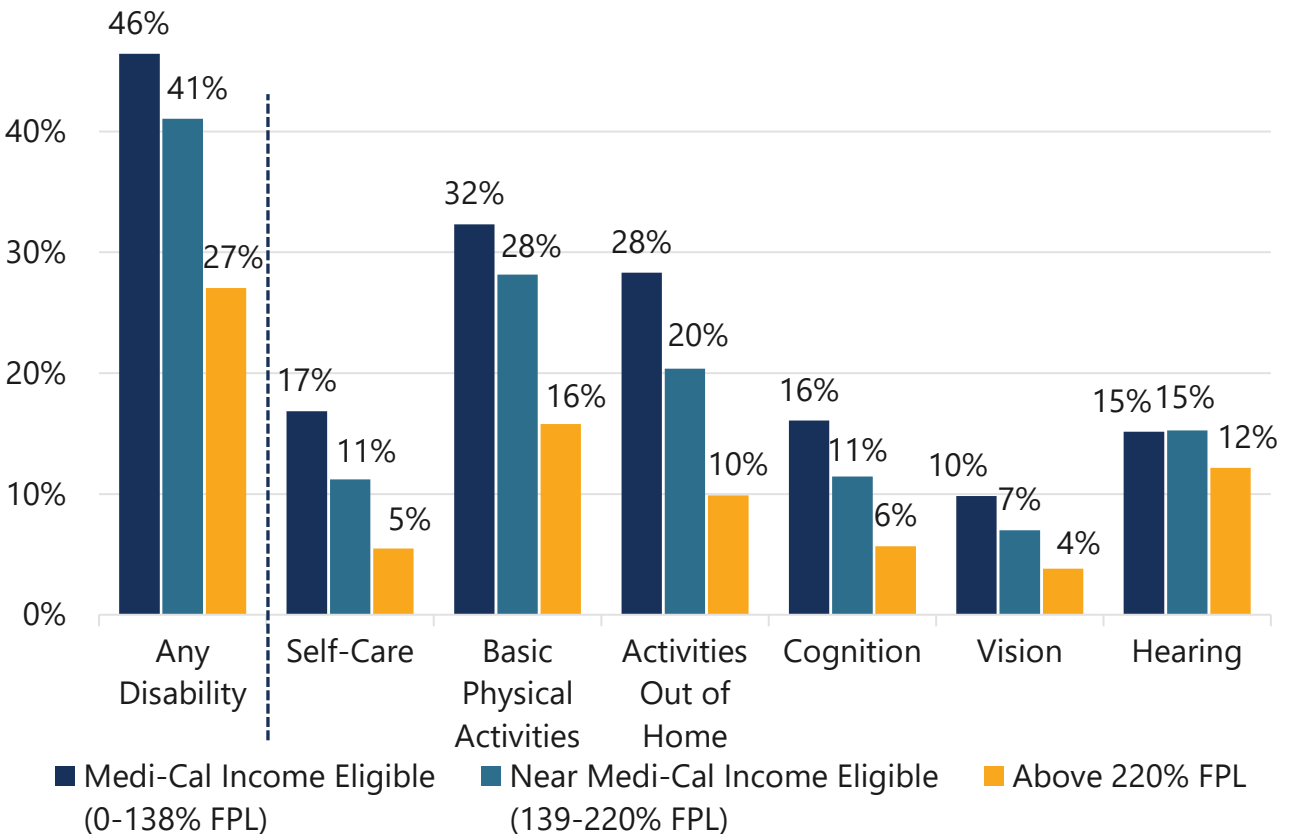
Note: Analyses exclude individuals in institutions

See [page 23](#) for classifications of Metro Area. Group percentages may not sum to 100% due to rounding.

Physical, Cognitive, and Sensory Disability, by Income Bracket

Near Medi-Cal Income Eligible beneficiaries experienced higher rates of physical, cognitive, and sensory disability, compared to beneficiaries with higher incomes. While Near Medi-Cal Income Eligible beneficiaries experienced high rates of disability, they generally do not receive LTSS benefits through Medi-Cal, which may indicate a care gap.

Percent of Age 65+ California Medicare Beneficiaries Who Self-Reported Disability, by Income Bracket



Data Source: IPUMS USA – Microdata from the U.S. Census Bureau American Community Survey
www.ipums.org | Dates Represented: 2015–2019 | Date Downloaded: 3/22/2022
 Prepared by ATI Advisory

Data tabulated on next page.

Note: Analyses exclude individuals in institutions

Physical, Cognitive, and Sensory Disability, by Income Bracket

Percent of Age 65+ California Medicare Beneficiaries Who Self-Reported Disability, by Income Bracket

Disability	Medi-Cal Income Eligible	Near Medi-Cal Income Eligible	Above 220% FPL
One or More Disability <i>Any of the six disabilities below</i>	46%	41%	27%
Self-care <i>Difficulty caring for personal needs in the home, like bathing and dressing; difficulty is caused by physical or mental health condition lasting 6+ months</i>	17%	11%	5%
Basic physical activities <i>Substantial limitation with tasks such as walking, stairs, reaching, lifting, or carrying</i>	32%	28%	16%
Activities out of home <i>Difficulty doing errands outside of home alone, such as visiting doctor or shopping; difficulty is caused by physical or mental condition lasting 6+ months</i>	28%	20%	10%
Cognition <i>Difficulty learning, decision-making, remembering, concentrating</i>	16%	11%	6%
Vision <i>Blindness or serious difficulty seeing even with corrective lenses</i>	10%	7%	4%
Hearing <i>Deafness or serious difficulty hearing</i>	15%	15%	12%

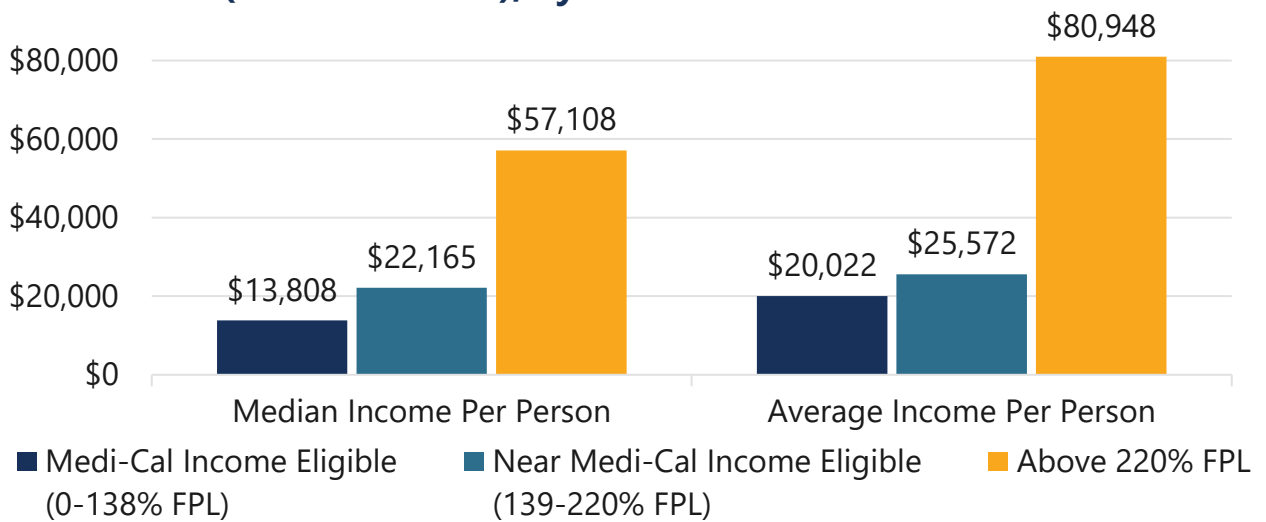
Note: Analyses exclude individuals in institutions

Disability category descriptions adapted from corresponding [IPUMS documentation](#).

Income Median and Average, by Income Bracket

The typical (or median) Near Medi-Cal Income Eligible beneficiary earned \$35,000 less in yearly income (in 2023 dollars) than the typical individual with an income above 220% FPL. While the typical and average incomes of Near Medi-Cal Income Eligible beneficiaries were closer to the incomes of those with Medi-Cal eligibility, Near Medi-Cal Income Eligible beneficiaries generally lack access to Medi-Cal benefits and to related out-of-pocket cost protections.

Annual Per-Person Income of Age 65+ California Medicare Beneficiaries (in 2023 Dollars), by Income Bracket



Data Source: IPUMS USA – Microdata from the U.S. Census Bureau American Community Survey
www.ipums.org | Dates Represented: 2015–2019 | Date Downloaded: 3/22/2022
 Prepared by ATI Advisory

Annual Income Per Person of Age 65+ California Medicare Beneficiaries (in 2023 Dollars), by Income Bracket

Income Measure	Medi-Cal Income Eligible	Near Medi-Cal Income Eligible	Above 220% FPL
Median Income Per Person	\$13,808	\$22,165	\$57,108
Average Income Per Person	\$20,022	\$25,572	\$80,948

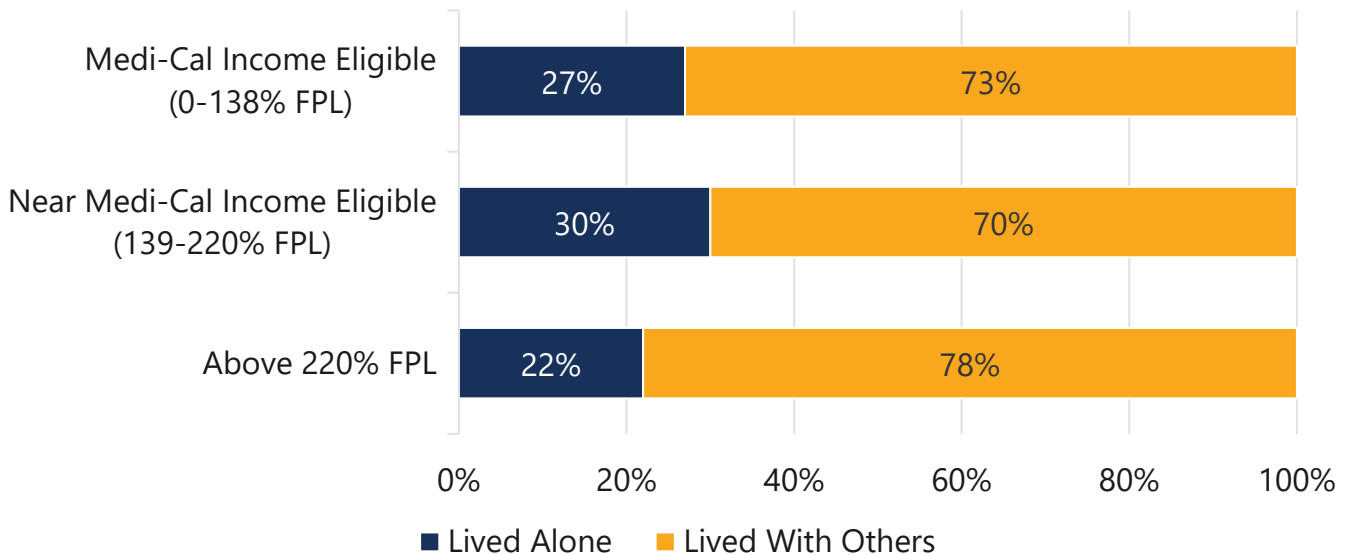
Note: Analyses exclude individuals in institutions

Dollar amounts inflation-adjusted from 2019 dollars to 2023 dollars.

Living Alone, by Income Bracket

It was more common for Near Medi-Cal Income Eligible beneficiaries to live alone compared to beneficiaries with higher incomes. Living alone reduces available support in the home, and isolation and loneliness are risk factors for deteriorating health and functional or cognitive impairment.

Percent of Age 65+ California Medicare Beneficiaries Who Lived Alone at Home, by Income Bracket



Data Source: IPUMS USA – Microdata from the U.S. Census Bureau American Community Survey
www.ipums.org | Dates Represented: 2015–2019 | Date Downloaded: 3/22/2022
 Prepared by ATI Advisory

Percent of Age 65+ California Medicare Beneficiaries Who Lived Alone or With Others, by Income Bracket

Living Arrangement	Medi-Cal Income Eligible	Near Medi-Cal Income Eligible	Above 220% FPL
Lived Alone	27%	30%	22%
Lived With Others	73%	70%	78%

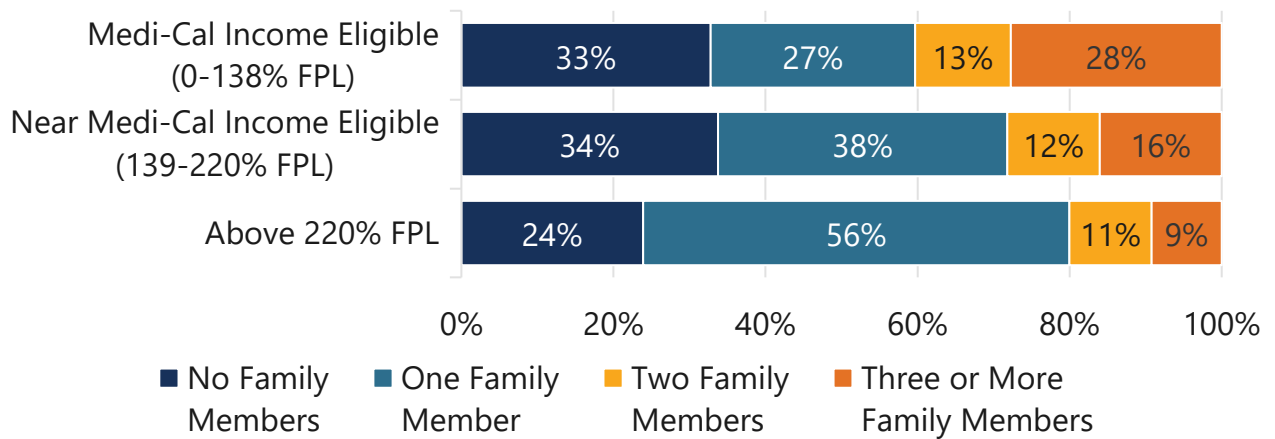
Note: Analyses exclude individuals in institutions

Group percentages may not sum to 100% due to rounding.

Family Members in the Household, by Income Bracket

A higher proportion of Near Medi-Cal Income Eligible beneficiaries lived without family members in the household, compared to beneficiaries with higher incomes. Family caregivers can be a key source of LTSS.

Percent of Age 65+ California Medicare Beneficiaries Who Lived With Family Members at Home, by Income Bracket



Data Source: IPUMS USA – Microdata from the U.S. Census Bureau American Community Survey www.ipums.org | Dates Represented: 2015–2019 | Date Downloaded: 3/22/2022
Prepared by ATI Advisory

Percent of Age 65+ California Medicare Beneficiaries Who Lived With Family, by Income Bracket

Family Living Status	Medi-Cal Income Eligible	Near Medi-Cal Income Eligible	Above 220% FPL
No Family Members	33%	34%	24%
One Family Member	27%	38%	56%
Two Family Members	13%	12%	11%
Three or More Family Members	28%	16%	9%

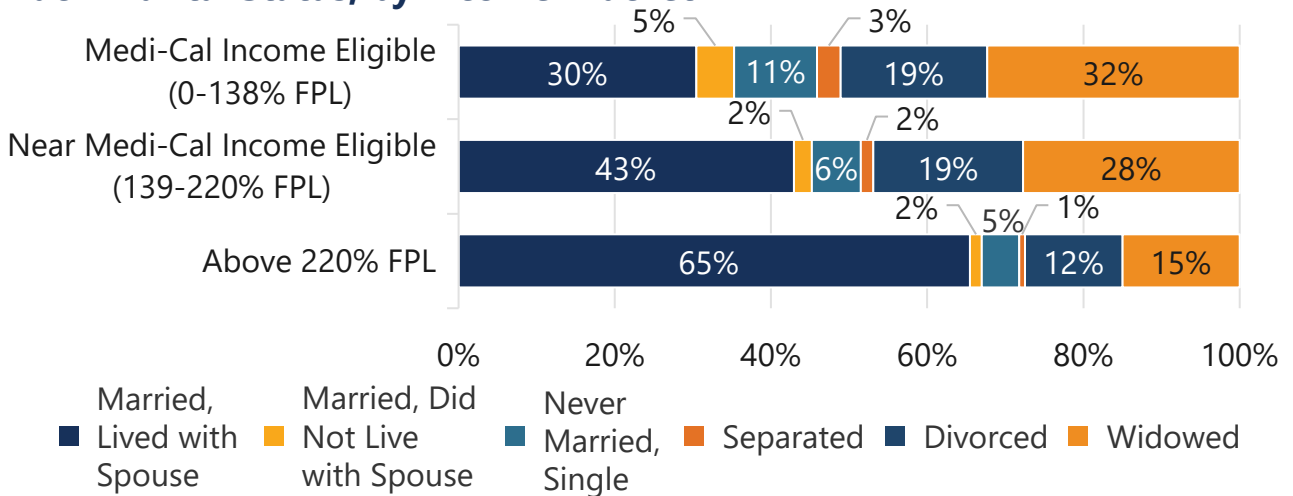
Notes: Analyses exclude individuals in institutions. All those who lived alone (see [page 14](#)) are included as living with no family members.

Group percentages may not sum to 100% due to rounding.

Marital Status and Spousal Living Arrangements, by Income Bracket

Near Medi-Cal Income Eligible beneficiaries were less likely to be married and living with a spouse than those with higher incomes. Being widowed was more common for Near Medi-Cal Income Eligible beneficiaries compared to those with higher incomes.

Percent of Age 65+ California Medicare Beneficiaries with Each Marital Status, by Income Bracket



Data Source: IPUMS USA – Microdata from the U.S. Census Bureau American Community Survey
www.ipums.org | Dates Represented: 2015–2019 | Date Downloaded: 3/22/2022
 Prepared by ATI Advisory

Marital Status of Age 65+ California Medicare Beneficiaries, by Income Bracket

Marital Status	Medi-Cal Income Eligible	Near Medi-Cal Income Eligible	Above 220% FPL
Married, Lived with Spouse	30%	43%	65%
Married, Did Not Live with Spouse	5%	2%	2%
Never Married, Single	11%	6%	5%
Separated	3%	2%	1%
Divorced	19%	19%	12%
Widowed	32%	28%	15%

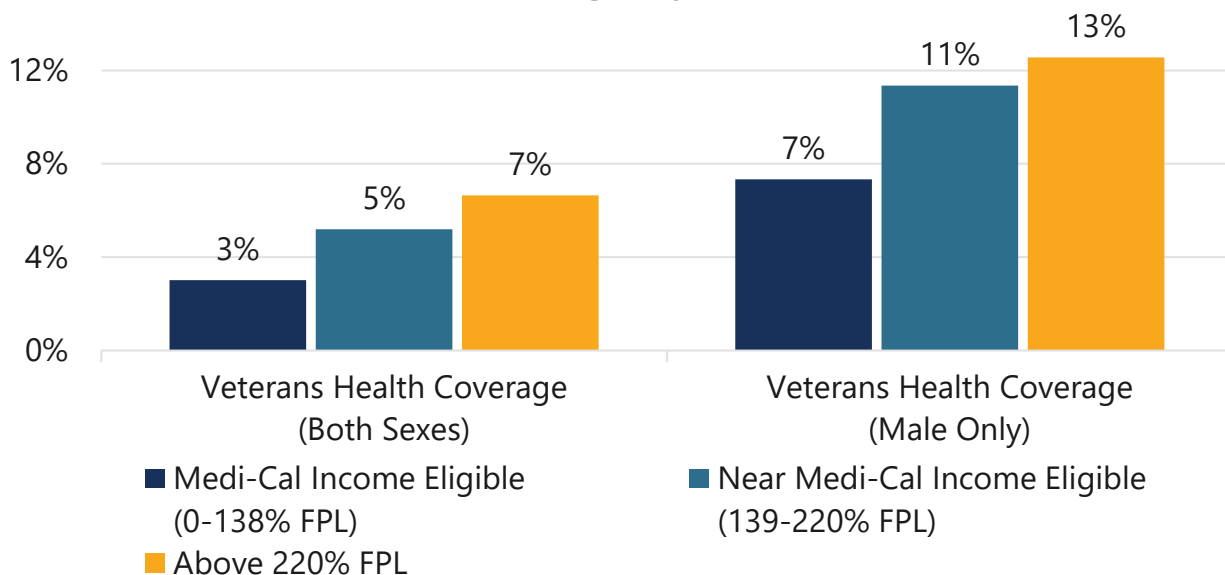
Note: Analyses exclude individuals in institutions

Group percentages may not sum to 100% due to rounding.

Veterans Health Coverage, by Sex and Income Bracket

Near Medi-Cal Income Eligible beneficiaries had lower rates of veterans health coverage than those with higher incomes. Veterans health coverage provides an additional resource to cover needed medical and LTSS benefits.

Percent of Age 65+ California Medicare Beneficiaries Who Had Veterans Health Coverage, by Income Bracket



Data Source: IPUMS USA – Microdata from the U.S. Census Bureau American Community Survey www.ipums.org | Dates Represented: 2015–2019 | Date Downloaded: 3/22/2022
Prepared by ATI Advisory

Percent of Age 65+ California Medicare Beneficiaries Who Had Veterans Health Coverage, by Income Bracket

Veterans Coverage	Medi-Cal Income Eligible	Near Medi-Cal Income Eligible	Above 220% FPL
Veterans Health Coverage	3%	5%	7%
<i>Among Males Only</i>	7%	11%	13%

Note: Analyses exclude individuals in institutions

About This Chartbook and Its Contributors

This chartbook, **Profile of Older Californians: Medicare Beneficiaries Near Eligibility for Medi-Cal**, is part of a series exploring the demographics, needs, and health care experiences of California Medicare beneficiaries.

Medicare beneficiaries 65 or older with household incomes just above the income limit for Medi-Cal eligibility, called “Near Medi-Cal Income Eligible” beneficiaries in this chartbook, are an important subpopulation because these individuals are low-income, yet many do not have access to the services that beneficiaries eligible for Medi-Cal do. This gap in access may result in unmet needs for services and supports.

Study Population



Living in the Community



Age 65+

Medi-Cal Eligibility Note

There are several eligibility categories for Medi-Cal, depending on an individual’s income/disability status and medical expenses. The population described in this chartbook as “Near Medi-Cal Income Eligibility” does include some people who are eligible for Medi-Cal based on these other factors beyond income. This includes individuals who meet their Medi-Cal Share of Cost as well as those in the Medi-Cal Working Disabled program.

Data Note

Variances between the data in this chartbook on race and ethnicity and publicly available DHCS data are due to different data sources, methodology, definitions, and timeframes for data collection. See [page 19](#) for more details on this chartbook’s data.

Prepared by ATI Advisory

ATI Advisory

ATI Advisory (ATI) is a research and advisory services firm working to transform the delivery of health care and aging services for older adults. ATI conducts research, generates new ideas, and helps organizations lead and deliver change in senior care. For more information visit www.atiadvisory.com.

Funded by The SCAN Foundation



Supported by a grant from The SCAN Foundation - advancing a coordinated and easily navigated system of high-quality services for older adults that preserve dignity and independence. For more information, visit www.TheSCANFoundation.org.

Data Overview and Limitations

Data Source:

ATI Advisory analysis of U.S. Census Bureau American Community Survey microdata for 2019, provided by the University of Minnesota's IPUMS USA project.

Data Limitations:

Like all survey data, these analytics have a margin of error due to sampling. Estimates in this chartbook are not tested for statistical significance. Data are self-reported by survey respondents, with some editing procedures applied by the University of Minnesota IPUMS USA project.

At the time of this analysis, survey data for 2019 were the most recent available and the only year the Health Insurance Unit variable was available for calculating the FPL ratio by household income. The Health Insurance Unit variable determines the number of members in a household who would be considered "family," for the purposes of health insurance eligibility.

Due to limitations in the data necessary to identify the analysis-eligible population younger than age 65, this analysis is limited to beneficiaries older than age 65.

Due to limitations in identifying households in FPL ratio calculations, this analysis excludes those living in institutional settings. For more information on institutional settings, please refer to the [U.S. Census Bureau's webpage](#).³

Known Differences and Why They Occur:

DHCS has previously published administrative data about dual Medicare/Medi-Cal beneficiaries in California enrolled in managed care,⁴ along with two chartbooks analyzing the California Medicare population. Differences between the data published in those sources and in this chartbook are primarily due to the fact that the beneficiary populations are different. This chartbook profiles Medicare beneficiaries who are not necessarily dual beneficiaries but are Medi-Cal income eligible or near Medi-Cal income eligible.

³ U.S. Census Bureau. Group Quarters and Residence Rules for Poverty. November 2021. <https://www.census.gov/topics/income-poverty/poverty/guidance/group-quarters.html>

⁴ DHCS. Managed Care Performance Dashboard September 24, 2019, Release Tables (PDF), page 4. <https://www.dhcs.ca.gov/services/Pages/MngdCarePerformDashboard.aspx>

Data Overview and Limitations (Continued)

Data Sources of DHCS OMII Published Chartbooks

	February 2022 Chartbook, <i>Profile of the California Medicare Population</i>	May 2023 Chartbook, <i>Cultural and Linguistic Demographics of the California Medicare Population</i>	This Chartbook, <i>Profile of Older Californians: Medicare Beneficiaries Near Income Eligibility for Medi-Cal</i>
Medicare, Medicaid, Race and Ethnicity, Sex, and Age	March 2021 CMS Medicare administrative data (MBSF)	2015-2019 U.S. Census American Community Survey	2019 U.S. Census American Community Survey
Medicare Advantage and Rurality	March 2021 CMS Medicare administrative data (MBSF)	Not analyzed	Not analyzed
Language and English Proficiency	2015-2019 U.S. Census American Community Survey	2015-2019 U.S. Census American Community Survey	2019 U.S. Census American Community Survey
Birthplace	Not analyzed	2015-2019 U.S. Census American Community Survey	2019 U.S. Census American Community Survey

Population Analyzed by DHCS OMII Published Chartbooks

	February 2022 Chartbook, <i>Profile of the California Medicare Population</i>	May 2023 Chartbook, <i>Cultural and Linguistic Demographics of the California Medicare Population</i>	This Chartbook, <i>Profile of Older Californians: Medicare Beneficiaries Near Income Eligibility for Medi-Cal</i>
Population Analyzed	Medicare beneficiaries in California	Medicare beneficiaries in California	Medicare beneficiaries in California who are age 65+ and who do not live in institutional settings

Key Definitions

Analyzed Population

This analysis only includes Medicare beneficiaries ages 65 or older who do not reside in institutional settings like nursing homes.

Definitions

- **Federal Poverty Level ratios** (percent of FPL) – Standardized income measure used to determine eligibility for Medi-Cal. Percent of FPL is calculated for each household as:

$$\% \text{ FPL} = \frac{\text{Household Income}}{\text{Federal Poverty Level Guideline}} \times 100\%$$

- **Medi-Cal Income Eligible** – An individual enrolled in Medicare and eligible for Medi-Cal based on a household income at or below 138% FPL. This individual may or may not be enrolled in Medi-Cal as a “dual beneficiary.”
- **Medicare Beneficiary Above 220% FPL** – Medicare beneficiaries with incomes above 220% FPL are a key comparison group in this chartbook.
- **“Near Medi-Cal Income Eligible” Beneficiary** – Medicare beneficiaries who are low income, but whose incomes are not low enough to qualify for Medi-Cal. **For the purposes of this chartbook, near Medi-Cal income eligible beneficiaries are defined as having household incomes between 139% FPL and 220% FPL.** As of 2022, Medi-Cal eligibility requires an annual income at or below 138% FPL, \$20,121 for an individual and \$27,214 for a couple in 2023.⁵ The cutoff of 220% FPL, equal to \$32,076 per individual and \$43,384 per couple in 2023, approximates incomes three times the highest annual Supplemental Security Income amount available in 2023.

When California removes the asset test for Medi-Cal eligibility by 2024, income (relative to the FPL guidelines) will become the primary criterion for Medi-Cal eligibility in California. In this chartbook, the focus is exclusively on income relative to FPL without consideration of assets, given the impending policy change in California.

- **Medicare** – Federal health insurance program for:
 - ✓ Most people who are 65 or older
 - ✓ Certain people who have disabilities
 - ✓ Certain people with End-Stage Renal Disease
- **Dual Eligible Beneficiary** – An individual dually enrolled in both Medicare and Medi-Cal, California’s Medicaid program. This terminology was used for analysis in the first two chartbooks of this series.
- **Medicare-Only** – Having Medicare benefits but not Medi-Cal. Medicare-only individuals may have other coverage, including state Medicare Savings Program enrollment.

⁵ [Do You Qualify for Medi-Cal Benefits?](#). DHCS. February 2023.

Key Definitions (Continued)

Definitions (Continued)

- **Limited English Proficiency** – Speaking no English at all or not speaking English well. Understanding the prevalence of limited English proficiency among different groups of California Medicare beneficiaries helps highlight potential language-related barriers that some of these individuals face as they navigate the U.S. health care system.
- **Born Outside the U.S.** – Born outside of U.S. territory to parents who were not U.S. citizens. Individuals born outside the U.S. are diverse and have diverse cultural preferences regarding medical care and LTSS. The population those who may have immigrated in different eras and at different ages, with varied naturalization status, cultures, and levels of English proficiency. An individual’s country of birth may also differ from their nationality.

American Community Survey Variable Definitions

All variables are self-reported.

- **Medicare Enrollment** – Respondents are asked whether they are currently covered by Medicare. Respondents can report more than one coverage source.
- **Race and Ethnicity** – Respondents can identify with more than one race. Hispanic ethnicity, defined as of Hispanic, Latino, or Spanish origin, is captured separately from race.
- **English Proficiency** – Respondents are asked how well they speak English, if the respondent speaks another language at home.
- **Language** – Respondents are asked about the language they speak at home.
- **Born Outside the U.S.** – Respondents born outside the U.S. are asked their country of birth.

Requirements for non-U.S. Citizens to be Eligible for Medicare:

Nationwide, lawfully present individuals can qualify for Medicare benefits if they have a qualifying work history based on their own or their spouse’s work record. Immigrants without the required work history can qualify for Medicare only if they are Lawful Permanent Residents (“green card” holders), meet a five-year continuous residency requirement and pay all applicable Medicare premiums.

Source: [Older Immigrants and Medicare](#). Justice in Aging. April 2019.

Further data definitions and source information is provided in the [Methods: Data Sources](#) section.

Methods: Data Sources

Data used in chartbook were from the 2019 microdata for the U.S. Census Bureau's American Community Survey, specifically the one-year sample.

Steven Ruggles, Sarah Flood, Sophia Foster, Ronald Goeken, Jose Pacas, Megan Schouweiler and Matthew Sobek. *IPUMS USA: Version 11.0* [dataset]. Minneapolis, MN: IPUMS, 2021. <https://doi.org/10.18128/D010.V11.0>

Data are limited to Medicare beneficiaries ages 65 or older living in California with valid FPL ratio data. Beneficiaries living in institutions, e.g., nursing homes, are excluded from this chartbook's analyses due to missing FPL ratio data.

Medicare Beneficiary Identification

Survey respondents self-report Medicare ([HINSCARE](#)) coverage. The American Community Survey asks respondents if they are "currently covered by" Medicare. Respondents can report having multiple coverage sources.

Income Bracket and FPL Ratio Variables

FPL ratio is based on respondents' household income divided by the household poverty guidelines. The household used is the Health Insurance Unit, based on an IPUMS USA variable ([HIUHHSPOV](#)) calculated by the State Health Access Data Assistance Center (SHADAC), using methods described on the Center's web page titled [2020 Update of SHADAC's Health Insurance Unit and Defining Families Issue Briefs](#).

Sex and Age Variables

Beneficiary sex is based on the binary IPUMS USA variable named [SEX](#). Beneficiary age is based on the IPUMS USA variable named [AGE](#).

Race and Ethnicity Variables

A beneficiary's race and ethnicity are described according to the following logic. First, American Indian or Alaska Native (AI/AN) was defined based on the race detailed code ([RACED](#)) from 300 through 399 or single-race code ([RACHSING](#)) of 3. Next, we defined 2+ Races as any remaining selections of two or more races (race detailed code from 800 through 990). Latino was defined as Hispanic general codes ([HISPAN](#)) 1 through 4. We then assigned the remainder based on mutually exclusive race detailed codes: Asian as 400 through 629 or 631 through 679, Black or African American as 200, Native Hawaiian or Pacific Islander (NH/PI) as 630 or 680 through 699, Other Not Specified as 700, and White as 100.

In this chartbook, we included the four most common of these categories. Sample sizes of AI/AN and NH/PI beneficiaries were too small to analyze independently, so AI/AN, 2+ Races, NH/PI and other/unknown race respondents were grouped into the "Other Race" category for the purpose of this analysis.

Methods: Data Sources (Continued)

Metropolitan Area and Central City

Geographic variables are based on the [METRO](#) variable, which reflects Metropolitan Statistical Areas (MSAs) identified by the U.S. Census Bureau where identifiable in the IPUMS USA public microdata. Each MSA is named according to the central cities (such as “Sacramento-Roseville-Folsom,” or simply “Bakersfield”), and those who reside in an MSA but not in the central city are described as living in a “Metro, Not Central City” area. Those in any of the named cities are “Metro, Central City,” and those who live in a Metro area with an insufficient ACS sample to distinguish central city residents are “Metro, Unclassified.”

Disability

The disability categories are based on [DIFFCARE](#) (Self-Care), [DIFFPHYS](#) (Basic Physical Activities), [DIFFMOB](#) (Activities Out of Home), [DIFFREM](#) (Cognition), [DIFFEYE](#) (Vision), and [DIFFHEAR](#) (Hearing). Disability measures are based on self-reports of difficulty with these six functions. Some disability variables only refer to long-term impairments (spanning at least six months); others include short-term impairments (including broken bones).

English Proficiency

A beneficiary’s English proficiency is based on the Speaks English code ([SPEAKENG](#)), with Limited English Proficiency defined as “Yes, speaks English, but not well,” or “Does not speak English.” Cases marked as N/A or blank are omitted from the denominator.

Born Outside the U.S.

Born outside the U.S. was defined as a citizenship code ([CITIZEN](#)) of 2 (naturalized citizen) or 3 (not a citizen). Note that this counts people as U.S.-born if born outside the U.S. to American parents, such as people born outside the U.S. amid U.S. military activity.

Income

Per person income is calculated based on total personal income ([INCTOT](#)) if available, and otherwise is calculated as total family income ([FTOTINC](#)) divided by family size ([FAMSIZE](#)). Income figures are inflation-adjusted by 21.12% to 2023 dollars, matching dollar amounts discussed elsewhere in the chartbook. This adjustment is based on the [Federal Reserve Bank of Minneapolis’s inflation tables](#) using 2022Q1-2023Q1 inflation for 2023.

Living Alone, Family Arrangements, and Spousal Arrangements

Living alone is based on the IPUMS USA household size, with households uniquely identified by [SAMPLE](#) and [SERIAL](#), as described in the [SERIAL](#) documentation. Family and spousal living arrangements are based on the [FAMSIZE](#) and [MARST](#) variable, respectively.

Veterans Health Coverage

Health insurance through the U.S. Department of Veterans Affairs (VA) is identified by [HINSVA](#). Survey respondents self-report VA health care coverage. The American Community Survey asks respondents if they are “currently covered by” the VA. Respondents can report having multiple coverage sources.