



»» *Medi-Cal Redetermination Workshop*

Working Together to Keep California Covered

May 2024

Executive Summary

On February 5-6, 2024, Insure the Uninsured Project (ITUP) held the 28th Annual Conference, ***Engagement Redefined: Harnessing Community Power for Equitable Health*** that included a Pre-Conference workshop entitled *Elevating ITUP Regional Workgroups: Local Lessons in Medi-Cal Redetermination*.

Throughout the workshop, over 250 participants including representatives from state and local government, policy, philanthropy, and the health care delivery system connected on what community-based solutions could be implemented to ensure that all eligible Californians maintain and have access to their health coverage as California continues redetermination efforts. The workshop agenda included: opportunities for attendees to discuss outreach strategies to help Californians maintain coverage; collaborative strategies to meaningfully translate health care coverage to equitable health care access; and actionable ways the health care sector can facilitate transformation of the current health care system into an equitable system of care through community-oriented solutions. Thank you to the participants whose community conversations contributed to the culmination of this report.

Participants identified the following key themes to address health care coverage, health care access, and community-solutions to transform the health care delivery system into an equitable system of care:

- Need for Continual, Transparent Communication, and Active Partnerships
- Innovate New Outreach Strategies – Leverage Local Community Networks to Address Workforce Shortage
- Building a Responsive System of Care – Addressing Social Determinants of Health (SDoH)

#1: Need for Continual, Transparent Communication, and Active Partnerships

Lack of Trust Across Historically Marginalized Communities

- Despite the commitment from the state, many participants report that the communities they serve still mistrust government programs and initiatives and are hesitant to utilize them. Participants reported that undocumented members forgo safety net and health benefits due to fears of undergoing [public charge](#) and concerns that applying for Medi-Cal might affect their immigration status.

Proposed Strategies:

- *Invest in statewide training and education for enrollment counselors and staff responsible for Medi-Cal in-take screenings that includes reducing stigma about immigration status; and,*
- *Enhance outreach and education efforts by identifying and leveraging partnerships with community champions to broker relationships, helping reduce misinformation, and offering clear messaging about Medi-Cal health plans.*

Difficulty Navigating Medi-Cal Renewal/Enrollment Application Process

- *Participants identified that the application process was burdensome and confusing, and that delays in application acceptance, lack of clear communication, and lack of follow-up by program administrators deterred many eligible Medi-Cal members from renewing or enrolling in coverage.*

Proposed Strategies:

- *Conduct proactive outreach across various community anchor institutions to maximize effective outreach efforts to connect eligible members to enrollment services and resources, including hosting new member orientations, community events, patient forums, and advocacy groups.*
 - *Educate members and families on how to use their health care benefits including information on preventative services; and,*
- *Simplify and implement the auto-renewal process to reduce administrative burden and create a more seamless application process for Medi-Cal members; and*
- *Establish and ensure clear conduits of communication across various ecosystems of care (i.e., state, county, local, community-based organizations (CBOs), and any other key health stakeholders and social service providers etc.) extending the reach and continual points of trust in the community to ensure continuity of care.*

Language Barriers – Inhibiting Communities from Engaging

- *Many participants elevated that community members faced confusion, stereotypes, and misperceptions about the use of Medi-Cal coverage – ultimately deterring members from engaging in re-enrollment/enrollment. In addition, difficulty accessing support and personalized assistance, including in-language help and resources across the over 200 languages and dialects spoken across California hampered the application process.*

Proposed Strategies:

- *Create and provide culturally inclusive and competent language materials and resources through multiple platforms (i.e., digitally, at in-person community events and gatherings, social media etc.); and,*
- *Continue building a centralized location (i.e., a Technical Assistance marketplace for enrollment navigators and outreach coordinators) that gathers resources, information, and supports across various regions; and,*
- *Utilize new technology strategies, such as uniform messaging systems, to outreach and connect with members of the community.*

#2: Innovate New Outreach Strategies – Leverage Local Community Networks to Address Workforce Shortage

California is facing a health care workforce crisis. The onset of the COVID-19 pandemic further exacerbated the issue as there are not enough health workers to meet the needs of its increasingly diverse, growing, and aging population. Despite California’s population becoming increasingly diverse, the current health workforce does not reflect these demographic shifts. As Medi-Cal expansion continues, ensuring sufficient workforce levels at the local-level will be crucial to ensure the health care delivery system has the capacity to serve their communities and provide high-quality care to an increased volume of patients across California. In addition, many participants also stressed the critical need of meeting patients and community members where they are, whether it be health or social care needs.

Proposed Strategies:

- *Allocate funding to build and support a culturally competent and reflective health care workforce in communities across California (i.e., promotores, transitional workers, etc.) with an emphasis on underserved and rural areas;*
 - *Invest in Science, Technology, Engineering, and Mathematics (STEM) educational pipelines to build the future health care workforce and career pathways; and,*
 - *Increase provider rates to improve employee retention rates and activate ‘retirement alerts’ for providers retiring soon so the medical boards can begin recruiting and training for that position as soon as possible; and,*
 - *Increase the number of providers in underserved areas by allowing more nurse practitioners to serve and educate communities on the importance of maintaining coverage without mandatory supervision.*
- *Build infrastructure to support locally relevant and accurate data collection across the state such as utilizing a standardized and uniform benchmark across all Medi-Cal managed care plans (MCPs) to measure health plan performance and collect data on health outcomes for marginalized communities; and,*
- *Implement community wellness hubs at various community anchor institutions (i.e., schools, agricultural fields, community centers etc.) to host primary care and specialty services in one set location; and,*
- *Create and invest in more street community programs to ensure that Californians experiencing homelessness access life-saving care and maintain coverage.*

#3: Building a Responsive System of Care – Addressing Social Determinants of Health (SDoH)

As California continues to implement a whole person care approach to health care delivery and focus on health inequities across vulnerable Californian communities, it will be essential to address Social Determinants (or Drivers) of Health (SDoH). SDoH are the conditions and environments that influence health risks and the overall wellbeing of people. Many participants reported that a multitude of SDoH impact community members’ ability to fully participate in today’s rapidly changing economy and modern society, including [access to broadband](#), telehealth, education, and transportation services. Broadband impacts many SDoH, making it a super determinant of health as enrollment for some

services requires internet access to access the webpage to enroll, or the need of an email address to do so. Without addressing the digital barriers to health, the combination of telehealth, [data exchange](#), and technology will not fulfill its potential of increasing equity, access to health care, and whole person care for California communities.

Proposed Strategies:

- *Create a publicly accessible database of Medi-Cal’s [approved nonmedical transportation providers](#) and launch a public campaign highlighting transportation benefits to Medi-Cal members; and,*
 - *Include questions on broadband access, devices, and digital literacy in health care screenings and intake forms to better understand patients’ digital barriers to accessing health care; and,*
 - *Increase funding to support existing workforce pools, including training community health workers/promotores to help patients navigate digital platforms and engage on telehealth; and,*
 - *Full adoption of the [Data Exchange Framework \(DxF\)](#) to address data silos, incomplete community datasets, and a lack of coordination between social services and clinical care will help address the disproportionate impact on vulnerable populations across California.*
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Conclusion

As redetermination efforts continue in 2024, it will be critical for state and local government, policymakers, key health care stakeholders, community champions, philanthropy, and the health care delivery system to work in tandem to ensure that all Californians, regardless of immigration status, obtain and maintain coverage. Health care is local and community-based solutions will be essential to creating transparent conduits of communication, reinvigorating and bolstering partnerships across the health and social ecosystems, addressing the historic workforce shortage across California, and transforming the health care delivery system to truly address SDoH and whole person care for each Californian.

Redetermination Resources

- [ITUP’s PowerPoint Resource: Medi-Cal Redetermination Listening Sessions Final Takeaways](#)
- [ITUP’s PowerPoint Resource: Federal Waivers: Streamlining Redetermination Processes](#)
- [Department of Health Care Services Medi-Cal Enrollment and Renewal Data](#)
- [Department of Health Care Services Continuous Coverage Unwinding Process, Appendix B: Guidance and Resources](#)
- [Department of Health Care Services Medi-Cal Managed Care Health Options Contact Information](#)
- [Health for California’s Medi-Cal Member Services Contact Information](#)
- [Department of Health Care Services All Plan Letter \(APL\) 22-023: Street Medicine Provider: Definitions and Participation in Managed Care](#)