

Medi-Cal Disenrollment Survey – Web Version¹

[LANGUAGE.] Please select a language to take the survey.

- 9 English
- 10 Spanish
- 4 Chinese
- 42 Vietnamese
- 43 Armenian
- 1 Arabic
- 33287 Cambodian
- 41 Farsi
- 57 Hindi
- 17 Japanese
- 18 Korean
- 70 Punjabi
- 25 Russian
- 32777 Tagalog
- 30 Thai
- 34 Ukrainian
- 13321 Hmong
- 999 Refused **[TERMINATE]**

[INTRODUCTION.] The California Department of Health Care Services (DHCS) is the California government agency that administers Medi-Cal. Each year, local Medi-Cal offices in each county review each member's eligibility. This process is called a renewal.

We would like the adult who makes decisions about Medi-Cal in your household to fill out this survey. It will only take a few minutes to complete. Your responses will help us make it easier for other people in California to renew their Medi-Cal.

We are reaching out to households whose local county office has not yet received their completed Medi-Cal renewal form. **Even if you recently sent the completed form, we are asking for your help in completing this survey.**

Your responses will be anonymous and confidential. Nothing you say will affect your Medi-Cal or any other health insurance coverage.

We want to help everyone who qualifies for Medi-Cal keep their Medi-Cal coverage. If you need help renewing your Medi-Cal, please visit KeepMediCalCoverage.org.

¹ The survey is also available by phone in Mien and Lao.

[ASK ALL]

Q1. Who in your household had Medi-Cal coverage in the past 12 months?

Please just tell us about the people in your family who live with you and had Medi-Cal.

- 1 Just you
- 2 You and at least one other person
- 3 At least one person in the household, but not you
- 4 No one **[TERMINATE]**
- 998 Don't know **[TERMINATE]**
- 999 Refused **[TERMINATE]**

[ASK ALL]

Q2. Did you know that Medi-Cal members lose their coverage if they do not complete their renewal form?

- 1 Yes
- 2 No
- 998 Not sure
- 999 Refused

[ASK ALL]

Q3. As far as you know, did you/your household receive a Medi-Cal renewal form for 2023?²

- 1 Yes, I/my household received a renewal form
- 2 No, I/my household did not receive a renewal form **[GO TO Q11]**
- 998 Not sure **[GO TO Q11]**
- 999 Refused

[ASK IF Q3=1; RECEIVED A RENEWAL FORM]

Q4. Did you/your household complete the renewal form?

- 1 Yes, I/my household completed the renewal form
- 2 No, I/my household tried but was not able to complete the form
- 3 No, I/my household did not try to complete the form **[GO TO Q8]**
- 998 Not sure
- 999 Refused

² This question was updated from "2023" to "2024" beginning in Month 4 of the survey.

[ASK IF Q4=1; COMPLETED THE RENEWAL FORM]

Q5. How was the renewal form completed/submitted?

- 1 By mail
- 2 Online
- 3 Over the phone
- 4 In person
- 998 Not sure
- 999 Refused

[ASK IF Q4=1 OR 2; COMPLETED OR TRIED TO COMPLETE RENEWAL FORM]**[OPTION 6 SHOULD BE AN EXCLUSIVE PUNCH]**

Q6. Did you get help from any of the following [INSERT IF Q4=2: when trying] to complete the renewal form? *Select all that apply.*

- 1 My local county office
- 2 A family member, neighbor, or friend
- 3 A community organization
- 4 My doctor or clinic
- 5 Another source
- 6 Did not need help
- 998 Not sure
- 999 Refused

[ASK IF Q4=1 OR 2; COMPLETED OR TRIED TO COMPLETE RENEWAL FORM]**[OPTION 8 SHOULD BE AN EXCLUSIVE PUNCH]**

Q7. Which of the following, if any, happened to you when [INSERT IF Q4=1 you were completing] [INSERT IF Q4=2: you tried to complete] your renewal? *Select all that apply.*

- 1 You could not find information about where to get help
- 2 You could not get help in your preferred language
- 3 You called but got no answer, were on hold too long, or got disconnected
- 4 You went online but the website was not working, was too complicated, or did not have the information you needed
- 5 The person who helped you asked questions that were hard to understand or that you couldn't answer
- 6 You got information that was confusing or wrong
- 7 Something else (please specify): _____

- 8 None of the above
- 998 Not sure
- 999 Refused

[ASK IF Q4=3; RECEIVED RENEWAL FORM BUT DIDN'T TRY TO COMPLETE IT]

Q8. What is the reason/reasons the Medi-Cal renewal form was not completed? *Select all that apply.*

- 1 I have/My household has other health care coverage **[GO TO Q9]**
- 2 I didn't think I/my household would be eligible for Medi-Cal any longer **[GO TO Q10]**
- 3 The Medi-Cal renewal form was too confusing, hard, or time consuming to complete
- 4 I/my household didn't have the information needed to complete it
- 5 I/my household forgot or lost track of the Medi-Cal renewal form
- 6 Another reason (please specify): _____
- 998 Not sure
- 999 Refused

[ASK IF Q8=1; HAVE OTHER HEALTH CARE COVERAGE]

Q9. Please tell us what other health care coverage you have/your household has:

- 1 Coverage through my job or someone else's job
- 2 Medicare
- 3 Coverage through Covered California
- 4 Another source
- 998 Not sure
- 999 Refused

[ASK IF Q8=2; DIDN'T THINK HOUSEHOLD WOULD BE ELIGIBLE]

Q10. Why did you think you/your household wouldn't be eligible for Medi-Cal? *Select all that apply.*

- 1 My/Our family situation changed (marriage, divorce, child moved out, death in the family, etc.)
- 2 My/Our household income went up
- 3 I/my household moved out of California
- 4 Another reason (please specify): _____
- 998 Not sure
- 999 Refused

[ASK ALL]

Q11. 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?

- 1 Yes, I already sent the renewal form or missing information requested by the county
- 2 Yes, I plan to send it but I have not sent it yet
- 4 I would like to restart Medi-Cal but I don't know how
- 3 No, I do not plan to send it
- 998 Not sure
- 999 Refused

[SHOW TO ALL]

We have just a few more questions to give us a general idea of the different backgrounds of people taking this important survey. Please remember that all the information you share in this survey is confidential.

[ASK IF Q1=1; JUST RESPONDENT ON MEDI-CAL]

Q12. Do you identify as:

- 1 Male
- 2 Female
- 3 Transgender
- 4 Non-binary
- 5 Prefer another term (please specify): _____
- 998 Not sure
- 999 Refused

[ASK IF Q1=1; JUST RESPONDENT ON MEDI-CAL]

Q13. How old are you?

- 1 19 to 64 years old
- 2 65 years old or older
- 998 Not sure
- 999 Refused

[ASK IF Q1=1; JUST RESPONDENT ON MEDI-CAL]

Q14. What is your race and/or ethnicity? *Select all that apply.*

- 1 White
- 2 Black or African American
- 3 Hispanic
- 4 American Indian or Alaska Native
- 5 Asian Indian
- 6 Cambodian
- 7 Chinese
- 8 Filipino
- 9 Hmong
- 10 Japanese
- 11 Korean
- 12 Laotian
- 13 Vietnamese
- 14 Native Hawaiian
- 15 Guamanian or Chamorro
- 16 Samoan
- 17 Another race/ethnicity (please specify): _____
- 998 Not sure
- 999 Refused

[ASK IF Q14=3; HISPANIC]

Q15. What is your Hispanic, Latino, or Spanish origin? *Select all that apply.*

- 1 Mexican, Mexican American, Chicano
- 2 Salvadoran
- 3 Guatemalan
- 4 Cuban
- 5 Puerto Rican
- 6 Other Hispanic, Latino, or Spanish origin (please specify): _____
- 998 Not sure
- 999 Refused

[ASK ALL]

Q16. What language do you/does your household speak at home? *Select all that apply.*

- 1 Arabic
- 2 Armenian
- 3 Cambodian
- 4 Chinese
- 5 English
- 6 Farsi
- 7 Hindi
- 8 Hmong
- 9 Japanese
- 10 Korean
- 11 Laotian
- 12 Mien
- 13 Punjabi
- 14 Russian
- 15 Spanish
- 16 Tagalog
- 17 Thai
- 18 Ukrainian
- 19 Vietnamese
- 20 Another language (please specify): _____
- 998 Not sure
- 999 Refused

[ASK IF Q1=2 OR 3]

Q17. [Including yourself,] How many people in your household had Medi-Cal in the past 12 months?³

Please just tell us about the people in your family who live with you and had Medi-Cal.

[INSERT NUMBER BOX, RANGE 1-8]

- 998 Not sure
- 999 Refused

[ASK IF Q1=2 OR 3 AND Q17=1-8]

[NUMBER BOX SHOULD NOT ALLOW HIGHER THAN RESPONSE AT Q17; RESPONSES SHOULD ADD UP TO TOTAL AT Q17]

Q18. [Including yourself,] How many people who live with you and had Medi-Cal identify as:

³ The following series of questions is designed to collect counts of household members by gender, age, and race/ethnicity.

- 1 Male ____
- 2 Female ____
- 3 Transgender ____
- 4 Non-binary ____
- 5 Prefer another term ____
- 998 Not sure
- 999 Refused

[ASK IF Q1=2 OR 3 AND Q17=1-8]

[NUMBER BOX SHOULD NOT ALLOW HIGHER THAN RESPONSE AT Q17; RESPONSES SHOULD ADD UP TO TOTAL AT Q17]

Q19. [Including yourself,] How many people who live with you and had Medi-Cal are in each of the following age groups?

- 1 Less than 2 years old ____
- 2 2 to 6 years old ____
- 3 7 to 18 years old ____
- 4 19 to 64 years old ____
- 5 65 years old or older ____
- 998 Not sure
- 999 Refused

[ASK IF Q1=2 OR 3 AND Q17=1-8]

[ALLOW RESPONSES HIGHER THAN Q17]

Q20. [Including yourself,] How many people who live with you and had Medi-Cal are in each of the following races/ethnicities?

- 1 White ____
- 2 Black or African American ____
- 3 Hispanic ____
- 4 American Indian or Alask Native ____
- 5 Asian Indian ____
- 6 Cambodian ____
- 7 Chinese ____
- 8 Filipino ____
- 9 Hmong ____
- 10 Japanese ____
- 11 Korean ____
- 12 Laotian ____

- 13 Vietnamese ____
- 14 Native Hawaiian ____
- 15 Guamanian or Chamorro ____
- 16 Samoan ____
- 17 Another race/ethnicity ____
- 998 Not sure
- 999 Refused

[ASK IF NUMBER ENTERED AT Q20=3; HAS HOUSEHOLD MEMBERS WHO ARE HISPANIC]

[ALLOW RESPONSES HIGHER THAN Q17]

Q21. [Including yourself,] How many people who live with you and had Medi-Cal are each of the following Hispanic, Latino, or Spanish origins?

- 1 Mexican, Mexican American, Chicano ____
- 2 Salvadoran ____
- 3 Guatemalan ____
- 4 Cuban ____
- 5 Puerto Rican ____
- 6 Other Hispanic, Latino, or Spanish origin ____
- 998 Not sure
- 999 Refused

[ASK ALL]

Q22. What is your zip code?

[INSERT 5 DIGIT NUMBER BOX]

- 998 Not sure
- 999 Refused

[ASK ALL]

Q23. We may follow up with some survey participants on their Medi-Cal renewal experiences. Could we contact you again to talk with you? If you are selected and participate in the interview, you will receive financial compensation as a thank you.

- 1 Yes
- 2 No
- 998 Not sure
- 999 Refused

[ASK IF Q23=1; AGREE TO BE RECONTACTED]

Q24. Thank you. Please provide your name, email address, and best phone number on which to reach you.

Name: _____

Email address: _____

Phone number: _____

[SHOW TO ALL]

Thank you for your time. Those are all the questions we have.

If you have questions about your Medi-Cal coverage or need help renewing your Medi-Cal, please visit KeepMediCalCoverage.org.