



Crossing to Coverage

Hospital Presumptive Eligibility Enrollees Talk About How to Improve the Program

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[Quantum Market Research](#) (QMR) was formed in 2003 to evaluate programs and services by combining creative methods of qualitative inquiry and quantitative analysis with knowledge of technical, business, and policy issues. QMR provides technical consulting services to the health care management industry, having served research universities across the United States, as well as governmental and public agencies.

About the Foundation

The [California Health Care Foundation](#) 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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Executive Summary

Hospital presumptive eligibility (HPE) is a process that allows qualified hospitals to screen and enroll people in immediate, temporary, no-cost Medi-Cal coverage while they apply for ongoing Medi-Cal. HPE is a pivotal strategy for covering California's remaining uninsured population, many of whom are eligible for Medi-Cal. However, a significant portion of HPE enrollees never transition to ongoing Medi-Cal coverage.

To understand why, authors conducted a survey of HPE enrollees and focus groups among survey respondents to illuminate their experiences of HPE, including obstacles and opportunities to using HPE as a pathway to ongoing Medi-Cal coverage. The research was conducted in English and Spanish.

Key Findings:

- ▶ **HPE is not well known.** Only 29% of survey respondents said they had heard of HPE in advance of their enrollment in HPE at the hospital.
- ▶ **HPE is valued yet underutilized.** Ninety eight percent (98%) of survey respondents indicated that HPE was very or somewhat valuable; 88% described the HPE application process as very or somewhat easy. However, confusion around HPE's scope and duration of coverage, as well as the application requirements for ongoing Medi-Cal, result in missed opportunities for continued coverage.
- ▶ **HPE enrollees encounter barriers to applying for ongoing Medi-Cal.** These include:
 - ▶ Lack of information on the necessity to apply for ongoing coverage.
 - ▶ Perceptions that the application would be complex and long.

- ▶ Fears of not being eligible due to immigration status, or that applying for Medi-Cal would harm the applicant's future immigration status (especially among Spanish speakers).
- ▶ **Application assistance is a crucial step on the path to ongoing Medi-Cal.** More than four in ten (43%) survey respondents who applied for ongoing Medi-Cal, and nearly six in ten (55%) who took the survey in Spanish and applied, said that getting help filling out the form was one of the reasons they applied. When asked to choose their top three options from a list of ideas to make the Medi-Cal application process easier, survey respondents were most likely to choose a toll-free hotline number with extended hours.
- ▶ **Spanish speakers face specific challenges.** Spanish-speaking enrollees face unique barriers, including language difficulties, high levels of anxiety around the difficulty or complexity of the application, and, due to federal immigration policy, increased fears regarding immigration implications. The vast majority of Spanish speakers who did not apply for ongoing Medi-Cal (90%) said they would have been more likely to apply if they could have received help to complete the application.

To maximize HPE's potential as a gateway to ongoing Medi-Cal coverage, the authors suggest several actionable strategies:

- ▶ **Enhance awareness.** Launch targeted, multilingual campaigns to raise awareness about HPE among eligible populations, clarifying its benefits and the process for transitioning to ongoing Medi-Cal coverage.
- ▶ **Simplify the application process.** Streamline the ongoing Medi-Cal application, and better leverage the HPE application to make the process of transitioning to ongoing Medi-Cal easier and less time-consuming.

- ▶ **Expand and publicize assistance options.** Establish a centralized call center with extended hours and multilingual support. Increase training and incentives for hospitals and community partners to assist HPE enrollees.
- ▶ **Address language barriers and immigration concerns.** Provide tailored guidance and materials for Spanish speakers and other non-English-speaking populations. Emphasize that immigration status is no longer a barrier to enrollment and that enrolling will not hurt future immigration status.
- ▶ **Implement reminders and follow-ups.** Develop a systematic approach for reminding HPE enrollees about the need to apply for ongoing coverage, utilizing various communication methods to reach a diverse audience.

Introduction

California has made remarkable progress in reducing the number of people without health insurance, with a lower uninsured rate (6.2%) in 2022 than ever before.¹ Medi-Cal has been a big part of that success, with Medi-Cal enrollment reaching a peak of 16 million in May 2023.² Yet researchers estimate that more than one in four (28%) of California's remaining uninsured individuals are likely eligible for Medi-Cal but have not enrolled.³ Prior research indicates that the challenges of navigating Medi-Cal's complex rules and processes are a significant barrier to enrollment, particularly for noncitizens and people with a preferred language other than English.⁴

Presumptive eligibility (PE), which allows people to immediately gain temporary Medi-Cal coverage based on preliminary self-attested information, has the potential to be an effective pathway to ongoing Medi-Cal coverage.⁵ In recent years, a specific type of PE called hospital presumptive eligibility (HPE) has helped an average of nearly 20,000 people per month gain immediate access to temporary, no-cost Medi-Cal while applying for permanent Medi-Cal coverage or other health coverage.⁶ Yet, on average, fewer than 5,000 of those HPE enrollees subsequently enroll in ongoing Medi-Cal.⁷

What Is HPE?

Hospital presumptive eligibility (HPE) is a process that allows qualified entities, primarily hospitals that agree to participate and meet specified requirements, to screen and enroll people in immediate temporary, no-cost Medi-Cal coverage based on the individual's self-attested preliminary information.

► **Application process.** Hospital staff collect basic information about the person, including household income, and enter it into an online state system. This system provides an immediate

eligibility decision and a paper printout that the person can use as proof of coverage to access benefits during HPE enrollment. Compared to the application process for ongoing Medi-Cal, the HPE application is shorter, does not require follow-up documentation of income or other factors, and provides immediate coverage.

- **Benefits covered.** HPE generally provides the full scope of Medi-Cal benefits, including no-cost coverage of outpatient services, emergency services, hospitalization, mental health and substance use disorder services, prescription drugs, and preventive services. HPE benefits for pregnant people are limited to ambulatory prenatal services.⁸
- **Duration of coverage.** The HPE coverage period begins the day the person is determined eligible for HPE and ends either on the last day of the following month or when the person applies for ongoing Medi-Cal and receives an eligibility determination. Ongoing Medi-Cal coverage typically provides continuous coverage for a year and requires annual renewal.
- **Availability.** Adults are generally allowed only one HPE enrollment in a 12-month period. Children under the age of 19 are allowed up to two HPE enrollments in a 12-month period. Pregnant people are allowed one HPE enrollment per pregnancy.⁹
- **Hospital requirements.** To participate in HPE, hospitals must agree to undergo HPE training and to provide HPE enrollees with a temporary paper benefits identification card and an application for ongoing Medi-Cal and other coverage options through Covered California.¹⁰

A previous study, *Presumptive Eligibility: Creating a Pathway to Ongoing Medi-Cal Eligibility*, gathered perspectives from California hospitals helping HPE recipients apply for ongoing Medi-Cal coverage.¹¹ It identified policy and programmatic opportunities to improve HPE as an on-ramp to ongoing Medi-Cal coverage. These opportunities included providing

hospitals and their patients clear guidance about Medi-Cal eligibility, making the application for ongoing Medi-Cal coverage more user-friendly, and fostering connections between hospitals and county Medi-Cal eligibility staff.

This report presents findings on enrollees' experiences with HPE and its effectiveness as a pathway to ongoing Medi-Cal coverage. The report summarizes findings from a survey and focus groups with Californians with HPE. Drawing on those findings, the report builds on the prior study and identifies additional policy and programmatic opportunities to increase the share of HPE enrollees who submit an application for ongoing Medi-Cal coverage.

About the Research

Starting in July 2023, Quantum Market Research conducted mixed-methods research with Californians who had enrolled in Medi-Cal via hospital presumptive eligibility (HPE). The research included a survey of HPE enrollees and focus groups among survey respondents to illuminate enrollees' experiences of HPE, including obstacles and opportunities to use HPE as a pathway to ongoing Medi-Cal enrollment. The research was conducted in English and Spanish. In the case of enrollees under 19 years old, the adult parent/caregiver responded on the enrollee's behalf. Some survey respondents, including one focus group participant, spoke on behalf of an adult HPE enrollee due to the condition of the enrollee. All were primary caregivers for the enrollee and had been with them during HPE enrollment.

The California Department of Health Care Services (DHCS) provided data about the population of people enrolled in HPE between September 1, 2022, and March 31, 2023. Researchers drew two random samples from this population: one consisting of HPE enrollees known to have subsequently applied for ongoing Medi-Cal within 90 days of their HPE enrollment, and another consisting of those who did not apply for ongoing Medi-Cal. The survey and focus groups explored HPE enrollees' perspectives on the following topics:

- ▶ Prior awareness of HPE
- ▶ Terms used to describe HPE
- ▶ Overall experience with and perceived value of HPE
- ▶ Awareness of the process of (and need to) apply for ongoing Medi-Cal
- ▶ Reasons for applying or not applying for ongoing Medi-Cal
- ▶ Ways to improve awareness and understanding of HPE and the process of applying for ongoing Medi-Cal

This research has limitations. Research participants were identified based on Medi-Cal records of people who had enrolled in HPE between September 1, 2022, and March 31, 2023. During this period, which overlapped with the COVID-19 public health emergency, slightly different HPE rules were in place that allowed adults to access HPE more frequently (up to two times per 12-month period, rather than once). Given this rule change, consumers' perspectives on health care, coverage, and hospitals' processes related to HPE may not have been typical. Additionally, consumers' ability to recall events that took place as far in the past as 18 months may have been hindered by the passage of time.

Throughout this report, "significant" or "significantly" are used to indicate that differences reported have been tested for statistical significance at the 90% +/- 10% confidence level. This indicates that researchers are 90% confident the results are not due to chance.

For additional information about the research methodology, please see Appendix A.

Research Findings

HPE is Highly Valued but Not Well Known or Understood, Resulting in Missed Opportunities for Care and Coverage

Awareness of HPE and Availability of Temporary Medi-Cal Coverage Is Low

For most enrollees, the availability of HPE came as a surprise when they went to the emergency room (ER) (Figure 1). Only 29% of survey respondents said they had heard of "hospital presumptive eligibility" or "HPE" in advance of their enrollment at the hospital.¹²

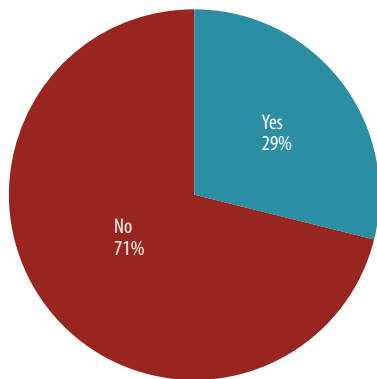
Women were significantly more likely to have heard of HPE than men (32% vs. 26%) and respondents who replied to the survey on behalf of patients under 19 years were significantly more likely (35%) to be aware than were HPE enrollees overall. Awareness was also significantly higher among HPE enrollees who previously had Medi-Cal compared

to HPE enrollees overall (38% vs. 29%). Focus group participants indicated that if they had known HPE was available, they might have sought care sooner.

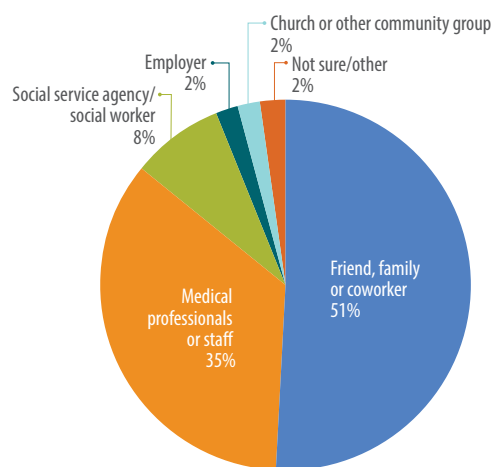
Those who had heard of HPE prior to their ER visit most often said they had heard about it from a friend, family member, or coworker (51%), or from medical professionals or staff (35%).

Figure 1. Awareness of Availability of HPE Coverage

Q: Before you went to the hospital and were enrolled in temporary Medi-Cal, were you aware that such temporary Medi-Cal coverage was available? (n = 1,515)



[If yes] How did you learn about temporary Medi-Cal coverage before your hospital visit? (n=448)



Source: Author's survey of people enrolled in Medi-Cal via hospital presumptive eligibility (HPE) between September 1, 2022, and March 31, 2023.

"I learned about it from an aunt that was undergoing cancer treatment. I had told her that I was feeling bad, but I was afraid because I didn't have any insurance and I didn't know how to go and see a doctor."

—31-year-old Latina woman from San Mateo (Spanish speaker)

HPE Is Not a Well-Recognized Term and Is Often Confused with Other Forms of Coverage

At the beginning of the survey, respondents were provided with a short description of HPE and asked what they call the temporary coverage they received at the hospital. A total of nearly two-thirds of survey respondents indicated they use the terms "emergency Medi-Cal" (30%) or "temporary Medi-Cal" (30%). Focus group participants, particularly Spanish speakers, frequently used the term "emergency Medi-Cal" when asked about the temporary coverage they received at the hospital. HPE and emergency Medi-Cal (a common term for "restricted scope" Medi-Cal) were both available at the time of the study, so some study participants may have been enrolled in both at different times and/or had family members enrolled in emergency Medi-Cal, adding to the confusion. It often was not clear whether individuals were given wrong information about HPE, were given correct information about HPE that they misunderstood or conflated with information about emergency Medi-Cal, or were misinformed or confused for some other reason.

HPE or Emergency Medi-Cal?

Because HPE typically begins when an uninsured person accesses care through an emergency room, HPE has often been confused with restricted-scope Medi-Cal, also known as “emergency Medi-Cal,” because benefits are limited to emergency services. HPE is available to Californians who appear to be eligible for full-scope Medi-Cal based on self-attested information, which does not include information about immigration status. By contrast, emergency Medi-Cal (restricted-scope Medi-Cal) has been available to people who applied for ongoing Medi-Cal and would have otherwise qualified for full-scope Medi-Cal but for their immigration status. As of January 2024, California provides full-scope benefits for all who qualify, regardless of immigration status, making emergency Medi-Cal obsolete from the enrollee perspective.

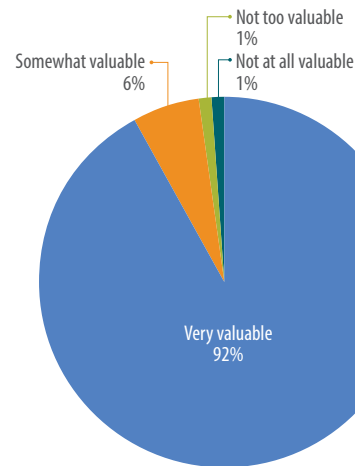
A 39-year-old Black woman (English speaker) from Los Angeles shared, “They told me also I had to have it [HPE] for three months, but it wasn’t approved anywhere. No clinics, no private hospitals, nothing. Just only at the emergency room, I could use it, but it’s only for three months.” This description illustrates misinformation about emergency Medi-Cal, which only covers emergencies but is not temporary, versus HPE, which is temporary but includes comprehensive benefits.

HPE Enrollees Appreciate the Program and Find It Easy to Apply

Once they learned of the program and enrolled, HPE enrollees considered it highly valuable. Ninety-eight percent (98%) of survey respondents indicated that HPE was very or somewhat valuable; 88% described the HPE application process as very or somewhat easy (Figure 2). Focus group participants expressed appreciation and relief that HPE would cover their emergency care — care that many said they had delayed out of concerns about cost — as well as follow-up care (for those who were aware of this coverage; see below for more information).

Figure 2. Temporary Medi-Cal Viewed as Very Valuable

Q: How valuable was it to you to receive temporary Medi-Cal? (n = 1,510)



Source: Author’s survey of people enrolled in Medi-Cal via hospital presumptive eligibility between September 1, 2022, and March 31, 2023.

“It’s just the fact that they were able to cover us, you know, at that time, when we weren’t really sure what we were going to be doing. That was a big relief.”

—65-year-old Latino man from Riverside County
(English speaker)

“I felt like I was pretty lucky. They gave me information I didn’t know was available. They gave me insurance I didn’t know was available.”

—57-year-old White man from Riverside County
(English speaker)

“We kept delaying it until his bleeding got so much, we said, we cannot wait anymore because we were not sure what to do. If we knew that that kind of a thing is available, we would have taken him straight to the ER.”

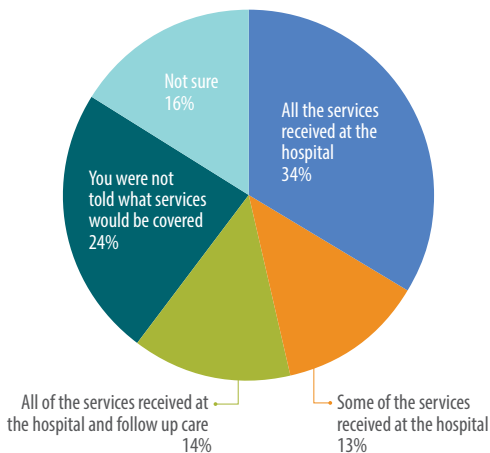
–49-year-old Asian man from San Bernardino County
(speaks English as a second language)

Confusion About What HPE Covers and How Long It Lasts

Despite the overwhelmingly favorable perceptions of HPE among enrollees, there remained a good deal of confusion about what HPE is, what it covers, and for how long its coverage lasts. About 40% of survey respondents either said they were not told what treatment would be covered (24%) or were not sure what would be covered (16%). Just 14% of survey respondents indicated they were told that all of the services received at the hospital and follow-up care would be covered (Figure 3). When

Figure 3. Common Misinformation about Temporary Medi-Cal Coverage

Q: Please tell us what services you were told would be covered by your temporary Medi-Cal? (n = 1,512)



Source: Author’s survey of people enrolled in Medi-Cal via hospital presumptive eligibility between September 1, 2022, and March 31, 2023.

asked how long they thought the coverage would last, more than one-third of respondents either said they did not know how long the coverage would last (19%) or thought it was only valid for that hospital visit (18%).

This confusion and misinformation about HPE benefits and duration resulted in missed opportunities for care and coverage. Some focus group participants described follow-up care that they needed but did not get because they thought HPE only covered the initial ER visit, only covered services provided in the hospital, or only lasted for a month or less. Meanwhile, focus group participants also noted that because they did not know how long the HPE coverage would last, they did not know when to apply for ongoing Medi-Cal — or even that they needed to do so at all.

HPE enrollees also acknowledged that during a medical emergency, they may not have gotten, understood, or remembered key information. Just over half (53%) of survey respondents recalled receiving a temporary Medi-Cal card, a paper printout from the portal providers use to enroll people in HPE that providers are required to give to the enrollee. This document provides proof of HPE eligibility and a good through date, specifies that the person is eligible for temporary full scope Medi-Cal, and notes that the enrollee must submit an application by the good through date to continue their coverage.

“Nobody told us if it’s full coverage, [or] if it’s just like partial coverage. We were just told that we don’t have to pay anything right now. Here’s like your Medi-Cal, temporary one, and that’s it, just go home. And we were just at home waiting for the bill to come, but it never came, so that was nice.”

–35-year-old White woman from Los Angeles County
(speaks English as a second language)

“Maybe like a follow-up phone call the next day [would help]. Because like I said, obviously, you know, most of us are in pain when we’re at the ER. So, I mean, you’re not all there.”

–34-year-old Latino man from Los Angeles County
(English speaker)

HPE Enrollees Generally Want to Maintain Coverage, But Many Lack the Information and Assistance They Need to Apply for Ongoing Medi-Cal

Emergency Room Visits Increase Awareness of and Interest in Health Coverage

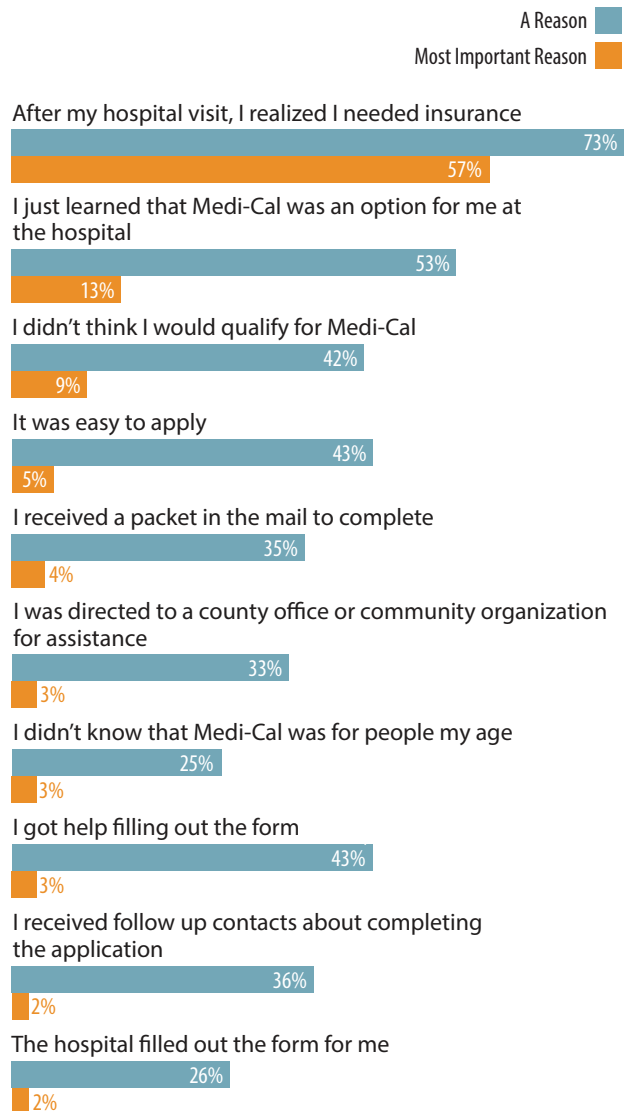
HPE enrollees commonly cited their ER visit as the reason they realized they needed health coverage and the way they learned about coverage options. Among survey respondents who said they applied for ongoing Medi-Cal, 57% said the single most important reason they applied was that they realized they needed insurance after their hospital visit. More than half (53%) of survey respondents who applied for ongoing Medi-Cal said that a reason they applied was that they learned Medi-Cal was an option at the hospital (Figure 4). Among survey respondents who said they did not apply for ongoing Medi-Cal, about one in four (23%) said they were planning to get a job with benefits, while about one in ten (11%) said they don’t need health insurance (Figure 5).

“I’ve always had insurance through an employer until a couple of years before the pandemic. So, I just wasn’t used to any of the government aids or applying for any of those. But after getting the emergency Medi-Cal, I realized, if I qualify, that’s what I pay taxes for, I’ll get it.”

–44-year-old Latino man from Los Angeles County
(English speaker)

Figure 4. Reasons for Applying for Ongoing Medi-Cal

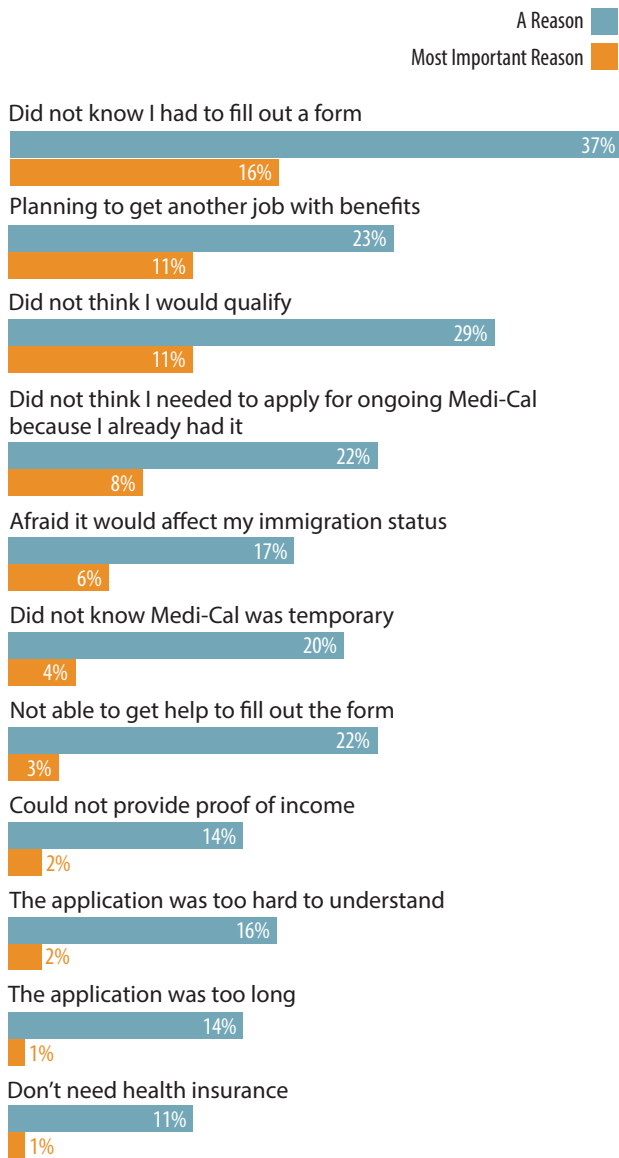
Q: Here is a list of reasons people might choose to apply for ongoing Medi-Cal. For each one please tell us if this was a reason for you. (n = 799). Thinking about your experience, please tell us what was the most important reason that influenced your decision to apply for ongoing Medi-Cal? (n = 767).



Source: Author’s survey of people enrolled in Medi-Cal via hospital presumptive eligibility between September 1, 2022, and March 31, 2023.

Figure 5. Reasons for Not Applying for Ongoing Medi-Cal

Q: Was this a reason you did not apply for ongoing Medi-Cal? (n = 677) What was the main reason you did not apply? (n = 660)



Source: Author's survey of people enrolled in Medi-Cal via hospital presumptive eligibility between September 1, 2022, and March 31, 2023.

HPE Enrollees Are More Likely to Apply for Ongoing Medi-Cal When Informed About the Need to Apply

Hospitals are required to provide HPE enrollees with a temporary paper benefits identification card, which specifies by when the enrollee must submit an application to continue their coverage. Hospitals are also required to give HPE enrollees an application for ongoing Medi-Cal. Nevertheless, many HPE enrollees were unaware that they need to apply. About four in ten survey respondents (39%) said they were not informed that they could apply for ongoing Medi-Cal coverage when they received temporary Medi-Cal at the hospital.

Survey respondents who said they were informed that they needed to apply were significantly more likely to have applied for ongoing coverage than those who were not informed (78% versus 46%).

Reminders and Assistance Are Important Factors in the Decision to Apply for Ongoing Medi-Cal

Some HPE enrollees got application reminders or other help with the application process from hospital staff or others.

- ▶ About four in ten (42%) of all survey respondents said they were reminded to apply for ongoing Medi-Cal.
- ▶ Those who did apply were significantly more likely to report having received a reminder (48%) than those who did not apply (34%).

Among survey respondents who applied for ongoing Medi-Cal, many said that some form of assistance was a reason they applied.

- ▶ Forty-three percent of all survey respondents who applied, and 55% of respondents who took

the survey in Spanish and applied, said that getting help filling out the form was one of the reasons they applied.

- ▶ Thirty-six percent of survey respondents who applied said they received follow up contacts about completing the application, and 26% said the hospital filled the application form out for them (Figure 4).

“One day, one of their staff called us and they told us, ‘It looks like your father’s going to need treatment for a longer time and your insurance is coming to an end. Would you like us to apply for continuing Medi-Cal for another year?’ They just took our details over the phone, and they said, ‘We’ll apply for you.’”

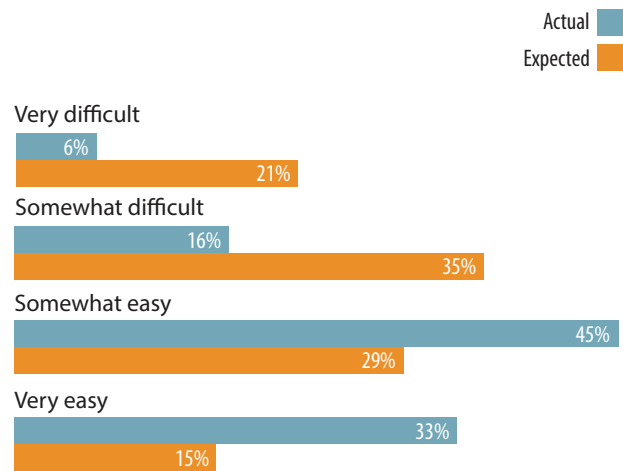
–49-year-old Asian man from San Bernardino County
(speaks English as a second language)

Concerns About the Application Process and Fears About the Consequences of Enrolling in Medi-Cal Are Deterrents to Applying

Many HPE enrollees expected the process of applying for ongoing Medi-Cal to be difficult. Among survey respondents who said they did not apply for ongoing Medi-Cal, 15% said a reason they did not apply was that the application was too hard to understand and 14% said it was too long. Among survey respondents who said they did apply for ongoing Medi-Cal, more than half (56%) said they expected it to be difficult to apply — but most (78%) said their actual experience was that it was easy to apply (Figure 6).¹³

Figure 6. Difficulty Applying for Ongoing Medi-Cal, Expected and Actual

Q: Before you applied for ongoing Medi-Cal, how easy or difficult did you think it would be to submit the application? (n = 794) And how easy or difficult was it actually to complete and submit the application? (n = 793)



Source: Author’s survey of people enrolled in Medi-Cal via hospital presumptive eligibility between September 1, 2022, and March 31, 2023.

“I went to the office, and I just remember having a hard time understanding the paperwork, and I know that the people behind the counter don’t necessarily have time to sit down with us and help us throughout the entire thing. It’s just a lot of the boxes there just seemed confusing on what kind of information I had to fill in.”

–35-year-old Latino man from San Benito County
(English speaker)

“It was complicated for me to fill out the form because my husband is the only one who is working. They were asking me for his work information. It was embarrassing for me to keep asking at his work for that information. I went to the office and brought them, in person, but they wanted more information, and I couldn’t keep asking the job for more.”

–37-year-old Latina woman from San Joaquin County
(Spanish speaker)

HPE enrollees also had some fears about Medi-Cal. About one in six survey respondents who did not apply (17%) expressed fear about the effects enrolling in Medi-Cal would have on their immigration status. Spanish-speaking respondents were significantly more likely to identify immigration status fears (35%) compared to English speakers (5%). Focus group participants identified an additional fear: that the state might take their house or other assets as repayment for Medi-Cal benefits.¹⁴

“I think the primary reason why I didn’t apply is because I was under the impression that Medi-Cal is a government entity that at some point will charge or try to get their money back. If ever you come into some sort of money or financially, you’re stable, they will try and get their money back. And I don’t want to owe the government any money.”

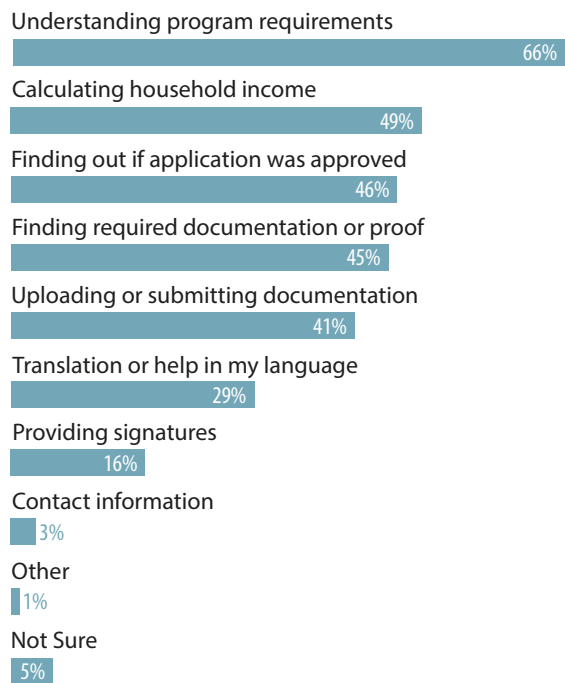
–32-year-old Latino man from Los Angeles County
(English speaker)

HPE Enrollees Need Help When Applying for Ongoing Medi-Cal

Help in applying was crucial to many of those who submitted an application. More than half (54%) of survey respondents who said they applied for ongoing Medi-Cal sought help in completing the application. Those who needed help most often sought it from County Medi-Cal / Social Services offices (37%), friends or family members (24%), and hospital staff (24%). Applicants who sought help identified multiple types of needed help (Figure 7).

Figure 7. Parts of the Ongoing Medi-Cal Application That Applicants Needed Help With

Q: Asked of respondents who said they applied for ongoing Medi-Cal and sought help in completing the application: What specific parts of the application did you need help with? (n = 431)



Source: Author’s survey of people enrolled in Medi-Cal via hospital presumptive eligibility between September 1, 2022, and March 31, 2023.

Among those who did not apply for ongoing Medi-Cal, three in four (76%) said they would have been more likely to apply if they had received help.

Focus group participants emphasized the importance of getting help. They gave examples of people helping to explain the meaning of application questions and how to answer appropriately, as well as how to answer income questions and provide acceptable proof of income when a household member was not working or worked unpredictable shifts or were paid in cash. They noted that trying to navigate the application on their own led to errors and omissions.¹⁵

“I was asking the social worker if it was okay how I had done it, how I had filled it out, and she was telling me, ‘okay, here you have to do this’ or ‘you are missing this here’ and so I ended up filling it out and I sent it back to her. She told me that she was going to notify me, and maybe about a month later I received the card.”

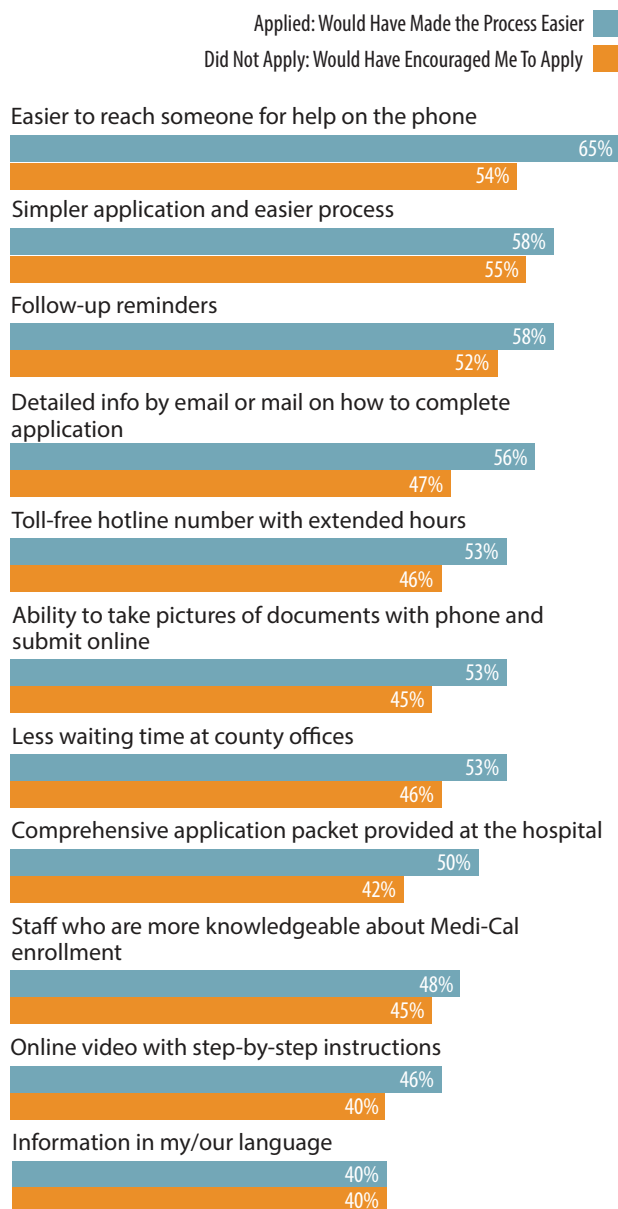
–22-year-old Latina woman from Los Angeles County
(Spanish speaker)

Simpler Application and Better Access to Assistance Would Encourage HPE Enrollees to Apply for Ongoing Medi-Cal

Survey respondents were presented with a list of ideas about what would have made the application process easier (for those who said they applied) or would have encouraged them to apply (for those who said they did not apply). Respondents were also able to provide their own ideas.

Figure 8. Factors That Would Have Made the Ongoing Medi-Cal Application Easier or Encouraged Respondents to Apply

Q: Asked of respondents who said they applied for ongoing Medi-Cal: Which of the following would have made the process easier? (n = 799) Asked of respondents who said they did not apply for ongoing Medi-Cal: Which of the following would have encouraged you to apply? (n = 718)



Source: Author's survey of people enrolled in Medi-Cal via hospital presumptive eligibility between September 1, 2022, and March 31, 2023.

Whether they applied for ongoing Medi-Cal or not, survey respondents were particularly interested in the following (Figure 8):

- ▶ Making it easier to reach someone for help on the phone (65% of those who did apply and 54% of those who did not apply selected this option)
- ▶ A simpler application and easier process (58% of those who did apply and 55% of those who did not apply selected this option)
- ▶ Follow-up reminders to complete the application (58% of those who did apply and 52% of those who did not apply selected this option)

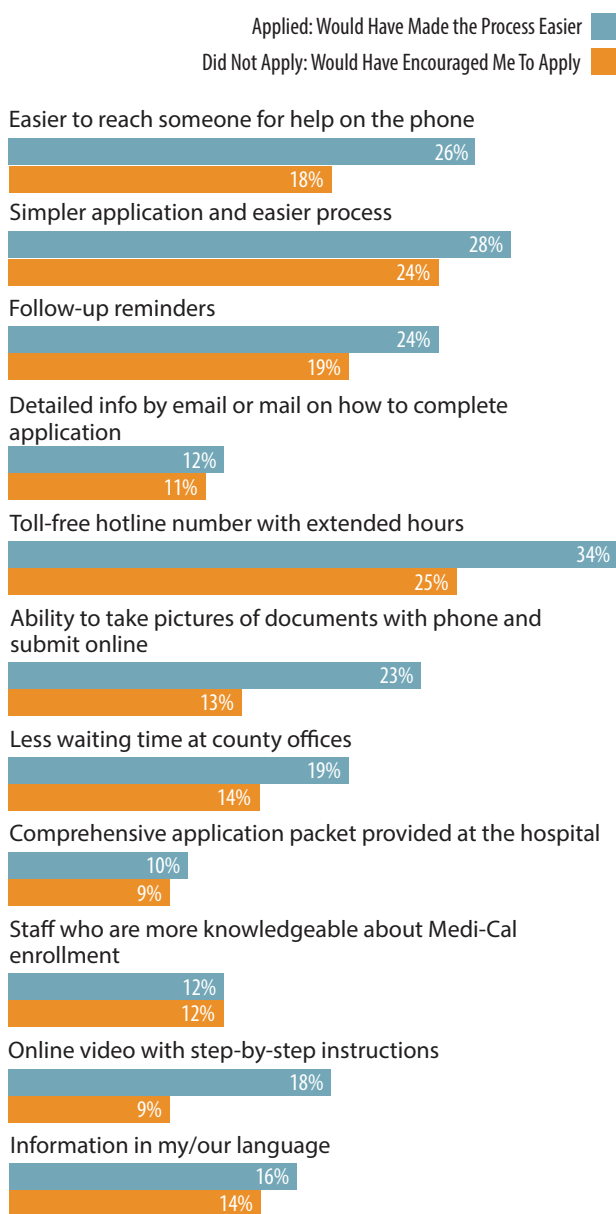
When asked to choose their top three options, all survey respondents — including those who did apply (34%) and those who did not apply (25%) — were most likely to express a preference for having a toll-free hotline number with extended hours (Figure 9).

“The thing is that they’ll have you on hold for like an hour if you try to do it [the application]. And then if you try to go in person, they’ll tell you to do it over the phone or online. And then some of the online stuff is like, there’s nobody there to help.”

–27-year-old man identifying as Black and White from Los Angeles County (English speaker)

Figure 9. Top Three Factors That Would Have Made the Ongoing Medi-Cal Application Easier or Encouraged Respondents to Apply

Q: Asked of respondents who said they applied for ongoing Medi-Cal: Which of the following would have made the process easier? Thinking about all of these, which three would be the most important to you? (n = 799) Asked of respondents who said they did not apply for ongoing Medi-Cal: Which of the following would have encouraged you to apply? Thinking about all of these, which three would most encourage you to apply? (n = 718)



Source: Author’s survey of people enrolled in Medi-Cal via hospital presumptive eligibility between September 1, 2022, and March 31, 2023.

“Yesterday I spent 45 minutes and then on another attempt 20 minutes I couldn’t get a hold of anybody. So, while there are websites that have numbers, it’s not always easy to get a hold of a human on the other end of the line.”

–26-year-old Middle Eastern/North African man from San Mateo County (speaks English as a second language)

Respondents were also asked a series of questions about whether they had encountered discrimination or disrespect during the entire temporary or ongoing Medi-Cal application process. For all questions, 8% or fewer of respondents overall said they had encountered such treatment, with no significant differences between the percentages of people by race/ethnicity saying they had been badly treated.

HPE Enrollees Are Eager for More Information about HPE and Ongoing Medi-Cal

Survey results indicated a general lack of awareness and understanding of HPE and its linkage to ongoing Medi-Cal. Researchers further explored these information gaps with focus group participants, who were presented with an example set of short educational materials explaining what HPE is, what it covers, the need to apply for ongoing Medi-Cal, how to apply, and how to get help. (See Appendix B for the example materials.)

Focus group participants had strong positive reactions to this information. They found the content valuable and repeatedly noted that it was new information to them. They appreciated the simplicity and narrow focus of each piece. They also suggested numerous ways to make the information

clearer, shorter, and more accessible. For example, focus group participants recommended:

- ▶ Shortening URLs
- ▶ Adding QR codes to printed materials
- ▶ Linking to instructional videos in multiple languages
- ▶ Including phone numbers in each piece for people to call with questions
- ▶ Making it clear that information comes from a clear, trusted source by linking to reputable websites, preferably with .gov or .org addresses

Focus group discussions revealed a diversity of preferences for when and how to receive the information. Younger participants generally suggested that information be provided electronically, while older participants generally preferred hard copy. Some participants wanted to receive the information in the hospital, while others preferred to receive it in the mail after discharge. In general, focus group participants wanted the information to be available from trusted sources, such as the state, county, or hospital. They also wanted to receive information via multiple channels and at multiple times to ensure that it would be received in the manner and at the time that works for each person’s circumstances, regardless of their medical situation, preferred language, or comfort with technology.

“I would have liked to have received a kind of a worksheet explaining expectations of what to expect as far as timelines, the process. There was a lot of note-taking on my end.”

–33-year-old Latino man from San Francisco (English speaker)

Spanish Speakers Face Particular Barriers in Accessing HPE and Applying for Ongoing Medi-Cal

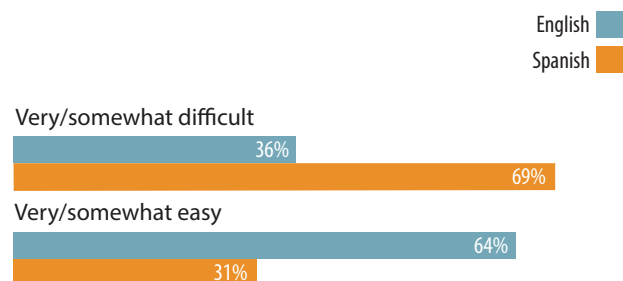
Common Challenges Among Spanish Speakers

People who took the survey and participated in the focus groups in Spanish were significantly more likely than English speakers to experience certain challenges.

- ▶ The HPE application process was more difficult for Spanish speakers than English speakers, with 19% of Spanish speakers describing the process as very or somewhat difficult, compared to 8% of English speakers, a significant difference.
- ▶ Nearly half (47%) of Spanish language respondents did not recall being told they could apply for ongoing Medi-Cal, significantly more than English speakers (34%).
- ▶ Spanish speakers were significantly more likely than English speakers to expect the ongoing Medi-Cal application to be difficult (69% versus 36%). (See Figure 10.)
- ▶ Spanish speakers were significantly more likely than English speakers to say they did not apply for ongoing Medi-Cal because they did not know they had to fill out a form (50% versus 31%), they did not think they would qualify (40% versus 29%), or because they were afraid doing so would affect their immigration status (35% versus 5%). (See Figure 11.)
- ▶ Spanish speakers were also significantly more likely to report trouble providing signatures compared to English speakers (22% vs. 9%).

Figure 10. Spanish-Speaking Respondents Thought It Would Be Difficult to Apply for Ongoing Medi-Cal

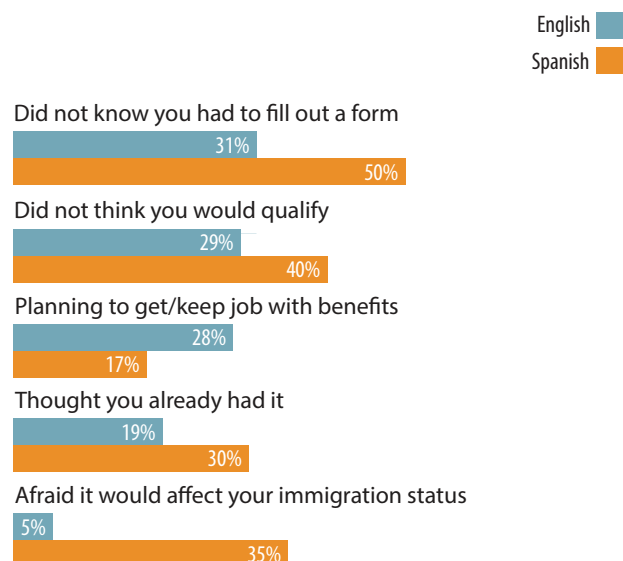
Q: Asked of respondents who did not apply for ongoing Medi-Cal: How easy or hard did you think it would be to submit the application for ongoing Medi-Cal? (n = 682)



Source: Author's survey of people enrolled in Medi-Cal via hospital presumptive eligibility between September 1, 2022, and March 31, 2023.

Figure 11. Reasons for not Applying for Ongoing Medi-Cal Differ Between Spanish-Speaking and English-Speaking Respondents

Q: Asked of respondents who did not apply for ongoing Medi-Cal: Here is a list of reasons people might have when choosing not to apply for ongoing Medi-Cal. For each one please tell us if this was a reason you did not apply for ongoing Medi-Cal. (n = 720)



Source: Author's survey of people enrolled in Medi-Cal via hospital presumptive eligibility between September 1, 2022, and March 31, 2023.

“The truth is that when I entered, they told me [about it], but the people where I went, since they didn’t speak Spanish very well, I almost couldn’t understand it. The little I understood from him was that it was going to cover me for at least 30 days to a year, depending on whether I fell into the same situation again.”

–28-year-old Latino man from Los Angeles County
(Spanish speaker)

“I did [the application] by phone and the assistant helped me by translating, to fill it out because it is very difficult to understand some questions, and I think that was what helped me the most. Help with the language.”

–30-year-old Latino man from San Mateo County
(Spanish speaker)

Spanish Speakers Are More Likely to Want Help, Including Help in Their Language

Getting assistance was key to the application process for Spanish speakers.

Nine in ten Spanish speakers who did not apply for ongoing Medi-Cal (90%) said they would have been more likely to apply if they could have received help in completing the application.

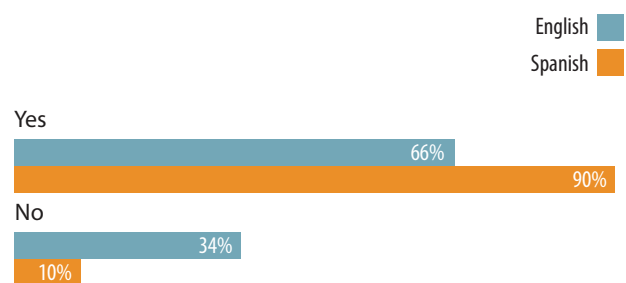
- ▶ Nine in ten Spanish speakers who did not apply for ongoing Medi-Cal (90%) said they would

have been more likely to apply if they received help in completing the application, a significant difference from the 66% of non-applying English speakers who said this. (Figure 12)

- ▶ When asked to select from a list of options the top three things that would have encouraged them to apply, Spanish speakers were most likely to choose a toll-free hotline number with extended hours to get help (38%), knowing that in 2024 everyone is potentially eligible regardless of immigration status (35%), and having information in their language (29%).
- ▶ Among those who did apply, Spanish speakers were significantly more likely than English speakers to say they needed help with understanding program requirements (71% versus 60%) and help with translation or help in their language (52% versus 5%). (See Figure 13.) The top three options for making the application process easier identified by Spanish speakers who applied were a toll-free hotline number with extended hours to get help (45%), having information in their language (35%), and a simpler application (32%).

Figure 12: Majority of Respondents Would Have Applied if Help Were Available

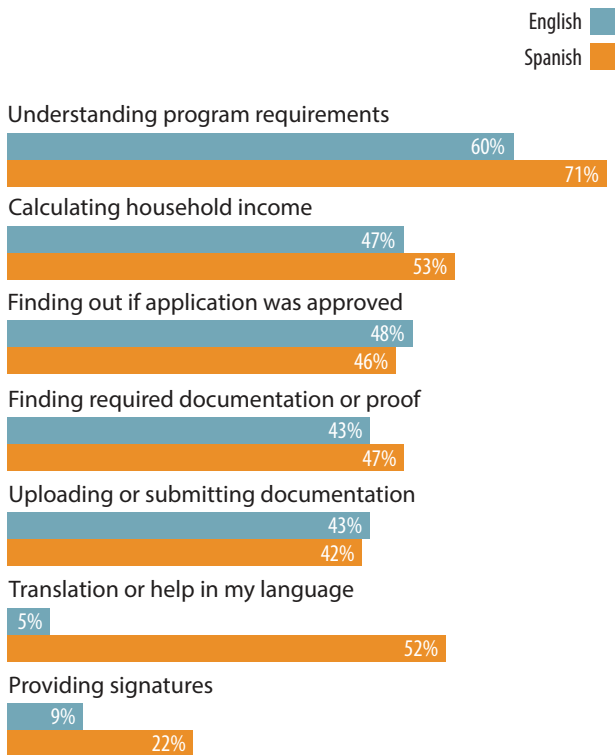
Q: Asked of Respondents who did not apply for ongoing Medi-Cal: Would you have been more likely to apply if you could have received help in completing the application? (n = 706)



Source: Author’s survey of people enrolled in Medi-Cal via hospital presumptive eligibility between September 1, 2022, and March 31, 2023.

Figure 13. Majority of Those Who Sought Application Assistance Needed Help Understanding Program Requirements

Q: Asked of respondents who applied for ongoing Medi-Cal and sought help in doing so: What specific parts of the application did you need help with? (n = 431)



Source: Author's survey of people enrolled in Medi-Cal via hospital presumptive eligibility between September 1, 2022, and March 31, 2023.

Opportunities to Improve HPE as a Pathway to Medi-Cal

The research findings confirm that HPE is a highly effective and valued way to connect otherwise-uninsured people to temporary coverage — however, the opportunity to transition into ongoing coverage is often missed. The findings point to several opportunities to improve awareness and understanding of HPE and to reduce the barriers that many HPE enrollees face in subsequently applying for ongoing Medi-Cal coverage.

► **Raise awareness of HPE.** Even among those who have heard of Medi-Cal, people are unaware that HPE exists and that it provides a quick and easy way to gain temporary Medi-Cal coverage. Because people have significant concerns about the challenges and consequences of applying for Medi-Cal, and because those who are uninsured often avoid or delay necessary care, this quick and easy way to access Medi-Cal coverage is highly valued. As California continues to expand and promote Medi-Cal, the state could highlight, through multilingual communication and education efforts, that hospitals can make temporary coverage available when care is needed urgently. California could develop accessible, understandable information about HPE and require qualified entities that participate in HPE to share that information with applicants and prominently post it at their service sites. California could also rebrand HPE so that clear terminology can be consistently used with consumers. For example, the program could be rebranded as “temporary Medi-Cal” — a term that many HPE enrollees already use and that helps to avoid confusion with “emergency Medi-Cal.”

► **Improve educational information about HPE and the linkage to ongoing Medi-Cal.** HPE enrollees generally lack an understanding of what HPE covers, how long it lasts, and how to gain ongoing coverage. As a result, they avoid getting care while they are enrolled in HPE because they don't know care would be covered and they miss out on the opportunity to extend their coverage. California could strengthen hospital training requirements to encourage hospitals to improve their communications with HPE enrollees about the program. California could also create clear and concise educational content for HPE enrollees, similar to example content provided in Appendix B. The state could require this educational content to be disseminated by hospitals at the time of HPE enrollment, sent to HPE enrollees subsequent to their enrollment,

and made available through state websites and community partners. Consumers would welcome having the information available in multiple languages and through alternative means such as video, as well as having a phone number to call to ask questions.

- ▶ **Provide application reminders.** Many HPE enrollees fail to submit an application for ongoing Medi-Cal simply because they do not know when their HPE coverage ends and what they need to do to get ongoing coverage. California could directly provide HPE enrollees with timely reminders about the need to apply and how to do so, as well as requiring qualified entities that participate in HPE to provide such reminders as a condition of participation in the program. The state could also provide resources to support such reminders from qualified entities, Navigators, or other trusted community partners. Reminders could be sent by mail, email, and text message. Some HPE providers already provide such reminders.¹⁶
- ▶ **Ensure that application assistance is available and accessible.** HPE enrollees need help, in their preferred language, when applying for ongoing Medi-Cal. In their experience, this help is hard to find — especially by phone. The state could provide a centralized call center, open during extended hours and with call-back options when wait times are long, for HPE enrollees to use when they have questions about HPE or Medi-Cal or want help applying for ongoing Medi-Cal. This call center information could be included in HPE educational materials, posted on state websites, and otherwise disseminated to HPE enrollees. The state could also encourage greater availability of robust application assistance in enrollees' preferred languages at hospitals, such as through outstationed county eligibility workers, as well as application assistance by phone and remotely.
- ▶ **Eliminate barriers for Spanish speakers.** In addition to improving access to information and

assistance on HPE and ongoing Medi-Cal in languages other than English, the state could take additional steps to reduce barriers for Spanish speakers. The state could enhance guidance and training for hospitals that provide HPE enrollment so that Spanish speakers are more likely to get accurate information about HPE and the need to apply for ongoing Medi-Cal. Also, the state could broadly improve the readability of Medi-Cal informational materials in Spanish, including the HPE application and the application for ongoing Medi-Cal. Finally, the state could continue and expand communications efforts to dispel miscommunication about public charge and estate recovery.¹⁶ Communicating clearly and widely about the elimination of immigration status as a barrier to full-scope Medi-Cal eligibility could be a powerful opportunity to address one key reason that many HPE enrollees who speak Spanish do not apply for ongoing Medi-Cal: They did not think they would qualify.

- ▶ **Make the Medi-Cal application less daunting to complete.** As noted in prior studies, there are multiple opportunities to simplify the application for ongoing Medi-Cal, both on paper and online.¹⁷ California could explore opportunities to reduce the amount of additional information needed from HPE enrollees to establish presumptive eligibility for or accelerated enrollment in Medi-Cal. Hospitals could request this abbreviated information from HPE enrollees at the time of HPE enrollment or through other opportunities subsequent to the ER visit. California could also explore opportunities to use the HPE application to automatically generate a pre-populated application for ongoing Medi-Cal, as Iowa and Texas do.¹⁸ Exploring this opportunity is particularly timely now that California has expanded Medi-Cal eligibility regardless of immigration status, which should reduce HPE enrollees' hesitation to apply because they think they won't qualify for ongoing Medi-Cal.

Conclusion

From the perspective of HPE enrollees, the HPE program is highly valued and easy to use. It offers a promising introduction to Medi-Cal, but the opportunity to continue coverage is often missed. With better information and assistance through the application process, HPE enrollees – particularly those who speak Spanish – would be more likely to apply for ongoing coverage. The expansion of Medi-Cal to all regardless of immigration status offers an opportunity for California to leverage HPE as an important tool to maximize enrollment of those eligible for Medi-Cal and close the remaining uninsurance gap.

Appendix A: Methodology

Study participants were drawn from a data set created by DHCS that identified all HPE enrollees who entered the program between September 1, 2022, and March 31, 2023. DHCS matched this data with data from the California Healthcare Eligibility, Enrollment, and Retention System (CalHEERS) to identify which HPE enrollees submitted an application for ongoing Medi-Cal within three months of their HPE enrollment. Researchers thus identified two cohorts of HPE enrollees: those who had submitted an application for ongoing Medi-Cal (Applied) and those who had not (Did Not Apply).

For purposes of survey outreach, researchers initially relied on the administrative data's indication of Applied versus Did Not Apply. The survey instrument asked people to indicate whether they did or did not apply and used that response to generate follow-up questions. As a result, the findings reported here are based on the survey respondent's self-identified categorization as Applied versus Did Not Apply, rather than the administrative data. Often there was a discrepancy between the administrative data and the respondent's self-identified categorization. (See Figure A1.)

Figure A1. Status Survey Compared to Sample

Status Per Survey	STATUS PER SAMPLE		
	APPLIED	DID NOT APPLY	GRAND TOTAL
Don't Know	9	6	15
No	291	413	704
Yes	541	258	799
Grand Total	841	677	1518

Source: DHCS/CalHEERS data and author's survey of people enrolled in Medi-Cal via hospital presumptive eligibility between September 1, 2022, and March 31, 2023.

Survey outreach to a random sample of HPE enrollees was conducted by mail, email, and phone. A total of 3,874 survey invitations were mailed, with 465 (12%) returned by the US Postal Service as undeliverable. A total of 5,658 survey invitations were sent via email. Some recipients received an additional email. Phone outreach was used to complement mail and email outreach to attain the desired diverse profile of survey respondents. Survey results were weighted to ensure accurate representation of Medi-Cal application status (Applied versus Did Not Apply) and age category (<19, 19-64, and >65). Survey results were not weighted by race/ethnicity or other characteristics. A total of 1,518 surveys were completed between July 28 and November 3, 2023.

The survey instrument was developed based on findings from four virtual focus groups: two conducted in English and two conducted in Spanish. The survey instrument topics included the following:

- ▶ Prior awareness of HPE
- ▶ Terms used to describe HPE
- ▶ Overall experience with and perceived value of HPE
- ▶ Awareness of the process of (and need to) apply for ongoing Medi-Cal
- ▶ Reasons for applying or not applying for ongoing Medi-Cal
- ▶ Ways to improve the process of applying for ongoing Medi-Cal
- ▶ Demographics

After completing the quantitative component, researchers conducted 12 additional virtual focus groups with a total of 103 people who had completed the survey. These focus groups allowed

researchers to delve deeper into survey respondents' opinions about HPE and ongoing Medi-Cal and explore ways to improve HPE enrollees' understanding of HPE and likelihood to apply for ongoing Medi-Cal. The focus groups were conducted in December 2023 and January 2024 and were structured as follows:

- ▶ HPE enrollees who indicated they subsequently applied for ongoing Medi-Cal without assistance (two focus groups conducted in English, two in Spanish)
- ▶ HPE enrollees who indicated they subsequently applied for ongoing Medi-Cal with assistance (two focus groups conducted in English, two in Spanish)
- ▶ HPE enrollees who indicated they did not apply for ongoing Medi-Cal but would have done so if they had assistance (one focus group conducted in English, two in Spanish)
- ▶ HPE enrollees who completed the survey in English and indicated that English was not their primary language (one focus group, conducted in English)

The tables below detail the demographic characteristics of the initial focus group session participants, the follow-up focus group session participants, and the survey respondents.

Table A2. Demographics of Initial Focus Group Participants

COUNTY OF RESIDENCE	NUMBER OF RESPONDENTS
Alameda	1
Los Angeles	8
Orange	2
Riverside	1
San Bernardino	3
San Diego	3

San Francisco	6
San Mateo	4
Shasta	1
Solano	2
Stanislaus	1

CURRENTLY HAVE MEDI-CAL	
Yes	12
No	16
Not sure	4

GENDER	
Female	17
Male	15

AGE	
<30	10
30-39	13
>40	9
Median Age = 36	

RACE/ETHNICITY	
White	7
Black / African American	3
Hispanic / Latino	18
Asian, Native Hawaiian, and Pacific Islander	1
American Indian and Alaska Native	1
Other or Mixed Race / Ethnicity	2

COUNTRY OF BIRTH	
United States	13
Other	19

Table A3. Demographics of Post-Survey Focus Group Participants

COUNTY OF RESIDENCE	NUMBER OF RESPONDENTS
Alameda	9
Contra Costa	1
Fresno	1
Imperial	1

Kern	6
Los Angeles	25
Marin	2
Merced	2
Monterey	1
Orange	2
Riverside	8
Sacramento	2
San Benito	1
San Bernardino	11
San Diego	10
San Francisco	4
San Joaquin	1
San Luis Obispo	1
San Mateo	5
Santa Barbara	1
Santa Clara	1
Santa Cruz	1
Shasta	1
Solano	1
Sonoma	1
Stanislaus	1
Ventura	3

GENDER	
Female	57
Male	46

PRIOR HPE	
Yes	38
No	65

HOW LONG THOUGHT HPE LASTED	
<30 days	10
30 days	40
60 days	9
90 days	10
>90 days	12
Don't know	22

APPLIED FOR ONGOING MEDI-CAL	
Yes	61
No	42

AGE	
<30	31
30-39	26
>40	43
Median Age = 39	

RACE/ETHNICITY	
White	11
Black / African American	11
Hispanic/Latino	66
Asian, Native Hawaiian, and Pacific Islander	11
American Indian and Alaska Native	0
Other or Mixed Race / Ethnicity	4

Table A4. Demographics of Survey Respondents

GENDER	NUMBER OF RESPONDENTS	%
Male	664	43.7%
Female	834	54.9%
Transgender, nonbinary, other gender	18	1.2%
Refused	2	0.1%
Total	1,518	100.0%

RACE/ETHNICITY	NUMBER OF RESPONDENTS	%
Hispanic/Latino	1,014	66.8%
White	255	16.8%
Black / African American	110	7.2%
Asian	54	3.6%
American Indian and Alaska Native	18	1.2%
Mixed Race / Ethnicity	17	1.1%
Native Hawaiian and Pacific Islander	11	0.7%
Indigenous	9	0.6%
Middle Eastern and North African	8	0.5%
Other	4	0.3%
Refused	18	1.2%
Total	1,518	100.0%

SPOKEN LANGUAGE		
English	726	47.8%
Spanish	664	43.7%

English and Spanish Equally	64	4.2%
Chinese	1	0.1%
Vietnamese	3	0.2%
Other Asian	15	1.0%
Other Language	41	2.7%
Refused	4	0.3%
Total	1,518	100.0%

WRITTEN LANGUAGE

English	861	56.7%
Spanish	613	40.4%
English and Spanish Equally	23	1.5%
Chinese	1	0.1%
Other Asian	4	0.3%
Other Language	12	0.8%
Refused	4	0.3%
Total	1,518	100.0%

PLACE OF BIRTH

Another Country	775	51.1%
United States	734	48.4%
Refused	9	0.6%
Total	1,518	100.0%

AGE

<19	218	14.4%
19-64	1,143	75.3%
>65	157	10.3%
Total	1,518	100.0%

COUNTY

Alameda	62	4.1%
Amador	1	0.1%
Butte	4	0.3%
Calaveras	2	0.1%
Contra Costa	22	1.4%
El Dorado	5	0.3%
Fresno	30	2.0%
Humboldt	3	0.2%
Imperial	6	0.4%
Inyo	3	0.2%
Kern	78	5.1%
Kings	5	0.3%

Lake	2	0.1%
Lassen	1	0.1%
Los Angeles	417	27.5%
Madera	1	0.1%
Marin	4	0.3%
Mendocino	1	0.1%
Merced	9	0.6%
Mono	2	0.1%
Monterey	23	1.5%
Napa	4	0.3%
Nevada	3	0.2%
Orange	107	7.0%
Placer	4	0.3%
Plumas	2	0.1%
Riverside	147	9.7%
Sacramento	22	1.4%
San Benito	6	0.4%
San Bernardino	135	8.9%
San Diego	133	8.8%
San Francisco	32	2.1%
San Joaquin	25	1.6%
San Luis Obispo	9	0.6%
San Mateo	26	1.7%
Santa Barbara	20	1.3%
Santa Clara	27	1.8%
Santa Cruz	12	0.8%
Shasta	22	1.4%
Siskiyou	3	0.2%
Solano	11	0.7%
Sonoma	5	0.3%
Stanislaus	9	0.6%
Sutter	1	0.1%
Tehama	5	0.3%
Trinity	1	0.1%
Tulare	7	0.5%
Ventura	21	1.4%
Yolo	3	0.2%
Other (specify)	3	0.2%
Out of State	29	1.9%
Refused	3	0.2%
Total	1,518	100.0%

GETTING TO KNOW MY HOSPITAL PRESUMPTIVE ELIGIBILITY



WHAT IS HPE

HOSPITAL PRESUMPTIVE ELIGIBILITY

- Hospital presumptive eligibility (HPE) is a process that offers short-term coverage of health care services for those with limited incomes who are not currently receiving Medi-Cal.
- Your short-term coverage **will end** if you do not complete a full application for ongoing Medi-Cal coverage or are found to be ineligible based upon your full application.

THE GOAL OF HPE IS TO MAKE SURE THAT THOSE WHO APPEAR ELIGIBLE, BASED ON BASIC INFORMATION, HAVE IMMEDIATE ACCESS TO HEALTH CARE.

CALL 866-988-0888

QMR – TEST FOR FOCUS GROUP



WHAT IS COVERED BY HPE?



YOUR TEMPORARY COVERAGE WILL DEPEND UPON YOUR SITUATION

- Most people who receive HPE are temporarily eligible for all services covered under Medi-Cal. If you would like more information about the services covered, you should refer to the Medi-Cal Guide to Benefits.
- If you qualify as a pregnant woman, you will be eligible for doctor visits, tests, lab work and other care for your pregnancy. You will also have coverage for prescription drugs, and transportation services to doctor appointments. This will not cover labor and delivery costs

THE GOAL OF HPE IS TO MAKE SURE THAT THOSE WHO APPEAR ELIGIBLE, BASED ON BASIC INFORMATION, HAVE IMMEDIATE ACCESS TO HEALTH CARE.

CALL 866-988-0888



TAKE ACTION

WHY SHOULD I APPLY FOR ONGOING MEDI-CAL COVERAGE?

- Approval for HPE is NOT the same as being approved for ongoing health coverage. Your PE coverage is only temporary while you submit a full application for ongoing Medi-Cal coverage and while your application is pending. Your HPE will be discontinued if you do not apply for coverage by the last day of the month following the month your HPE began.
- It is very important that you respond promptly to all requests regarding your application for ongoing Medi-Cal. If you do not respond to our questions and requests for documentation, your application will be denied. You will not be eligible for ongoing Medi-Cal coverage, and you will be responsible for paying all of your health care costs after your temporary HPE coverage period has ended.

THE SAME HOSPITAL THAT HELPED YOU WITH YOUR HPE DETERMINATION CAN HELP IN FILLING OUT AND SUBMITTING YOUR APPLICATION FOR HEALTH COVERAGE.



WHERE DO I APPLY?

THE PE APPLICATION PROVIDES ONLY TEMPORARY COVERAGE

YOU SHOULD COMPLETE A FULL APPLICATION FOR ONGOING MEDI-CAL COVERAGE AS SOON AS POSSIBLE TO MAKE SURE YOU DO NOT LOSE ANY BENEFITS.



YOU CAN SUBMIT A FULL APPLICATION IN A NUMBER OF WAYS:

- Online through Covered California at coveredca.com
- In person or by phone through your local county Medi-Cal office. To find your office, visit:
www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx
- With the help of an organization near you. To find one, visit
www.dhcs.ca.gov/keep-your-Medi-Cal/Pages/find-local-help.aspx

TO MAINTAIN COVERAGE, APPLY TO ONGOING MEDI-CAL AS SOON AS POSSIBLE



GET IN-PERSON HELP



IN SONOMA COUNTY (EXAMPLE ONLY)

Aliados Health (Formerly known as Redwood Community Health Coalition)
1310 Redwood Way Suite 135,
Petaluma, CA 94954
Phone: (707) 792-7900
Office Hours: Monday-Friday, 9:00AM- 5PM
In-Person Help: By appointment
<https://aliadoshealth.org/>

Catholic Charities of the Diocese of Santa Rosa
987 Airway Ct,
Santa Rosa, CA 95403
Person: Rosa Maria Hammar
Phone: (415) 666-6394
Office Hours: Monday-Friday, 8:30AM-5:00 PM
In-Person Help: Walk-ins
<https://www.srcharities.org/>

HELP IS OUT THERE TO COMPLETE YOUR APPLICATION

QMR – TEST FOR FOCUS GROUP

Endnotes

1. “California Achieves Lowest Uninsured Rate Ever in 2022,” UCLA Center for Health Policy Research, November 6, 2023.
2. [Medi-Cal Enrollment Update](#) (PDF), California Department of Health Care Services (DHCS), February 14, 2024.
3. Miranda Dietz et al., [California’s Uninsured in 2024: Medi-Cal Expands to All Low-Income Adults, but Half a Million Undocumented Californians Lack Affordable Coverage Options](#), UC Berkeley Labor Center and Education UCLA Center for Health Policy Research, March 22, 2023.
4. Michelle Cordoba et al., [The Medi-Cal Maze: Why Many Eligible Californians Don’t Enroll](#), California Health Care Foundation (CHCF), September 13, 2021.
5. Katharine Bradley et al., [Presumptive Eligibility: Creating a Pathway to Ongoing Medi-Cal Coverage](#), CHCF, October 14, 2022.
6. [Medi-Cal Enrollment Update](#), DHCS; and [“Hospital Presumptive Eligibility Program,”](#) DHCS, accessed May 31, 2024.
7. [Medi-Cal Enrollment Update](#), DHCS.
8. “Hospital Presumptive Eligibility Program,” DHCS.
9. “Hospital Presumptive Eligibility Program,” DHCS. During the COVID-19 public health emergency, including during the time that participants in this study were enrolled in HPE, all individuals were allowed up to two HPE enrollments in a 12-month period.
10. [“California State Plan Amendment 13-0027-MM7”](#) (PDF), Centers for Medicare and Medicaid Services, February 27, 2015.
11. Katharine Bradley et al., [Presumptive Eligibility](#).
12. Survey respondents were asked, “Have you heard of ‘HPE’ or ‘hospital presumptive eligibility’ before?” After responding to that question, they were provided with the following statement: “HPE provides the same services as Medi-Cal, but it is only for a limited time; in other words, it is temporary. You get HPE by filling out (or having someone fill out for you) a short application when you get care at a hospital. To get regular ongoing Medi-Cal, you must fill out a longer application. We first want to ask you about HPE or the temporary/short-term Medi-Cal you got when you visited the hospital.” They were then asked what they call it.
13. Respondents were asked, “After receiving temporary Medi-Cal through the HPE program, patients are eligible to apply for ongoing or regular Medi-Cal. We’d like to ask you some questions about that process. . . . Since you did apply for ongoing Medi-Cal, we’d like to ask you about your decision to apply and the application process. . . . Before you applied for ongoing Medi-Cal, how easy or difficult did you think it would be to submit the application? . . . And how easy or difficult was it actually to complete and submit the application?” It is possible that some survey respondents nevertheless provided their opinions about the HPE application process here rather than the ongoing Medi-Cal application. Other studies, such as [The Medi-Cal Maze: Why Many Eligible Californians Don’t Enroll](#), indicate that people often find it difficult to apply.
14. Fears about the impacts of Medi-Cal on immigration status and assets are [well documented](#). Fears about immigration status stem largely from a federal policy as “public charge,” which has complex rules. As of 2022, public charge policies have been updated to make clear that immigrants can now access health care, food and housing support, and many more public benefits without fear of immigration consequences. The complexity of the policy, uncertainty around potential future changes, and lack of widespread in-language assistance and accurate information lead to continued fears. Consumer guidance is available in the [California Health and Human Services guide](#). Fears about impacts on assets after an enrollee’s death stem from a policy known as “estate recovery.” DHCS has specified [the limited circumstances](#) in which the Medi-Cal program must seek repayment from the estates of certain deceased Medi-Cal beneficiaries. As with public charge, the complex rules and lack of accessible information lead to ongoing fears about estate recovery, deterring people from applying for Medi-Cal.
15. For more information about challenges people encounter when applying for Medi-Cal, please see [The Medi-Cal Maze: Why Many Eligible Californians Don’t Enroll](#).
16. Katharine Bradley et al., [Presumptive Eligibility](#).
17. Katharine Bradley et al., [Presumptive Eligibility](#); and Michelle Cordoba et al., [Medi-Cal Maze](#).
18. Katharine Bradley et al., [Presumptive Eligibility](#).