

# MEDI-CAL CONTINUOUS COVERAGE UNWINDING: PROCEDURAL DISENROLLMENT SURVEY

Combined Findings from Six Months of Surveys

August 2024



# ABOUT THE SURVEY

The [California Department of Health Care Services](#) (DHCS) partnered with the [California Health Care Foundation](#) and their grantee [SSRS](#) to conduct a **rolling monthly survey of people who were disenrolled from Medi-Cal for procedural reasons** during the continuous coverage unwinding period. Surveys were administered for a total of six months, covering redetermination months of October 2023 through March 2024.

The purpose of the survey was two-fold:

- Hear directly from people being procedurally disenrolled to help identify renewal barriers and reasons for procedural disenrollment to **inform real-time changes** to help people keep coverage.
- Use the survey **as a nudge** to encourage Medi-Cal eligible members who were procedurally disenrolled to take action on their renewal so they could restart coverage.

DHCS prioritized an efficient, language-inclusive, feasible design that would produce usable near real-time results (see Methodology).

While the survey generated useful insights and rapid direct-from-consumer information otherwise unavailable, there were study design limitations.

- Findings **should not be assumed to be broadly representative** of the entire Medi-Cal procedurally disenrolled population but rather reflect the experience of the individuals/households who completed the survey. The survey respondent population was demographically similar to the Medi-Cal disenrolled population (see Appendix A).
- It is important to view survey findings as one source of information among many, including the important real-time information provided by community partners assisting people with renewals.

*Procedural reasons* refers to being disenrolled for reasons *other than* being determined ineligible.

Examples of procedural reasons include missing or late required information or paperwork.

We do not know whether people procedurally disenrolled from Medi-Cal are eligible for Medi-Cal or not.

# METHODOLOGY

The survey design leveraged available contact information to reach out via multiple modes (email, text, and mail) to the procedurally disenrolled population for whom DHCS had valid contact information (akin to a census). DHCS opted for this ‘fit for purpose’ approach to generate information to inform changes during the unwinding, rather than a more complex, costly research protocol and slower timeline that would be needed to produce broadly generalizable results for the entire procedurally disenrolled population.

**Efforts were made to reach all procedurally disenrolled Medi-Cal beneficiaries, but survey respondents may not be representative of the entire procedurally disenrolled population.**

- Contact information for the survey outreach was drawn from the automated eligibility system Medi-Cal uses (CalSAWS). Some contact information was missing, incomplete, or outdated, preventing delivery of a survey invitation.
- Survey invitations were sent to every procedurally disenrolled individual for whom contact information was available, via each mode of contact available (mail, email, and/or text) in Months 2 through 6. Invitations were sent only by email and/or text in Month 1.
- Beginning in Month 5, a reminder survey invitation was sent by email and/or text where contact information was available. This additional outreach increased the number of completed surveys in Months 5 and 6.

No additional specific efforts were made to increase the response rate or create a representative sample of respondents (e.g., providing financial pre-incentives to encourage participation in the survey, mailing out paper surveys in multiple languages, and other best practices that maximize survey participation). The survey respondent population was demographically similar to the Medi-Cal disenrolled population (see Appendix A).

Data presented here are not weighted.

Caution should be used in interpreting results, particularly for questions where there are a small number of respondents. These highlights include findings where the number of respondents is at least 100.

Terminology for racial and ethnic categories reflect those used in Medi-Cal data.

# ABOUT THE COMBINED FINDINGS

The survey was made available each month from November 2023 (Month 1, surveying people with an October 2023 redetermination month) to April 2024 (Month 6, surveying people with a March 2024 renewal determination month) to people disenrolled from Medi-Cal for procedural reasons. Findings here reflect the combined data from all six months. Monthly findings are posted by DHCS [here](#).

- In Month 1, survey invitations were sent by email and/or text only and only in English, Spanish, Traditional Chinese, and Vietnamese, the languages in which the survey was available at that time.
- Beginning in Month 2, all individuals procedurally disenrolled each month for whom email, text, and/or mail addresses were available were sent a survey invitation. Survey invitations and the survey were available in all 13 Medi-Cal threshold languages.

**Findings here reflect the combined pool of survey responses received during all six months of the survey.** A total of 8,481 people completed the survey online from November 29, 2023, through May 28, 2024. As with the monthly results, survey respondents may not be representative of the entire procedurally disenrolled population.

- As context, a total of 704,838 people were disenrolled from Medi-Cal for procedural reasons during this time period (based on redetermination months of October 2023 through March 2024).<sup>1</sup>
- Appendix A includes a demographic comparison of the survey respondent population to the entire population of people disenrolled from Medi-Cal during the six-month survey period. Demographic data about the procedurally disenrolled population was not available. However, 86% of all disenrollments during this period were procedural disenrollments.
- When comparing survey responses across groups (e.g., by race, ethnicity, or language), only statistically significant differences are shown.

<sup>1</sup>. [DHCS Renewal Data Dashboards](#). Note that renewals are processed on a flow basis and data for survey invitations and dashboard were not pulled simultaneously.

# HIGH-LEVEL FINDINGS FROM THE COMBINED DATA

- Three in ten survey respondents (30%) said they did not know they would lose Medi-Cal if they failed to complete their renewal.
- More than a third of survey respondents (36%) said they would like to restart Medi-Cal but did not know how.
- Nearly half of all survey respondents (46%) said they did not receive a renewal form.
- Of those who received a renewal form, more than six in ten respondents (63%) reported completing it and nearly one in four (23%) reported trying to complete it.
  - Of those who received a renewal form and completed or tried to complete it, three in ten (31%) said that they called but got no answer, were on hold too long, or got disconnected.
- Those who received a renewal form but did not try to complete it most commonly reported they did not try because they had other health coverage (44%) or they did not think they would be eligible (36%).
  - Job-based coverage was the most commonly identified form of other coverage (68% of those who said they did not complete the renewal form because they had other coverage reported having job-based coverage).
  - An increase in income was the most commonly identified reason that people thought they would not be eligible (75% of those who said they did not complete the renewal form because they did not think they would be eligible said their income went up.)

# FINDINGS BY REGION

- Using the six months of combined data, researchers were able to explore key findings across seven regions:
  - Northern and Sierra Counties: Butte, Shasta, Humboldt, Lake, Mendocino, Yuba, Nevada, Sutter, Colusa, Glenn, Tehama, Del Norte, Lassen, Modoc, Plumas, Sierra, Siskiyou, Trinity, Alpine, Amador, Calaveras, Inyo, Mariposa, Mono, Tuolumne counties.
  - Greater Bay Area: Santa Clara, Alameda, Contra Costa, San Francisco, San Mateo, Sonoma, Solano, Marin, Napa counties.
  - Sacramento Area: Sacramento, Placer, Yolo, El Dorado counties.
  - San Joaquin Valley: Fresno, Kern, San Joaquin, Stanislaus, Tulare, Merced, Kings, Madera counties.
  - Central Coast: Ventura, Santa Barbara, Santa Cruz, San Luis Obispo, Monterey, San Benito counties.
  - Los Angeles: Los Angeles County.
  - Other Southern California: San Diego, Orange, San Bernardino, Riverside, Imperial counties.
- Generally, key findings were similar throughout the state. For example:
  - Statewide, knowledge among respondents that Medi-Cal members will lose coverage if they do not complete their renewal form was relatively high, with seven in ten (70%) reporting that they were aware of this. This was true across all regions, ranging from 67% in Northern and Sierra Counties to 72% in San Joaquin Valley.
  - Statewide, among those who tried to complete the renewal form, nearly three in four were able to complete it (73%). Across regions, this ranged from 69% in Northern and Sierra Counties to 77% in the Sacramento Area.
- There were some statistically significant differences in findings in some regions:
  - Statewide, 46% of respondents said they did not receive a renewal form. Respondents in Los Angeles (48%) were significantly more likely to report that they did not receive a renewal form than respondents in the Central Coast (42%) and Other Southern California (42%) regions.
  - Of those who received a renewal form statewide, 14% reported not trying to complete it. Respondents in Northern and Sierra Counties (22%) and Greater Bay Area (20%) were significantly more likely to report not trying to complete the form than all other regions (ranging from 8% in San Joaquin Valley to 14% in Other Southern California).
  - Of those who received a renewal form and completed or tried to complete it, more than three in ten (31%) said that they called but got no answer, were on hold too long, or got disconnected. Almost half of respondents in the Sacramento area (47%) reported experiencing this, significantly more than all other regions (ranging from 24% in Northern and Sierra Counties to 36% in Central Coast).

# STATISTICALLY SIGNIFICANT DIFFERENCES AMONG SUBGROUPS OF RESPONDENTS

## Race and Ethnicity

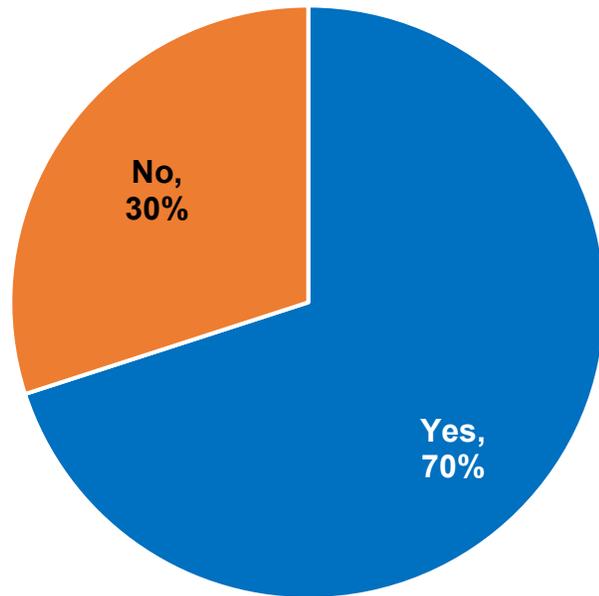
- Respondents who live in households whose members all identify as Hispanic were more likely than respondents who live in households whose members all identify as White to report each of the following:
  - They did not receive a renewal form (47% of Hispanic households versus 43% of White households);
  - They tried but were not able to complete the renewal form (28% of Hispanic households versus 18% of White households); and
  - They would like to restart Medi-Cal but do not know how (43% of Hispanic households versus 30% of White households).
- Respondents who live in households whose members all identify as Black or African American were more likely than respondents who live in households whose members all identify as White to report they tried but were unable to complete the renewal form (24% versus 18%).
- Respondents who live in multi-race households were more likely than respondents who live in households whose members all identify as White to report they would like to restart Medi-Cal but do not know how (34% versus 30%).

## Language

- Respondents who live in households whose members speak only Spanish at home were more likely than respondents who live in households whose members speak only English at home to report each of the following:
  - They tried but were not able to complete the renewal form (29% of those who speak only Spanish at home versus 21% of those who speak only English at home); and
  - They would like to restart Medi-Cal but do not know how (46% of those who speak only Spanish at home versus 32% of those who speak only English at home).
- Respondents who live in households whose members speak only a language other than English or Spanish at home were more likely than respondents who live in households whose members speak only English at home to report they did not receive a renewal form (50% versus 44%).

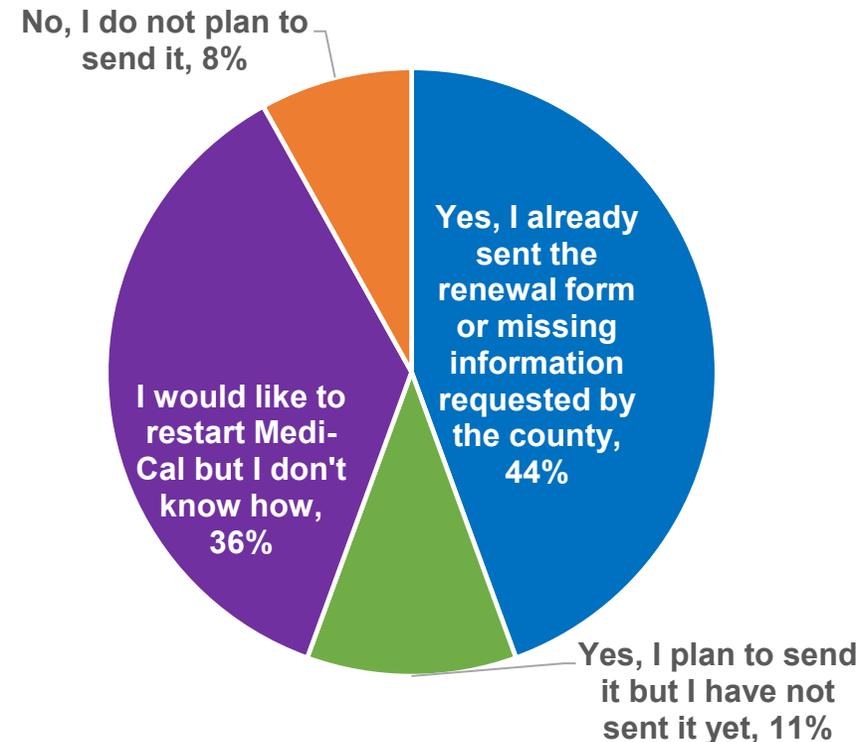
# SURVEY RESPONDENTS LACK KEY INFORMATION

**Did you know that Medi-Cal members lose their coverage if they do not complete their renewal form? (N=8,481)**



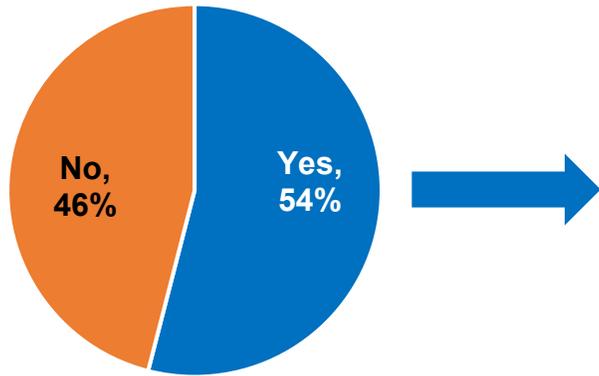
Your Medi-Cal coverage ends if you don't turn in your renewal form or you are missing information that the county asked you to send. Your local county Medi-Cal office mails you a letter when this happens. If you send your local county Medi-Cal office the renewal form or missing information within 90 days from the date on the letter, your Medi-Cal may restart.

**Do you plan to send your local Medi-Cal office the renewal form or missing information to restart your Medi-Cal? (N=8,481)**

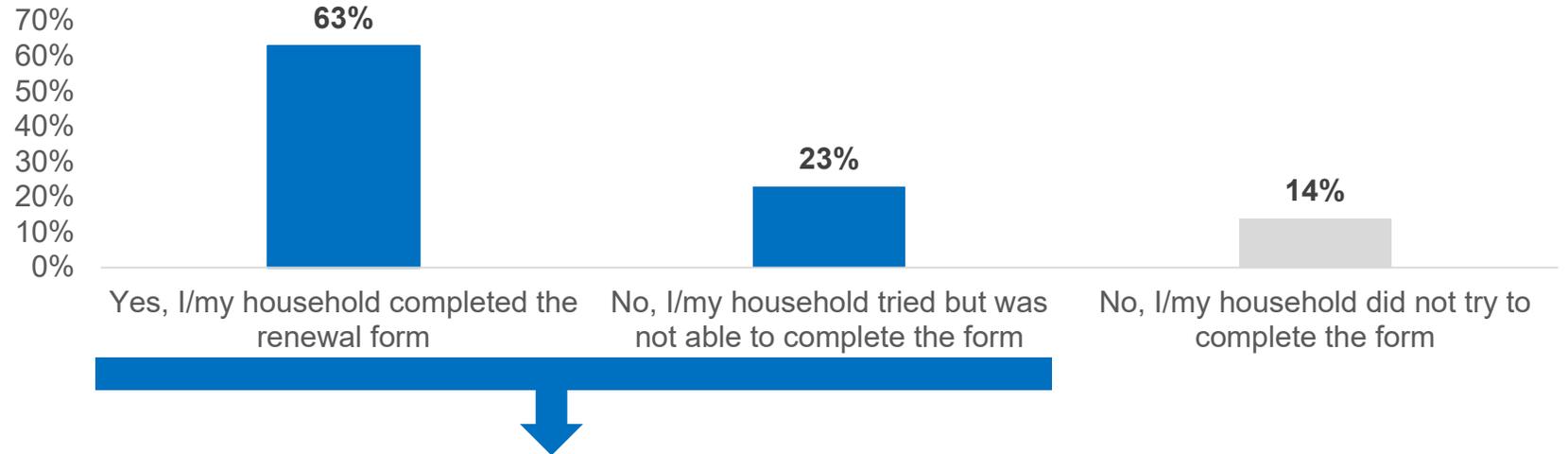


# GETTING AND COMPLETING THE RENEWAL FORM WAS CHALLENGING FOR RESPONDENTS

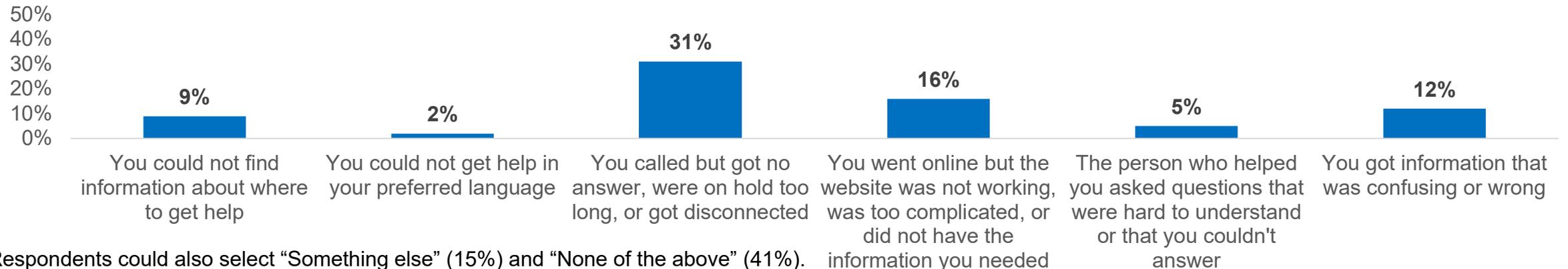
As far as you know, did (you/your household) receive a Medi-Cal renewal form for 2023? (N=8,481)



Did you/your household complete the renewal form? (Asked of those who received form. N=4,597)

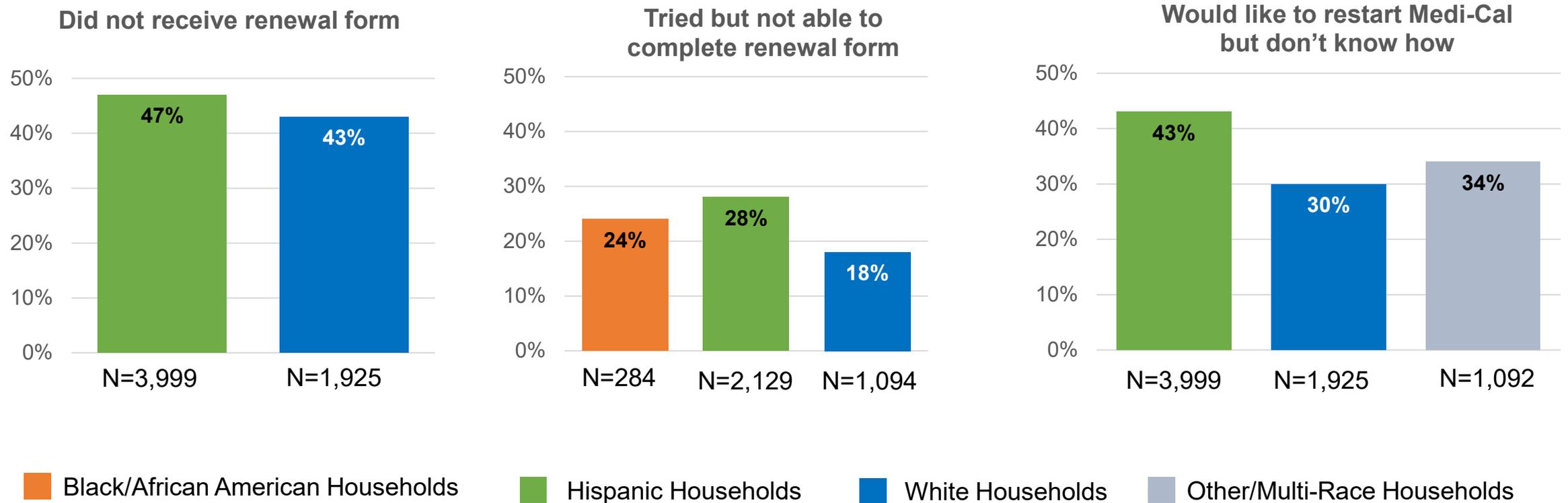


Which of the following, if any, happened to you when (you were completing/you tried to complete) your renewal? (Select all that apply.) (Asked of those who competed or tried to complete their form. N=3,966)\*



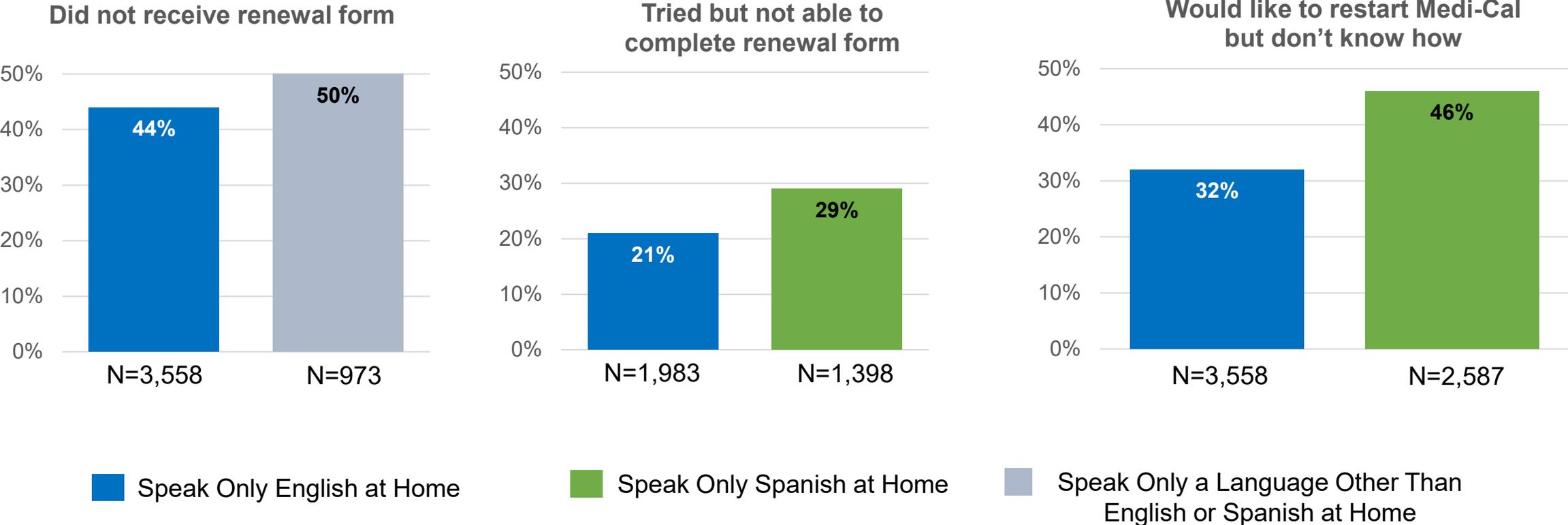
\*Respondents could also select "Something else" (15%) and "None of the above" (41%).

# RESPONDENTS IN HISPANIC HOUSEHOLDS, BLACK/AFRICAN AMERICAN HOUSEHOLDS, AND MULTI-RACE HOUSEHOLDS WERE STATISTICALLY SIGNIFICANTLY MORE LIKELY TO EXPERIENCE CHALLENGES\*



\* Differences in responses compared to White non-Hispanic household responses are statistically significant. Terminology for racial and ethnic categories reflect those used in Medi-Cal data.

# RESPONDENTS WHO SPEAK ONLY SPANISH AT HOME, OR WHO SPEAK ONLY A LANGUAGE OTHER THAN ENGLISH OR SPANISH AT HOME, WERE STATISTICALLY SIGNIFICANTLY MORE LIKELY TO EXPERIENCE CHALLENGES\*



\* Differences in responses compared to responses of those who speak only English at home are statistically significant.

# APPENDIX A: COMPARISON OF SURVEY RESPONDENT POPULATION TO MEDI-CAL DISENROLLMENT POPULATION

Combined Data for Redetermination Months October 2023 through March 2024

# COMPARING THE SURVEY POPULATION TO THE DISENROLLED POPULATION

DHCS makes available demographic data it has about the population of individuals disenrolled from Medi-Cal each month. The data are posted by DHCS [here](#).

DHCS does not make available demographic data about the subset of disenrolled individuals who were disenrolled for procedural reasons, such as missing or late required information or paperwork.

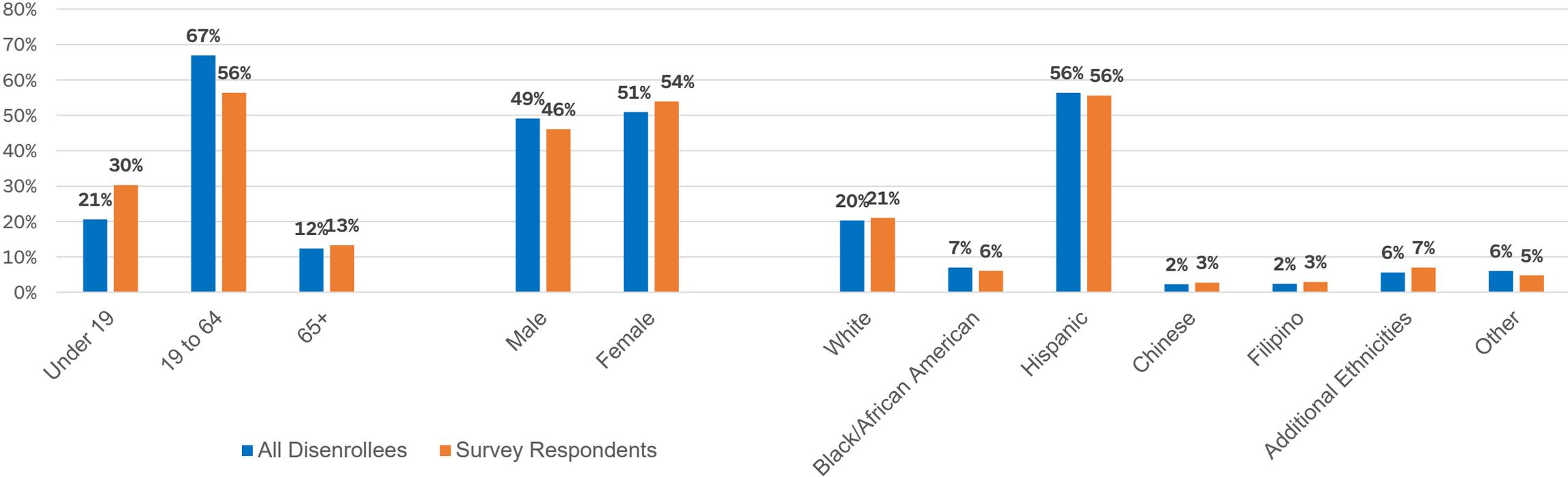
All procedurally disenrolled individuals in redetermination months October 2023 through March 2024 for whom contact information was available were invited to participate in the survey. All survey respondents were asked to provide demographic information about themselves and their household members who had Medi-Cal.

Because demographic data about the procedurally disenrolled population are not available, it is not possible to directly assess the extent to which the survey respondents are representative of the procedurally disenrolled population. However, 86% of all disenrollments during the six months of the survey were procedural disenrollments. Therefore, a comparison of the demographics of the survey respondent population to the corresponding disenrolled population (not limited to the procedurally disenrolled population) is the best available assessment. Generally, the populations are demographically similar, as demonstrated in the following figures.

When reviewing the data, please note the following:

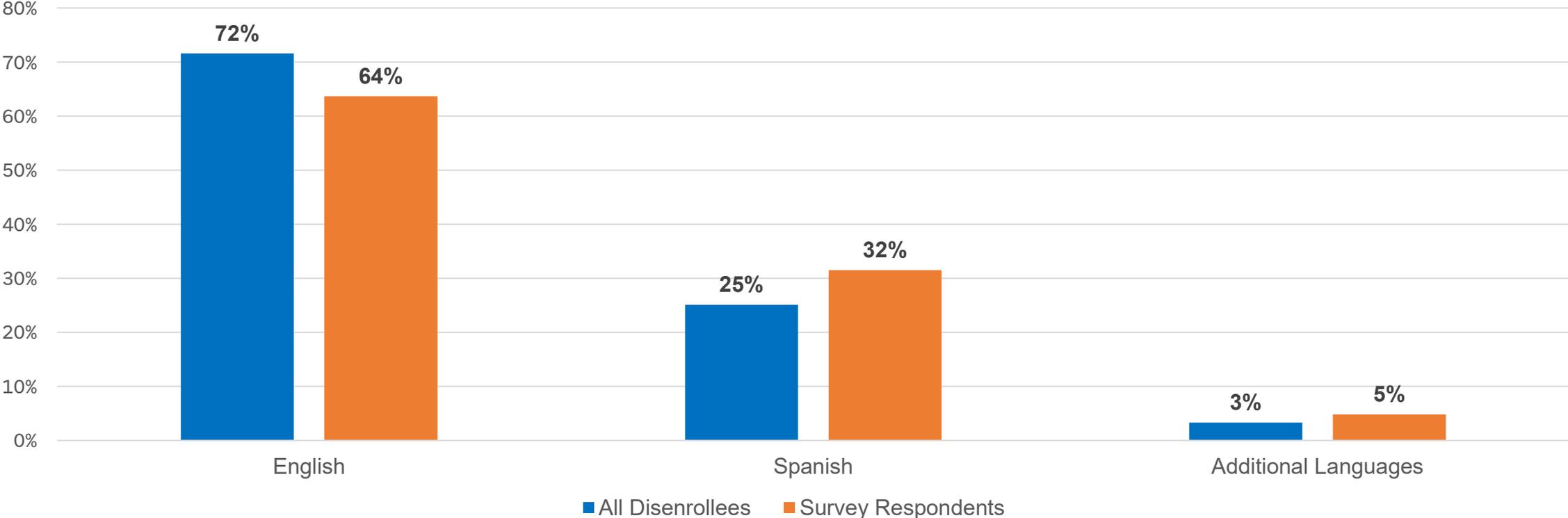
- Demographic data about the disenrolled population are collected and reported at the individual level, not the household level. Survey respondents were asked to provide demographic data about themselves and the people who live with them who also had Medi-Cal. Because of this methodological difference in how data were collected, some comparisons may be imprecise.
- DHCS provides data about the preferred written language of disenrollees. The survey data reported here use the language in which the individual took the survey as the closest proxy for preferred written language, rather than using responses about the language(s) spoken at home. Because the survey was not available in all 19 threshold languages until Month 2, only results for Months 2 through 6 are included in this comparison.

# COMPARISON OF MEDICAL DISENROLLEES AND SURVEY RESPONDENTS BY AGE, SEX, AND RACE/ETHNICITY (SURVEY MONTHS 1-6)\*



\* "All Disenrollees" includes data provided by DHCS for people disenrolled during redetermination months October 2023 through March 2024, not limited to procedurally disenrolled individuals. "Survey Respondents" includes data collected during the corresponding six months of the survey, which was sent to all those disenrolled for procedural reasons for whom contact information was available. Terminology for racial and ethnic categories reflect those used in Medi-Cal data.

# COMPARISON OF MEDICAL DISENROLLEES AND SURVEY RESPONDENTS BY WRITTEN LANGUAGE (SURVEY MONTHS 2-6)\*



\* “All Disenrollees” includes data provided by DHCS for people disenrolled during redetermination months November 2023 through March 2024, not limited to procedurally disenrolled individuals. “Survey Respondents” includes data collected during the corresponding five months of the survey, which was sent to all those disenrolled for procedural reasons for whom contact information was available. “Written language” for disenrollees reflects the language indicated to DHCS as the preferred written language. “Written Language” for survey respondents reflects the language in which the respondent chose to take the survey.

# APPENDIX B: SURVEY RESPONDENT POPULATION

Combined Data for Survey Months 1 through 6

# HOW SURVEY RESPONDENTS DESCRIBE THEIR HOUSEHOLDS: LANGUAGE(S) SPOKEN AT HOME\* (N=8,481)

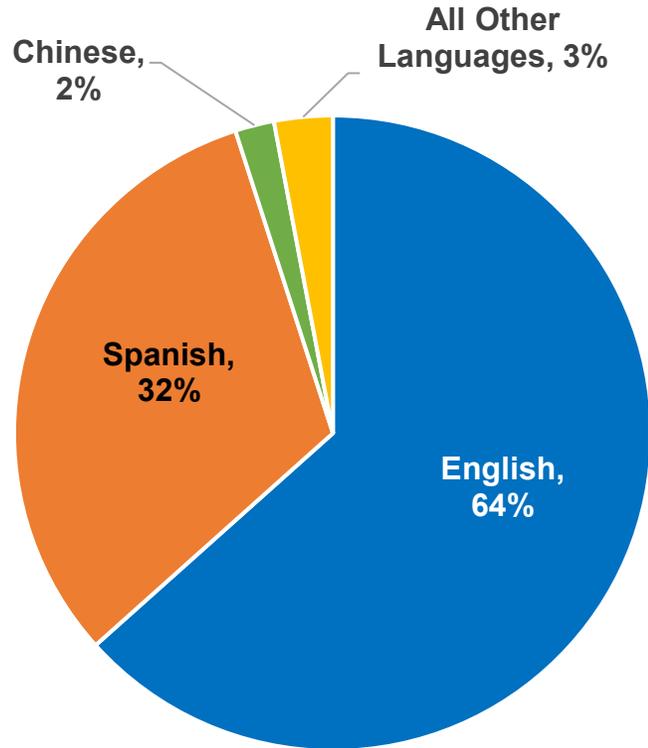
	Count	Percent
Arabic	65	1%
Armenian	125	1%
Cambodian	25	<1%
Chinese	214	3%
English	4834	57%
Farsi	91	1%
Hindi	36	<1%
Hmong	**	<1%
Japanese	15	<1%
Korean	86	1%
Laotian	22	<1%
Mien	**	<1%
Punjabi	57	1%
Russian	102	1%
Spanish	3506	41%
Tagalog	184	2%
Thai	17	<1%
Ukrainian	35	<1%
Vietnamese	99	1%
Another language	362	4%

\*Respondents were asked to select all languages spoken at home.

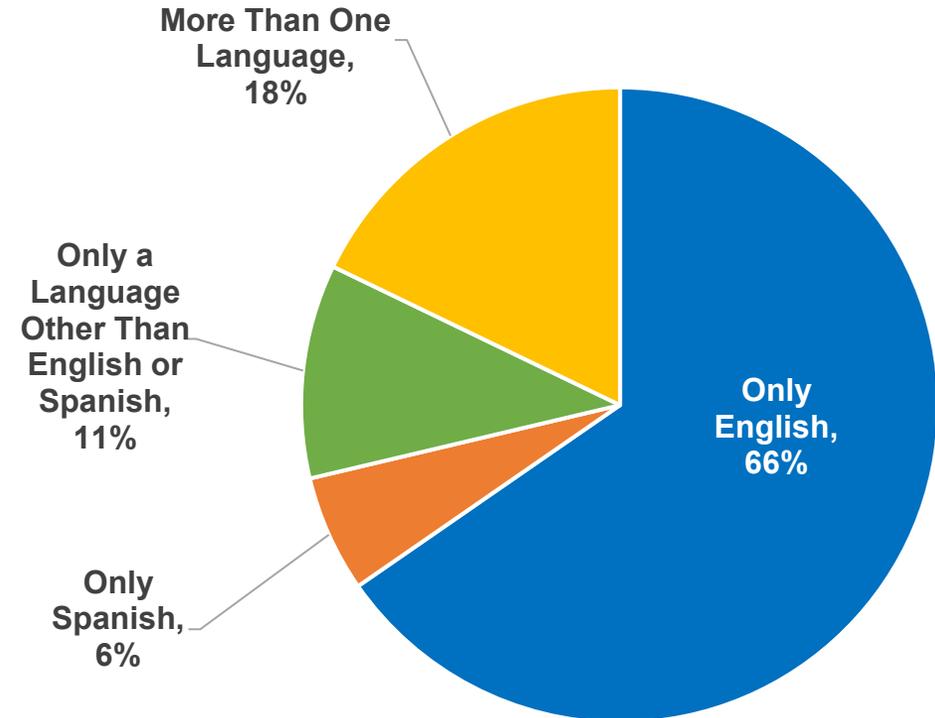
\*\*Number suppressed due to small cell size (N<11)

# ONE-THIRD OF THOSE WHO TOOK THE SURVEY IN ENGLISH SPEAK ANOTHER LANGUAGE AT HOME

Survey Language (N =8,481)

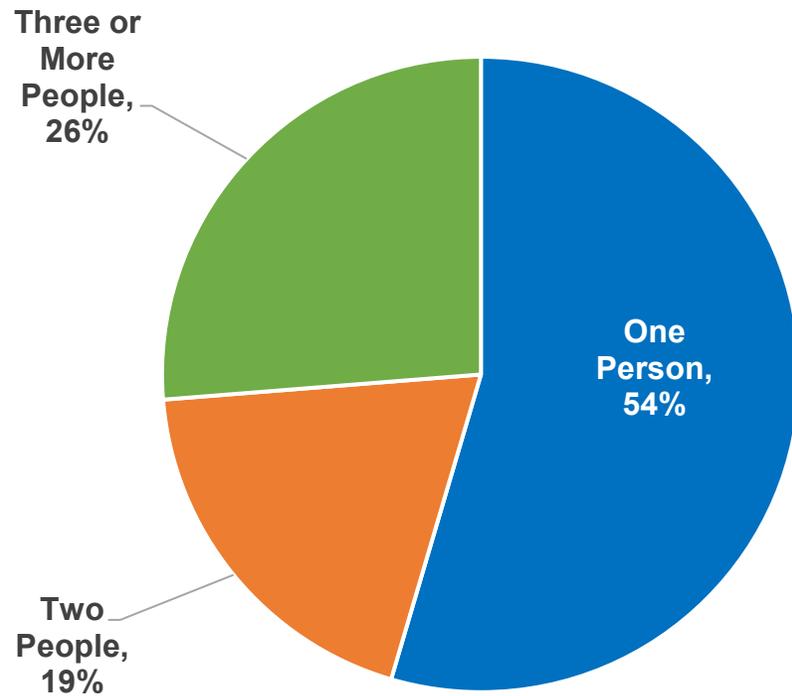


Language Spoken at Home by Respondents Who Took the Survey in English (N=5,387)

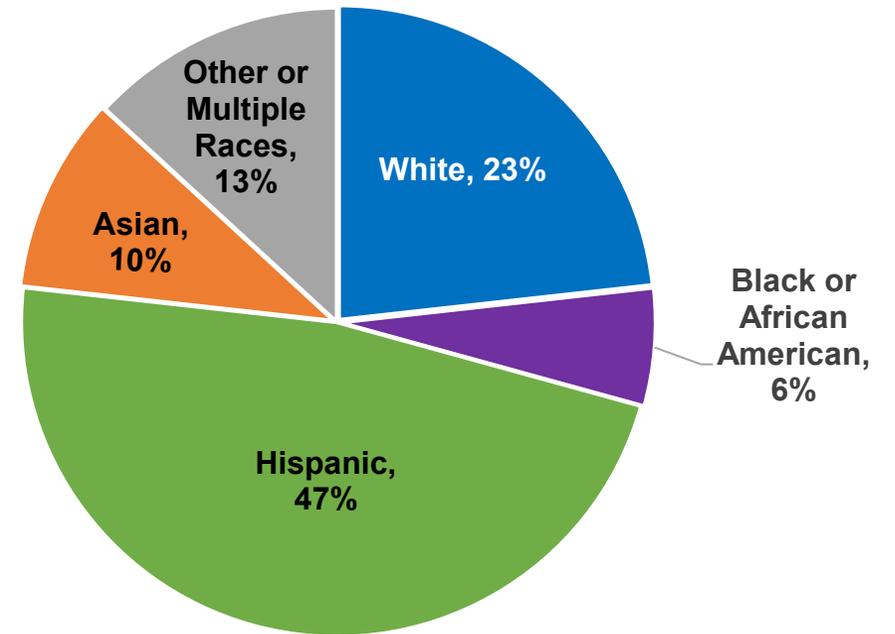


# HOW SURVEY RESPONDENTS DESCRIBE THEIR HOUSEHOLDS: HOUSEHOLD SIZE AND RACE/ETHNICITY\*

Household Size (N=8,481)



Households with Members Who All Identify as the Following Race or Ethnicity (N=8,481)



\*Terminology for racial and ethnic categories reflect those used in Medi-Cal data.

# HOW SURVEY RESPONDENTS DESCRIBE THEIR HOUSEHOLDS: GENDER AND AGE

Households With At Least One Member Who Identifies as Follows:

