

Making Medi-Cal Work for California Farmworkers

December 2023

THE PROBLEM

Farmworkers are the backbone of California’s \$55 billion agricultural industry.¹ During the COVID-19 pandemic, low income, immigrant agricultural workers were frontline workers in some of the most dangerous occupations. While many Californians were sheltering in place, working remotely, and taking necessary public health measures, farmworkers were toiling in the fields through excessive heat, smoke, and contagion. Yet, California farmworkers are over three times less likely to have health insurance^{2,3} than the general population and are ineligible for many of California’s health and social care safety net programs.⁴

Among farmworkers that have health insurance, approximately 54 percent of insured farmworkers rely on Medi-Cal, California’s Medicaid program (inclusive of restricted and full scope Medi-Cal).² Moreover, approximately 46,125⁴ undocumented farmworkers will be newly eligible for full-scope Medi-Cal under the upcoming expansion that removes the remaining immigration restrictions for Medi-Cal eligibility in 2024.⁵

Those that rely on Medi-Cal for their health insurance coverage, however, often face significant challenges accessing the care, despite the broad range of services and its affordability. The current Medi-Cal delivery system has inherent workforce flaws that hinder equitable access to care. Private provider participation is lacking and stakeholders question the adequacy of the network to serve the current and newly eligible populations. Workforce shortage abound in the rural areas in which farmworkers live, insured and uninsured alike. While primary care access is available through community health centers, specialty and ancillary services are often difficult to access. In this brief, we address another large, systemic barrier to making Medi-Cal work for California farmworkers and their families because despite coverage status, the current organization of care delivery in Medi-Cal does not adequately provide equitable access to care for this population.

THE PROJECT

Over the past year, researchers from the **University of California Merced, California Rural Legal Assistance Foundation (CRLAF), Insure the Uninsured Project (ITUP)** and **Diringer and Associates** explored options to increase coverage and improve health care access for California farmworkers. The research team hosted four community stakeholder meetings, conducted 19 key informant interviews, and analyzed data from the recently released [UC Merced Farmworker Health Study \(FWHS\)](#)⁸ and the National Agricultural Workers Survey.²

These research findings are being presented in two issue briefs. This brief focuses on the improvement of the Medi-Cal program to maximize its benefits for farmworkers and the companion brief, [Expanding Health Coverage for California Farmworkers](#), released in July 2023, examines opportunities to expand the availability of coverage for farmworkers.



SNAPSHOT: Current Landscape of Medi-Cal Coverage for California’s Farmworker Communities

Approximately **88%** of California farmworkers are immigrants, primarily from Mexico.²

51% of farmworkers are undocumented.²



As of **September 2023**, Medi-Cal, administered by the Department of Health Care Services (DHCS), covered over 15 million Californians, approximately **40%** of the population.⁶

Public insurance, primarily Medi-Cal (restricted- and full-scope), covers **54%** of insured farmworkers.²

In Fiscal Year (FY) 2023-24, the Medi-Cal budget exceeds

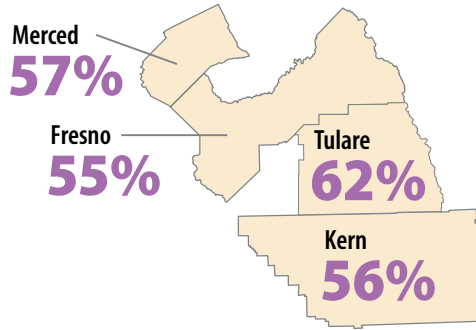
\$157 billion, approximately **\$91 billion** of which is provided by the federal government.⁷

Supported by California’s General Fund,⁷ approximately **46,125** undocumented farmworkers will be newly eligible for Medi-Cal in 2024.⁴

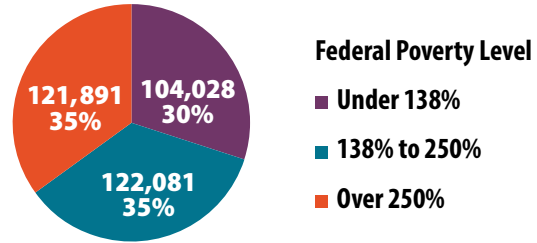


SNAPSHOT: Current Landscape of Medi-Cal Coverage for California's Farmworker Communities

Medi-Cal Coverage for all Medi-Cal Members in Farmworker-Dominant Counties⁹



Income Demographics of California Farmworkers⁴



Estimates show that 78 percent or more of California farmworkers are over the 138% income threshold for Medi-Cal and will not benefit from Medi-Cal expansion because of income eligibility or other factors.⁴

OVERVIEW: Improving Medi-Cal for Farmworkers

Many farmworkers are migratory workers who often move to “follow the crops”. Over one in five (22 percent)⁸ of farmworkers report that they often migrate and travel long distances to work in the fields. Accessing health care can be difficult for migratory populations since they may not work or live in the same county or state throughout the work seasons. This results in a lack of continuity of care or making it more complex to manage ongoing conditions, such as diabetes.

Approximately 91 percent of Medi-Cal members statewide are in a county-based or regional managed care plan (MCP).¹⁰ No Medi-Cal MCP operates statewide. For example, in the San Joaquin Valley, where over half of California farmworkers live,⁸ there are six different MCPs serving eight counties.¹¹ In addition, Kaiser Permanente, starting in 2024, will participate in Medi-Cal for 32 counties in California, including some areas where many farmworkers live: Yolo, Napa, Sonoma, Kern, San Bernardino, Riverside, and San Diego.¹² Due to the migratory nature of farmworkers, the current Medi-Cal health care delivery model falls short in ensuring sufficient access to healthcare for this demographic.

“If we know anything about farm workers. They have to be able to access things locally. They need to do it as a family unit. I mean it’s as streamlined as we can get...”

Interview Excerpt from a Foundation Member

KEY STAKEHOLDERS IDENTIFIED THREE POSSIBILITIES TO IMPROVE ACCESS TO COVERAGE AND CARE FOR FARMWORKERS ELIGIBLE FOR MEDI-CAL:

Transitioning farmworkers to the Medi-Cal fee-for-service (FFS) program, which is a solution for other mobile populations, including foster youth

Contracting with a statewide health plan with provider networks throughout the state or creating networks of managed care plans (MCPs) in agricultural regions

Establishing a statewide Administrative Services Organization (ASO) to coordinate coverage and services for California farmworkers

Enroll Farmworkers Exclusively in Statewide Fee-For-Service (FFS) Medi-Cal

Allowing farmworkers to enroll in the FFS program might be the simplest and least disruptive way to provide statewide coverage to migratory populations. According to advocates, the one drawback to this option is that the FFS program lacks consumer assistance and safeguards that are embedded in Medi-Cal managed care. In Medi-Cal managed care, MCPs are responsible for providing access to a full range of services, with case management and consumer assistance services.

Foster youth are a special population where this policy change is already in effect. Unless foster youth reside in a county with a County Organized Health System (COHS), they are enrolled into FFS Medi-Cal by default, with an option to choose enrollment in managed care.^{13, 14} Notably, FFS Medi-Cal benefits do not restrict or require that clients receive their medical care from specified health care providers, which would also benefit farmworker communities.^{13, 14}

Farmworker-Specific, Statewide Managed Care Plan (MCP)

Stakeholders have proposed a second option for achieving statewide availability of Medi-Cal, suggesting that farmworkers be permitted to enroll in a statewide Managed Care Plan (MCP). While Medi-Cal has both private (commercial) and public (local) MCPs, none of the currently contracted plans serve Medi-Cal members in all counties. However, among the commercial MCP plans, a number have non-Medi-Cal networks throughout California. For example, Blue Shield of California offers Covered California coverage in all California counties.¹⁵

Additionally, to maintain coverage continuity for farmworkers, a statewide MCP plan could enhance the tracking of data related to utilization, health outcomes, and costs specific to this crucial subpopulation in California. Stakeholders also noted that within this policy option, it is important that providers in the network include the community health centers and public health clinics that traditionally serve farmworkers.

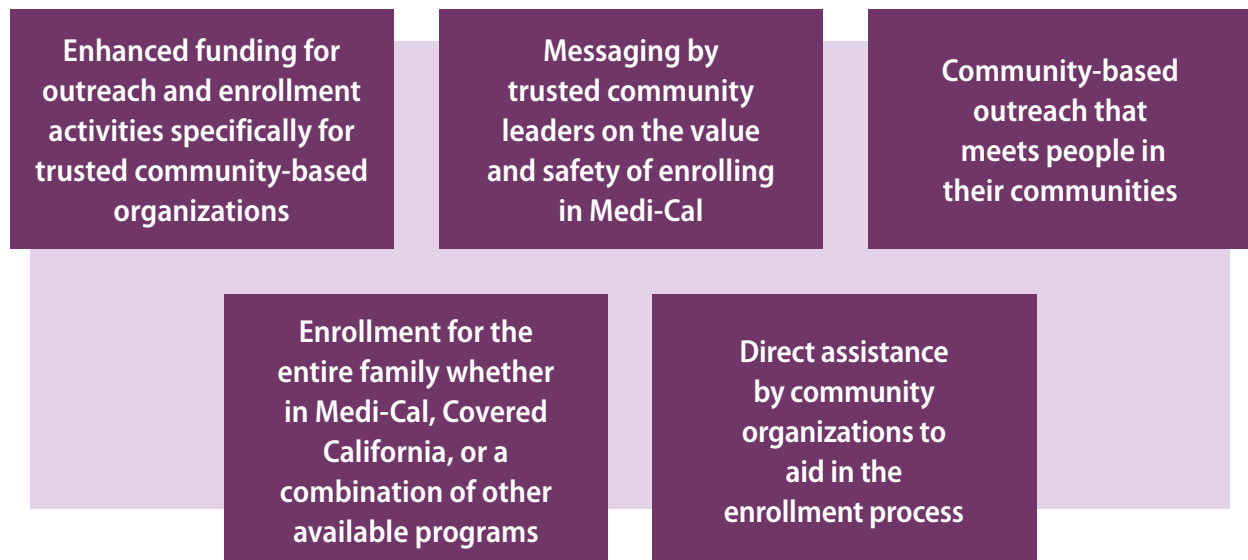
Farmworker-Specific Administrative Services Organization (ASO)

Finally, another proposed solution is the establishment of a statewide ASO in California, tasked with enrolling and administering coverage for migratory populations, including farmworkers. An ASO would act as an intermediary to seamlessly enroll applicants into a range of programs based on an individual's eligibility. An ASO would also assist the member with navigating health insurance, as well as accessing health care available to them. As eligibility changes, e.g., during off season, the ASO could enroll participants in appropriate plans. This process would be similar to Covered California's role in steering applicants to eligible plans. Under this option, the ASO would be responsible for contracting with statewide provider networks to ensure that the individual and their family maintain coverage even if the individual moves.

Coverage Momentum: Medi-Cal Outreach and Enrollment

Throughout this project, stakeholders expressed an immense need for Medi-Cal delivery system reform to address huge access barriers that prevent farmworker communities from accessing care, including clinic hours, provider networks, delays in securing appointments, transportation, and specialty access. The proposed solutions, in addition to equity and access efforts by DHCS, are poised to address some of these issues. Nevertheless, despite efforts to expand eligibility and implement other changes to tailor Medi-Cal to the needs of farmworker communities, substantial outreach and enrollment efforts must remain a high priority ensuring that eligible farmworkers and their families are enrolled in Medi-Cal first.

STAKEHOLDERS IDENTIFIED THE FOLLOWING RECOMMENDATIONS FOR EFFECTIVE OUTREACH AND ENROLLMENT:



“Because of very legitimate immigrant fears as well as challenges of work hours, potential lack of transportation and, the fact that people move seasonally, I think those are all reasons why it would make sense to ensure that whatever is developed has this sort of wrap around approach to address physical, behavioral, dental, developmental, all those different health components together like enhanced care management kind of envisions.”

Interview Excerpt from a Farmworker Advocate

CONCLUSION



For farmworkers who rely on Medi-Cal coverage, efforts must be made to both maximize enrollment and to ensure that the program works for rural, migratory populations. Offering alternatives such as statewide FFS enrollment, statewide MCP, or statewide ASO within the framework of a Medi-Cal plan for migratory workers can help address challenges related to continuity of care, transportation, and administrative issues encountered by migrant farmworkers.

In addition to solutions put forth in this issue brief, there is also room to consider additional changes to existing initiatives in Medi-Cal, including in CalAIM.* CalAIM programs include Enhanced Care Management and added community supports that a managed care plan may offer. These community services include housing supports, short term recovery supports, and independent living supports such as medically supportive food.¹⁶

Stakeholders believe that expanding CalAIM to the farmworker population would be beneficial in overcoming the historic lack of access to care and the high social needs of the population, given their low-wage occupation.¹⁷ Others also noted that CalAIM should be extended to all Medi-Cal members who would benefit from enhanced care management and community services – which would include the farmworker communities in California.

California has demonstrated a continued commitment to universal coverage and in making changes to the health care delivery system that better fit the needs of the unique populations across the state. Farmworkers are the backbone of the agricultural industry that feeds not only California, but the whole country. They served as essential workers through a global pandemic and continue to serve the state each and every day. Farmworkers, as the data shows, and as identified by stakeholders that participated in this work, face unique challenges to obtaining and maintaining coverage – and subsequent access to that care when they have coverage. Policy changes that improve health outcomes and make health care more accessible and equitable for farmworkers and their families are paramount as California continues to make strides towards better health for California communities.



* [California Advancing and Innovating Medi-Cal \(CalAIM\)](#) is a far-reaching, multiyear plan to transform California's Medi-Cal program, enabling person-centered care and access to social services to improve health outcomes. Led by DHCS, the goal of CalAIM is to improve outcomes for the millions of Californians covered by Medi-Cal, including those with the most complex needs.

Endnotes

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2. Izaac Ornelas, Wenson Fung, Susan Gabbard, and Daniel Carroll, [California Findings from the National Agricultural Workers Survey \(NAWS\) 2015-2019](#), January 2022, Accessed: June 27, 2023. (See endnote 4 for more information on this data source)
3. UCLA Center for Health Policy Research, [2021 California Health Interview Survey](#), Public Use File, Accessed: July 21, 2023
4. These projections were developed by UC Merced using estimates of the number of California farmworkers from the UC Berkeley Labor Center, distribution of farmworkers by income level from the American Community Survey, and the incidence of health coverage from the National Agricultural Workers Survey. The citations for the sources used to make these projections are included as citations 4a,4b, and 4c.
 - 4a. Miranda Dietz et al., [California's Uninsured in 2024: Medi-Cal expands to all low-income adults, but half a million undocumented Californians lack affordable coverage options](#), March 2023, Accessed: June 27, 2023.
 - 4b. U.S. Census Bureau; American Community Survey, [2021 American Community Survey 1-Year Estimates](#), 2021, Accessed: July 17, 2023
 - 4c. National Agricultural Workers Survey (CA sample 2015-2019) (NAWS) is an employment-based, random-sample survey of US crop workers that collects demographic, employment, and health data in face-to-face interviews. Izaac Ornelas, Wenson Fung, Susan Gabbard, and Daniel Carroll, [California Findings from the National Agricultural Workers Survey \(NAWS\) 2015-2019](#), January 2022, Accessed: June 27, 2023.
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16. California Health Care Foundation, [CalAIM Explained: Overview of New Programs and Key Changes](#), October 26, 2021, Date Accessed: August 25, 2023.
17. Migratory and seasonal agricultural workers are defined as a special medically underserved population under the Public Health Services Act. [42 USC Chapter 6A Subchapter II, Part D: Primary Health Care, Subpart I](#)

About ITUP

ITUP is an independent, nonprofit, health policy institute that has been a central voice in the California health landscape for more than two decades. ITUP serves as a trusted expert, grounded in statewide and regional connections with a network of policymakers, health care leaders, and stakeholders. The mission of ITUP is to promote innovative and workable policy solutions that expand health care access and improve the health of all Californians.

ITUP is generously supported by the following funders:

- California Health Care Foundation
- The California Endowment
- The California Wellness Foundation



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