

MEDI-CAL CONTINUOUS COVERAGE UNWINDING: PROCEDURAL DISENROLLMENT SURVEY

Month 6 Findings

June 2024

ABOUT THE SURVEY

The [California Department of Health Care Services](#) (DHCS) is partnering with the [California Health Care Foundation](#) and their grantee [SSRS](#) to conduct a **rolling monthly survey of people who have been disenrolled from Medi-Cal for procedural reasons** during the continuous coverage unwinding period.

The purpose is 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 have been procedurally disenrolled to take action on their renewal so they can restart coverage.

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

While the survey generates useful insights and rapid direct-from-consumer information otherwise unavailable, there are 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.
- It is important to view findings as one source of information among many, including the important real-time information we are getting from 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 leverages available contact information to reach out via multiple modes (email, text, and mail) to the procedurally disenrolled population for whom DHCS has 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 are made to reach all procedurally disenrolled Medi-Cal beneficiaries, but survey respondents may not be representative of the entire population.

- For example, contact information for the survey outreach is drawn from the automated eligibility system Medi-Cal uses (CalSAWS). Some contact information is missing, incomplete, or outdated, preventing delivery of a survey invitation.
- 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.

No additional specific efforts have been 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).

Data 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 MONTHLY FINDINGS

The survey is being made available each month from November 2023 (Month 1) to April 2024 (Month 6) to people disenrolled from Medi-Cal for procedural reasons. 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 are available are being sent a survey invitation. Survey invitations and the survey are available in all 13 Medi-Cal threshold languages.

Findings here reflect the Month 6 cohort, which included people procedurally disenrolled as of April 1, 2024 (based on a March 2024 redetermination month) for whom DHCS had mail, text, and/or email contact information.

- A total of 1,714 people completed the survey online from April 29, 2024, through May 28, 2024.
- As context, a total of 97,110 people were disenrolled from Medi-Cal for procedural reasons as of April 1, 2024 (based on a March 2024 redetermination month).¹
- As the number of people being procedurally disenrolled declines, fewer survey invitations are sent, resulting in fewer total survey respondents. (Starting in Month 5, an additional email/text reminder was sent to invitees).
- When comparing responses across groups (e.g., by race, ethnicity, or language), only statistically significant differences are shown.

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

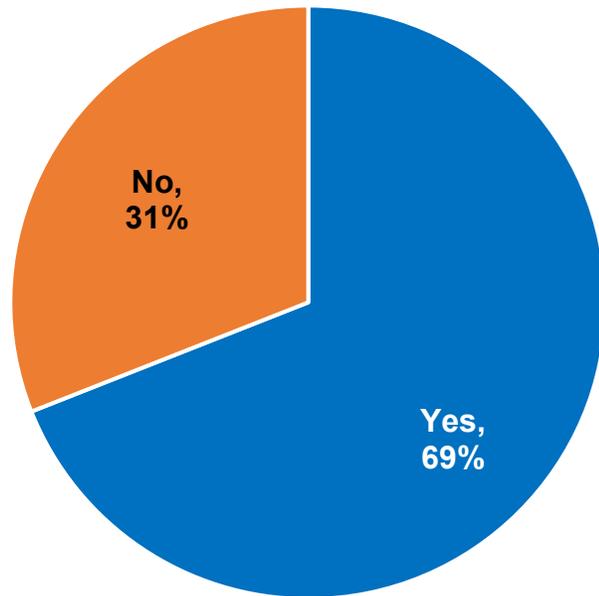
MONTH 6: KEY FINDINGS

Key Findings

- About three in ten (31%) survey respondents said they did not know they would lose Medi-Cal if they failed to complete their renewal.
- One in three (33%) survey respondents said they would like to restart Medi-Cal but did not know how.
- Nearly half (47%) of all survey respondents said they did not receive a renewal form.
- Of those who received a renewal form, more than two in three respondents (68%) reported completing 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.
- Respondents who live in households whose members all identify as Hispanic (39%) or Other/Multi-Race (38%) were more likely than respondents who live in households whose members all identify as White non-Hispanic (26%), Asian (26%) or Black/African American (22%) to report that they would like to restart Medi-Cal but don't know how.
- Respondents who live in households whose members all identify as Hispanic (25%) are more likely than respondents who live in households whose members all identify as White (17%) to report they tried but were unable to complete the renewal form.
- Respondents who only speak Spanish at home (38%) were more likely than respondents who only speak English at home (31%) to report they would like to restart Medi-Cal but they don't know how .

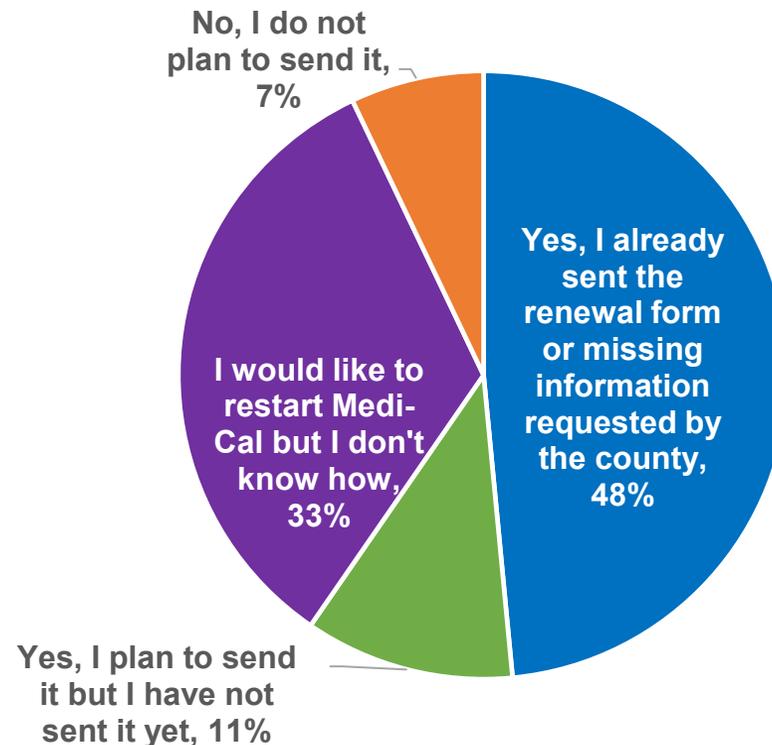
SURVEY RESPONDENTS LACK KEY INFORMATION

Did you know that Medi-Cal members lose their coverage if they do not complete their renewal form? (N=1,714)



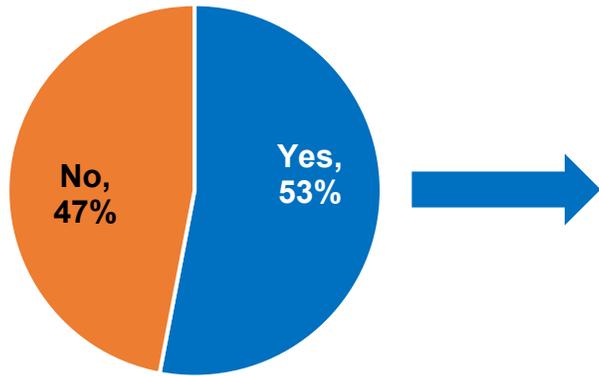
Your Medi-Cal coverage ends if you don't turn in your renewal form or you are missing information that the county asked you to send. Your local county Medi-Cal office mails you a letter when this happens. If you send your local county Medi-Cal office the renewal form or missing information within 90 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=1,714)

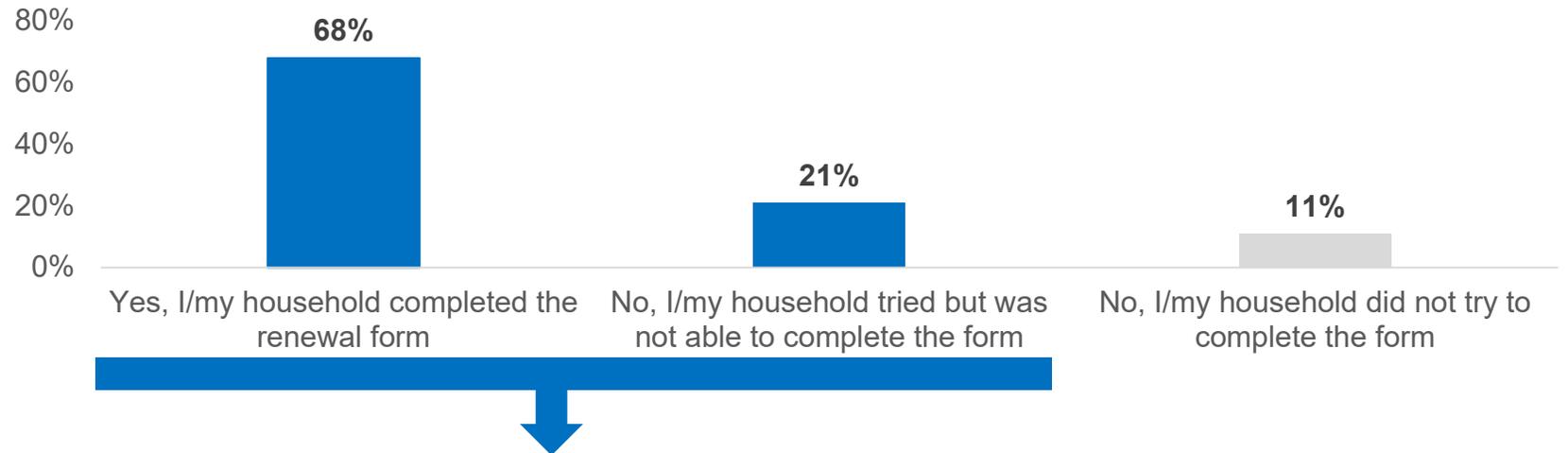


GETTING AND COMPLETING THE RENEWAL FORM WAS CHALLENGING FOR RESPONDENTS

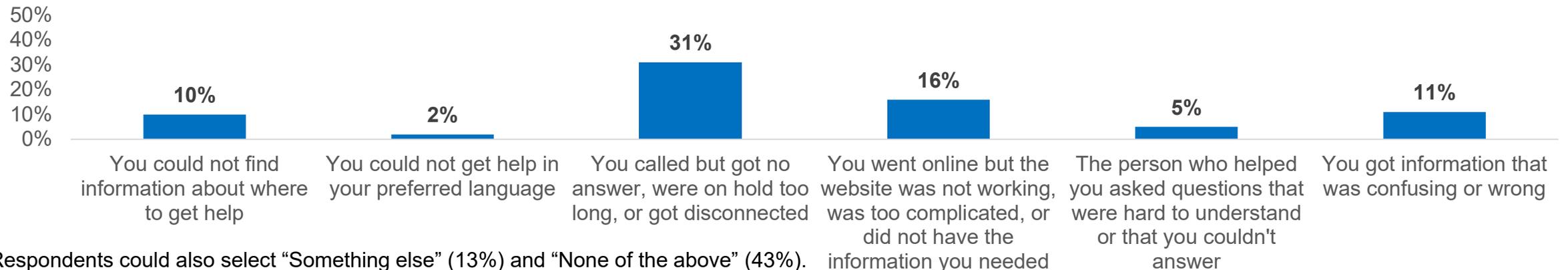
As far as you know, did (you/your household) receive a Medi-Cal renewal form for 2023? (N=1,714)



Did you/your household complete the renewal form? (Asked of those who received form. N=900)

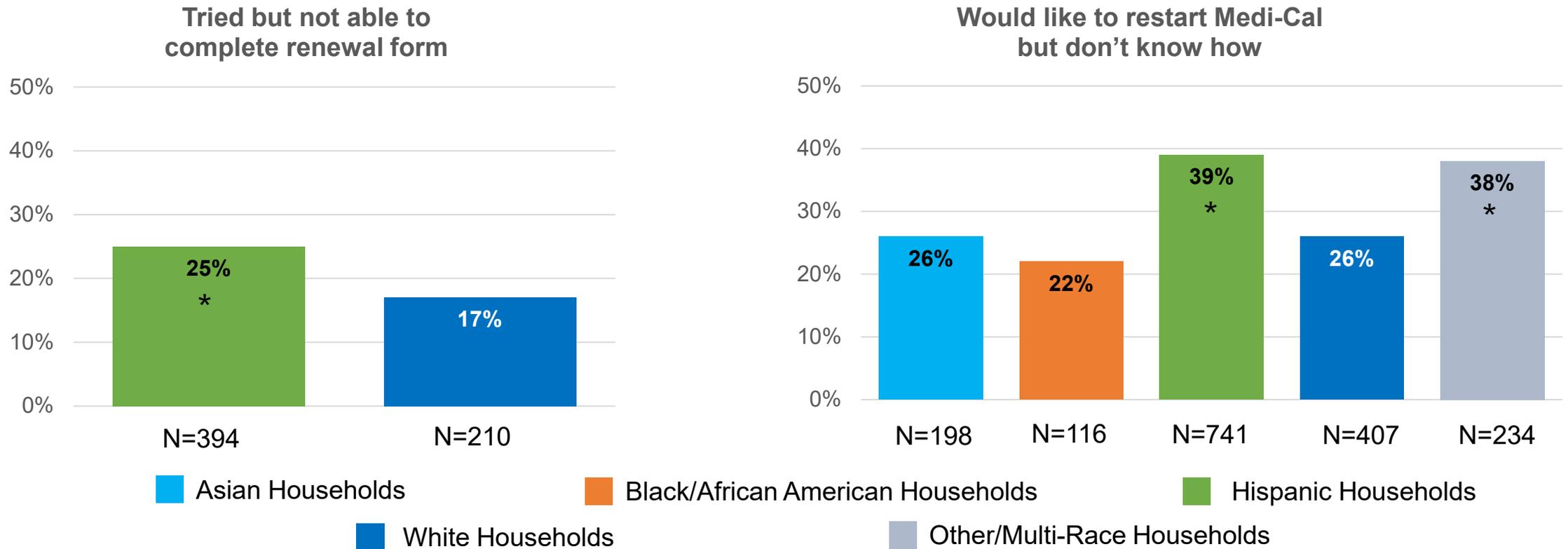


Which of the following, if any, happened to you when (you were completing/you tried to complete) your renewal? (Select all that apply.) (Asked of those who competed or tried to complete their form. N=796)*



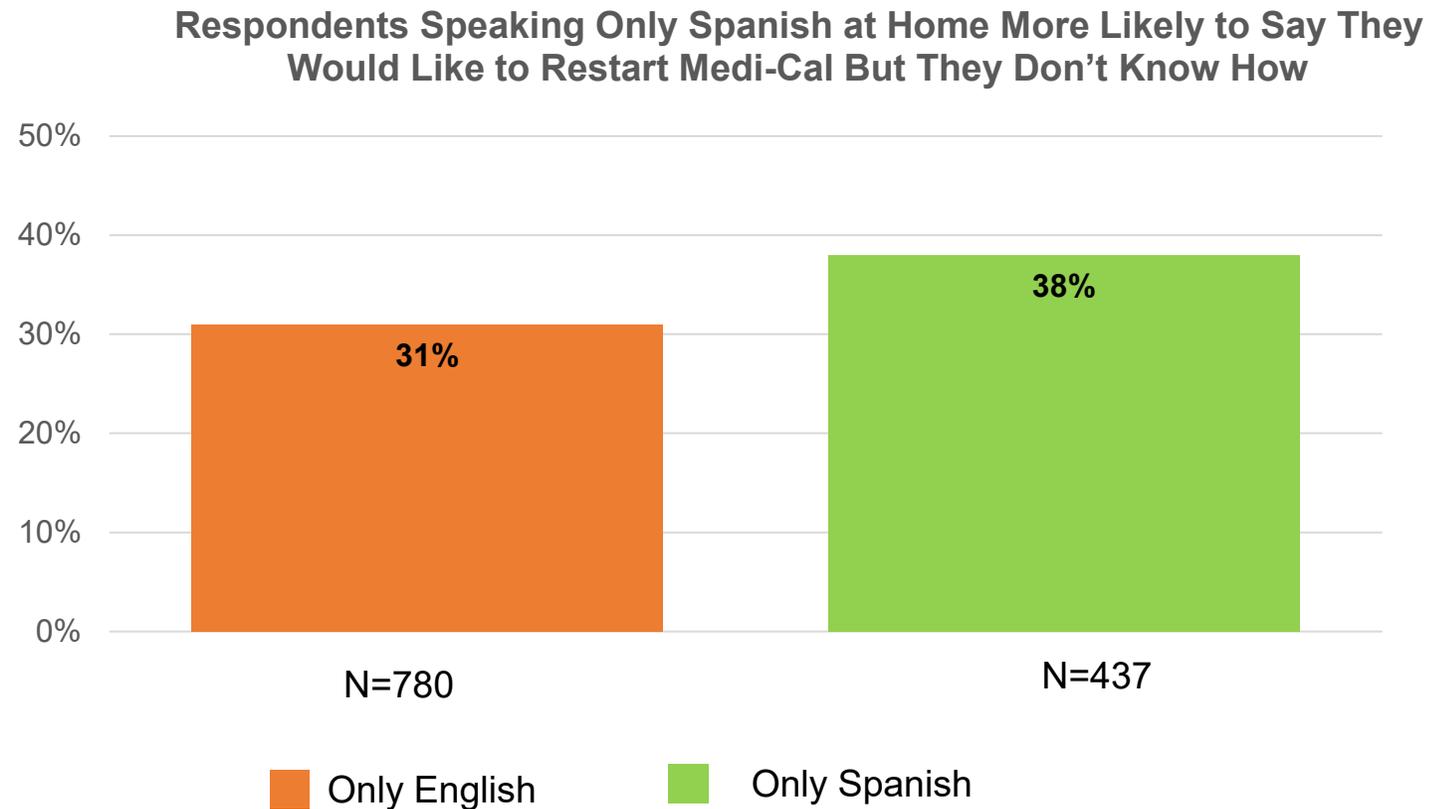
*Respondents could also select "Something else" (13%) and "None of the above" (43%).

RESPONDENTS IN HISPANIC HOUSEHOLDS AND MULTI-RACE HOUSEHOLDS STATISTICALLY SIGNIFICANTLY MORE LIKELY TO EXPERIENCE CHALLENGES



* Statistically significant difference from groups without an *. Terminology for racial and ethnic categories reflect those used in Medi-Cal data.

RESPONDENTS WHO SPEAK ONLY SPANISH AT HOME STATISTICALLY SIGNIFICANTLY MORE LIKELY THAN THOSE WHO SPEAK ONLY ENGLISH AT HOME TO EXPERIENCE CHALLENGES



APPENDIX: SURVEY RESPONDENT POPULATION

Month 6

HOW SURVEY RESPONDENTS DESCRIBE THEIR HOUSEHOLDS: LANGUAGE(S) SPOKEN AT HOME* (N=1,714)

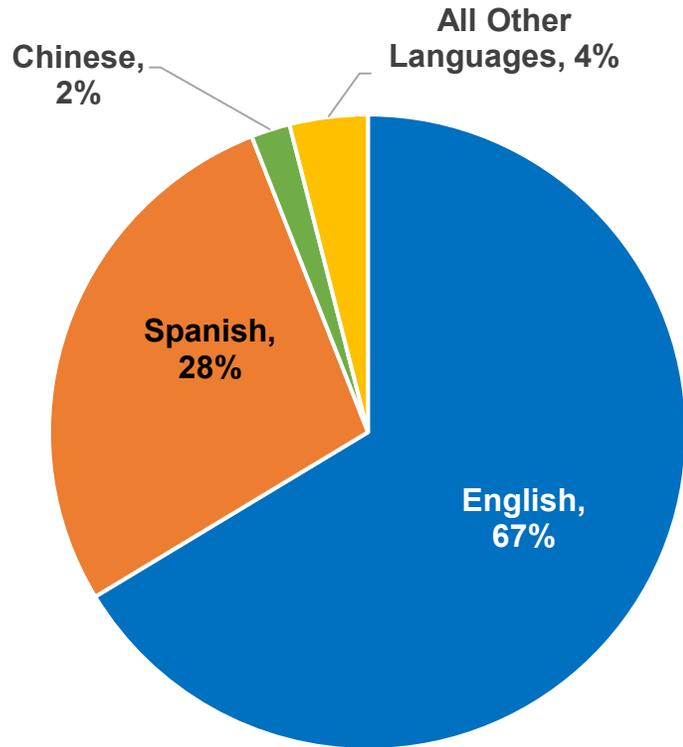
	Count	Percent
Arabic	17	1%
Armenian	32	2%
Cambodian	**	<1%
Chinese	39	2%
English	1047	61%
Farsi	18	1%
Hindi	**	<1%
Hmong	**	<1%
Japanese	**	<1%
Korean	16	1%
Laotian	**	<1%
Mien	0	0%
Punjabi	15	1%
Russian	23	1%
Spanish	623	36%
Tagalog	37	2%
Thai	**	<1%
Ukrainian	**	<1%
Vietnamese	25	1%
Another language	70	4%

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

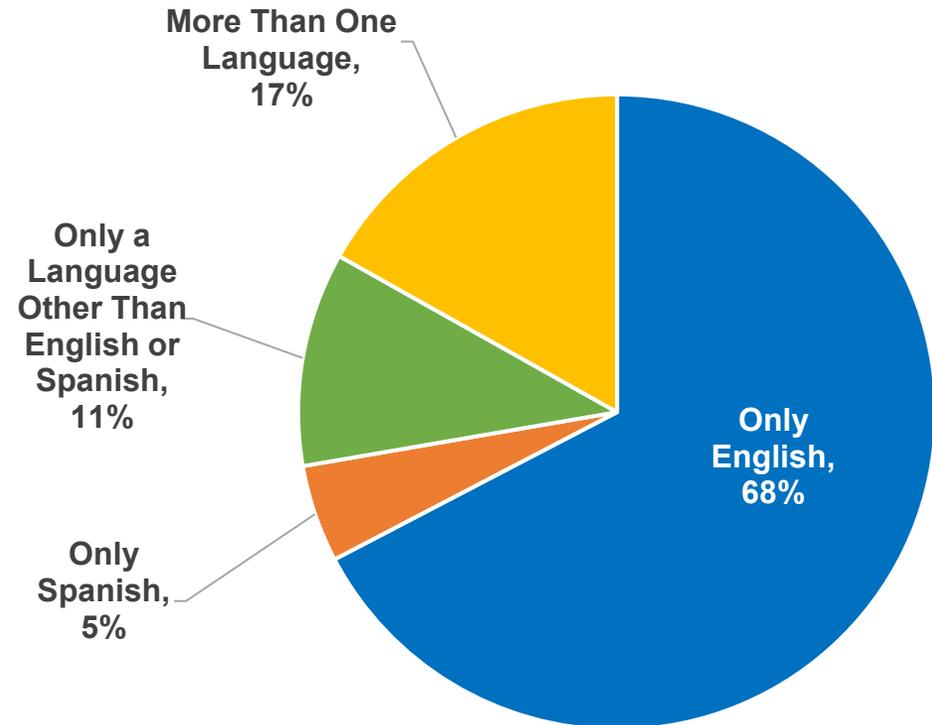
**Number suppressed due to small cell size (N<11)

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

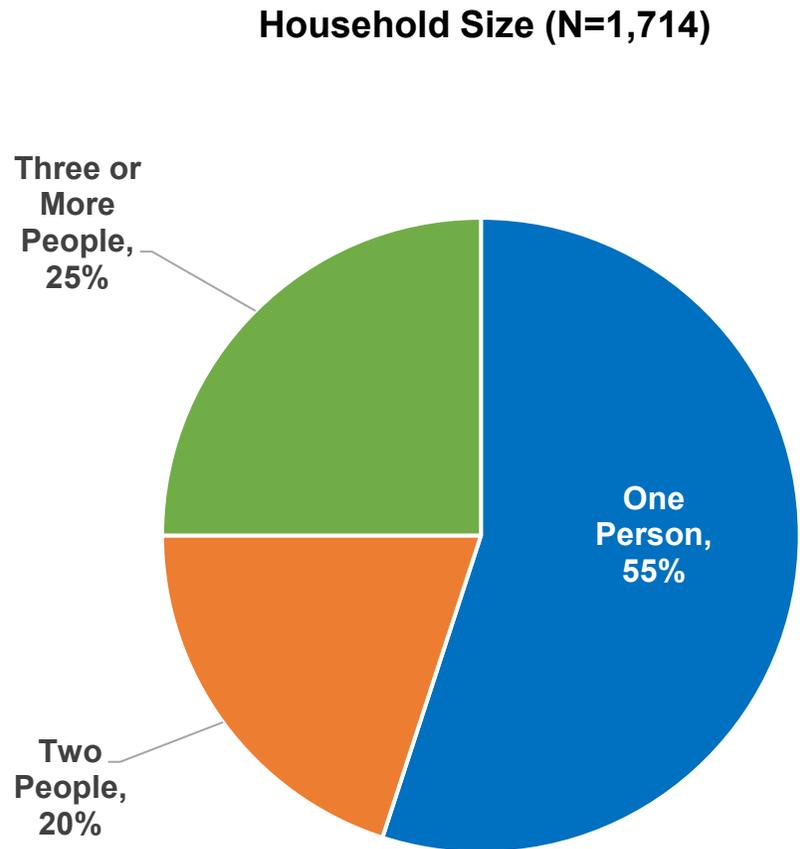
Survey Language (N =1,714)



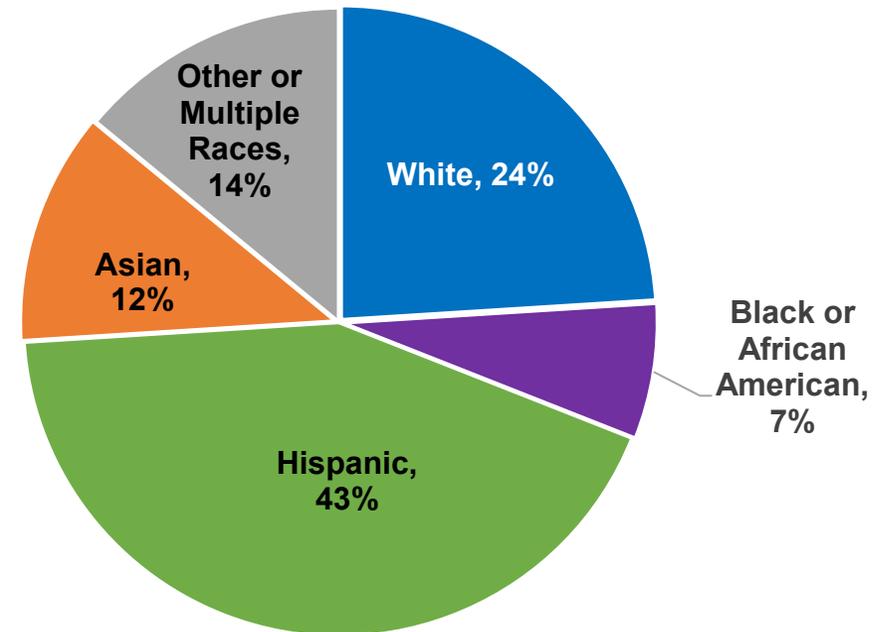
Language Spoken at Home by Respondents Who Took the Survey in English (N=1,151)



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



Households with Members Who All Identify as the Following Race or Ethnicity (N=1,714)



*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:

