As Medicaid agencies nationwide transition away from COVID-19 pandemic policies and back to annual enrollment, no state faces a larger challenge than California.

The nation’s most populous state also has the largest population of people covered by Medicaid. The state’s program, Medi-Cal covers roughly 15.5 million people, or almost 40 percent of the state’s population. The state anticipates a reduction of between 2 million and 3 million members from Medi-Cal as pandemic policies (i.e., the continuous coverage requirement) unwind.

California is part of the Benefits Data Trust (BDT) Medicaid Churn Learning Collaborative, a group of states that share knowledge and solutions. Yingjia Huang, assistant deputy director of health care benefits and eligibility at the California Department of Health Care Services (DHCS), explained the state's strategies at a BDT webinar in September, entitled Navigating Data Challenges to Keep Eligible People on Medicaid: A Conversation with California.

“The unwinding journey is significant,” Huang said, “affecting millions of Californians.” Yet the state remains undaunted, harnessing federal waivers, innovative outreach, enhanced data collection, and other tools to keep eligible Californians covered. “Our goal is to maximize continuity of coverage for Medi-Cal members,” she said.

LEVERAGING FEDERAL FLEXIBILITY

California leveraged many of the waivers and other opportunities for flexibility offered by the federal government to support the unwinding of the continuous coverage requirement.

California made use of 18 federal flexibilities, including, but not limited to, waiving the asset test; embracing automatic or “ex parte” renewals for those who have income at or below 100 percent of the federal poverty limit; and embracing initiatives that help vulnerable populations, such as individuals experiencing homelessness.

“Using these federal flexibilities, we have the ability to renew their coverage without them completing a form or providing documentation, continuing their coverage for another year,” Huang said.
After having 2 million outreach mailers returned as undeliverable in 2021, Huang said the state began to focus on an effective method to update contact information. Last year, DHCS launched “Coverage Ambassadors,” who are dedicated individuals at community-based organizations, state and county agencies, Medi-Cal managed care plans, and other partners who can answer questions and help people apply for Medi-Cal and members renew their Medi-Cal coverage.

“The first assignment we gave Coverage Ambassadors was to make sure they are reaching out to members in culturally and linguistically appropriate ways and asking them to update their contact information,” Huang said.

The state created a resource hub with information in 19 different languages, using the tag line, “Keep Your Community Covered.” The program began with 150 Coverage Ambassadors. There are now nearly 5,000.

The state is collecting detailed demographic data on Medi-Cal members, tracking total enrollment, applications in progress, and redeterminations and disenrollments by race, ethnicity, gender, age, and written language. The reasons for disenrollment are also tracked.

“Data are one of the highest priority items for the state,” Huang said. “We didn’t previously have such a detailed view of what Medi-Cal is and who the program covers.”

Now available publicly in a series of graphic dashboards, the data yielded new insights and actionable information. “We have the ability to analyze why certain populations are prone to disenrollment,” she said. “The data will tell us every month if we must change our messaging to members and pivot certain business flows to adjust to reality.”

Of course, the numbers are just a snapshot in time. The data shifts regularly as the state continues its work. “We’re still learning,” Huang said, adding, “We’re proud of the work we’ve done to date to keep Medi-Cal members and families covered.”

Sharing Information to Fight Medicaid Churn

BDT’s Medicaid Churn Learning Collaborative is a group of states working together to advance policies and practices that reduce the number of eligible people who lose Medicaid coverage. Funded by the Robert Wood Johnson Foundation, the collaborative includes California, North Dakota, Rhode Island, South Carolina and Washington.

“We recognize there is not one solution, one waiver, or one practice change that is going to solve the Medicaid churn problem,” said Ki’i Powell, senior policy director at Benefits Data Trust. “We know it takes a combination of many approaches.”

Want to learn more about reducing Medicaid churn?
Contact Jamila McLean at jmclean@bdtrust.org.