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# SNAPSHOT: Utilization Trends and Access in Medi-Cal

Common misconceptions about California’s Medicaid Program – “Medi-Cal” – question whether the program provides meaningful access to necessary health care services. Our utilization data clearly shows that it does.

California’s 16 local health plans cover 70% of the state’s 10.6 million Medi-Cal managed care enrollees, including 2.1 million of the 3.7 million Californians who gained coverage through the ACA’s Medicaid expansion in 2014. Local plans examined their utilization data and observed some key trends that underscore the value of Medi-Cal coverage.

## EMERGENCY ROOM USE DOWN

The 2014 Medicaid expansion significantly reduced the rate of ER visits as those who gained coverage began using physician visits and clinics as their primary source of care instead of the ER.

### KEY FACTS:

**22%** Average decline in ER use for local health plans’ expansion members since 2014. Some plans saw over 35% decline in ER use. Plans with the smallest declines (~5%) started with low ER usage rates.

**80%** Medi-Cal beneficiaries use a doctor or clinic – not the ER – as their primary source of care.

In 2016, local health plans provided Medi-Cal beneficiaries:

**7 million**  
Primary care visits

**2 million**  
Immunizations

**2.2 million**  
Blood pressure prescriptions

**1.7 million**  
Diabetes prescriptions

**1.2 million**  
Asthma prescriptions

**9.3 million**  
Specialist visits



*Some health care services can cost 500% more in the ER than in a doctor’s office.*

**Inland Empire Health Plan**

*To cut down on unnecessary ER use, we have staff on site to make follow-up doctors’ appointments before our members leave the hospital.*

**Kern Health Systems**

*The decline in ER use is nearly double for members who continuously maintained their Medi-Cal coverage.*

**San Francisco Health Plan**



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