CHCF Issue Brief

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Plain and Clear: Making the Medi-Cal Rights and Responsibilities Document Easier to Understand for Enrollees

Medi-Cal, California's Medicaid program, provides health coverage to Californians with low incomes, including families with children, adults, seniors, people with disabilities, pregnant people, and many more. But, due to low adult literacy rates in California and complex program rules, many adults that Medi-Cal serves may not be able to read or understand the forms and documents they receive from the program. This includes the *What You Need to Know When You Apply for and Enroll in Medi-Cal* (PDF) document that the California Department of Health Care Services (DHCS) and county offices provide to all Medi-Cal applicants and over six million households yearly.[1] (DHCS is the state agency that oversees and administers Medi-Cal.) This document is important, as it is the primary written notice that explains Medi-Cal rights and responsibilities to applicants and enrollees.

To improve the readability and understandability of *What You Need to Know* (also known as MC 219), a project assessed, reviewed, and revised it based on best health literacy practices and on findings from user testing in English, Spanish, Vietnamese, and Mandarin. This report, intended for Medi-Cal staff and administrators, advocates, and stakeholders across California, focuses on that process, the resulting outcomes, and recommendations to consider when modifying or creating future communications for Medi-Cal enrollees. It also builds on the lessons and recommendations of *Plain and Clear: Making Medi-Cal Communications Easy to Understand*, a report documenting an earlier phase of this project in which four Medi-Cal enrollee–facing communications were assessed and revised.[2]

Process

From summer 2020 through winter 2022, Health Engagement Strategies (HES) led the following process:

- **Key informant interviews and baseline user testing.** HES conducted key informant interviews to understand how the document is used, known barriers to understanding it, and suggestions for improvement. Informants included advocates, attorneys, experts in cultural and linguistic competency, clinic-based Medi-Cal enrollment assisters, and subject matter experts from DHCS. HES also conducted baseline user testing with demographically diverse Medi-Cal enrollees (see Appendix A) in English to solicit their insights on the document. Based on those findings and best practices in health literacy and plain language, HES rewrote the document.
- **More review and revisions.** DHCS staff circulated the initial revision of *What You Need to Know* to staff in a dozen units to solicit their input.[3] DHCS also circulated it to the County Welfare Directors Association of California, Covered California, and the California Department of Social Services. HES used the submitted input to significantly revise the document. DHCS staff then circulated it once again to all stakeholder groups mentioned in Step 1 (above) for feedback; HES then made more revisions.
- **More user testing and revisions in English.** HES tested the revised document with English-speaking Medi-Cal enrollees to determine what was clear

and understandable and what needed further revision. (See Appendix B for demographic details.) HES then revised and finalized the document.

- **User testing and revisions in more languages.** A vetted, independent, third-party translation organization translated the document into Spanish, Vietnamese, and simplified Chinese. Community-based organizations then conducted one-on-one user interviews with Medi-Cal enrollees in each of the additional languages. (See Appendix C for demographic details.) As a final step, HES collaborated with DHCS and the translation organization to make final edits in each language.

Key Findings and Recommendations

Like the earlier *Plain and Clear* report, Medi-Cal enrollees pointed to five main readability and usability themes that prevented them from easily and accurately understanding *What You Need to Know*. While some themes overlap from the previous report, they bear repeating here with new examples that surfaced in this project — many of which could affect future communication materials.

These themes, presented below as key findings, are important because until they are improved, Californians may delay applying for, obtaining, keeping, and effectively using their Medi-Cal benefits. In fact, when reviewing the original *What You Need to Know* document, one Medi-Cal enrollee (a man in his mid-50s, with a disability, living in southern California) said: *"It's good to know what your rights are. . . . But, when you see all this, you're going to get turned off. . . . You're given reasons to think you might be denied and that just turns people off to even apply. It's negativity and red flags. Instead, you want to capture their undivided attention. You want to give them encouraging words to apply. You want to invite them in. And it needs to be more clearly written."*

1 There was an abundance of acronyms, jargon, and words that were intimidating or confusing to Medi-Cal enrollees.

When understanding their rights and responsibilities as Medi-Cal enrollees, participants stressed the importance of understanding everything to ensure they did not lose their coverage, could take advantage of needed and allotted benefits, and knew how to seek help. However, when faced with words, phrases, and acronyms they did not understand or were intimidated by, they stated that they skipped over that information, guessed at what it meant, or gave up altogether.

RECOMMENDATION 1A. **Use phrasing that does not intimidate Medi-Cal applicants and enrollees.**

Table 1. Examples of Intimidating Phrasing, Related Quotes from Medi-Cal Enrollees, and Suggested New Words/Phrases

ORIGINAL PHRASE FROM MEDI-CAL'S *WHAT YOU NEED TO KNOW*	SELECTED QUOTE FROM MEDI-CAL ENROLLEE	SUGGESTED PHRASE
"After your death, the State must seek reimbursement from your estate."	"Oh, wow. OK. I have not heard this before. This is totally new. It's kind of shocking. It caught me off guard. If I die, I'm dead. . . . Maybe make it clear right away that it's only in very specific circumstances, so we don't panic as much." —Black woman (mid-40s), Medi-Cal enrollee, Central California, completed some college, has a disability	**"After someone dies (in limited situations), the Medi-Cal program must try to get paid back from certain Medi-Cal beneficiaries' estates."**
"Information shared with DHS* cannot be used for immigration enforcement unless you are committing fraud."	"How is fraud defined? What does that even mean? That's what I'd ask. It's a red flag, and you don't want to call up and say, `What constitutes fraud?' They should have more details. Like, `Do I have to be convicted of something?' Or `What if I'm just accused of fraud but it never went anywhere?'" —Latina/x woman (early 30s), Medi-Cal enrollee, Southern California, completed some college	**"Your personal information cannot be used for immigration enforcement unless you are being investigated for fraud related to Medi-Cal or other public benefits."**

Source: Author analysis of interviews with Medi-Cal enrollees between 2020 and 2022 about MC 219.

* *DHS* is Department of Homeland Security.

RECOMMENDATION 1B. **Continually test Medi-Cal and health care–related wording and phrasing to ensure it resonates with commonly used wording and phrasing that applicants and enrollees use.**

Table 2. Examples of Confusing Words, Phrases, and Acronyms; Related Quotes from Medi-Cal Enrollees; and Suggested New Words/Phrases

ORIGINAL WORD, PHRASE, OR ACRONYM	SELECTED QUOTE FROM MEDI-CAL ENROLLEE	SUGGESTED WORD/PHRASE
"Local county office"	"I've never heard of 'local county office.' Just say 'welfare office' or 'local office.'" —White woman (mid-40s), Medi-Cal enrollee, Central California, completed vocational college	**"Local office" or "welfare office"**
"County worker"	"We say, 'call your worker.' That's it. We don't say 'county worker.'" —Black woman (early 60s), Medi-Cal enrollee, Central California, completed 10th grade, has a disability	**"Worker" or "caseworker"**
"Regular Medi-Cal and FFS (fee-for-service) Medi-Cal"	"'Straight Medi-Cal' is what people say. I've never heard of 'Regular Medi-Cal' or 'free-for-service.'"* —Black woman (early 60s), Medi-Cal enrollee, Central California, completed 10th grade, has a disability	**"Straight Medi-Cal (also known as Fee-for-Service Medi-Cal)"**
"End-Stage Renal Disease (ESRD)"	"'Kidney failure' is a common term. But 'renal disease'? Most people don't know that medical term." —White woman (mid-40s), Medi-Cal enrollee, Central California, completed vocational college	**"Kidney failure" or "kidney disease"**
"DHCS"	"What is 'DHCS'? I've never heard of that." —Black woman (mid-70s), Medi-Cal enrollee, Central California, completed high school, has a disability	**"The California Department of Health Care Services (DHCS) is the California state agency that oversees and administers Medi-Cal."**
"If you . . . obtained money from a legal settlement for injuries, including medical expenses that Medi-Cal paid for, Medi-Cal is entitled to be reimbursed from the medical expense portion of the settlement."	"That's confusing. I kept seeing 'Medi-Cal' and 'medical,' and they looked the same to me. It made me pause and think about that those were two different words. I lost my train of thought. Couldn't you use a different word so that it doesn't look so similar?" —Biracial woman (late 70s), Medi-Cal enrollee, Southern California, has associate's degree, has a disability	**"You must tell us if Medi-Cal paid for health care you received from an accident or injury that someone else caused."**

Source: Author analysis of interviews with Medi-Cal enrollees between 2020 and 2022 about MC 219.

*It was common for Medi-Cal enrollees to misread "Fee-for-Service Medi-Cal" as "Free-for-Service Medi-Cal."

2 There was no useful "road map" to help enrollees know where or how to get help, find forms, and submit important documentation.

Medi-Cal enrollees were eager to complete and submit their required paperwork on time. However, they were often frustrated by unusable, antiquated, inconsistent, and confusing communication channels.

RECOMMENDATION 2A. **Ensure that all websites referenced in Medi-Cal enrollee communications are specifically for applicants and enrollees rather than for providers.**

RECOMMENDATION 2B. **Provide contact information in a consistent and recognizable pattern.**

"It's good how you put all the phone numbers listed together in one place in this new version. Otherwise, we didn't know what we were looking for. This is good now because it tells you what it's for, who to call, and where to write to."

—Black woman (mid-40s),
Medi-Cal enrollee, Central California,
completed some college, has a disability

RECOMMENDATION 2C. **Ensure that mailing addresses are complete and current.**

RECOMMENDATION 2D. **Ensure that TTY numbers are consistently and accurately provided.**

RECOMMENDATION 2E. **Downplay the prominence of fax numbers when providing contact information.[4]**

"Nobody uses faxes anymore, do they? Where do you find a fax machine? I wouldn't know where to find one, and it makes it seem like the people in charge of Medi-Cal are really not with the times."

—Latina/x woman (mid-60s),
Medi-Cal enrollee, Southern California,
completed college, has a disability

RECOMMENDATION 2F. **Create vanity URLs that are short and easy to remember and type.**

"Those websites are just too long to type. How would we even remember them?"

—Black woman (mid-40s),
Medi-Cal enrollee, Central California,
completed some college, has a disability

RECOMMENDATION 2G. **Specify when contact information is available for specific languages.[5]**

"When it says you can make a complaint by calling . . . could there be any kind of reference for Spanish-speakers or an extension? Make some sort of reference there to language."

—Latina/x woman (mid-60s),
Medi-Cal enrollee, Southern California,
completed college, has a disability

3 Trust is key and bidirectional.

Medi-Cal enrollees were grateful and appreciative to receive health care for free or at a very low cost. They understood implicitly that if they knowingly provided false information, there would be ramifications. However, they also felt that if they committed to providing honest information in their paperwork that DHCS and the Medi-Cal program should make the same commitment to them.

RECOMMENDATION 3A. Phrase information in transparent ways so that Medi-Cal applicants and enrollees do not feel that DHCS and the Medi-Cal program are "out to get them."

Table 3. Examples of Nontransparent Phrases, Related Quotes from Medi-Cal Enrollees, and Suggested New Phrases

ORIGINAL PHRASE	SELECTED QUOTE FROM MEDI-CAL ENROLLEE	SUGGESTED PHRASE
"You have the right to reduce your property to meet the Medi-Cal property limit. . . . The county social services worker can tell you more."	"This is interesting, but are they trying to get me to scam Medi-Cal? I'd like more information, but I'd be embarrassed to call and ask. Maybe say to ask about exactly what we can have instead of how to illegally get rid of what little we do have." —Latina/x woman (early 30s), Medi-Cal enrollee, Southern California, completed some college	**"For information on how much property you can have and still be eligible for Medi-Cal, ask your case worker."**
"The personal information gathered about you may be used in the following ways [list of seven major ways it is shared, plus a list and companies and organizations it's shared with, including DHS to verify immigration status]. . . . You have a right to have all the information you give to the county social services office or to Covered California kept confidential."	"This means they're sharing my information with someone else? I thought they were keeping my information within Medi-Cal. But it turns out they told a lie. And they're sharing it with a lot of organizations. So that's plural. That's more than one. . . . Could they say these partners and companies are at least vetted?" —Black woman (mid-50s), Medi-Cal enrollee, Northern California, completed 10th grade, has a disability	**"When you apply for and renew your Medi-Cal, we need to collect personal information about you and the people living in your household. This is to determine if you are eligible for Medi-Cal and other public benefits. It's also to confirm the information you gave us on your application. To do this, we use computers to share specific information with our vetted partners, which may include other government departments and agencies, other organizations, and other companies. They are all required to keep your information confidential."**

Source: Author analysis of interviews with Medi-Cal enrollees between 2020 and 2022 about MC 219.

4 Information is vague, lacks important details, and at times, seems outdated.

Medi-Cal enrollees are often confused, stressed, and frustrated by the vagueness of communications they receive. They want to know how to follow through with required action items, know exactly what benefits are available to them, and understand how specific laws may or may not apply to them.

RECOMMENDATION 4A. **Provide specific information so enrollees feel reassured and know what to realistically expect.**

Table 4. Examples of Nonspecific Phrases, Related Quotes from Medi-Cal Enrollees, and Suggested New Phrases

ORIGINAL PHRASE	SELECTED QUOTE FROM MEDI-CAL ENROLLEE	SUGGESTED WORD/PHRASE
"If you received health services in the three months before the month of your application, you have a right to be evaluated to see if you are eligible for Medi-Cal to pay for those services. . . . Contact your county social services office to find out more or ask for retroactive eligibility."	"You gotta list a time frame for doing this. The first thing we're gonna ask is, 'What's the time frame?' People will be looking for that." —Black woman (early 60s), Medi-Cal enrollee, Central California, completed 10th grade, has a disability	**"Medi-Cal may pay you back for bills you already paid. You must submit your claim for a refund:** **➤ Up to one year after you received your health care services, or** **➤ Up to 90 days after you get your Medi-Cal card.** **Depending on your type of bill, use the contact information below to get more details."**
"You have a right to information about these programs and help getting these services: ➤ Special Supplemental Food Program for Women, Infants, and Children ➤ Personal Care Services Program ➤ Family Planning Access Care and Treatment Program"	"I can get all these services that you listed in the new paper that you wrote? This is good to describe them like you did. . . . It's important because when I was reading them, I couldn't get the name of them all and asked myself, 'What's that? What's that mean?' And then I started reading it more, and I said, 'Okay, so that's what it is. That's what this program will do for me.' By adding those details, you answered my question right there before I even could finish asking it. I like that it's added in there what the program is — keep that right there!" —Black woman (early 60s), Medi-Cal enrollee, Central California, completed 10th grade, has a disability	**"You have the right to learn about and get help applying for these programs:** **➤ WIC, which provides help buying healthy groceries, breastfeeding, and more for pregnant people, new parents, and caretakers raising children under age 5.*** **➤ Personal Care Services Program, to help you stay at home safely instead of going to a nursing home or long-term care facility.** **➤ Family planning services, to help with birth control and more."**

Source: Author analysis of interviews with Medi-Cal enrollees between 2020 and 2022 about MC 219.

* Key finding 1 stated that acronyms can be confusing and overwhelming. However, when an acronym is commonly known by the target audience, such as *WIC* in this instance, it is recommended to use the acronym instead of spelling it out. Additional examples of this are *COVID*, *HMO*, and *HIV/AIDS*.

RECOMMENDATION 4B. **Ensure information is inclusive and aligned with the current era.**

Table 5. Example of Noninclusive Phrasing, Related Quote from Medi-Cal Enrollee, and Suggested New Phrasing

ORIGINAL PHRASE	SELECTED QUOTE FROM MEDI-CAL ENROLLEE	SUGGESTED PHRASE
"You must cooperate with the State or county to establish paternity and identify any possible medical coverage that you or your family may be entitled to."	"If you're married, you don't have to worry about this.* But what if you had a baby out of a one-night stand? Or me. I'm gay. It's messed up to say it's excluding same-sex partners." —White woman (mid-40s), Medi-Cal enrollee, Central California, completed vocational college	**"You must cooperate with the state or county to get any health coverage that you or your family may be entitled to."**

Source: Author analysis of interviews with Medi-Cal enrollees between 2020 and 2022 about MC 219.

*Even though the original phrasing did not mention marriage, all Medi-Cal enrollees who were interviewed about this section interpreted it to refer to marriage.

5 Linguistic translations are complex. They need to be user tested and should be conceptually and culturally appropriate, not simply word-for-word translations.

The results of Spanish, Vietnamese, and Mandarin user interviews provided examples of words and phrases to revise for improved comprehension. The interviews also highlighted the complexity of the translation process, the importance of consistently conducting user interviews in threshold languages, and the need to make sure opportunities exist to implement cultural and linguistic recommendations into the final documents. To do this, prioritize and plan for translations early in any communications revisions and conduct user testing of translated language.

RECOMMENDATION 5A. **DHCS should conduct in-language user testing in all 19 threshold languages on all Medi-Cal forms, notices, and documents.**[6]

RECOMMENDATION 5B. **Acknowledge and take concrete steps to remedy the fact that applicants and enrollees who do not read English may be unaware of important Medi-Cal information (because they may not have previously received materials in their preferred language, materials historically may not have been translated accurately, and past translations may not have been adapted for cultural nuances). This includes providing more background information in translated documents so enrollees who do not read English will have important contextual details they previously may not have had access to.**

"There were some programs listed [in your revised document] that enrollees didn't know they could get from Medi-Cal, so that was amazing for them to learn about."

—Vietnamese-language interviewer

"This [revised document] is knowledge, and the enrollees would like to know more. They are so excited. And because they'll get full-scope Medi-Cal soon because of the new law, this helped them to learn even more."

—Mandarin-language interviewer

RECOMMENDATION 5C. **Have a plan to make in-language edits globally across Medi-Cal communications rather than just the one being tested.**

Example: Enrollees understood the individual words used in Spanish and simplified Chinese for "Medi-Cal managed care" and "share of cost," but they were not phrases the enrollees would use in daily life. These phrases are used on many other documents and websites, so to change them only on the *What You Need to Know* document introduced the potential of using different phrases in different documents — possibly leading to more confusion.[7]

Policy and Process Implications and Recommendations

The first goal of this project was to improve the readability and usability of the *What You Need to Know* document. However, due to legal and departmental policy decisions, limitations, and/or regulations, DHCS did not accept and incorporate some recommendations. With that in mind, the second goal of this project — to recommend long-term and sustainable change to Medi-Cal documents and the way they are created and reviewed — becomes even more important.

The 10 policy and process recommendations listed below are in addition to the 10 previously provided in *Plain and Clear*. DHCS has already begun to adopt some of these.

1 Determine which units, agencies, and organizations use, have an influence on, or will be affected by the communication — and involve them from the start.

Some Medi-Cal communications have messaging that needs insight and input from multiple units, agencies, and organizations. To ensure this is done in a consistent and strategic way, create a project map to (1) identify and involve subject-matter experts early in the project to ensure it is not duplicative to other efforts being undertaken, (2) create a project timeline feasible for everyone involved, and (3) create open communication channels for soliciting and incorporating feedback.

2 Consider the timing of when new laws will go into effect and when existing legislation will change.

It takes significant time to do a thorough review and revision of an eight-page document such as *What You Need to Know*. The process for the English-language version took 16 months; an additional two months were needed for the additional languages. This does not include time to format the final document for Americans with Disabilities Act purposes, translate it into threshold languages, upload it into the Statewide Automated Welfare System, prepare it for large-scale printing, publish it to the DHCS website, and more. Therefore, when starting a revision process such as this, look ahead and conduct the writing process based on any relevant laws that will go into effect or change before publishing and distributing the document.[8]

3 Commit to thinking of Medi-Cal communications as living documents that can be changed regularly.

Before this project, the *What You Need to Know* document had not been changed for seven years. Determine a regular schedule for how to make needed changes more often and how to test or retest certain sections as needed — especially as new laws go into effect and existing legislation changes (per item 2, above). For example, during the final review process for *What You Need to Know*, DHCS requested to add a section about Medi-Cal Matching Plans. Since this happened after all user testing in English had been completed, there was no opportunity to test it. However, if documents are regularly reviewed, there could be a scheduled opportunity to seek user insight and make any suggested changes.

4 Provide specific deadlines, contact information, and details on relevant rules.

A straightforward way to help Medi-Cal applicants and enrollees apply for, maintain, and properly use their benefits is to provide specific details. Shying away from specificity stoked fear, confusion, and stress. Provide specific details on deadlines and time allotted to submit paperwork or to request help. Provide contact information in multiple channels (e.g., a phone number with minimal wait time for English and other Medi-Cal threshold languages, staffed by a live person; an email address; and a link to a website that contains easy-to-understand information in all threshold languages) so applicants and enrollees can seek help and submit information before deadlines.

5 Set realistic expectations, encourage trust, and provide consistent messaging.

As mentioned, enrollees were grateful to receive free or low-cost health coverage. But they often felt anxious and upset when reading the *What You Need to Know* document. For example, when enrollees read they had the "right to have their application processed faster" if they had a health care emergency, they felt they were being set up to face unrealistic expectations, given such noncommittal wording. In addition, they lost trust when reading information that was perceived as encouragement to "scam the system." Ensure communications set realistic expectations and do not have instructions that could be interpreted as encouraging applicants or enrollees to lie or commit fraud — even if those instructions are intended to help enrollees maximize their benefits. Also, to establish and maintain trust, review all documents carefully to ensure they have consistent — and not contradictory — messaging.

6 Refresh the DHCS logo and brand to increase name recognition and trust.[9]

Enrollees recognized the DHCS logo from having seen it on other documents, but they did not relate it to Medi-Cal or know the meaning of the acronym. Consider creating a more modern logo in which "DHCS" is spelled out and the phrase "Medi-Cal" is included. Also, consider creating a short yet understandable tagline, translatable into all threshold languages, that makes it clear that DHCS is the government agency in California that administers Medi-Cal.

7 Test new names of programs before changing and publicizing them.

During this project, DHCS began changing the name of one Medi-Cal eligibility pathway from the *Child Health and Disability Prevention Program* to *Children's Presumptive Eligibility*.[10] Though enrollees were happy to learn about the associated benefits during user interviews, none of them could pronounce, recognize, or understand the word "presumptive." Enrollees were in consensus that if they could not pronounce the name of a program, they would not be comfortable asking about it, understanding if they had access to it, or even talking to friends and family about it. They viewed it as a barrier to access and care. In the future, name changes such as this should undergo user testing in all threshold languages before being adopted.

8 Stay current. Review and update materials with an eye to the modern era.

Enrollees pointed out several ways the *What You Need to Know* document seemed outdated. And, if such communications were outdated, it led to concern that the quality of health care being provided may also be outdated. Examples of this are the inclusion of fax numbers, the requirement to establish paternity for a child, and the lack of texting options.[11] Conversely, enrollees were thrilled to learn about and be provided with contact information for the Medi-Cal Office of Civil Rights and the Covered California Civil Rights Coordinator: This felt very current and modern — and reassuring.

9 Translate all communications, test them, and implement recommended changes.[12]

The baseline for providing Medi-Cal access to those who do not speak or read English as a first language is to translate materials using third-party, certified translators and editors, and conduct user testing in each language. It is critical to conduct user testing in each language to ensure concepts and context are understandable, actionable, and culturally appropriate. Allot time and budget to implement recommended changes.

10 Create and maintain a publicly available glossary, for each threshold language with recommended Medi-Cal and health care–related words and phrases.

Base the glossary on insights from applicants and enrollees. Incorporate words and phrases common to Medi-Cal and health care. Make sure the glossary is a "living document" that can be easily updated as words, phrases, and cultures adapt and evolve. Make the glossary publicly available so that DHCS staff, contractors, consultants, and others have easy access to it. This will help with consistency and comprehension across all documents.

Best Practices When Implementing Projects to Improve the Usability of Medi-Cal Enrollee Communications

Like the first phase of this project, the review and revisions of *What You Need to Know* succeeded because specific project management best practices, unique to this type of project, were set in place early on with a mindset of creating long-term change. It was also successful due to the commitment and dedication of DHCS staff.

These best practices are described on page 11 of *Plain and Clear*. Each holds true for the *What You Need to Know* project and will aid DHCS, other departments, and other states working on similar projects to improve the usability of Medi-Cal or Medicaid communications.

Conclusion

Medi-Cal enrollees were overwhelmed by the original *What You Need to Know* document. They felt it may have important information, but as one enrollee (a Latina/x woman in her mid-60s, with a disability, living in Southern California) said in a baseline user interview, "*That is a lot to read! These government programs give you a book to read. No one's going to read that. . . . People don't read that well anyways, so they need to just simplify it.*" When asked how the original document could be improved, one enrollee (a Black woman in her mid-70s, with a disability, living in Southern California) said, "*The whole thing felt a little overwhelming. I would not use acronyms. I'd spell everything out. And I would make shorter paragraphs.*"

Based on valuable lessons from the first phase of this project, guided by best practices in health literacy and plain language, and with valuable inputs during all phases of this project, the *What You Need to Know* document was significantly rewritten and redesigned. As a result, during the final user interviews, one enrollee (a Black woman in her mid-40s, with a disability, living in central California) said, "*It's good to read this. Some things stuck out at me because I hadn't known them before, and other things just caught my interest.*" Another enrollee (a Black woman in her early 60s, with a disability, living in central California) said, "*This looks like something that won't mess with my brain. It's not overwhelming.*" And one final enrollee (a man in his mid-50s, with a disability, living in southern California) told us that "*from a blind point of view, it's easy to read. It's straightforward . . . and I could easily be clear on what was being said. That was helpful.*"

DHCS is on a path toward improving the readability and usability of its documents. During this project, it launched several initiatives aimed at improving communications to Medi-Cal enrollees. It has also begun to embrace user testing, including when renaming the EPSDT (Early and Periodic Screening, Diagnostic, and Treatment) program to "Medi-Cal for Kids and Teens," when creating a corresponding brochure and "Know Your Rights" document for it, and when refining enrollee messages about the upcoming return to regular eligibility redetermination processes with the end of the federal Medicaid continuous coverage requirement.[13] DHCS has also begun providing more public-facing web pages and eliminating jargon such as "share of cost" and "Benefits Identification Card/BIC" from some enrollee-facing communications. Initiatives such as these, coupled with following the action steps and policy recommendations in this report, will help many more Californians enroll in and retain Medi-Cal and access the health care they need.

Appendix A. Demographics of English-Speaking Medi-Cal Enrollees Who Participated in Baseline Interviews

	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	Latina/x	No	6 years
4	45	Female	Vocational college	Sacramento	White	Yes (physical)	27 years
5	30	Female	Some college	San Bernardino	Latina/x	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	Latina/x	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	"Since blind people became eligible"

Appendix B. Demographics of English-Speaking Medi-Cal Enrollees Who Participated in Final User Interviews

	AGE	GENDER IDENTITY	EDUCATIONAL ATTAINMENT	COUNTY	RACIAL IDENTITY	DISABILITY?	YEARS W/ MEDI-CAL
1	56	Male	Master's degree	Los Angeles	(Declined to state)	Yes (blind)	33 years
2	61	Female	10th grade	Sacramento	Black	Yes (physical)	Unsure
3	46	Female	Vocational college	Sacramento	White	Yes (physical)	28 years
4	45	Female	Some college	Sacramento	Black	Yes (declined to provide details)	27 years
5	30	Female	Some college	San Bernardino	Latina/x	No	Unsure
6	74	Female	High school	Merced	Black	Yes (mental)	3 years
7	60	Female	9th grade	Alameda	Black/Mixed	Yes (physical and mental)	15 years
8	54	Female	10th grade	Alameda	Black	Yes (physical and mental)	15 years

Appendix C. Demographics of Spanish-, Mandarin-, and Vietnamese-Speaking Medi-Cal Enrollees Who Participated in User Interviews

	AGE	GENDER IDENTITY	EDUCATIONAL ATTAINMENT	COUNTY	RACIAL IDENTITY	DISABILITY?	YEARS W/ MEDI-CAL	PRIMARY LANGUAGE
9	67	Female	—	Los Angeles	Latina/x / Mixed	—	—	Spanish
10	63	Male	—	Los Angeles	Latino/x	—	—	Spanish
11	38	Female	—	Los Angeles	Latina/x	—	—	Spanish
12	38	Female	—	Los Angeles	Latina/x	—	—	Spanish
13	46	Female	9th grade	Sacramento	Chinese	No	6 years	Mandarin
14	43	Female	High school	Sacramento	Chinese	Unsure	9 years	Mandarin
15	48	Male	University	Sacramento	Chinese	No	7 years	Mandarin
16	36	Female	High school	Sacramento	Chinese	No	7 years	Mandarin
17	54	Female	6th grade	Sacramento	Vietnamese	No	18 years	Vietnamese
18	49	Female	11th grade	Sacramento	Vietnamese	No	10 years	Vietnamese
19	40	Female	High school	Sacramento	Vietnamese	No	2 years	Vietnamese
20	41	Female	4th grade	Sacramento	Vietnamese	No	5 years	Vietnamese

Note: "—" indicates that data were not collected for this demographic question.

Endnotes

1. *What You Need to Know When You Apply for and Enroll in Medi-Cal* (PDF), California Dept. of Health Care Services (DHCS), November 2015.
2. Beccah Rothschild, *Plain and Clear: Making Medi-Cal Communications Easy to Understand*, California Health Care Foundation, January 21, 2022.
3. DHCS Medi-Cal units providing review included applications, civil rights, eligibility and enrollment, former foster care, immigration, legal services, managed care, policy operations, privacy, program development, social service hearings, and third-party liability and recovery.
4. Although the Medi-Cal enrollees who were interviewed for this project felt strongly about removing fax numbers from documents, including them is a federal requirement.
5. This was a concern brought up by native English speakers who may not have known about the existence of language-assistance taglines for those who do not speak English as a first language.
6. Per the *amended California 2021 budget*, funds have been appropriated "to support field testing of translated Medi-Cal materials to ensure they are understood by the intended audience." (See Sec. 146, Provision 26; and Sec 147, Provision 7.)
7. The decision was ultimately made not to change these phrases in the *What You Need to Know* document but to conduct additional user testing in the future and determine if global changes should be made.
8. During the review and revision process for this project, there were many instances in which the DHCS team did indeed think ahead to future legislation and made suggestions based on this document's anticipated publication and circulation date.
9. Research for this project was completed before *DHCS announced its new brand and logo campaign in February 2023*.
10. Children's Presumptive Eligibility, formerly the Child Health and Disability Prevention Program, is a process that allows likely eligible children to be enrolled in immediate temporary Medi-Cal coverage by qualified health care providers. It is designed to help ensure children can access needed care immediately and also acts as an on-ramp to ongoing Medi-Cal.
11. As previously stated, although the Medi-Cal enrollees who were interviewed for this project felt strongly about removing fax numbers from documents, including them is a federal requirement.
12. Per the *amended California 2021 budget*, funds have been appropriated for "translation of forms into all Medi-Cal threshold languages." (See Sec. 173., Provision 4.) Per DHCS's *All-Plan Letter 21-004 dated May 3, 2022* (PDF), Medi-Cal managed care health plans must translate member-facing materials into threshold languages.
13. Megan Fitzgerald et al., "*California's Strategy to Promote and Improve Understanding of Medi-Cal for Kids & Teens*," Manatt Health, April 10, 2023.

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 25 years of experience working on making health information clear and understandable.

About the Foundation

The California Health Care Foundation (CHCF) is an independent, nonprofit philanthropy that works to improve the health care system so that all Californians have the care they need. We focus especially on making sure the system works for Californians with low incomes and for communities who have traditionally faced the greatest barriers to care. We partner with leaders across the health care safety net to ensure they have the data and resources to make care more just and to drive improvement in a complex system.

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.

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