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CHCF Issue Brief

Plain and Clear: Making Medi-Cal Communications Easy to Understand

Medi-Cal is California's Medicaid program. It provides health coverage to Californians with low incomes, including families with children, seniors, people with disabilities, pregnant people, people with low incomes and certain diseases, and those in foster care. In 2021, over 13 million Californians — one in three — relied on Medi-Cal for health coverage.[1]

But many of the adults served by Medi-Cal may not be able to read or understand the forms and documents they receive from the program. California has an English-language adult literacy level of 76.9%, among the lowest in the country.[2] This means that 23.1% of adults in California lack basic "prose" literacy skills, defined as "the knowledge and skills to search, comprehend, and use continuous texts (e.g., editorials, news stories, brochures, and instructional materials)."[3] However, many documents that Medi-Cal applicants and enrollees receive — including those that were part of this project — are written at between the 10th and 16th grade levels,[4] a much higher level than the ideal 6th to 8th grade level at which they should be written. This discrepancy can cause challenges in applying for, obtaining, keeping, and using Medi-Cal. These challenges are further exacerbated for those whose native language is not English.

The project, Improving the Usability of Medi-Cal Enrollee Communications, was conceived of as an opportunity to conduct expert review of selected Medi-Cal communications for English-speaking enrollees and assess their usability, make actionable recommendations to improve them, and put steps in place for long-term change at the California Department of Health Care Services (DHCS). This report discusses the process for doing so, key findings, recommended action steps, and recommended policy changes.

Process

This project spanned the summer of 2020 through the fall of 2021. During that time, Health Engagement Strategies (HES) led the following process:

- **Materials selection.** HES approached leadership and staff at DHCS as well as key advocacy and stakeholder groups to solicit input on which documents to include in this project. The input was solicited through email, listserv postings, phone calls, and an invited presentation at a DHCS Consumer Focused Stakeholder Workgroup meeting. Criteria for materials selection included the number of Medi-Cal enrollees who use the document and whether it is needed to determine eligibility, availability of services, or enrollee rights and protections. Based on these criteria and input, DHCS, advocates, and the California Health Care Foundation (CHCF) jointly decided to analyze the documents shown in Appendix A.

- **Initial background research.** HES conducted interviews with key informants by phone and email to learn more about how the selected materials are used, who uses them, common challenges in using them, how they were initially developed and reviewed, and suggestions for improvement. Informants included advocates, attorneys, experts in cultural and linguistic access, Medi-Cal enrollment counselors and supervisors, and DHCS subject matter experts. HES also conducted baseline user testing with current Medi-Cal enrollees

to solicit insight on the selected materials. These enrollees included seniors, people with disabilities — including blindness — and enrollees from varying California regions and of varying racial, ethnic, and gender identities and educational backgrounds. Because the focus of this project was English-language documents, all interviewees were native English speakers (though some also spoke Spanish). See Appendix B for demographic details.[5]

- **Initial revisions.** HES rewrote each of the documents based on initial background research (see above) and best health literacy and plain language practices. The rewrites included but were not limited to removing or explaining jargon, presenting information in a logical flow, omitting nonessential information, providing clarifying explanations throughout, and designing the documents to minimize initial intimidation and to provide easy-to-follow "road maps."[6]

- **Feedback and review.** Advocates, stakeholders, county Medi-Cal eligibility staff, and subject matter experts from multiple divisions of DHCS reviewed each document and provided feedback. HES incorporated the feedback into subsequent versions via content and design modifications.

- **User testing.** HES tested the revised versions with Medi-Cal enrollees to determine what was clear and understandable and what needed further revision. As with the previous baseline user testing, Medi-Cal enrollees with varying backgrounds and other demographic differences (including disability status) were recruited and interviewed. (see Appendix B).

- **Revisions.** HES incorporated the suggested changes that were straightforward from an editorial perspective. For the suggested changes that had policy or broad-scale implications, DHCS and additional stakeholders provided guidance and met with HES to discuss implementation options. Due to legal and departmental policy decisions, limitations, and/or regulations, DHCS did not accept and incorporate some suggestions from HES.

Key Findings and Proposed Action Steps

Medi-Cal enrollees pointed to five main readability- and usability-related[7] themes that prevented them from easily and accurately understanding and engaging with the documents they reviewed. These themes, presented below as key findings, are important in that until they are remedied, they could lead to delays in Californians applying for, obtaining, keeping, and effectively using Medi-Cal benefits.

1 The documents contained acronyms, jargon, phrasing, and vague wording that enrollees did not understand.

Jargon has been defined as "specialized terms used by a group or profession" and "shorthand among experts."[8] However, using jargon when writing for adults who may have limited literacy skills or English proficiency — or a lack of expert knowledge of the Medi-Cal system — can turn into a tremendous barrier to understanding and action. During user testing, Medi-Cal enrollees stated that when faced with jargon or an acronym or unfamiliar term, they either skipped over it, reread it so many times that they lost track of the main point, or simply guessed at what responses to provide.

RECOMMENDATION 1A. Minimize use of acronyms. If they must be used, clearly define them.

In a one-page flyer about a program to help with payment for breast and cervical cancer treatment, there were five different acronyms, some of which were used only once or twice each. In addition, two of these acronyms (*EW* for "eligibility worker" and *EWC* for "every woman counts") were very similar to each other. Avoid acronyms that are used only once or twice and simply write out the full words instead. Doing so will improve readability while not adding significant text to the page.

"At first, there's lots of capital letters bunched together, like BCCTP. . . And then there's the EW . . . then toward the end it tells you EWC and FamPACT and BCCTP again. So you have to slow down because you just learned these abbreviations. . . . You gotta go back and see what those meant . . . you have to just take your time, which we don't always have."

— Latinx female (mid-20s) Medi-Cal enrollee, Southern California

Example 1a

Original. If you have been screened for breast and/or cervical cancer by a provider that is not with EWC or FamPACT, you can still be referred to the BCCTP.

Suggested revision. Talk to your doctor. Ask if they are part of the *Every Woman Counts or Family PACT* programs. If they are, they can apply for you. . . . If you want help finding a participating doctor, you can . . .

RECOMMENDATION 1B. Avoid unnecessary jargon. If it must be used, explain it.

When writing, ask yourself if your parent or neighbor would understand the words or phrases you're using. If not, explain or omit them.

"They say 'medically indigent, medically needy, and programs for people with disabilities.' Okay, I'm confused by this whole thing right here. What is 'medically indigent'? What is that? . . . That's confusion. Big confusion right there. . . I'm not understanding none of that."

— Black female (mid-60s) Medi-Cal enrollee, Central California; completed some high school; has a disability

Example 1b

Original. We used your information, as well as state and federal data, to see what health coverage you and each member of your family can get, including: MAGI Medi-Cal (Modified Adjusted Gross Income) which is the new Medi-Cal program based on tax rules; Other Medi-Cal programs, such as Medically Indigent, Medically Needed, and programs for people with disabilities; and Covered California private health insurance.

Suggested revision. We used the information you gave us to see which type of health coverage you and your family members can get. We also used information from state and federal agencies to confirm your income and tax statements.

RECOMMENDATION 1C. Use everyday words and phrases that the target audience commonly uses.

"BIC? I call it the Medi-Cal card. Everybody calls it the Medi-Cal card. I don't think anybody calls it the Benefits Identification Card . . . let's keep it simple. At the doctor they ask for your Medi-Cal card — they aren't asking for your Benefits Identification Card. Let's keep it real."

— Male (mid-50s) Medi-Cal enrollee, Southern California; master's degree; blind [declined to state race]

Example 1c

Original. You must sign your Benefits Identification Cards (BICs).

Suggested revision. You must sign your Medi-Cal cards.

2 The documents contained contradictory information often presented in non-linear ways, causing enrollees to feel frustrated, confused, and stressed.

Medi-Cal enrollees consistently stated that the written communications they receive are overwhelming and stressful. Reading through them takes time, and when information is contradictory, they were unsure of what was or was not accurate. Compounding the confusion was information presented nonlinearly, causing readers to skip ahead to look for next steps or flip back over pages to understand information.

RECOMMENDATION 2A. Provide consistent messaging that minimizes confusion, stress, and panic about the potential of losing Medi-Cal benefits.

"They say, 'You are not eligible for MAGI Medi-Cal.' But then it says, 'You have not lost your Medi-Cal benefits at this time.' So what are they saying? I don't understand. . . . I don't understand that at all. . . . It's sending two different messages. Am I going to get it or am I not going to get it?"

— Black female (early 60s) Medi-Cal enrollee, Central California; completed some high school; has a disability

Example 2a

Original. We are sending you this letter because you or someone in your family is not eligible for MAGI Medi-Cal. You may be eligible for other Medi-Cal programs. . . . To keep health benefits without a break in coverage, you must complete the last page of this form. . . . You are not eligible for MAGI Medi-Cal. You have not lost your Medi-Cal benefits at this time.

Suggested revision. We are checking to see if you are or will continue to be eligible for certain Medi-Cal programs. To help us do that, please answer the questions on the next pages for everyone who is part of your household.

RECOMMENDATION 2B. Present information in a clear, logical, and linear manner.

Think about what the reader needs to know and eliminate any nonessential information. Group relevant information together. Put examples next to the question rather than on a separate page.

"It doesn't tell you how to do it. It should explain it or . . . go step by step."

— White female (late 40s) Medi-Cal enrollee, Northern California; completed some college; blind and multiple physical disabilities

Example 2b

Original. Does anyone in the household have income that is not from a job? Do not include child support payments, veteran's payments, or Supplemental Security Income (SSI). See page 3 for additional information.

Suggested revision. Answer these questions if this person has another source of income. . . Examples include Social Security, retirement, disability, or unemployment benefits.

3 The documents asked questions that felt overly invasive and personal to enrollees, leading them to want to skip questions or to give up on completing the forms.

Medi-Cal enrollees were cognizant and appreciative of receiving free and/or low-cost health coverage through Medi-Cal. However, they also felt that many questions were overly invasive, personal, and dehumanizing. In addition, they often did not see the connection between the question and its relation to obtaining or keeping Medi-Cal. Enrollees requested that sensitive questions begin with explanations of why they're being asked or a statement acknowledging their sensitive nature.

> *"It's the way it's worded. It's like, 'What the f**k did I fill out? What are you saying?' That feels intrusive."*
>
> — Black/Indigenous female (mid-30s) Medi-Cal enrollee, Northern California; completed some college

RECOMMENDATION 3A. Add introductory "lead-in" wording to minimize how invasive and intrusive certain questions may feel, and explain why they're being asked. Also, arrange the order of questions to start with those that feel "softer."

This will help to improve the likelihood of enrollees answering each question — limiting delays in access to services and care — and help humanize a process that can often feel degrading and stigmatizing.

> *"Pregnancy — number of babies? What for? Does it matter? That's totally weird. Wow. That's too much information. That's irrelevant. They're asking how many babies you have?"*
>
> — Male (mid-50s) Medi-Cal enrollee, Southern California; master's degree; blind [declined to state race]

Example 3a

Original. Please answer the questions below that apply to you or anyone in your household.

Suggested revision. Your answers to these questions provide information about your family size. This is important to help you get or keep Medi-Cal. Pregnant people count as two or more people, so it makes a difference if someone is pregnant. Also, someone who is pregnant and has Medi-Cal can keep it, without a break, for 12 months after the pregnancy ends — regardless of how it ends.

RECOMMENDATION 3B. Use language that offers reassurance and provides the reason for requesting specific information.

Example 3b

Original. Because you have Medi-Cal now, we already know a lot about you. What we do not know is your tax household information.

Suggested revision. To help you get or keep Medi-Cal, we need to know more about your income and taxes. Even if you don't file taxes, you may still get or keep Medi-Cal.

4 The documents did not have consistent "road maps," leaving enrollees unsure of where to seek help, how to get information in languages other than English and alternative formats, and what pathways to take to complete long documents.

Medi-Cal enrollees faced challenges and were frustrated by not knowing where or how to seek help in completing paperwork and submitting it in a timely way. They requested that forms include phone numbers that connect to a live person, preferably in their county, rather than being routed to complicated phone trees — or worse yet, being told to look in a phonebook or at an ambiguous website. They also requested that when print materials do refer them to a website, that the URLs be short and easy to type. Long, complicated URLs were challenging to those with limited literacy, English, and/or computer skills. Enrollees also wanted to ensure that instructions to solicit information in alternative languages and formats were easy to find and that design tools were incorporated to help guide them through long and complex documents.

RECOMMENDATION 4A. Add local contact information to every form and document.

This should include a county-specific phone number or a phone number to a live operator who can provide a county-specific phone number and a local address for those who want to seek help in person. Create shortened URLs that are easy to remember and type. Ensure that there are no "dead ends" and that enrollees and applicants without reliable internet access will have a way to seek help.

> *"Put the phone number or the address. . . . And there are so many backslashes to type. It's very irritating. Just make it short and simple."*
>
> — White female (mid-40s) Medi-Cal enrollee, Central California; completed vocational college

Example 4a

ORIGINAL

Where can I get more information?

- Look in your local phone book.

Find your county office:

- www.dhcs.ca.gov/services/medi-cal/pages/countyoffices.aspx

SUGGESTED REVISION

Where can I get more information?

- Call us at 1-800-XXX-XXXX.

Find your county office:

- www.dhcs.ca.gov/countyoffices*

* This fictious URL, created for this report, is an example of a URL that is short and easy to type.

RECOMMENDATION 4B. Write the name of each threshold language — in its own language — at the top of each document, with a corresponding phone number connecting to staff who speaks that language.

While this information is often included as a separate document with mailings, it is easy for it to become separated, leading to a delay in non-English speakers and readers replying to their mail — some of which is time-sensitive.

> *"I would make a section where it says, in all of the languages — Chinese, Spanish, Tagalog — 'Please call this number to request this form in your language.' This form gives two phone numbers, but if I didn't speak any English, how would I know which of those to call?"*
>
> — Latinx female (late 20s) Medi-Cal enrollee, Southern California; completed community college and two associate degrees

Example 4b

ORIGINAL (on the bottom of the last page of a three-page document)

You have the right to ask for and receive translated materials and interpreter services in your language.

SUGGESTED REVISION (at the top of all documents)

English: 1-800-XXX-1111
Español: 1-800-XXX-2222
繁體中文: 1-800-XXX-3333
한국어: 1-800-XXX-4444
(continue in each language)

RECOMMENDATION 4C. **Use well-established design elements that maximize readability, flow, and mapping — and that minimize intimidation.**

This can include bolding, bullets, white space, font size, hierarchy of information, callout boxes, line length, and more. It also includes moving "furniture" that appears on multiple pages — such as logos and the names of the governor and DHCS director — to the bottom of subsequent pages so that readers with limited literacy skills don't struggle before even engaging with the main text.

"I just focus on the bold areas so as not to get confused. Once you start to see things you don't know, you start to wonder, 'Do I need this?' I would just skip that and read the bold that tells me why I'm getting the letter and what I need to do."

— Latinx female (mid-30s) Medi-Cal enrollee, Southern California; completed some college

5 The documents intimidated enrollees and made them feel at risk.

Enrollees acknowledged that dishonest and deceitful people exist, though they felt that some phrasing on the forms made them feel as though all applicants and enrollees could not be trusted and/or were criminals. They requested wording that did not threaten them with jail if they unintentionally made a mistake on an application or other form. They also requested wording to reassure them that they and other members of their household, who may be undocumented, would not be at risk if the government learned of their existence from a Medi-Cal form or application.

RECOMMENDATION 5A. **Implement wording in the signature section that is not intimidating. Intimidated applicants and enrollees may simply choose not to apply.**

"They have the same wording on just about every form. . . . I always feel a little offended at this. The forms can be confusing, and what if I fill it out wrong? Is it your fault? There should be some leeway with it."

— White female (early 60s) spouse/caretaker for a Medi-Cal enrollee, Southern California; has a disability

Example 5a

Original. I know that if I do not tell the truth on this form, there may be a civil or criminal penalty for perjury that may include up to four years in jail (see California Penal Code section 126).

Suggested revision. I'm signing this application under penalty of perjury. This means that I've provided true answers to all the questions on this form to the best of my knowledge. I know that I may be subject to penalties under federal law if I provide false or untrue information on purpose.

RECOMMENDATION 5B. **Explain why certain information is being requested and why it's important to include. Also explain that care will be taken to keep all information confidential.**

> *"You may not want to include people on your application who live with you and are undocumented. You should say, 'We do not disclose your information or the information of the people in your house who are undocumented.'"*
>
> — Male (mid-50s) Medi-Cal enrollee, Southern California; master's degree; blind [declined to state race]

Example 5b

Original. In order to see if you are still eligible for Medi-Cal, you must . . . give us this information for yourself and each person living with you or claimed on your tax return.

Suggested revision. The size of your household will help us know what health coverage programs you qualify for. We will only use this information to help people in your household apply for or keep health coverage.

Policy and Process Implications and Recommendations

This project improved the readability and usability of select written documents for Medi-Cal enrollees. However, due to legal and departmental policy decisions, limitations, and regulations, DHCS did not accept and incorporate all readability and usability suggestions.[9] With that in mind, the section below highlights ten recommendations for DHCS to consider as additional mechanisms to further improve print communication materials for Medi-Cal applicants and enrollees.[10]

1 Create a style guide that adheres to best plain language and health literacy practices, focusing on phrasing, vocabulary, and design.

Base the style guide on input and insights from enrollees. Incorporate words, phrases, and design elements that multiple enrollees suggested — even if it means eventually making those changes across multiple documents and that it may stray from decisions previously made. Focus on keeping documents short, simple, and relevant. Consider using the *Assistance Application Standards and Guidelines* (PDF)[12] from the Michigan Department of Health and Human Services as an example. Distribute the style guide to all DHCS staff, contractors, and consultants involved in creating and reviewing enrollee-facing communications.

2 Establish and enforce a consistent policy for creating and revising user-friendly documents for applicants and enrollees.

Integrate ample budget and time for baseline testing with applicants/enrollees, stakeholder input, and revisions, plus time and budget for additional testing and review of draft revisions with enrollees and stakeholders. These resources should include budget to provide meaningful stipends to applicants/enrollees to reimburse them for their time as well as sufficient hours to

dedicate toward recruiting and rescheduling the interviews. Also ensure that a consistent policy is established and enforced for linguistic translation, cultural adaptation, and creation of alternative formats — including user input and testing for each of these items. Per DHCS, the current review process for readability and usability varies depending on the particular document. They are reviewed in-house, by a third-party contractor, with input from the Medi-Cal managed care plans, and/or with stakeholder input. For any and all of these, it is critical that policy stipulates sufficient time and expertise so that input from each of these entities can be implemented and reviewed. Literacy, readability, translations, cultural adaptations, and usability must consistently be included as part of the ongoing development, review, and finalization process.

3 Conduct an audit of all written applicant and enrollee communications to determine where duplication and redundancy exists and can be eliminated.

If any documents are duplicative, determine if they can be merged or removed from circulation. Enrollees receive many communications, and sending them only what is absolutely necessary could minimize confusion and improve response time. This could also lessen the burden on enrollers, eligibility workers, and advocates who frequently assist applicants and enrollees with their paperwork. These professionals can provide guidance on which communication materials may be able to be merged or removed, as they interact regularly with applicants, enrollees, and the forms.[13]

4 Acknowledge that rewriting certain documents may lead to needed changes on related documents and materials.

It may be useful to rewrite certain documents, but only if corresponding and supportive documents also are updated in a comprehensive and systematic way. During this process, review member handbooks, web pages, notifications to health care providers, and more — all of which may be related to the anchor document.[14]

5 Acknowledge that enrollee testing will uncover programmatic and policy deficiencies and highlight potential improvements.

One primary reason that enrollees struggled with reading and understanding documents is that some of the programs described and questions asked seemed confusing and inefficient. When multiple enrollees independently point out these identical underlying issues and express frustration with them — to the point that they'd rather not apply or try to use the programs — consider what DHCS could do to modify the programs and make them more enrollee-friendly. For example, when reading through the required steps to apply for the Breast and Cervical Cancer Treatment Program, one enrollee said, *"Talk to a county eligibility worker? Talk to your doctor? Wait a minute. So if you're at your doctor and they give you this, why do you need to ask your doctor? You're already at the doctor. Why can't my doctor just handle it? And then you're going through an eligibility worker? Oh boy! You sure have to know if they know what they're talking about. Some of them don't know what they're talking about . . . so if they're not educated about certain things, how would we know what to do next? This gives me pause, and then you just give up on it. That's what you do. You get tired of fighting your own self."*

6 Ensure that staff and consultants working to improve communication materials have policy expertise and/or access to subject matter experts — and designate one staff member with the authority to make final decisions.

Documents for Medi-Cal enrollees are complex. Each piece of information in them may hinge on another piece of information. Phrasing and concepts have legal implications. Before starting the rewrite process, interview subject matter experts on how they're used, who uses them, common pitfalls and points of confusion with them, and more. Engage frequently with subject matter experts throughout the process. Ensure there is one staff member at DHCS, ideally who has

cross-division and cross-departmental knowledge, who can provide sign-off and make final decisions.

7 Include stakeholders regularly and throughout the entire process, including in the very early stages, and ensure that comprehensive methods are in place to incorporate their suggestions.

Consider each potential touch point for the document being revised, including various divisions within DHCS (e.g., Medi-Cal Eligibility, Office of Legal Services, Medi-Cal Managed Care, Office of Civil Rights, Benefits) so that relevant staff has a consistent process to provide insight early and frequently. Also consider external organizations, including consumer advocacy groups, Medi-Cal managed care plans, translation vendors, field testing entities, and others that may have specific insights or the potential to further advance this work. Adding touch points to DHCS's current stakeholder involvement process may initially feel laborious and time-consuming but will likely yield higher returns on investment in time saved and production value.[15]

8 Use this process as an opportunity to align with state laws, federal laws, and/or temporary protective regulations by adding, editing, or omitting specific information.

Many enrollee-facing documents are not updated frequently. In fact, some of the documents included in this project had not been updated since 2009. Use this opportunity to add, edit, or omit information, including adding an optional question about sexual orientation / gender identity (with appropriate lead-in framing), providing details about increased pregnancy-related Medi-Cal options, and modifying questions about immigration status. Create internal policies that allow the department to be nimble enough to quickly shift and adjust based on changing state and federal regulations.

9 Request the minimum amount of information and "proofs" from applicants and enrollees.

Applicants and enrollees want to fill out forms truthfully and accurately. However, when asked how much cash they have at home and told they do not need to provide proof of it, for example, enrollees questioned why they were even being asked about this. Similarly, enrollees were very anxious about frequent requests to provide detailed and personal information about each person in their household — including for people who did not want Medi-Cal, may be undocumented, or did not want their personal information disclosed to the government. Consider policy changes that minimize placing applicants and enrollees in such precarious situations.

10 Use phrasing that is not intimidating to applicants and enrollees.

Refrain from asking applicants and enrollees to hypothesize about the future. It is almost impossible, for example, for a demographic known to have unstable financial and housing situations to know if they will need to file taxes in the future or where they may live in the future. Also, refrain from language on signatory pages that quote penal codes that threaten jail time. Consider softer language, such as wording similar to that on page 7 of the model Medicaid/Marketplace application[16] (PDF). As CHCF's report, *The Medi-Cal Maze: Why Many Eligible Californians Don't Enroll* (page 12) states,[17] "misinformation, rumors, and incorrect characterization of the program kept respondents from even beginning an application." Write in the first person and insert words such as "please" and "thank you" to humanize what can feel like a very bureaucratic and stigmatizing process. At every stage of communications for Medi-Cal applicants and enrollees, consider how the experience can be improved.

Best Practices

One reason this project was successful is that specific strategies were set in place, early on, with a mindset of creating long-term change. Though seemingly simple, the author recommends the best practices, listed below, to DHCS and other departments and states that are considering embarking in a project similar to the one described in this report.

- Create and share a detailed timeline for all aspects of the project, disseminating updates as needed. That way, all contributors and senior-level staff know what to anticipate.
- Select specific documents to use as a pilot project, with a goal of learning and creating processes that will create long-term change.
- Meet at the beginning of the project to discuss expectations, concerns, communication methods, and roles of everyone involved.
- Maintain open communication channels throughout the project with one main contact person.
- Ensure there is timely access to subject matter experts and leadership throughout the project.
- Allow for flexibility for the unforeseeable, including policy, staffing, and leadership changes.

Conclusion

Many Californians are not able to apply for or effectively use Medi-Cal because they cannot read or understand the forms and documents created specifically for them. They feel grateful to have access to low-cost or no-cost health coverage but also can feel intimated, insulted, and confused by the required forms and documents. These feelings can become a barrier so great that some choose to opt out of the program rather than get the health care to which they are entitled. As one enrollee said, *"Once you start to see things you don't know [on those forms], you think, 'Do I need this? Do I need to apply for this?'"*

As this project and report demonstrate, steps can be taken to rectify this situation. Medi-Cal enrollees and key stakeholders suggested that forms and documents could be improved by using everyday words and phrases, providing clear and consistent information, and ensuring that concrete information is provided — in all threshold languages and alternative formats — about where people can go for help. They also suggested providing explanations of why certain questions are being asked and ensuring readers that their information will be kept confidential and used only to determine program eligibility.

There were also recommendations to provide high-quality and culturally competent linguistic translations of all Medi-Cal communications — and to ensure that applicants and enrollees who do not speak or read English have easy access to them. Similarly, recommendations were made to ensure that all materials are available in alternative formats (i.e., fillable PDFs, Braille, large print, and screen readers), and that once someone requests those formats, they consistently receive their materials in those formats in a timely way. As one enrollee who self-identifies as a quadriplegic said, *"They ask if I want these forms electronically and [then] they don't send them electronically. They send me hard copies. The ladies who care for me are from another country and they speak French. They're not used to all these forms, so trying to write English is daunting for them. I have a terrible time with it. . . . I cannot move my fingers at all, but I could get the forms back a lot quicker if it were a fillable PDF — I could do that on my own."* The often tight deadlines these forms have make this an issue of timely access.

The ultimate goal was to provide a path forward for DHCS to take in improving the readability and usability of future forms, documents, and other written materials. Following the recommendations in this report, including regularly interviewing Medi-Cal enrollees about implementing their suggestions, may help many more Californians enroll in the program and get the health care they need.

About the Author

Beccah Rothschild, MPA, is the principal of Health Engagement Strategies, a consultancy that aims to improve health outcomes by influencing health behaviors, systems, and cultures. She has more than 20 years of experience working on making health information clear and understandable.

About the Foundation

The California Health Care Foundation is dedicated to advancing meaningful, measurable improvements in the way the health care delivery system provides care to the people of California, particularly those with low incomes and those whose needs are not well served by the status quo. We work to ensure that people have access to the care they need, when they need it, at a price they can afford.

CHCF informs policymakers and industry leaders, invests in ideas and innovations, and connects with changemakers to create a more responsive, patient-centered health care system.

Appendix A. Original Documents Included in This Project

	GOAL	ESTIMATED YEARLY HOUSEHOLD REACH
Request for Tax Household Information (RFTHI)	To gather income and tax information from each household member to determine Medi-Cal eligibility	100,000
Breast and Cervical Cancer Treatment Program (MC 372)	To inform applicants and enrollees about a program that pays for breast and cervical cancer treatment	6 million
Non-MAGI Informing Letter (ED_0004037_ENG1_0514)	To inform enrollees that someone in their household is no longer eligible for MAGI Medi-Cal but may be eligible for non-MAGI Medi-Cal	1 million
Additional Income and Property Information Needed for Medi-Cal (MC 604 IPS)	To gather additional income and property information from each household member to determine Medi-Cal eligibility	1 million
Additional Family Members Requesting Medi-Cal (MC 371)	To allow Medi-Cal enrollees to add additional family members to their case	25,000
Early and Periodic Screening, Diagnosis, and Treatment (MC 003)	To provide information about screening, diagnosis, and treatment for mental health services for those eligible for Medi-Cal and under age 21	6 million
Rights and Responsibilities (MC 219)	To inform applicants how their personal information will be used, of their rights when applying for Medi-Cal, and of their responsibilities if they receive Medi-Cal	6 million

Appendix B. Demographics of Medi-Cal Enrollees Who Participated in User Interviews, by ID Number

	AGE	GENDER IDENTITY	EDUCATIONAL ATTAINMENT	COUNTY	RACIAL IDENTITY	DISABILITY?	YEARS WITH MEDI-CAL
1	60	Female	10th grade	Sacramento	Black	Yes (physical)	Unsure
2	35	Female	Some college	Alameda	Indigenous	No	2 years
3	27	Female	Community college	Riverside	Latinx	No	6 years
4	45	Female	Vocational college	Sacramento	White	Yes (physical)	27 years
5	30	Female	Some college	San Bernardino	Latinx	No	Unsure
6	62	Female	Some college	Los Angeles	White	Yes (caretaker for disabled husband)	New
7	49	Female	Some college	Alameda	White	Yes (blind)	49 years
8	72	Female	Some college	Los Angeles	Black	Yes (mental and physical)	19 years
9	64	Female	Bachelor's degree	Los Angeles	Latinx	Yes (physical)	44 years
10	77	Female	Associate's degree	Los Angeles	Biracial (Black/White)	Yes (mental)	15 years
11	56	Male	Master's degree	Los Angeles	Declined to state	Yes (blind)	32 years
12	44	Female	Some college	Sacramento	Black	Yes (declined to provide details)	26 years
13	71	Male	Bachelor's degree	Los Angeles	White	Yes (blind)	"Since blind people became eligible"

Endnotes

1. Len Finocchio et al., *Medi-Cal Facts and Figures, 2021: Essential Source of Coverage for Millions*, California Health Care Foundation (CHCF), August 2021.
2. "U.S. Literacy Rates by State," World Population Review.
3. "Literacy for All: Adult Literacy @ Your Library - Adult Literacy in the U.S.," Amer. Library Assn.
4. Reading levels are based on results from the Gunning Fog, SMOG, and Flesch Reading Ease readability formulas.
5. For details on how this subset of enrollees matches the general profile of Medi-Cal enrollees, please see *Medi-Cal Facts and Figures — Quick Reference Guide* (PDF), CHCF, August 2021.
6. Tools for learning more about how to do this can be found at: "Toolkit for Making Written Material Clear and Effective," Centers for Medicare & Medicaid Services, last modified December 1, 2021; "Five Steps to Plain Language," Center for Plain Language; and "Checklist for Plain Language," Center for Plain Language.
7. Readability is how well one can recognize and read the actual words. Usability is the ultimate end goal. It is how well one can interact with the entire document to actually understand it and use it to take the desired action steps.
8. Nick Wright, "Keep It Jargon-Free," Plain Language Action and Information Network, accessed September 15, 2021.
9. This was a collaborative project with DHCS, and many suggestions to improve readability and usability were incorporated. One example of a suggestion that was not incorporated, although the majority of enrollees requested it, was providing definitions of the four types of disabilities (physical, emotional, mental, and developmental) asked about on various forms. Enrollees were confused about the differences between some of these and what qualified as an "official" disability — and were concerned about the potential of answering incorrectly. DHCS is striving to create parallel phrasing across enrollee-facing materials, and unfortunately, these items are not defined elsewhere, so the decision was made to also not define them on the documents for this project.
10. This project focused on print materials for Medi-Cal enrollees and applicants. However, many of the recommendations in this report can be extrapolated to PDFs, scanned documents, online communications, and more.
12. Civilla and the Michigan Department of Health and Human Services (MDHHS), *Michigan Department of Health and Human Services: MDHHS-1171 Assistance Application Standards and Guidelines* (PDF), 2018.
13. As a result of stakeholder input, interviews with enrollees, and the rewriting process, it became clear that overlap existed in the goals of two of the documents in this project: the Non-MAGI Informing Letter and the Additional Income and Property Information Needed for Medi-Cal. When this issue was brought to the attention of DHCS, much to their credit, they agreed that with minor additions to the Additional Income and Property Information form, the Non-MAGI Informing Letter could be removed from circulation. As a result of this decision, applicants and enrollees will receive one less multipage letter in the mail and will experience a more streamlined process in providing property and income information to DHCS.
14. As a result of stakeholder input and as part of the rewriting process, it became clear that simply revising the Early & Periodic Screening, Diagnosis & Treatment flyer for readability could actually lead to more confusion and inaction than clarity and help. Upon discussion, stakeholders and DHCS staff agreed that this flyer had missing and outdated information, as did the supporting information online and in member handbooks. The decision was made — with credit to DHCS — to remove this document from the project and later reconsider it as part of a much larger change effort.
15. After all the initial phases of rewriting the Medi-Cal Rights and Responsibilities document (MC 219), it became clear that this document is used across multiple divisions of DHCS and needed input and approval from all of them. Such an undertaking would have been significantly more resource-intensive than originally anticipated, but with dedication from DHCS staff and additional funding from CHCF, revisions to the document will continue beyond the scope of the original project. In addition, CHCF provided funding to translate and adapt it into four additional languages, using it as a pilot to learn more about how to integrate translations into this revision process.
16. US Department of Health & Human Services, HealthCare.gov, *Health Insurance Marketplace: Application for Health Coverage & Help Paying Costs* (PDF), expires September 30, 2022; accessed January 10, 2022.
17. Michelle Cordoba, et al, *The Medi-Cal Maze: Why Many Eligible Californians Don't Enroll*, California Health Care Foundation, September 2021