



Impact of Gaps in Medi-Cal Coverage: Family Focus Group Findings

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Who We Are

The Children's Partnership is a California advocacy organization advancing child health equity through research, policy and community engagement.



Purpose

The Children's Partnership commissioned Lake Research Partners to conduct family focus groups:

Objectives:

- **Improve** health equity by ensuring stable coverage.
- **Elevate** voices of families of color; the stories behind the numbers.

Phase 1: May–Sept 2023

- Understand the impact of gaps in children's Medi-Cal coverage.

Phase 2: In Progress (Nov–Dec 2023)

- Explore family experiences with Medi-Cal renewal process.

Families who shared their experiences:



**10 focus groups totaling
83 parents/guardians**



**9 Northern CA
36 Central CA
37 Southern CA**



Race/ethnicity:

**41 Latine
17 Asian
10 Black
8 Native American
7 Mixteco Indigenous**



Language:

**33 English speaking
17 Chinese speaking
33 Spanish speaking
7 Mixteco in Spanish**



17 parents of CSHCN

Where are we so far on unwinding?

Strides

- Many new state flexibilities.
- Robust outreach campaign underway.
- Ex-parte (auto-renewal) rate improving — 66%.

Challenges

- 700k have lost coverage in 4 months, including 250k children.
- 220K loss in children's enrollment — 4.2% drop.
- 91% procedural disenrollment rate (4th worst in the nation).
- ~75% of disenrolled children remain eligible.
- Renewal barriers due to local call wait times, growing backlog of pending cases.

Summary: What we heard about impacts of gaps in coverage

Themes

1. Families often discovered coverage was **dropped when seeking care**, exacerbating families' worry.
2. Gaps in coverage led to **delays** in needed care, **missed medications** and **significant out-of-pocket costs**.
3. Prominent **procedural hurdles** kept many families from staying covered.



In their words:

**Family experiences with
gaps in coverage**



Theme 1

Families often discovered coverage loss when seeking care, exacerbating families' worry



Theme 1: Many families find out their child lost coverage while seeking health care

- Families greatly **value coverage** for their children — offering “**security blanket**” or “**peace of mind.**”
- Parents/guardians note coverage means:
 - **Routine care is affordable:** check-ups, screenings, dental care, immunizations.
 - **Needed treatment is accessible for:** injuries, mental health concerns, medications and treatment for chronic conditions like asthma and cystic fibrosis.
- Parents often **confused why coverage was dropped.** Some received termination notices, others did not.
- Finding out coverage is lost when seeking care **adds to parents' stress for their child's health.**

One parent recounts rushing in the ambulance with their child and his dislocated shoulder only to find out at the hospital their child no longer has coverage:

“It was a nightmare.”



“I was **going to take her to a medical appointment** and they said, I’m sorry, your daughter doesn’t have Medi-Cal. I was like, what do you mean? **If I hadn’t gone there, I wouldn’t have realized it ...**”

**SPANISH-SPEAKING
PARENT/GUARDIAN,
FRESNO**

“When we **went to Northeast [clinic] for a fever**, they said that our Medi-Cal was no longer effective. I said why not? Our income is within limits, we are insured.”

**CHINESE-SPEAKING FEMALE
PARENT/GUARDIAN,
SAN FRANCISCO**

“... We took [our sick daughter] to **the doctor’s office** ... they told us about her not being covered and we were in great shock. They never told us nor explained anything about their limits or anything.”

**SPANISH-SPEAKING
MIXTECO MALE
PARENT/GUARDIAN,
OXNARD**





Theme 2

Gaps in coverage led to delays in needed care, missed medications and significant out-of-pocket costs



Theme 2: What even short gaps in coverage can mean for children

- **Stress and panic:** A sick child in need of health care is stressful enough for families.
- Coverage gaps for even a few days can be **life-threatening**, particularly for children with special health needs and those requiring life-sustaining medications.
- Gaps in coverage mean children faced:
 - **Difficulty accessing medications.**
 - **Delayed immunizations, mental health therapy, physical exams and dental care.**
 - **Huge out-of-pocket costs** for ER/hospital visits.



“In that lapse, there were two or three months that she didn't have any coverage. She had appointments and **she had to be in therapy, and everything had to stop.** Why? Because I had no money to pay for all those therapists or take her to the doctor.”

**SPANISH-SPEAKING
PARENT/GUARDIAN,
FRESNO**

“When my daughter was a few months old, there was a gap of two or three months. **We didn't even go to get her vaccinated because I had to pay \$700.**”

**CHINESE-SPEAKING FEMALE
PARENT/GUARDIAN,
SAN FRANCISCO**

“**My daughter needed a physical exam,** I took her over to a doctor's clinic, and they didn't want to take us in. They ... had us jumping from one clinic to another. She couldn't receive attention. And it's painful, **she cries at night,** sometimes.”

**SPANISH-SPEAKING
MIXTECO MALE
PARENT/GUARDIAN,
OXNARD**



“... They haven’t **fixed his tooth yet**, so they gave me an appointment to take him to fix that, but I couldn’t take him ... **had to wait four to five months.**”

**SPANISH-SPEAKING
MIXTECA FEMALE
PARENT/GUARDIAN,
OXNARD**

“... **We couldn’t get the medication.** I was seriously crying, calling every doctor ... back and forth to the hospital, because he was about to run out any day. He needs it to live ...”

**FEMALE PARENT/GUARDIAN
OF COLOR OF A CHILD WITH
SPECIAL HEALTH CARE
NEEDS, FRESNO**

“... from medical bills that Medi-Cal said they were going to pay when my son was off [coverage], **I owe thousands, thousands.** Plus ambulance, just an ambulance ride alone was \$3,200. I owe thousands.”

**BLACK PARENT/GUARDIAN,
FRESNO**



Theme 3


Prominent procedural hurdles kept many families from staying covered



Theme 3: For some, renewals were easy; others faced hurdles and stress

Commonly cited hurdles included:

- **Inadequate** support.
- **Difficulty compiling** and **submitting** required documentation.
- Renewal packets getting buried at home, leading to **missed deadlines**.
- **Insufficient language access** created barriers to renewal.
- Experiences with **discrimination**.
- **Challenges** transferring coverage when moving between counties.
- **Lack of awareness** of Medi-Cal eligibility for children, particularly in mixed-status households.



“I get stressed out because I wonder what are they going to ask me for now? And **if I fill it out wrong ...**”



**SPANISH-SPEAKING FEMALE
PARENT/GUARDIAN,
LOS ANGELES**

“It gets more complicated to enroll every day. They have more requirements every day. It has taken such a long time! **I’ve had to pay for it with my time — missing work to be on the phone** and such ...”

**SPANISH-SPEAKING MALE
PARENT/GUARDIAN,
SAN BERNARDINO**

“What is most confusing to me is that they ask you about your bank accounts, your checking account ... cash ... What if some days I do and then others I don’t? And that’s where you find yourself stuck with a problem, and **not knowing what to write down.**”

**SPANISH-SPEAKING
MIXTECA FEMALE
PARENT/GUARDIAN, OXNARD**

Hurdle 1: Inadequate support

- Parents expressed frustration about being **unable to get their questions answered despite making multiple attempts** to do so via phone, email and in person.
- **Parents endured long call wait times — often 2 hours —** to get help navigating complex and confusing requirements, materials and questions.
- **Calls were often not returned** even after leaving multiple voicemails; emails were not returned.
- While families frequently received reminders to return required documents in the mail, **it was difficult to find someone available to answer their questions or provide clarification.**
- Medi-Cal **staff were seen as unhelpful** and difficult to reach, did not know the answers to parents' questions, were often in a bad mood, and lacked compassion or the desire to help.



“[...] You call them three times, and **they answer you with three different answers** for the same issue. It just feels like that they don’t know what they are talking [about].”

**CHINESE-SPEAKING MALE
PARENT/GUARDIAN,
LOS ANGELES**

“[...] it’s just complicated to me, and they don’t even communicate well, and **when you call them, they don’t answer**. When you email them, they don’t reply.”

**CHINESE-SPEAKING
FEMALE PARENT/
GUARDIAN,
LOS ANGELES**

“[When calling the county] it was solved. They said we were indeed eligible. **They might have made a mistake.** That’s it.”

**CHINESE-SPEAKING
FEMALE PARENT/
GUARDIAN,
SAN FRANCISCO**

“They [Medi-Cal] just tell you to fill out a form, finish the process ... **they don’t really give you any extra information on any additional services.**”

**SPANISH-SPEAKING MALE
PARENT/GUARDIAN,
SAN BERNARDINO**

Hurdle 2: Finding required documentation

- A big hurdle or pain for families while renewing was **finding the documentation required** and submitting it successfully.
- It was **not always clear what documentation is needed** until after they were disenrolled.
- Several found the process for **submitting documents online** fast and easy, but some did not know about the online option and **thought documents needed to be faxed or mailed**.

“When we enroll, they didn’t tell us what we need ... And we disenrolled and they asked us to sign some affidavit form, and then there was a one-to-two-month gap.”

**CHINESE SPEAKING FEMALE
PARENT/GUARDIAN, LOS ANGELES**

“... Providing them with the supporting documents. I think the real work comes in when you have to gather your documents as opposed to on their [county] end ...”

**NATIVE AMERICAN/INDIGENOUS FEMALE
PARENT/GUARDIAN**

Hurdle 3: Missing renewal deadlines

- Families often get **so much paperwork** that it is hard to tell what needs a response.
- When they do know they need to respond, they put it aside to do but **forget**.
- Parents say the best way to reach them with information about potential changes to Medi-Cal would be through **digital means** rather than by physical mail. They say text, email or through an official app would be best.
- Families ask for Medi-Cal to **use multiple communication avenues** to inform families before coverage is taken away, rather than relying on written notices that get lost or go unread.



“I've missed the deadline.
Because you get the packet
and say, 'I'll do it in just a little
bit.' And **then it gets hidden
and you can't remember.**”

**SPANISH-SPEAKING PARENT/GUARDIAN,
FRESNO**

“Sometimes things get
misplaced, or **you're so busy
and you forget to send
something off, or you think
you send it** ... then I have 30
days before your Medi-Cal
expires, and I'm like, wait a
minute, what did I not do?”

**FEMALE PARENT/GUARDIAN OF CHILDREN
WITH SPECIAL HEALTH CARE NEEDS,
FRESNO**

Hurdle 4: Insufficient language access

- The quality of interpretative equipment and interpreters is not sufficient.
- Translators did not always speak a language fluently and often relayed **incorrect translations**.
- Parents faced **long wait times to get interpretation services** over the phone and many times interpreted instructions on phone/in-person varied from written guidance.
 - Particularly difficult for Mixteco parents who do not speak English or Spanish.



“When you apply [in the Medi-Cal office] the worker speaks Mandarin. Later, when I have some problem, when I make phone calls **there’s nobody to answer me in my language.**”

**CHINESE-SPEAKING FEMALE
PARENT/ GUARDIAN,
LOS ANGELES**

“It’s a little **difficult to fill out the application** by yourself, especially if you don’t understand English very well.”

**SPANISH-SPEAKING
PARENT/ GUARDIAN,
FRESNO**

“[Identifying challenges at renewal]: For my family members that don’t speak English well, [language is] always a problem ... Always.”

**ENGLISH-SPEAKING LATINE
PARENT/GUARDIAN,
FRESNO**

Hurdle 5: Parents experienced discrimination when applying for or renewing coverage

- **Discrimination** was predominately mentioned by Spanish-speaking Latine parents, Mixteco parents and Chinese parents.
- Parents felt they were denied coverage when **judged based on their appearance** and possessions.

"They never find anybody who speaks Spanish. Yes, **you feel discriminated**, that's the truth. They make **you feel like you're less than**, and they make you feel like you have to wait for them to have time for you."

**SPANISH-SPEAKING LATINE PARENT/GUARDIAN,
LOS ANGELES**

"... **He told me that I was a burden to society**. I told him no, I'm not, because we pay taxes, and I said in the long run my husband is working on getting my paperwork. I'm going to be legal here."

**SPANISH-SPEAKING LATINE PARENT/GUARDIAN,
LOS ANGELES**

Hurdle 6: Challenges transferring coverage between counties

Moving from one county to another:

- Does **not require re-applying** for Medi-Cal.
- Transferring coverage to a new county **should not result in coverage gaps**, and yet...
 - Several parents experienced gaps in Medi-Cal coverage when trying to transfer their coverage to a new county — some up to six months.
 - Some had to go to the county office to re-apply after they moved.



“They told me it would just go straight over from San Joaquin to Fresno, but it didn’t. I still had to come here and talk to a worker and get it back — so I had to fill out the papers again.”

**FEMALE PARENT/GUARDIAN OF COLOR OF
CHILD WITH SPECIAL HEALTH CARE NEEDS,
FRESNO**

“They told me it [Medi-Cal county transfer] would take a month. That’s when my son got sick and I was ... really concerned, because he’s had pneumonia twice.”

**SPANISH-SPEAKING
PARENT/GUARDIAN,
FRESNO**

Hurdle 7: Misunderstanding Medi-Cal eligibility

- Some families assumed their undocumented immigrant children and other family members do not qualify for Medi-Cal.
- Many thought their entire family no longer qualified with modest income increases when in fact their **children would still qualify due to children's higher income eligibility levels** compared to adults.
- Few knew they could get their coverage reinstated even if the renewal deadline is missed by 90 days.

"Medi-Cal doesn't cover my children if they have no documents."

**SPANISH-SPEAKING MIXTECO
PARENT/GUARDIAN, OXNARD**



“There’s four of us; the limit is \$48,000. **If we make more than \$48,000 then we don’t qualify.**”

*children actually qualify up to \$79,800

**SPANISH-SPEAKING LATINE
PARENT/GUARDIAN,
LOS ANGELES**

“We thought that **once they cut it off, you have to start from zero. You have to start over,** all over, starting all the renewal process, everything, a new case.”

**SPANISH-SPEAKING LATINE
PARENT/GUARDIAN,
LOS ANGELES**

“I **didn’t know about the 90 days [for reinstatement]**. A social worker told me that if you don’t renew it before the deadline, then it’s over. And another one told me you have 30 days until next month.”

**SPANISH-SPEAKING FEMALE
PARENT/GUARDIAN,
SAN BERNARDINO**

Parents' Recommendations:

1. **More trained staff** to provide high quality services and support.
2. **Provide information about potential changes to Medi-Cal via digital/paperless methods** rather than physical mail. Text messages, email or an official app would work best.
3. More information about **how to and when to renew, including using the official site.**
4. More advertisements and **outreach about eligibility guidelines.**
5. **On-call interpreters** available at Medi-Cal offices and in-line to reduce wait time.
6. Allow **children to be automatically renewed** when living situation goes unchanged/
Have a system that automatically tracks qualification and renews children's coverage.
7. **Multi-year continuous coverage** similar to those during the pandemic.

Recommendations: Make process work for families, not just the system

1. Implement CA's continuous Medi-Cal coverage for children

- Access to stable coverage is a fundamental health equity strategy.
- Continuity of coverage protects healthy childhood development. Even small gaps in coverage impact early detection and intervention.

Action Needed: **Governor to immediately greenlight and fund** implementation of multi-year continuous coverage for young children. **DHCS to submit federal waiver request ASAP** (not wait for financial greenlight).

"... I feel that they shouldn't do it [renewals] every year, maybe every two years ... time goes by very fast and sometimes we don't have time."

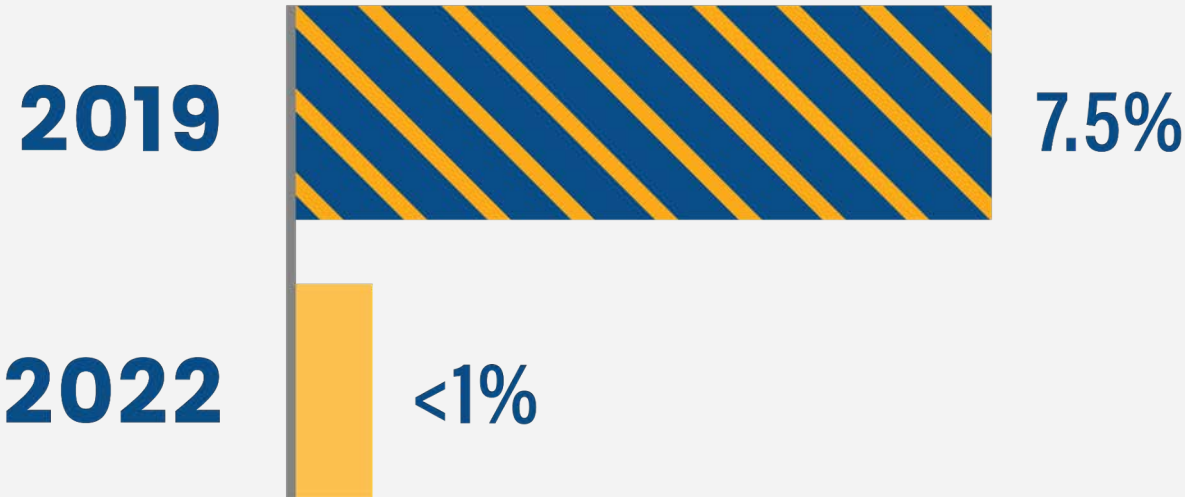
SPANISH-SPEAKING LATINE PARENT/GUARDIAN, LOS ANGELES

Recommendation #1 (continued)

Continuous coverage protections work!

The federal Continuous Medicaid Coverage Protection during the Public Health Emergency (PHE) successfully increased stable coverage and **reduced** the uninsured rate for children.

The PHE continuous coverage provision is an example of a successful equity strategy. The provision protected coverage and reduced the uninsurance rate.



From 2019 to 2022 the churn rate dropped over 6.5% points.

From 2019 to 2022 the **uninsured rate** dropped from 3.6% to

3.2%

Recommendations: Make process work for families, not just the system

2. Prioritize coverage over process

CA must **pause procedural disenrollments** to meaningfully address acute barriers to coverage facing families such as staffing shortages and long call wait times.

3. Keep kids covered

Deploy **child-specific outreach** and education strategies, including distinct eligibility messages for children compared to adults.

4. Streamline renewals beyond this unwinding period

Make **unwinding flexibilities permanent** such as self attestation on renewal forms and ex parte reviews for those with \$0 or stable income or below poverty.

THANK YOU!



Contact Us

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