

Profile of the California Medicare Population

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California Department of Health Care Services

Office of Medicare Innovation and Integration

Prepared by ATI Advisory

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About the California Department of Health Care Services Office of Medicare Innovation and Integration

The Department of Health Care Services (DHCS) Office of Medicare Innovation and Integration (OMII) provides focused leadership and expertise on innovative models for Medicare beneficiaries in California, including Medicare-only beneficiaries and individuals dually eligible for Medicare and Medi-Cal.

DHCS is collaborating with data analytics organizations and philanthropies to highlight the opportunities and priorities for OMII's charter.

OMII aims to improve health outcomes, quality, affordability, and equity for Medicare beneficiaries in California.

Consistent with the Governor's Master Plan for Aging, OMII will:

1. Support new and existing models and strategies to benefit Medicare-only beneficiaries in California and increase access to Long-Term Services and Supports (LTSS); and
2. Lead and advise on DHCS policies for beneficiaries dually eligible for Medicare and Medi-Cal. This includes the California Advancing and Innovating Medi-Cal (CalAIM) efforts to implement integrated care through aligned enrollment in Medicare Dual Eligible Special Needs Plans (D-SNPs) and Medi-Cal plans, as well as expanded Managed Long-Term Services and Supports (MLTSS) for dually eligible beneficiaries.



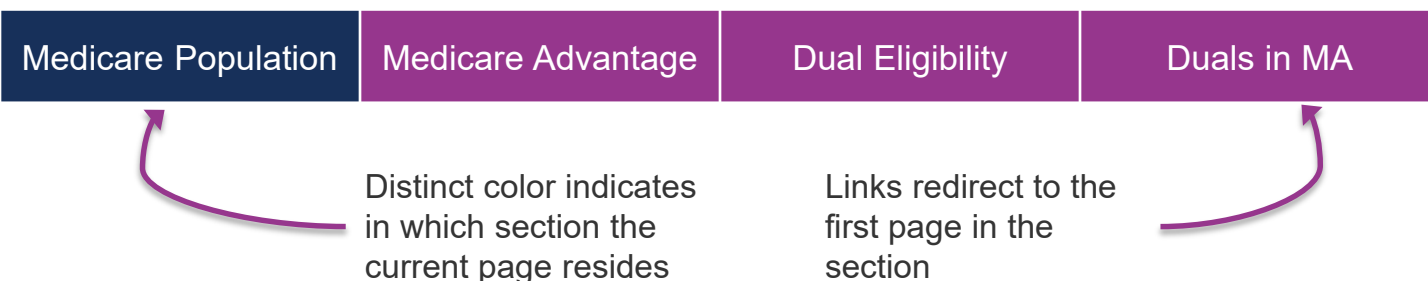
About This Chartbook and Contributors

This chartbook provides data on the California Medicare population to inform stakeholders on this growing cohort of beneficiaries. Analyses outline data for Medicare beneficiaries as of March 2021 (unless otherwise noted) and specifically feature key demographics of age and race or ethnicity, enrollment by Medicare coverage type, and dual Medicare–Medi-Cal eligibility.

DHCS anticipates releasing future chartbooks with its partners to illuminate additional characteristics of the Medicare population across the state, and to provide deeper analytics of the data contained in this chartbook.

The methods and data sources for this chartbook are described on [pages 23 and 24](#).

A navigation bar like the one below rests at the top of each page in the body of the document and allows the reader to move between the body sections.



Prepared by ATI Advisory



ATI Advisory (ATI) is a research and advisory services firm working to transform the delivery of healthcare 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

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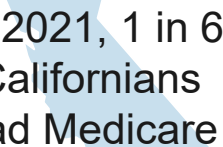
Supported by a grant from The SCAN Foundation - advancing a coordinated and easily navigated system of high-quality services for older adults that preserve dignity and independence. For more information, visit www.TheSCANFoundation.org.



Are you a Medicare beneficiary? If you need assistance or have questions regarding Medicare, please [contact your local HICAP counseling program](#) for assistance.

Why We Care

One of California's many strengths is in the diversity of its population. Residents represent a range of ages, cultures, and geographies. California is aging faster than the nation. Given that lifespans are increasing, and California has the second highest life expectancy in the United States, the growing Medicare population deserves forward-looking policy and planning.



In 2021, 1 in 6 Californians had Medicare

Many of these individuals will need LTSS during their lives. Two-thirds of Medicare beneficiaries ages 65 or older living in the community nationwide have difficulty with an activity of daily living (ADL) or use an assistive device. Of those, half utilize caregiver assistance and/or have two or more ADL limitations. One in ten California Medicare beneficiaries are under 65 and qualified because of a disability. More than one in five California Medicare beneficiaries are dually eligible for Medi-Cal. Because this dually eligible population has historically experienced worse health outcomes, targeting services and care coordination to this group may improve disparities.

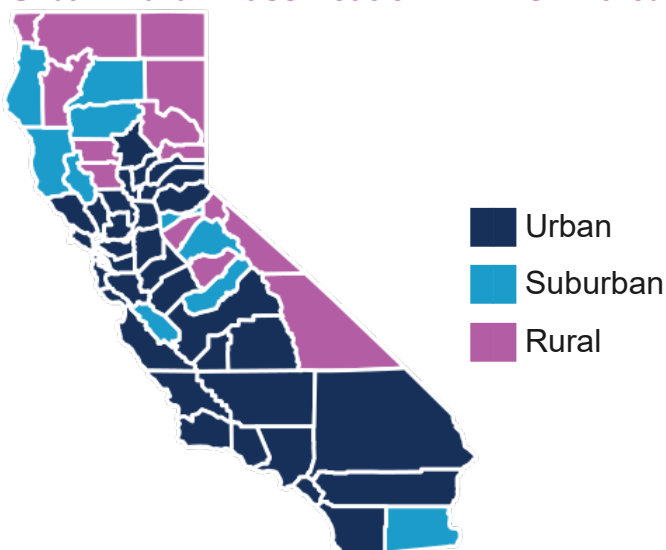
Detailed data insights about Medicare beneficiaries as well as dually eligible beneficiaries will help OMII and California stakeholders work together to design programs and policies that best meet the complex care needs of Medicare beneficiaries. Understanding who beneficiaries are, what programs they are enrolled in, and where they live is a necessary base to inform policy and program development.

Key Definitions

- **Medicare** – Federal health insurance program for:
 - ✓ Most people who are 65 or older
 - ✓ Certain younger people with disabilities
 - ✓ Certain people with End-Stage Renal Disease
- **Fee-for-Service (FFS) Medicare** – The original system, where Medicare pays providers for each service rendered.
- **Medicare Advantage (MA)** – Managed care plans offer Medicare Part A & B benefits.
- **Medicare Advantage Penetration** – The percent of Medicare beneficiaries enrolled in Medicare Advantage plans in an area. (Part D prescription drug plans are not included.)
- **Dual Eligible Beneficiary** – An individual dually eligible for both Medicare and Medi-Cal, California's Medicaid program.
- **Medicare Only** – A Medicare beneficiary not in Medi-Cal. Note that these individuals may have other coverage and may be state Medicare Savings Program enrollees.
- **Medicare Savings Program** – Low-income residents who do not qualify for full Medicaid may receive support paying Medicare premiums, deductibles, coinsurance and more.
- **Long Term Services and Supports (LTSS)** – Services that provide supports for activities of daily living or necessary tasks for beneficiaries with functional impairments.

Data Notes: Classification of Californian Counties and Use of Federal Racial/Ethnic Categories

Urban-Rural Classification in This Chartbook



In this chartbook, we classify beneficiaries by the rurality of the county they resided in during March 2021, as documented in Medicare administrative data. Each county's rurality is classified using county population size and density, according to the county type designations used in the Medicare program to determine access to care, as codified in regulation. Rural beneficiaries reside in counties designated as *Rural* or as *Counties with Extreme Access Considerations*; suburban beneficiaries reside in counties designated as *Micro*; and urban beneficiaries reside in counties designated as *Large Metro* or as *Metro*.

Racial and Ethnic Classification in This Chartbook

The race and ethnicity categories in this chartbook are as provided from the U.S. Centers for Medicare & Medicaid Services (CMS) administrative data, which are derived from race/ethnicity identified by the U.S. Social Security Administration.

In this chartbook, we classify beneficiaries according to the following racial and ethnic groups: Asian, Black, Hispanic, and White. All other racial and ethnic groups were summarized as an "Other/Unknown" group. The American Indian and Alaska Native ("AI/AN") group is included in "Other/Unknown" except in the Population Profile on [page 9](#).

Some categorization errors are present in CMS data, and so we use an RTI International race variable that corrects some errors. Still, "Other/Unknown" captures some people who identify as another, specified group. Moreover, the CMS groups do not match DHCS standards; this constraint is inherent to analyzing CMS data.

Source: Medicare Advantage Program: Network Adequacy, County type designations, [42 CFR 422.116\(c\)](#).

See also: [Methods: Data Sources](#) and [Methods: Urban, Suburban, and Rural...](#)

Executive Summary

Medicare Population

- California’s Medicare population grew 11.3% from 5.8 million in 2016 to 6.5 million beneficiaries in 2021. ([Page 10.](#))
- Enrollment in MA grew faster than enrollment in FFS, a trend continuing through 2021. ([Page 10.](#))
- Key demographics of the California Medicare population as of March 2021 (on [Page 11](#)) included:
 - 95.3% lived in urban counties.
 - 66.7% were White.
 - 68.1% were ages 65 through 79; 11.3% were under age 65; and 20.6% were ages 80 or older.
- Among California’s Medicare beneficiaries, 5.9% spoke no English, and 8.8% spoke English poorly, in 2019.

11% Medicare enrollment growth from 2016-2021

68% of Medicare beneficiaries were ages 65–79 and 11% were under the age of 65

Demographics of Medicare Advantage Enrollment

Californian Medicare beneficiaries were more likely to be in MA (48.0%) compared to the national average (43.4%), as of March 2021. ([Page 12.](#))

- Urban Medicare beneficiaries were more likely to be in MA (49.7%) compared to rural beneficiaries (5.5%) in the state.
- Rural and suburban Medicare beneficiaries were less likely to enroll in MA compared to these cohorts nationally.

48% of Medicare beneficiaries had Medicare Advantage

Across California, MA penetration rates were highest among Black beneficiaries (54.3%) and lowest among White beneficiaries (46.4%). ([Page 13.](#))

54% of Black beneficiaries had Medicare Advantage (the highest rate), versus 46% of White beneficiaries (the lowest rate).

Californian Medicare beneficiaries under the age of 65 were the least likely age group to enroll in MA. ([Page 15.](#))

- For those under age 65, MA penetration was 35.3%.
- For those ages 65 through 79, MA penetration was 49.2%.
- For those over age 80, MA penetration was 50.9%.

Executive Summary (Continued)

Dual Eligibility for Medi-Cal and Medicare

A higher proportion of Medicare beneficiaries in California were dually eligible for Medi-Cal (22.4%) compared to the national average (18.0%), as of March 2021. ([Page 16.](#))

Dual eligibility rates varied less than MA penetration rates by the rurality of Californian counties. ([Page 16.](#))

- The percent of Medicare beneficiaries who were dually eligible was higher in suburban counties (24.2%) versus both urban counties (22.4%) and rural counties (18.8%).

Dual eligibility rates varied widely by race and ethnicity.

- For example, 55.2% of Hispanic Medicare beneficiaries were dually eligible while only 14.7% of White beneficiaries were dually eligible. ([Page 18.](#))

More than half (54.9%) of under-age-65 Californian Medicare beneficiaries were dually eligible, compared to 17.3% of those ages 65–79 and 21.4% of those age 80 or older. ([Page 19.](#))

Dual Medi-Cal Eligibility and Medicare Advantage

Californian dual beneficiaries enrolled in MA less than dual beneficiaries nationwide. ([Page 21.](#))

- Among Californian dual beneficiaries, 42.7% had MA.
- Among dual beneficiaries nationally, 52.7% had MA.

More of the state’s Medicare-only beneficiaries had MA than the state’s dual beneficiaries. ([Page 21.](#))

- Among Californian Medicare-only beneficiaries, 49.5% had MA, higher than the 42.7% rate for dual beneficiaries.

22% of Medicare beneficiaries were dually eligible for Medi-Cal

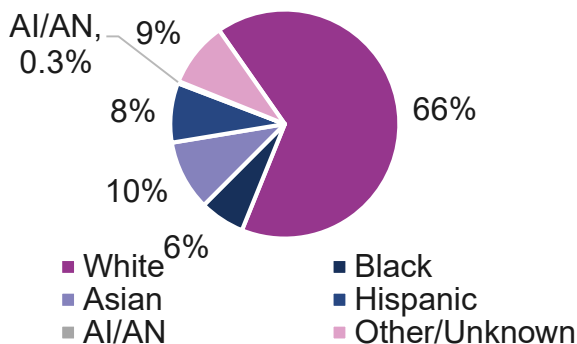
55% of Medicare beneficiaries under age 65 were dually eligible for Medi-Cal

43% of Californian dual beneficiaries had Medicare Advantage and 50% of Californian Medicare-only beneficiaries had Medicare Advantage

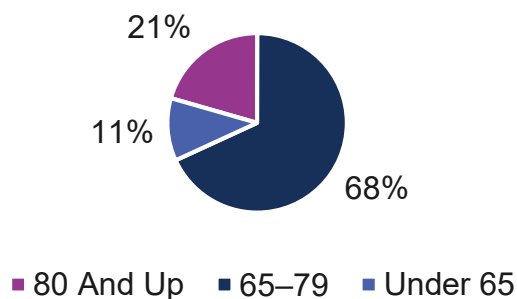
California Medicare Population Profile

Of 63.5 million Medicare beneficiaries nationwide in 2021, 6.5 million (10.2%) resided in California. These beneficiaries made up a diverse group with diverse needs and program eligibility.

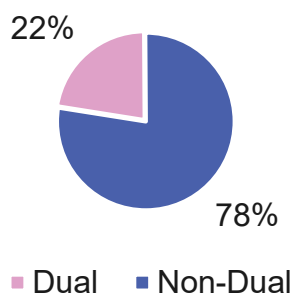
Race and Ethnicity



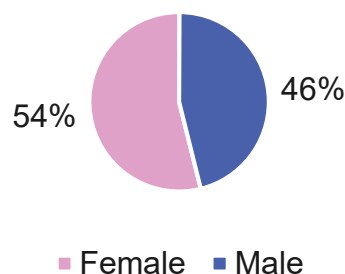
Age



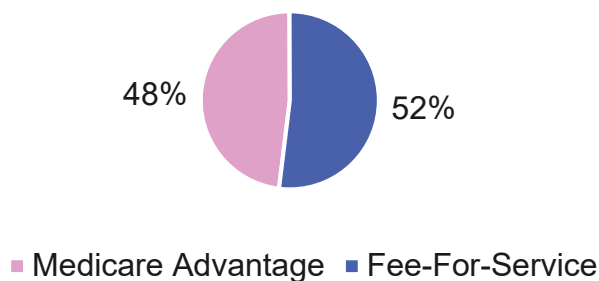
Dual Eligibility



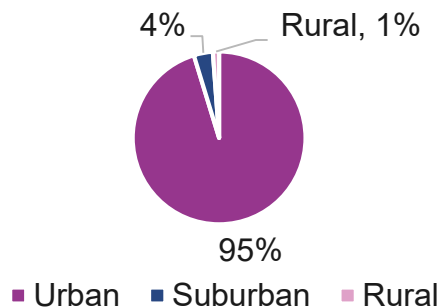
Sex



Medicare Advantage



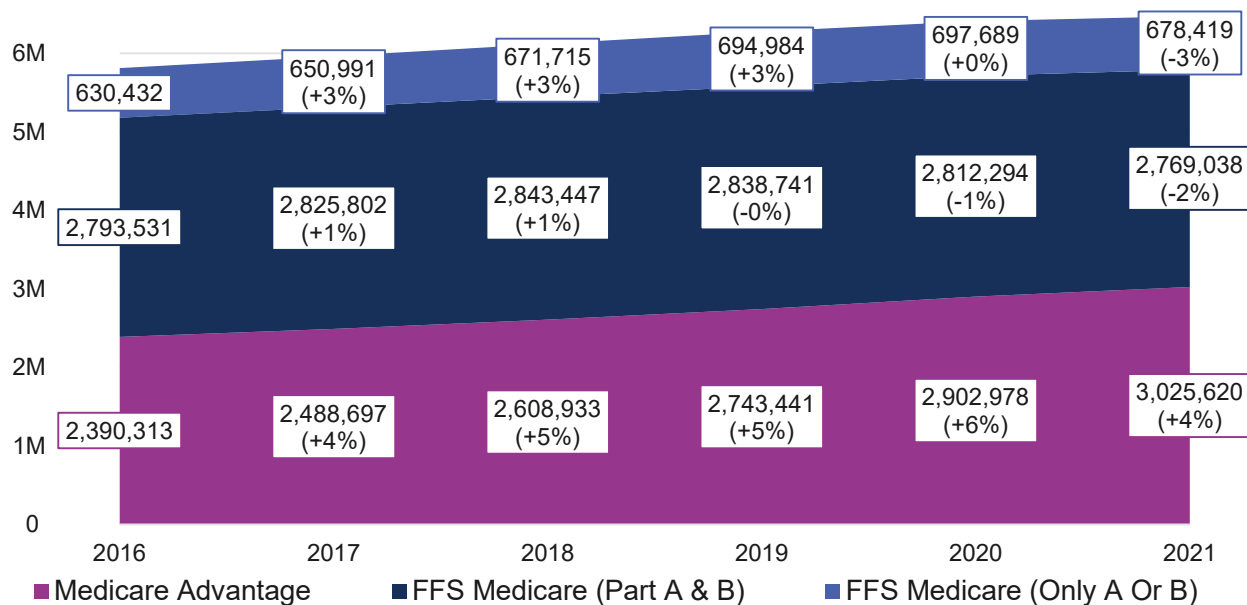
Geography



Source: ATI Advisory analysis of [Medicare Monthly Enrollment file](#), 2021 defined as 12 months ending Sep. 2021; analysis of MBSF data for March 2021. Demographics reflect CMS records, which have limitations. AI/AN abbreviates the American Indian / Alaska Native category.

California's Growing Medicare Population Is Choosing Medicare Advantage

Medicare Beneficiaries in California, by Medicare Program



Note: Parentheses provide the year-over-year growth rate.

California's Medicare population grew 11.3% from 2016 to 2021. Enrollment grew for MA and FFS programs alike in 2016 and 2017. However, in 2021, MA enrollment grew while FFS populations shrank. Statewide, among Medicare beneficiaries with both Part A and Part B coverage, 52.2% were enrolled in MA during 2021, up from 46.1% enrolled in MA during 2016.

Medicare Beneficiaries with Only Part A or Only Part B

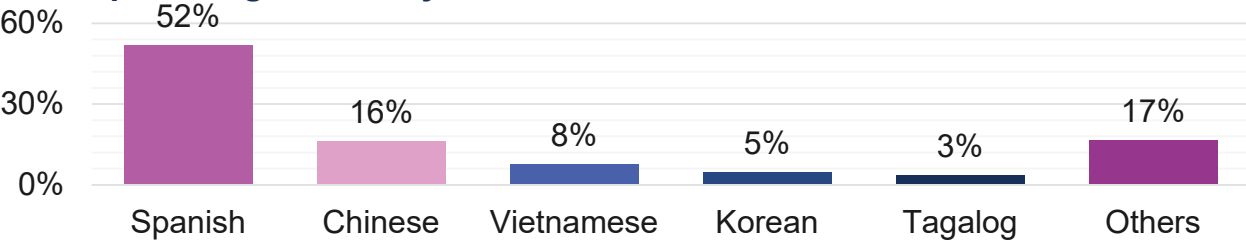
Most Medicare beneficiaries had both Medicare Part A (hospital insurance) and Medicare Part B (medical insurance). However, in 2021, 10.5% of Californian beneficiaries had only Part A or only Part B.

Most individuals eligible for Medicare are entitled to premium-free Part A, based on work history. However, a small group of Medicare beneficiaries must pay a Part A premium, and thus may choose to forgo Part A. In addition, some individuals may choose to forgo Part B due to other sources of coverage or as a result of the Part B premium. These partial enrollment groups, Part-A-only and Part-B-only beneficiaries, declined in number by 2.8% from 2020 to 2021 in California. Medicare beneficiaries must have both Part A and Part B coverage to be eligible for MA.

Source: ATI Advisory analysis of [Medicare Monthly Enrollment file](#), September 2021. Enrollments in 2021 represent the average of the 12 months ending September 2021; other years' enrollments represent the average from January-December.

English Proficiency, Languages, and Citizenship Status of California Medicare Beneficiaries

Primary Languages, Among California Medicare Beneficiaries Who Speak English Poorly Or Not At All



English Proficiency	Spanish	Chinese	Vietnamese	Korean	Tagalog	Other Language
Poorly or Not At All	51.9%	16.1%	7.5%	4.7%	3.4%	16.5%

The following statistics describe citizenship and language, based on the American Community Survey for 2019. Of California Medicare beneficiaries statewide, at least 5.9% spoke no English, and 8.8% spoke English poorly.

Among California Medicare beneficiaries speaking English poorly or not at all, the top five primary languages were:

- Spanish: 51.9%.
- Chinese: 16.1%.
- Vietnamese: 7.5%; Korean: 4.7%; Tagalog: 3.4%.
- The remaining 16.5% primarily speak other languages.

The following counties had the highest share of Medicare beneficiaries who spoke English poorly or not at all in 2019:

- Imperial County: 38.6%.
- San Francisco: 28.0%.
- Los Angeles County: 24.1%; Merced County: 20.4%; Santa Clara County: 18.6%.

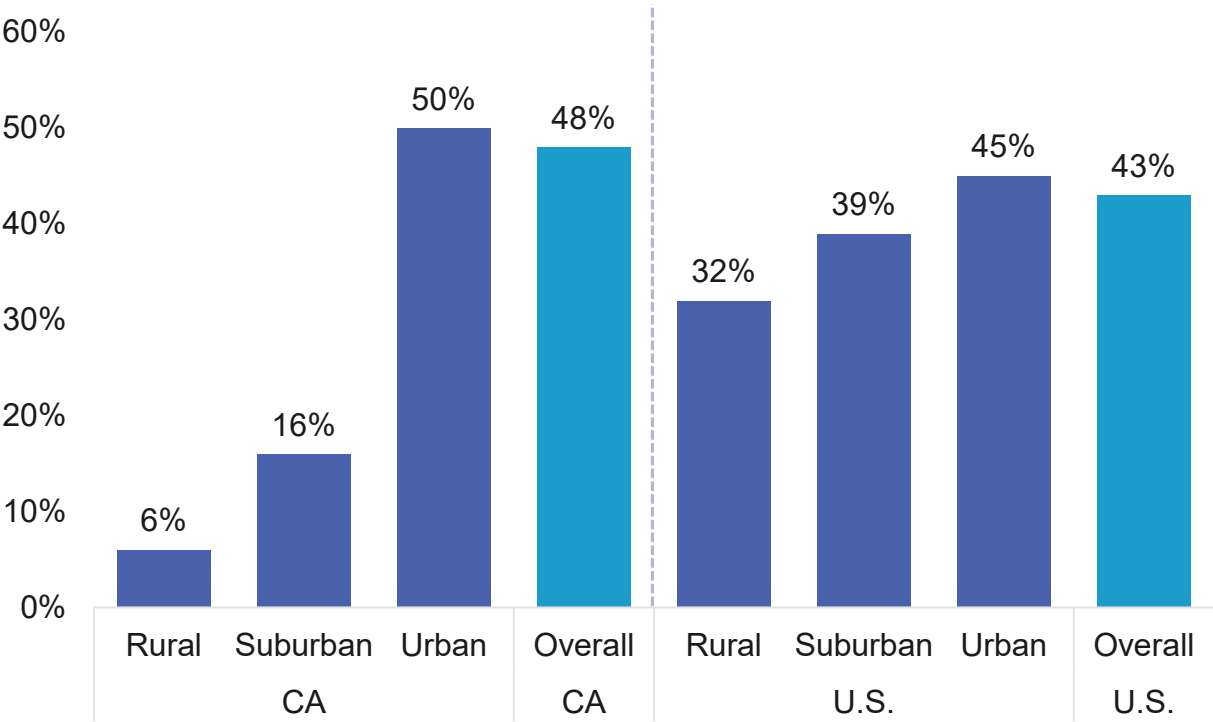
U.S. Citizenship Status Among California Medicare Beneficiaries

Among California Medicare beneficiaries, 7.7% reported that they were not U.S. citizens in 2019 (data not tabulated).

There are different paths to becoming a Medicare beneficiary for people who are not U.S. citizens, including qualifying through work history, disability status, or by paying Medicare premiums after living in the United States, for a qualifying amount of time.

Source: ATI Advisory analysis of the 5-year sample of the Census American Community Survey representing 2019 estimates. Estimates are analyzed among public-use microdata by IPUMS USA, University of Minnesota, www.ipums.org.

MA Penetration Rate by Geography



Medicare beneficiaries in California’s rural counties were one-fifth as likely to have enrolled in MA (5.5%) compared to the national average for rural beneficiaries (31.7%)

Likewise, MA penetration in California’s suburban counties (15.7%) was less than half the national suburban average (39.4%).

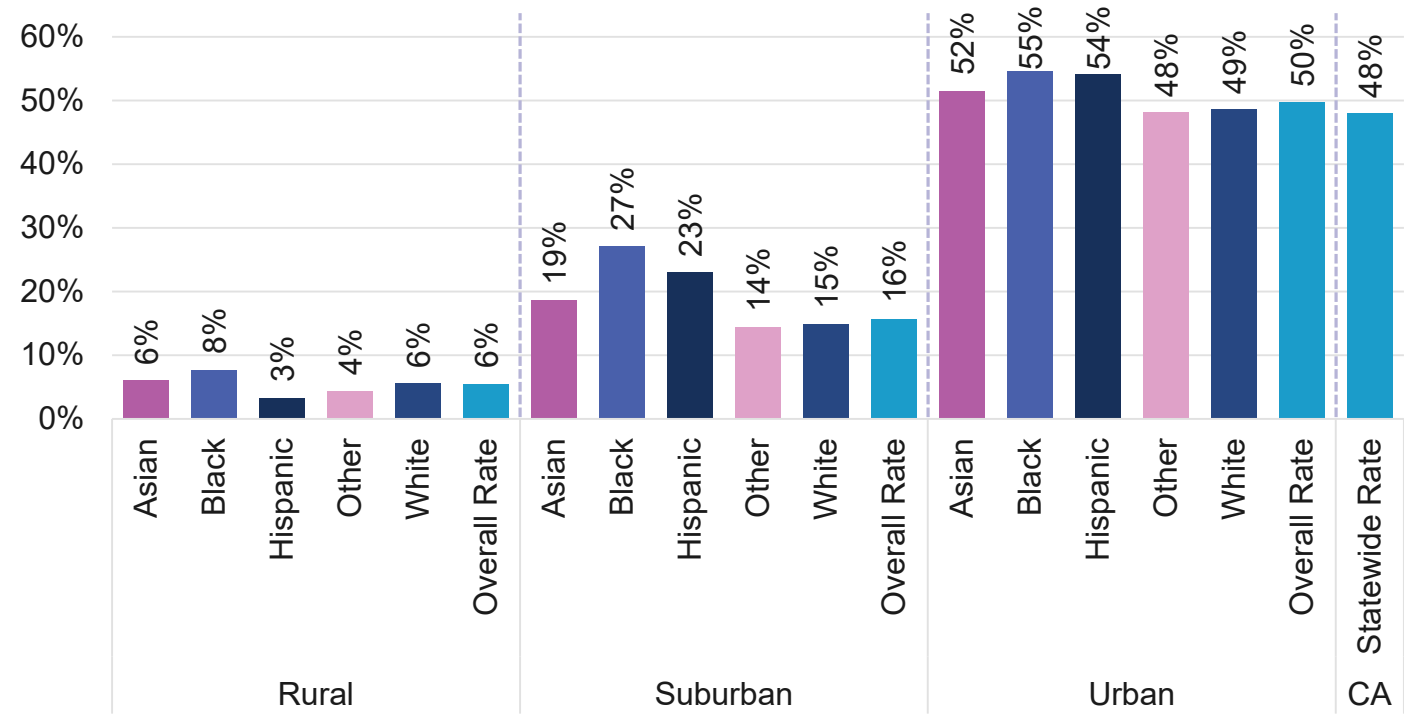
However, the MA penetration rate in urban counties in California (49.7%) was higher than the nationwide average for urban counties (45.3%).

- The urban MA penetration rate in Californian was also higher than the MA penetration rate in suburban (15.7%) or rural (5.5%) Californian counties.

MA Penetration Rate by Geography

Jurisdiction	Rural	Suburban	Urban	Overall
California	5.5%	15.7%	49.7%	48.0%
U.S.	31.7%	39.4%	45.3%	43.4%

MA Penetration Rate by Race/Ethnicity, Geography



Statewide, MA penetration rates were highest among Black beneficiaries and lowest among White beneficiaries.

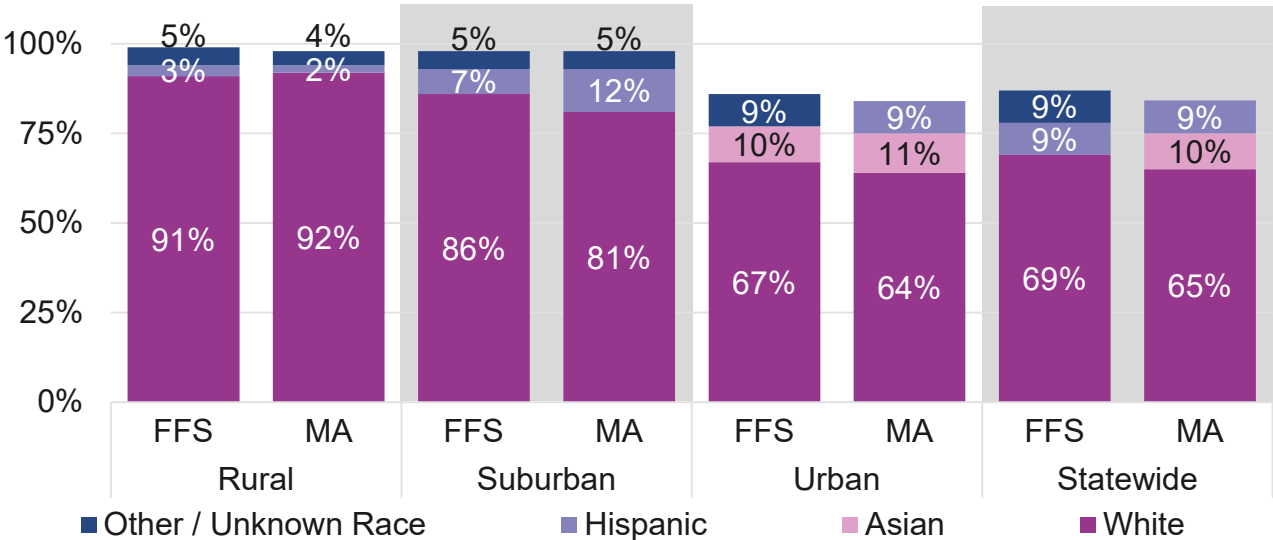
- This held true across all county types except rural counties, where Hispanic beneficiaries had the lowest rates of MA penetration at 3.3%.
- In comparison, Hispanic beneficiaries in urban and suburban counties had the second highest MA penetration rate, at 54.1% and 23.0%, respectively.

MA Penetration Rate by Race/Ethnicity and Geography

Geography	Asian	Black	Hispanic	Other / Unknown Race	White	Overall
Rural	6.0%	7.7%	3.3%	4.4%	5.6%	5.5%
Suburban	18.6%	27.1%	23.0%	14.4%	14.9%	15.7%
Urban	51.5%	54.6%	54.1%	48.1%	48.6%	49.7%
Statewide	51.4%	54.3%	52.8%	47.1%	46.4%	48.0%

Racial/Ethnic Composition of MA and FFS

Top Three Racial/Ethnic Groups’ Share of Medicare Beneficiaries, by Program and Geography



Statewide, MA enrolled a more diverse cohort of beneficiaries (35.4% not in the majority group of White beneficiaries) compared to FFS Medicare beneficiaries (32.8% not in the majority White group). The opposite held true in rural California counties, where more diverse beneficiaries were enrolled in FFS Medicare than in MA (9.5% versus 7.6%, respectively, were not in the majority White group).

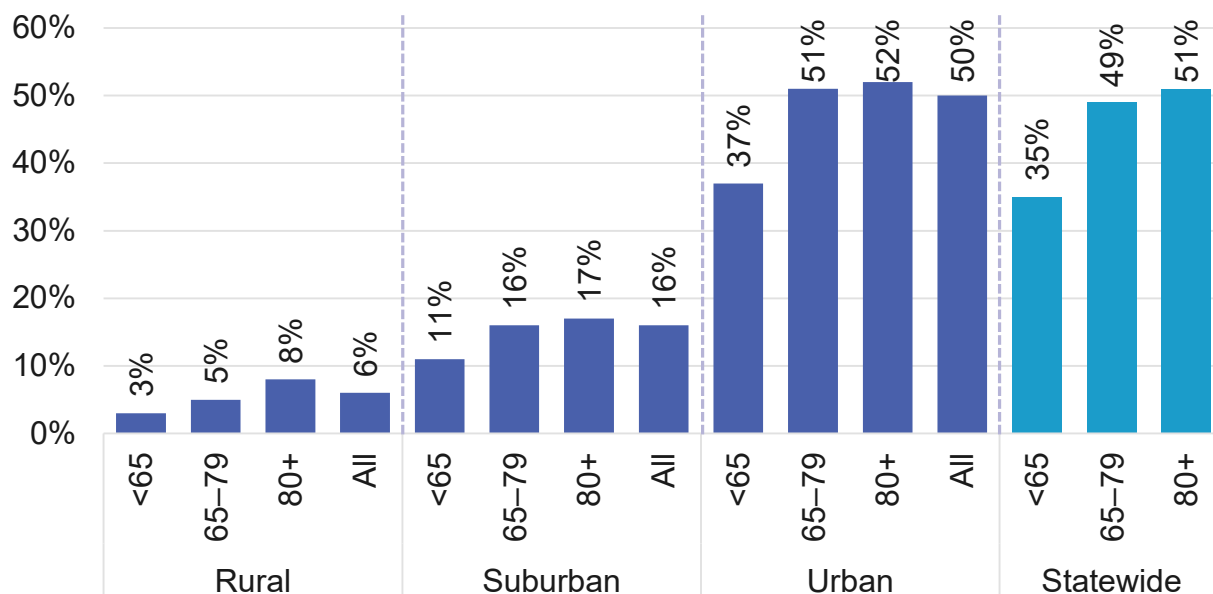
Racial/Ethnic Composition of MA and FFS Medicare, by Geography

Geography	Program	Asian	Black	Hispanic	Other / Unknown	White	Overall
Rural	FFS	0.7%	0.7%	2.8%	5.3%	90.5%	100.0%
	MA	0.7%	1.0%	1.6%	4.2%	92.4%	100.0%
Suburban	FFS	0.9%	1.1%	7.3%	5.1%	85.6%	100.0%
	MA	1.1%	2.1%	11.6%	4.6%	80.5%	100.0%
Urban	FFS	9.8%	5.9%	7.7%	9.3%	67.2%	100.0%
	MA	10.5%	7.2%	9.2%	8.8%	64.3%	100.0%
Statewide	FFS	9.1%	5.5%	7.6%	9.0%	68.8%	100.0%
	MA	10.4%	7.1%	9.2%	8.7%	64.5%	100.0%

Source: ATI Advisory analysis of MBSF administrative data licensed from CMS, based on enrollment records for March 2021.

Note: The largest three groups per table row are bolded in that row.

MA Penetration Rate in California by Age, Medicare Program, and Geography



Across all age groups, Californian urban counties had the highest MA penetration relative to rural and suburban Californian counties.

- In rural counties, MA penetration was only 5.5% (data not tabulated).

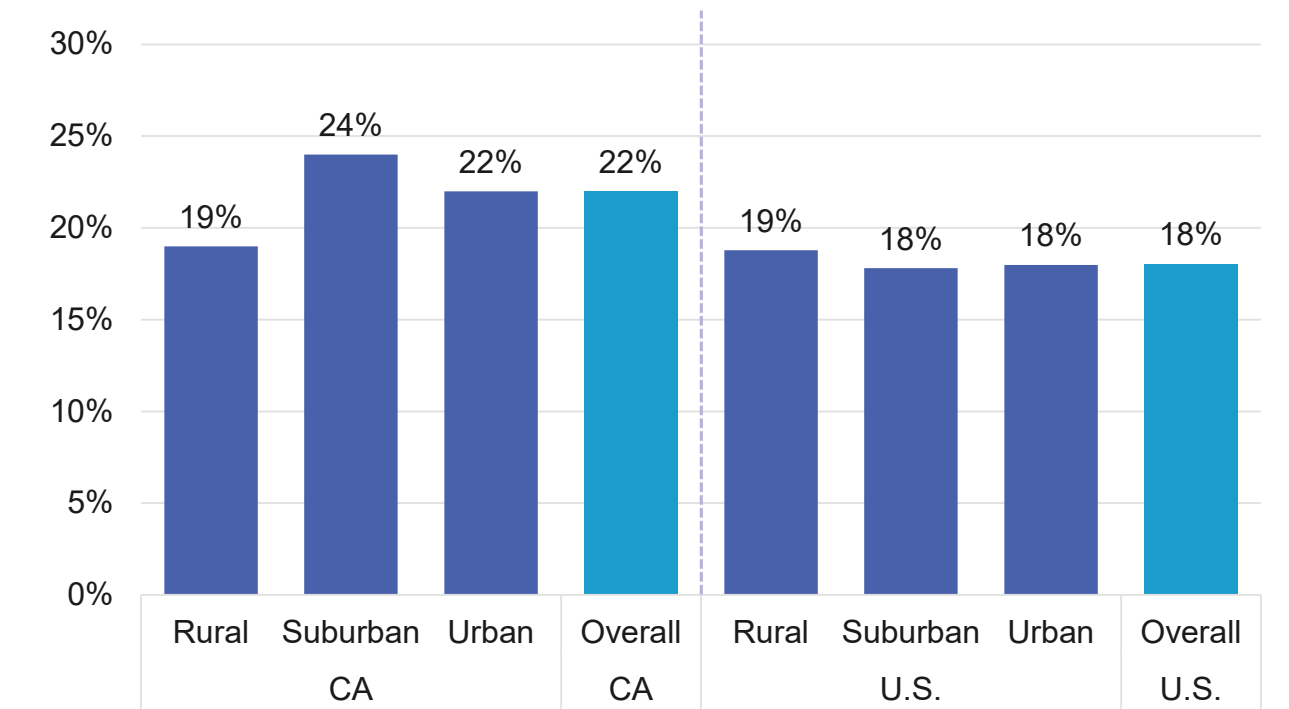
Statewide, beneficiaries under the age of 65 (who are eligible for Medicare due to a disability or renal disease) were substantially less likely to enroll in MA.

- MA penetration was 35.3% among beneficiaries under age 65, whereas the rate was 49.2% for beneficiaries ages 65 through 79, and 50.9% for beneficiaries ages 80 or older.

MA Penetration Rate by Age and Geography

Geography	Under 65	65-79	80 and Up	Overall
Rural	2.7%	5.5%	8.0%	5.5%
Suburban	11.4%	16.4%	16.9%	15.7%
Urban	37.0%	50.9%	52.4%	49.7%
Statewide	35.3%	49.2%	50.9%	48.0%

Percent of Medicare Beneficiaries Dually Eligible for Medi-Cal by Geography



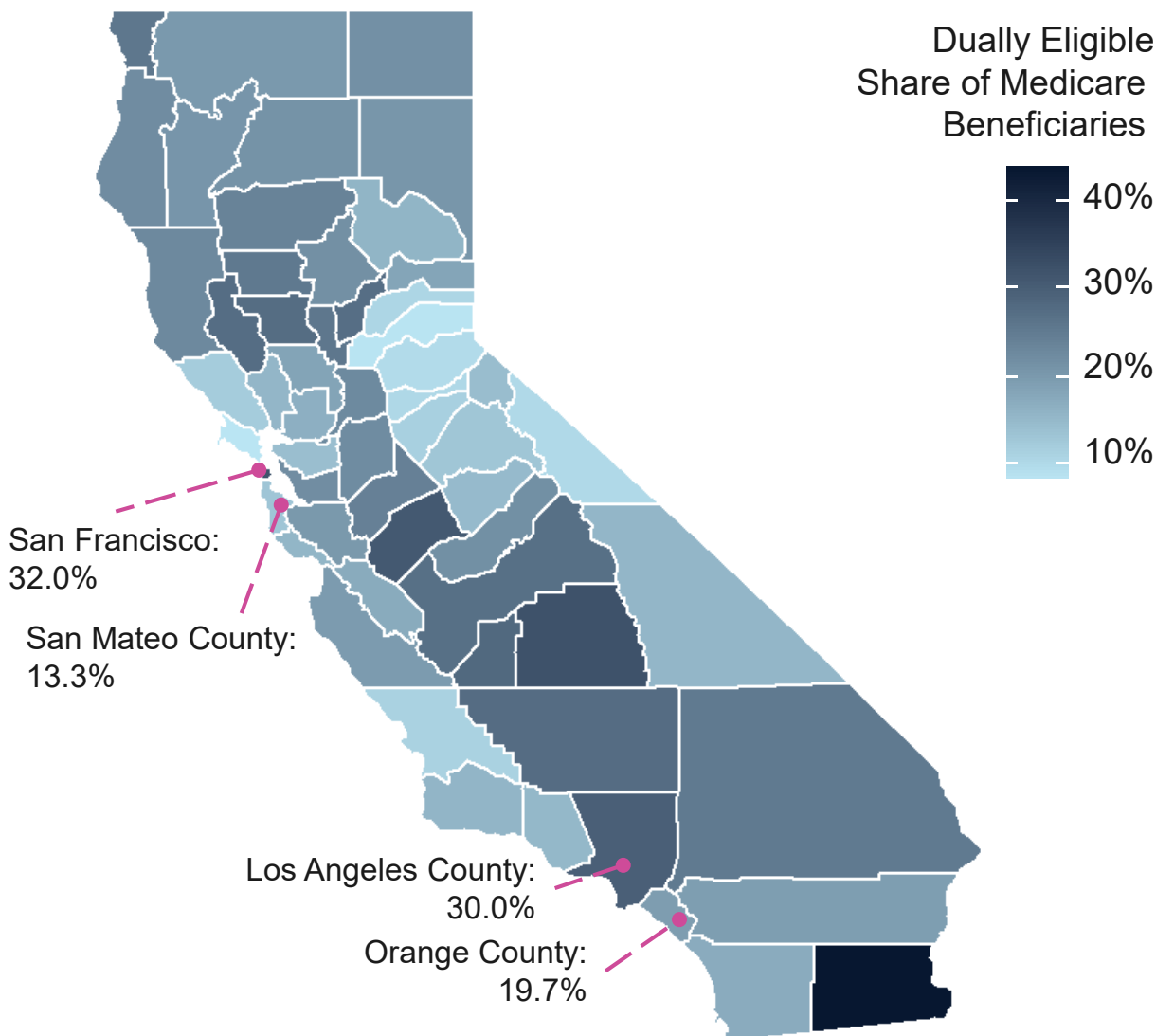
Almost a quarter (22.4%) of Californian Medicare beneficiaries were dually eligible for Medicare and Medi-Cal, or 1.4 million Californians.

Suburban counties had the highest rate of dual eligibility among Medicare beneficiaries (24.2%), compared to urban counties with a rate of 22.4% and rural counties with a rate of 18.8%.

Dual Eligibility Rate by Geography

Jurisdiction	Rural	Suburban	Urban	Overall
California	18.8%	24.2%	22.4%	22.4%
U.S.	18.8%	17.8%	18.0%	18.0%

Share of Medicare Beneficiaries Dually Eligible for Medi-Cal by County, March 2021



Note: Counties labeled are the Large Metro counties in Northern, and Southern, California with the highest and lowest rates of dual eligibility. Large Metro is defined on page 24, [Methods: Urban...](#)

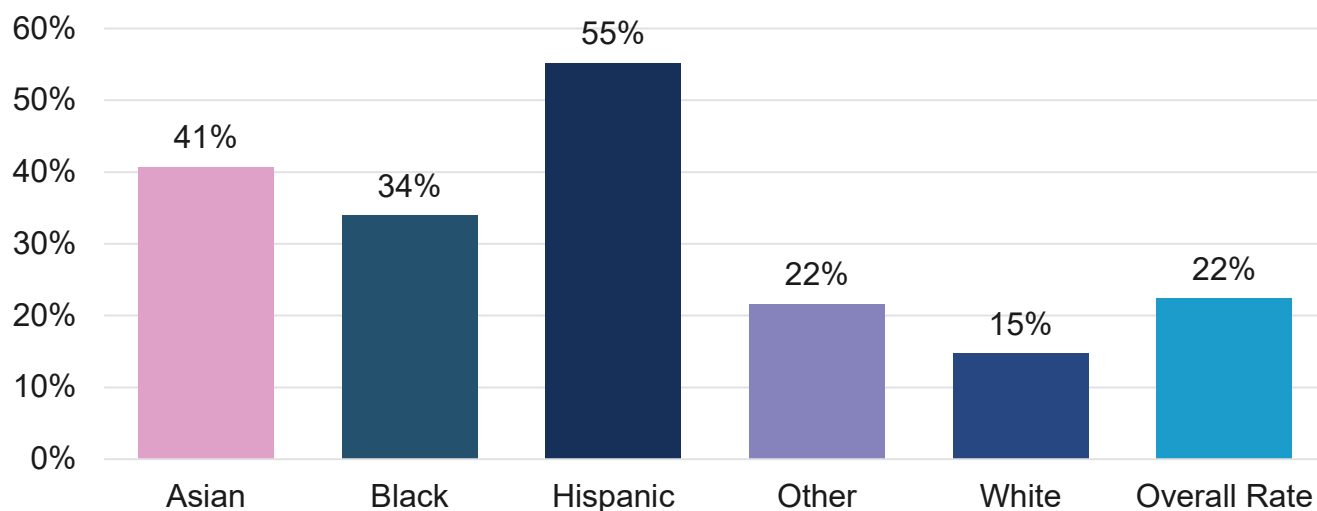
Dual eligibility rates varied widely across counties. The highest and lowest county rates of dual eligibility ranged from 1 dual beneficiary per 12 Medicare beneficiaries (8.5%) to almost half of Medicare beneficiaries having dual eligibility (44.0%):

- Imperial County had the highest rate of dual eligibility, at 44.0%.
- Marin County had the lowest rate of dual eligibility, at 8.5%.

Source: ATI Advisory analysis of MBSF administrative data licensed from CMS, based on enrollment records for March 2021.

Note: See full county data in [Appendix A](#). See Large Metro counties identified in [Appendix D](#).

Share of Medicare Beneficiaries Dually Eligible by Race/Ethnicity



The percent of Medicare beneficiaries who were dually eligible varies widely by race and ethnicity.

- Over half (55.2%) of Hispanic beneficiaries statewide were dually eligible while only 14.7% of White beneficiaries were dually eligible.
- Two-fifths (40.7%) of Asian beneficiaries statewide were dually eligible, and one-third (33.9%) of Black beneficiaries were dually eligible.

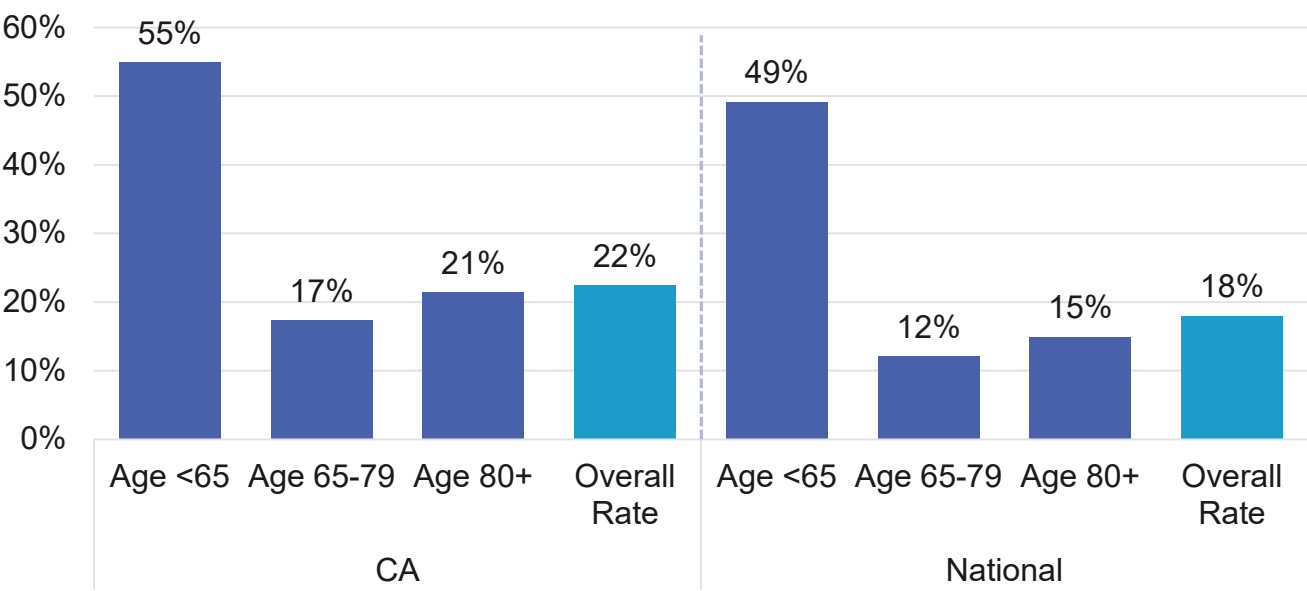
Rural, suburban, and urban area rates of dual eligibility by race/ethnicity differed somewhat, but differences by geography were less than differences among racial/ethnic groups.

Dual Eligibility Rate by Race/Ethnicity and Geography

Geography	Asian	Black	Hispanic	Other / Unknown Race	White	Overall
Rural	40.8%	39.2%	54.3%	25.2%	17.0%	18.8%
Suburban	39.2%	39.7%	58.2%	27.7%	20.4%	24.2%
Urban	40.7%	33.8%	55.1%	21.5%	14.4%	22.4%
Statewide	40.7%	33.9%	55.2%	21.6%	14.7%	22.4%

Source: ATI Advisory analysis of MBSF administrative data licensed from CMS, based on enrollment records for March 2021. Note: Race/ethnicity categories may undercount Hispanic beneficiaries; some of whom are marked "other/unknown."

Dual Eligibility Rate by Age and Geography



Dual eligibility varied widely by age, and much less so by geography.

- Californian Medicare beneficiaries younger than age 65 were more likely than not (54.9%) to be dually eligible for Medi-Cal, while a far smaller share of those age 65–79 (17.3%) and those age 80+ (21.4%) were dually eligible.
- Medicare beneficiaries of all age groups in California were more likely to be dually eligible for Medicaid compared to the national average

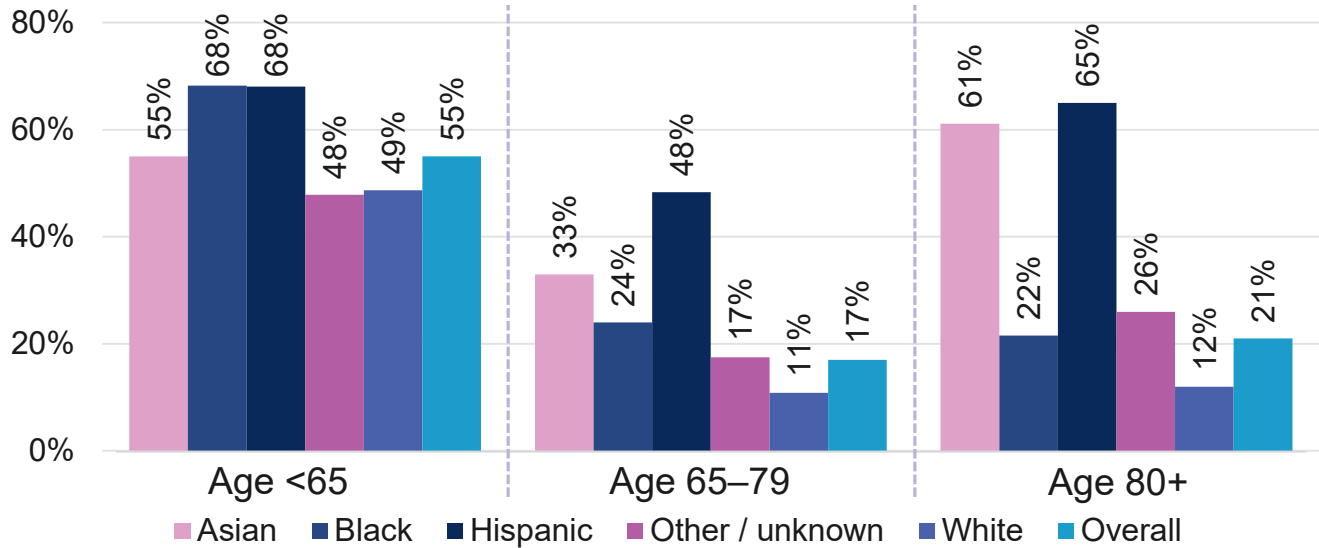
By geography, dual eligibility rates were higher across age groups in urban and suburban counties than in rural counties. This relationship was strongest for older age groups:

- California’s urban beneficiaries ages 80 or older were most likely to be dually eligible (21.6%) compared to that age group’s rate in other areas. This rate was especially higher than the rate for rural beneficiaries ages 80 or older (12.3%).

Dual Eligibility Rate by Age and Geography in California

Geography	Under 65	65–79	80 and Up	Overall
Rural	56.0%	13.1%	12.3%	18.8%
Suburban	59.4%	17.7%	18.6%	24.2%
Urban	54.7%	17.4%	21.6%	22.4%
Statewide	54.9%	17.3%	21.4%	22.4%

Dual Eligibility Rate by Age and Race in California



Statewide, 55.0% of Medicare beneficiaries under age 65 were dually eligible, compared to 17.3% of those ages 65–79 and 21.4% of those ages 80 or older.

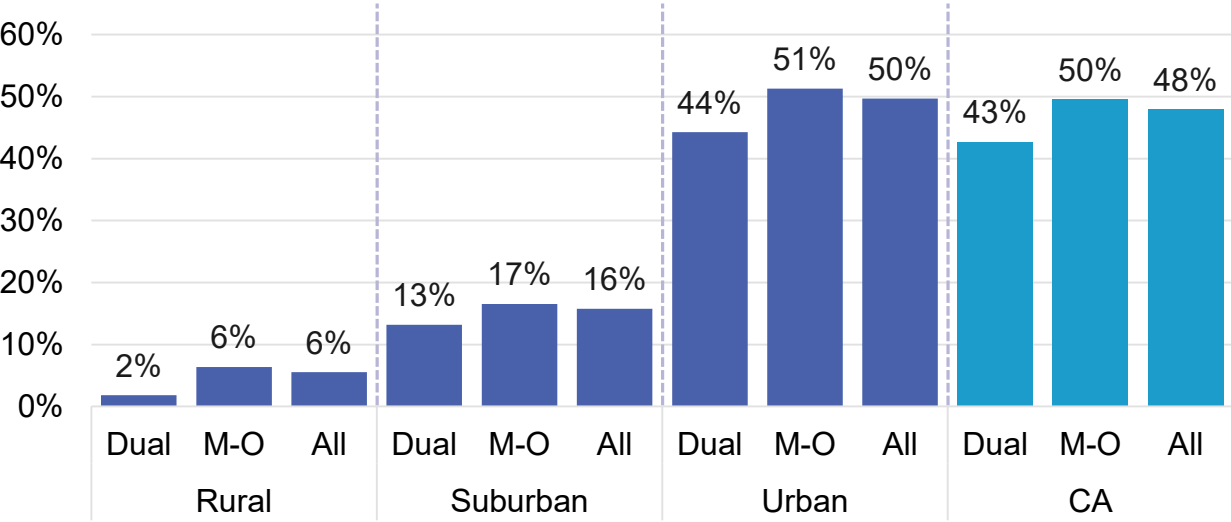
However, several racial and ethnic groups exceeded those rates.

- Compared to the 65-through-79 age group overall, Asian beneficiaries (at 32.9%) had almost twice the rate of dual eligibility, and Hispanic beneficiaries (at 48.3%) had almost three times the rate, whereas White beneficiaries (at 10.8%) had a rate just three-fifths the overall rate.
- Compared to the ages 80+ group overall, Asian beneficiaries (at 61.1%) had almost three times the rate of dual eligibility, Hispanic beneficiaries (at 65.0%) had more than three times the rate, and White beneficiaries (at 12.0%) had just over half the rate.

Dual Eligibility Rate by Race/Ethnicity and Age

Age	Asian	Black	Hispanic	Other / Unknown Race	White	Overall
Under 65	55.0%	68.2%	68.1%	47.9%	48.7%	54.9%
65–79	32.9%	24.0%	48.3%	17.5%	10.8%	17.3%
80 and Up	61.1%	21.5%	65.0%	25.9%	12.0%	21.4%
Overall	40.7%	33.9%	55.2%	21.6%	14.7%	22.4%

MA Penetration Rate by Dual Eligibility and Geography



Note: M-O signifies Medicare-Only (Medicare beneficiaries not dually Medi-Cal eligible).

Fewer dual eligible beneficiaries enrolled in MA (42.7%) in California compared to the national average (52.7%, see table). The opposite was true for Medicare-only beneficiaries, for whom MA penetration was higher in California than the national average for Medicare-only beneficiaries.

Notable geographic differences included:

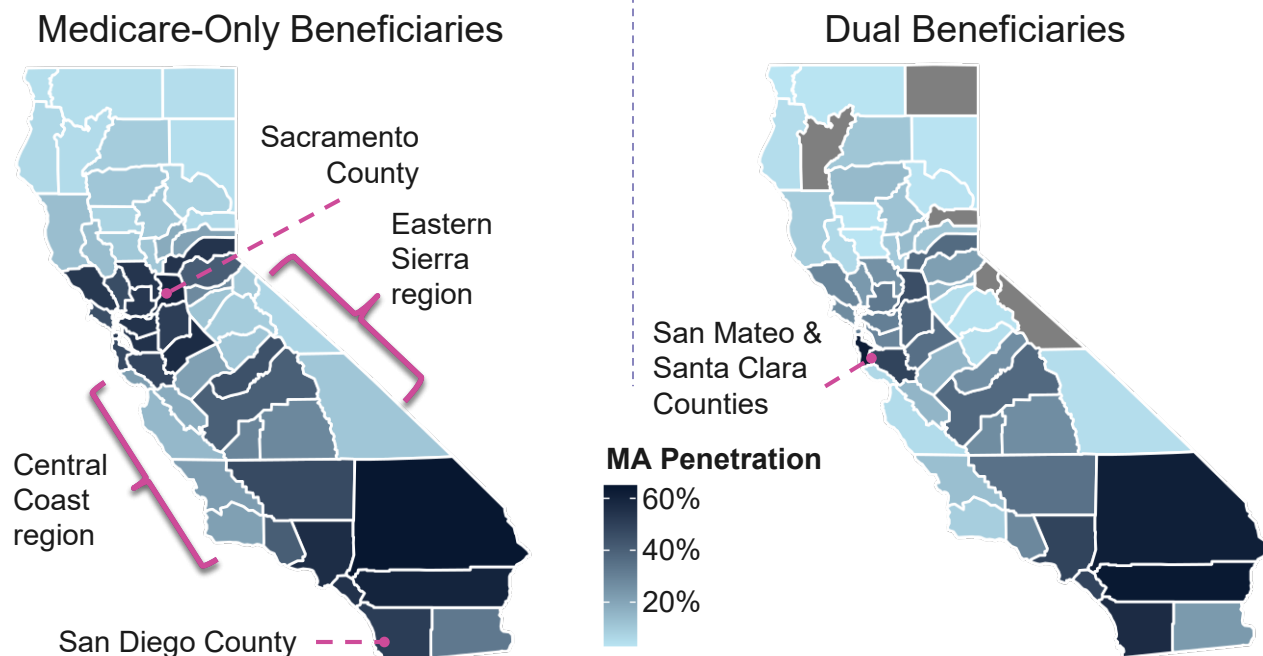
- Of those dual beneficiaries in MA, almost all (98.8%) resided in urban counties. Just 1.8% of dual beneficiaries in rural California enrolled in MA compared to 44.3% of dual beneficiaries in urban counties. Just 13.2% of dual beneficiaries in suburban counties enrolled in MA, one-third of the rate (44.3%) in urban counties.
- MA prevalence was higher among Medicare-only beneficiaries than dual beneficiaries, regardless of geography.

MA Penetration Rate by Geography and Dual Eligibility Status

Dual Eligibility	Rural	Suburban	Urban	Statewide	Nationwide
Full Dual	1.8%	13.2%	44.3%	42.7%	52.7%
Medicare-Only	6.4%	16.6%	51.3%	49.5%	41.4%

Source: ATI Advisory analysis of MBSF administrative data licensed from CMS, based on enrollment records for March 2021.

MA Penetration Rate by County and Dual Eligibility, March 2021



Note: Gray counties in the Dual Beneficiaries map are suppressed for privacy; between 1 and 10 dual beneficiaries with MA resided in those counties in March 2021. Areas labeled to illustrate text below.

Statewide Takeaways

- **By dual Medi-Cal eligibility** – Of 1.4 million dual beneficiaries, 42.7% had MA and 57.3% had FFS Medicare. Of the remaining 4.9 million Medicare-only beneficiaries, 49.5% had MA and 50.5% had FFS Medicare.
- **By Medicare Advantage status** – Of 3.0 million Medicare beneficiaries in MA, 20.0% had dual eligibility and the remaining 80.0% were Medicare-only. Of the remaining 3.3 million Medicare beneficiaries in FFS Medicare, 24.7% had dual Medi-Cal eligibility, and the remaining 75.3% did not.

Geographic Takeaways

- Among both Medicare-only and dual beneficiaries, MA penetration is highest in a corridor stretching from San Diego through the Sacramento area. Penetration is particularly low in parts north, as well as the Eastern Sierra, from Inyo to Alpine.
- Relative to surrounding counties, the Central Coast, from Santa Barbara through Santa Cruz, had low MA penetration among both dual beneficiaries and Medicare-only. Only a few counties (e.g., Santa Clara and San Mateo) had higher MA penetration rates among dual beneficiaries versus Medicare-only.

Note: See full county data in [Appendix B](#) and [Appendix C](#).

Source: ATI Advisory analysis of MBSF administrative data licensed from CMS, based on enrollment records for March 2021.

Methods: Data Sources

Headcounts on page 9 and page 10, [California’s Growing Medicare Population Is Choosing Medicare Advantage](#), were from the September 2021 issue of [Medicare Monthly Enrollment](#) files. Data for 2021 were the monthly average of October 2020 through September 2021.

Data on page 11, [Language of the California Medicare Population](#), were 5-year sample American Community Survey estimates for 2019. A respondent marked as “speaking English, but not well,” is described in this chartbook as speaking English poorly. The estimates were analyzed by ATI Advisory based on the Census-sponsored public-use microdata files, from IPUMS USA, University of Minnesota, www.ipums.org. Estimates regarding specific counties were only able to be calculated for 33 more populous counties identified in the public-use microdata (25 less populous counties are grouped together with one or more counties in the microdata).

Data presented in all other pages were ATI Advisory analyses of the [Medicare Beneficiary Summary File](#) for March 2021, a licensed 100% extract of administrative records. Medicare beneficiaries were assigned to a geography based on their county of residence in the file (FIPS code). Race and ethnicity, age, and gender are based on designations in that file. Age was taken as of January 1, 2021. Racial/ethnic groups were approximated by an algorithm-based variable, the [RTI Race Code](#), which still may result in undercounting of the Hispanic and Asian categories. This allows for comparison of rates by race or ethnicity but limits the accuracy of tallies of racial or ethnic groups using these classifications. The race and ethnicity categories in this chartbook are as provided from the CMS administrative data, which are derived from race/ethnicity identified by the U.S. Social Security Administration. These racial/ethnic groups are described on [page 6](#).

MA status is based on the HMO indicator provided in the file, which captures all forms of Part C coverage including Special Needs Plans, the Program for All-Inclusive Care for the Elderly, and Employer Group Waiver Plans; as well as the Cal MediConnect Program, the SCAN Health Plan, and any other MA plans. Dual eligibility status is based on a state buy-in indicator provided in the file, and represents full dual eligibility (partial dual eligibility, which is participation in the Medicare Savings Program without full Medi-Cal eligibility, is counted as Medicare-only). While there is no statistical sampling, any data point that represents between one person and 10 people is suppressed in compliance with federal privacy rules. Grouping counties by geography helps to overcome suppression.

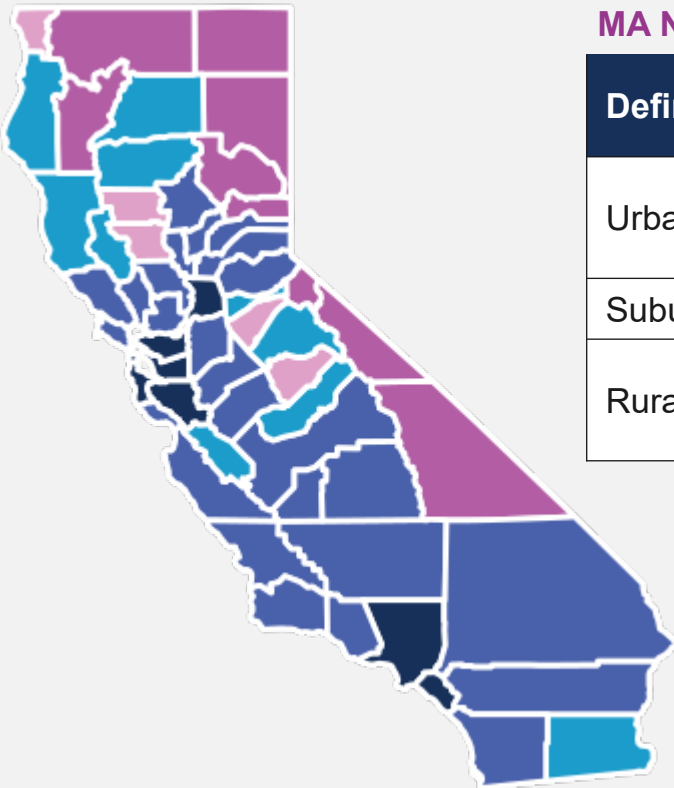
Methods: Urban, Suburban, and Rural Classification of Californian Counties

Urban-Rural Classification in This Chartbook

- Rural** – Rural counties are those counties designated as *Rural* or as *Counties with Extreme Access Considerations (CEAC)* per MA Network Adequacy criteria, as codified in federal regulations.
- Suburban** – Suburban counties are those counties designated as *Micro* per MA Network Adequacy criteria.
- Urban** – Urban counties are those counties designated as *Large Metro* or as *Metro* per MA Network Adequacy criteria.

All counties’ rurality classifications are tabulated in [Appendix D](#), page 31.

Counties’ Rurality Classification per MA Network Adequacy Criteria, as of Contract Year 2021



Rural/Suburban/Urban Definitions per MA Network Adequacy Criteria

Definition	42 CFR 422.116(c) Classification	Map Color
Urban	Large Metro	
	Metro	
Suburban	Micro	
Rural	Rural	
	CEAC	

Appendix A: Percent of Medicare Enrollees Dually Eligible for Medi-Cal... Map Values

County	Dually Eligible Medicare Beneficiaries (and % of County Total)		Medicare-Only (Non-Dual) Medicare Beneficiaries (and % of County Total)		Total Medicare Beneficiaries
Alameda	53,835	22.2%	188,862	77.8%	242,697
Alpine	39	14.6%	229	85.4%	268
Amador	1,230	10.4%	10,598	89.6%	11,828
Butte	9,835	21.8%	35,354	78.2%	45,189
Calaveras	1,574	11.7%	11,920	88.3%	13,494
Colusa	1,039	27.7%	2,714	72.3%	3,753
Contra Costa	28,968	14.4%	172,220	85.6%	201,188
Del Norte	1,640	25.9%	4,694	74.1%	6,334
El Dorado	4,623	10.0%	41,708	90.0%	46,331
Fresno	38,362	27.2%	102,728	72.8%	141,090
Glenn	1,473	25.6%	4,278	74.4%	5,751
Humboldt	6,593	22.4%	22,850	77.6%	29,443
Imperial	13,857	44.0%	17,637	56.0%	31,494
Inyo	707	15.6%	3,817	84.4%	4,524
Kern	33,161	27.7%	86,441	72.3%	119,602
Kings	5,022	28.4%	12,658	71.6%	17,680
Lake	4,748	27.6%	12,433	72.4%	17,181
Lassen	1,074	20.7%	4,108	79.3%	5,182
Los Angeles	447,757	30.0%	1,044,774	70.0%	1,492,531
Madera	5,409	21.8%	19,351	78.2%	24,760
Marin	5,073	8.5%	54,770	91.5%	59,843
Mariposa	740	15.0%	4,195	85.0%	4,935
Mendocino	5,327	23.0%	17,872	77.0%	23,199
Merced	11,643	31.1%	25,812	68.9%	37,455
Modoc	560	21.7%	2,018	78.3%	2,578
Mono	213	10.3%	1,863	89.7%	2,076
Monterey	13,342	19.9%	53,689	80.1%	67,031
Napa	4,684	15.7%	25,210	84.3%	29,894
Nevada	3,238	10.8%	26,808	89.2%	30,046

This full table of the 58 counties in California continues with Orange County on the next page.

Source: ATI Advisory analysis of MBSF administrative data licensed from CMS, based on enrollment records for March 2021.

Appendix A: Percent of Medicare Enrollees Dually Eligible for Medi-Cal... Map Values (continued)

County	Dually Eligible Medicare Beneficiaries (and % of County Total)		Medicare-Only (Non-Dual) Medicare Beneficiaries (and % of County Total)		Total Medicare Beneficiaries
Orange	102,679	19.7%	419,626	80.3%	522,305
Placer	7,526	8.6%	79,728	91.4%	87,254
Plumas	1,016	15.9%	5,371	84.1%	6,387
Riverside	75,066	19.5%	309,421	80.5%	384,487
Sacramento	58,497	22.8%	198,096	77.2%	256,593
San Benito	1,622	17.4%	7,683	82.6%	9,305
San Bernardino	76,503	25.4%	225,174	74.6%	301,677
San Diego	93,711	17.4%	445,228	82.6%	538,939
San Francisco	46,689	32.0%	99,097	68.0%	145,786
San Joaquin	25,028	22.4%	86,485	77.6%	111,513
San Luis Obispo	7,578	11.4%	58,797	88.6%	66,375
San Mateo	17,103	13.3%	111,335	86.7%	128,438
Santa Barbara	12,359	15.9%	65,471	84.1%	77,830
Santa Clara	54,983	20.4%	215,031	79.6%	270,014
Santa Cruz	8,275	15.7%	44,350	84.3%	52,625
Shasta	10,142	21.3%	37,377	78.7%	47,519
Sierra	167	18.4%	741	81.6%	908
Siskiyou	2,786	20.3%	10,905	79.7%	13,691
Solano	13,648	16.7%	68,032	83.3%	81,680
Sonoma	13,316	12.3%	95,252	87.7%	108,568
Stanislaus	21,078	24.3%	65,561	75.7%	86,639
Sutter	4,506	25.9%	12,923	74.1%	17,429
Tehama	3,598	24.0%	11,420	76.0%	15,018
Trinity	735	20.9%	2,786	79.1%	3,521
Tulare	20,502	32.4%	42,740	67.6%	63,242
Tuolumne	2,128	13.3%	13,929	86.7%	16,057
Ventura	23,875	15.4%	130,991	84.6%	154,866
Yolo	6,044	18.6%	26,519	81.4%	32,563
Yuba	3,532	27.5%	9,328	72.5%	12,860
Grand Total	1,420,458	22.4%	4,911,008	77.6%	6,331,466

Appendix B: MA Penetration by County, March 2021 Map Values (Left Map, Medicare-Only)

County	MA Beneficiaries, Among Medicare-Only (and % of County Medicare-Only)		FFS Beneficiaries, Among Medicare-Only (and % of County Medicare-Only)		Medicare-Only Beneficiaries
Alameda	103,826	55.0%	85,036	45.0%	188,862
Alpine	20	8.7%	209	91.3%	229
Amador	2,831	26.7%	7,767	73.3%	10,598
Butte	3,324	9.4%	32,030	90.6%	35,354
Calaveras	1,226	10.3%	10,694	89.7%	11,920
Colusa	250	9.2%	2,464	90.8%	2,714
Contra Costa	94,207	54.7%	78,013	45.3%	172,220
Del Norte	148	3.2%	4,546	96.8%	4,694
El Dorado	16,891	40.5%	24,817	59.5%	41,708
Fresno	40,816	39.7%	61,912	60.3%	102,728
Glenn	262	6.1%	4,016	93.9%	4,278
Humboldt	1,054	4.6%	21,796	95.4%	22,850
Imperial	5,668	32.1%	11,969	67.9%	17,637
Inyo	364	9.5%	3,453	90.5%	3,817
Kern	40,464	46.8%	45,977	53.2%	86,441
Kings	3,576	28.3%	9,082	71.7%	12,658
Lake	1,511	12.2%	10,922	87.8%	12,433
Lassen	121	2.9%	3,987	97.1%	4,108
Los Angeles	594,525	56.9%	450,249	43.1%	1,044,774
Madera	8,636	44.6%	10,715	55.4%	19,351
Marin	24,784	45.3%	29,986	54.7%	54,770
Mariposa	413	9.8%	3,782	90.2%	4,195
Mendocino	2,100	11.8%	15,772	88.2%	17,872
Merced	5,254	20.4%	20,558	79.6%	25,812
Modoc	65	3.2%	1,953	96.8%	2,018
Mono	101	5.4%	1,762	94.6%	1,863
Monterey	7,208	13.4%	46,481	86.6%	53,689
Napa	11,584	46.0%	13,626	54.0%	25,210
Nevada	5,336	19.9%	21,472	80.1%	26,808

This full table of the 58 counties in California continues with Orange County on the next page.

Source: ATI Advisory analysis of MBSF administrative data licensed from CMS, based on enrollment records for March 2021.

Medicare Population	Medicare Advantage	Dual Eligibility	Duals in MA
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Appendix B: MA Penetration by County, March 2021 Map Values (Left Map, Medicare-Only, continued)

County	MA Beneficiaries, Among Medicare-Only (and % of County Medicare-Only)		FFS Beneficiaries, Among Medicare-Only (and % of County Medicare-Only)		Medicare-Only Beneficiaries
Orange	230,618	55.0%	189,008	45.0%	419,626
Placer	43,273	54.3%	36,455	45.7%	79,728
Plumas	345	6.4%	5,026	93.6%	5,371
Riverside	186,340	60.2%	123,081	39.8%	309,421
Sacramento	117,393	59.3%	80,703	40.7%	198,096
San Benito	1,324	17.2%	6,359	82.8%	7,683
San Bernardino	146,519	65.1%	78,655	34.9%	225,174
San Diego	228,208	51.3%	217,020	48.7%	445,228
San Francisco	53,408	53.9%	45,689	46.1%	99,097
San Joaquin	43,915	50.8%	42,570	49.2%	86,485
San Luis Obispo	12,503	21.3%	46,294	78.7%	58,797
San Mateo	52,379	47.0%	58,956	53.0%	111,335
Santa Barbara	13,443	20.5%	52,028	79.5%	65,471
Santa Clara	104,119	48.4%	110,912	51.6%	215,031
Santa Cruz	9,460	21.3%	34,890	78.7%	44,350
Shasta	3,025	8.1%	34,352	91.9%	37,377
Sierra	35	4.7%	706	95.3%	741
Siskiyou	344	3.2%	10,561	96.8%	10,905
Solano	35,895	52.8%	32,137	47.2%	68,032
Sonoma	50,562	53.1%	44,690	46.9%	95,252
Stanislaus	37,478	57.2%	28,083	42.8%	65,561
Sutter	1,262	9.8%	11,661	90.2%	12,923
Tehama	1,086	9.5%	10,334	90.5%	11,420
Trinity	107	3.8%	2,679	96.2%	2,786
Tulare	11,702	27.4%	31,038	72.6%	42,740
Tuolumne	1,106	7.9%	12,823	92.1%	13,929
Ventura	52,813	40.3%	78,178	59.7%	130,991
Yolo	14,278	53.8%	12,241	46.2%	26,519
Yuba	1,617	17.3%	7,711	82.7%	9,328
Grand Total	2,431,122	49.5%	2,479,886	50.5%	4,911,008

Source: ATI Advisory analysis of MBSF administrative data licensed from CMS, based on enrollment records for March 2021.

Appendix C: MA Penetration by County, March 2021 Map Values (Right Map, Dually Eligible)

County	MA, Among Dual Beneficiaries (and % of County Dual Beneficiaries)		FFS, Among Dual Beneficiaries (and % of County Dual Beneficiaries)		Dual Beneficiaries
Alameda	15,350	28.5%	38,485	71.5%	53,835
Alpine	*	*	*	*	*
Amador	176	14.3%	1,054	85.7%	1,230
Butte	1,048	10.7%	8,787	89.3%	9,835
Calaveras	49	3.1%	1,525	96.9%	1,574
Colusa	12	1.2%	1,027	98.8%	1,039
Contra Costa	8,726	30.1%	20,242	69.9%	28,968
Del Norte	21	1.3%	1,619	98.7%	1,640
El Dorado	963	20.8%	3,660	79.2%	4,623
Fresno	14,097	36.7%	24,265	63.3%	38,362
Glenn	22	1.5%	1,451	98.5%	1,473
Humboldt	214	3.2%	6,379	96.8%	6,593
Imperial	3,079	22.2%	10,778	77.8%	13,857
Inyo	23	3.3%	684	96.7%	707
Kern	11,371	34.3%	21,790	65.7%	33,161
Kings	1,306	26.0%	3,716	74.0%	5,022
Lake	212	4.5%	4,536	95.5%	4,748
Lassen	17	1.6%	1,057	98.4%	1,074
Los Angeles	219,230	49.0%	228,527	51.0%	447,757
Madera	1,384	25.6%	4,025	74.4%	5,409
Marin	1,335	26.3%	3,738	73.7%	5,073
Mariposa	21	2.8%	719	97.2%	740
Mendocino	424	8.0%	4,903	92.0%	5,327
Merced	1,661	14.3%	9,982	85.7%	11,643
Modoc	*	*	*	*	*
Mono	*	*	*	*	*
Monterey	488	3.7%	12,854	96.3%	13,342
Napa	1,054	22.5%	3,630	77.5%	4,684
Nevada	324	10.0%	2,914	90.0%	3,238

This full table of the 58 counties in California continues with Orange County on the next page.

Appendix C: MA Penetration by County, March 2021 Map Values (Right Map, Dually Eligible, continued)

County	MA, Among Dual Beneficiaries (and % of County Dual Beneficiaries)		FFS, Among Dual Beneficiaries (and % of County Dual Beneficiaries)		Dual Beneficiaries
Orange	50,064	48.8%	52,615	51.2%	102,679
Placer	2,736	36.4%	4,790	63.6%	7,526
Plumas	19	1.9%	997	98.1%	1,016
Riverside	48,392	64.5%	26,674	35.5%	75,066
Sacramento	26,617	45.5%	31,880	54.5%	58,497
San Benito	232	14.3%	1,390	85.7%	1,622
San Bernardino	47,536	62.1%	28,967	37.9%	76,503
San Diego	53,797	57.4%	39,914	42.6%	93,711
San Francisco	13,170	28.2%	33,519	71.8%	46,689
San Joaquin	9,597	38.3%	15,431	61.7%	25,028
San Luis Obispo	888	11.7%	6,690	88.3%	7,578
San Mateo	10,762	62.9%	6,341	37.1%	17,103
Santa Barbara	927	7.5%	11,432	92.5%	12,359
Santa Clara	26,918	49.0%	28,065	51.0%	54,983
Santa Cruz	393	4.7%	7,882	95.3%	8,275
Shasta	979	9.7%	9,163	90.3%	10,142
Sierra	*	*	*	*	*
Siskiyou	43	1.5%	2,743	98.5%	2,786
Solano	4,369	32.0%	9,279	68.0%	13,648
Sonoma	3,784	28.4%	9,532	71.6%	13,316
Stanislaus	7,369	35.0%	13,709	65.0%	21,078
Sutter	406	9.0%	4,100	91.0%	4,506
Tehama	471	13.1%	3,127	86.9%	3,598
Trinity	*	*	*	*	*
Tulare	5,306	25.9%	15,196	74.1%	20,502
Tuolumne	44	2.1%	2,084	97.9%	2,128
Ventura	6,535	27.4%	17,340	72.6%	23,875
Yolo	1,495	24.7%	4,549	75.3%	6,044
Yuba	453	12.8%	3,079	87.2%	3,532
Grand Total*	605,933	42.7%	814,525	57.3%	1,420,458

Appendix D: Rurality Classification for Californian Counties

County	42 CFR 422.116(c) Classification	Three-Way Rurality in This Chartbook
Alameda	Large Metro	Urban
Alpine	CEAC	Rural
Amador	Micro	Suburban
Butte	Metro	Urban
Calaveras	Rural	Rural
Colusa	Rural	Rural
Contra Costa	Large Metro	Urban
Del Norte	Rural	Rural
El Dorado	Metro	Urban
Fresno	Metro	Urban
Glenn	Rural	Rural
Humboldt	Micro	Suburban
Imperial	Micro	Suburban
Inyo	CEAC	Rural
Kern	Metro	Urban
Kings	Metro	Urban
Lake	Micro	Suburban
Lassen	CEAC	Rural
Los Angeles	Large Metro	Urban
Madera	Micro	Suburban
Marin	Metro	Urban
Mariposa	Rural	Rural
Mendocino	Micro	Suburban
Merced	Metro	Urban
Modoc	CEAC	Rural
Mono	CEAC	Rural
Monterey	Metro	Urban
Napa	Metro	Urban
Nevada	Metro	Urban

This full table of the 58 counties in California continues with Orange County on the next page.

Appendix D: Rurality Classification for Californian Counties (continued)

County	42 CFR 422.116(c) Classification	Three-Way Rurality in This Chartbook
Orange	Large Metro	Urban
Placer	Metro	Urban
Plumas	CEAC	Rural
Riverside	Metro	Urban
Sacramento	Large Metro	Urban
San Benito	Micro	Suburban
San Bernardino	Metro	Urban
San Diego	Metro	Urban
San Francisco	Large Metro	Urban
San Joaquin	Metro	Urban
San Luis Obispo	Metro	Urban
San Mateo	Large Metro	Urban
Santa Barbara	Metro	Urban
Santa Clara	Large Metro	Urban
Santa Cruz	Metro	Urban
Shasta	Micro	Suburban
Sierra	CEAC	Rural
Siskiyou	CEAC	Rural
Solano	Metro	Urban
Sonoma	Metro	Urban
Stanislaus	Metro	Urban
Sutter	Metro	Urban
Tehama	Micro	Suburban
Trinity	CEAC	Rural
Tulare	Metro	Urban
Tuolumne	Micro	Suburban
Ventura	Metro	Urban
Yolo	Metro	Urban
Yuba	Metro	Urban