

Lessons from the Medi-Cal Unwinding Enrollee Experiences and How They Would Fix Renewals

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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.

Contents

4	Executive Summary
5	Background
5	Introduction
6	Methods
7	Findings
7	Positive Experiences with the Renewal/ Reinstatement Process
8	Challenges with the Renewal/Reinstatement Process
15	Impact of Procedural Disenrollment
16	Recommendations
19	Conclusions
20	Appendices
27	Endnotes

Executive Summary

Between November 2023 and April 2024, the California Department of Health Care Services (DHCS) and the California Health Care Foundation (CHCF) partnered with SSRS to conduct six monthly surveys to learn about the experiences of people procedurally disenrolled from Medi-Cal during the period when Medi-Cal was “unwinding” the federal continuous coverage requirement. The survey was intended to help identify renewal barriers and reasons for procedural disenrollment, informing real-time changes to help people avoid disruptions in their coverage.

In December 2024, a number of survey respondents who were willing to be contacted for additional research were invited by SSRS to participate in a qualitative follow-up study. The follow-up elicited further information about participants’ experiences and perspectives with the renewal process, their experiences with procedural disenrollment, the impact of their disruption in coverage, and their suggestions for how the renewal process could be improved. The purpose of this follow-up study, also facilitated by CHCF, is to inform continuing efforts by DHCS to ensure that all Medi-Cal enrollees have the information and support they need to successfully navigate the Medi-Cal renewal process going forward.

This report provides findings across four domains: positive experiences with the renewal process, challenges associated with the process, impacts of procedural disenrollment, and recommendations for improving the process. The principal findings are:

1. While some Medi-Cal enrollees who were procedurally disenrolled expressed satisfaction with the renewal process, it was also very common for enrollees to be unaware of the need to renew their Medi-Cal coverage or how to do it, or to

end up feeling confused, intimidated, or unsupported once they attempted to renew.

2. Enrollees with chronic conditions and disabilities, those with limited English proficiency, and those who have highly fluctuating incomes shared uniquely difficult challenges during the renewal process, putting them at extra risk to lose coverage.
3. Although many participants indicated that procedural disenrollment had little impact on them, as they were readily able to reenroll or obtain other coverage, some participants reported that procedural disenrollment had negative effects on access to care, their physical and emotional health, and, in some cases, their financial well-being.

Participants offered several suggestions for improving the renewal process to minimize procedural disenrollments in the future. Top recommendations from this research include improving communication about the process, simplifying the renewal packet, enhancing availability and quality of customer service, and providing greater transparency about what happens after the renewal form is submitted.

The findings from this study suggest that a more transparent and supportive renewal process would help enrollees stay better informed, improve their understanding of the process, and minimize disruptions in coverage caused by procedural disenrollment.

Background

Medi-Cal, California's Medicaid program, provides health coverage for more than one-third of Californians.¹ During the COVID-19 public health emergency, states were required to maintain continuous Medicaid coverage for nearly all enrollees.² During this continuous coverage requirement, Medi-Cal enrollment grew from 12.4 million in February 2020 to 16 million in May 2023.³

The unwinding of this continuous coverage requirement, and the resumption of Medi-Cal renewal requirements, began in April 2023, with the first resulting disenrollments effective June 1, 2023. DHCS, which oversees Medi-Cal, released a plan for the 14-month continuous coverage unwinding process that prioritized maximizing continuity of coverage for Medi-Cal members and keeping the process as simple as possible.⁴ Accordingly, the state adopted a number of federal flexibilities and system changes that more than doubled its auto-renewal rate (also known as *ex parte* rate) during the unwinding period, thereby significantly reducing the share of Medi-Cal enrollees who needed to provide more information to complete their renewal.⁵ In addition, the state engaged in a variety of outreach strategies, including a multimedia outreach campaign and a Coverage Ambassador program, to raise awareness of the resumption of renewal requirements and encourage Medi-Cal members to update their contact information.⁶

Medi-Cal enrollees who were not able to be auto-renewed were required to complete renewal packets and return them to their county Medi-Cal office, along with any required verification documents, before the end of their renewal month. If the county received the requested information and documentation on time, the county processed the information and either renewed or discontinued the enrollee's Medi-Cal coverage based on their eligibility. If the county did not receive the requested information and documentation on time,

the county made at least two attempts to contact the enrollee before discontinuing the enrollee's Medi-Cal coverage. These actions are known as procedural disenrollments. Whatever the outcome of the enrollee's renewal process, counties sent out Notices of Action informing enrollees of their renewal or disenrollment. Medi-Cal members have up to 90 days from the date of disenrollment to provide the required information and have their Medi-Cal coverage reinstated, if they are found eligible.

During the unwinding period, California processed nearly 11 million Medi-Cal renewals, resulting in nearly 9 million Medi-Cal enrollees retaining their Medi-Cal coverage. Approximately 2 million people lost their Medi-Cal coverage during that period. Two-thirds of those people were disenrolled due to procedural issues, not because they were determined ineligible. About 15% of those disenrolled had their Medi-Cal coverage reinstated within three months.⁷

Introduction

To learn about the experiences of people procedurally disenrolled from Medi-Cal during the unwinding period, DHCS partnered with CHCF and their grantee SSRS to conduct a rolling monthly survey of people who were disenrolled from Medi-Cal for procedural reasons during the continuous coverage unwinding period. Surveys were administered for a total of six months from November 2023 through April 2024, covering redetermination months of October 2023 through March 2024.⁸ A total of 8,481 people completed the survey, about 1.2% of the 704,838 people disenrolled from Medi-Cal for procedural reasons during this time period.

A key goal of these surveys was to help identify renewal barriers and reasons for procedural disenrollment to inform real-time changes to help

people keep coverage. The findings from the survey respondents indicated that many of them lacked key information about the renewal process. For example, 30% of those who completed the survey indicated they did not know they would lose Medi-Cal if they failed to submit renewal information, nearly half of respondents said they never received a renewal packet, and more than a third of respondents said they wanted to restart Medi-Cal but didn't know how. The majority of survey respondents who said they did receive a renewal packet indicated that they completed it or tried to complete it, but many said they had trouble getting help when they needed it. Survey respondents were also asked if they would be willing to be recontacted for follow-up. Approximately 7,000 people agreed to be recontacted, providing a pool of potential participants for a follow-up study.

The findings from the quantitative survey suggested that additional research could help DHCS reduce the incidence of procedural disenrollments and support reenrollment among those procedurally disenrolled. The follow-up qualitative study was designed to gain a deeper understanding of the experiences of people who were procedurally disenrolled during the unwinding period, with the goal of identifying key opportunities for promoting continuity of coverage as the state resumes regular Medi-Cal renewal operations. Through this pool of follow-up participants, the study learned about these experiences and perspectives directly from the enrollees themselves.

The qualitative findings point to some of the common reasons why eligible enrollees were disenrolled from Medi-Cal, the problems these disruptions in coverage caused, and enrollees' perspectives on what changes to renewal processes would be most helpful. While much progress was made during the unwinding, this research can inform continuing efforts to ensure that all Medi-Cal enrollees have the information and support they need to

successfully navigate the Medi-Cal renewal process going forward.

Methods

From December 2 to 15, 2024, researchers from SSRS conducted six focus groups and four online bulletin boards (OBBs) with a total of 61 Californians from counties across the state who were procedurally disenrolled from Medi-Cal during the 2023–2024 unwinding process.

The participants included those who indicated on the survey that they did not recall receiving the renewal form; those who reported getting some kind of help during the renewal process and subsequently completed the form; and those who reported trying to complete the form but were unable to complete it, or those who recalled receiving the form, but did not try to complete it. Focus groups were conducted in English and Spanish, with a total of 27 participants across the focus groups. OBBs were offered in English, Spanish, Chinese, and Russian, based on the language in which participants completed the survey. A total of 34 people participated in the bulletin boards. More about the methodology is presented in Appendix A. The demographic, language, and geographic composition of the groups and participants is shown in Appendix B. The Medi-Cal renewal materials, and participants' feedback on them, are presented in Appendix C.

Several limitations to this study should be noted. First, this was a qualitative study designed to enhance the findings from the statewide quantitative survey of Medi-Cal enrollees procedurally disenrolled. As such, the results of this study are not generalizable to the broader Medi-Cal population. The views expressed reflect the opinions of those who participated and may not represent the full diversity of perspectives within the larger

community. Second, due to the timing of the research, there was a gap of at least six months to nearly a year between procedural disenrollment and the launch of this qualitative study, which may have caused some gaps in memory. For example, some participants acknowledged forgetting details of their experience or combined their memories across multiple Medi-Cal renewal experiences. Third, information provided in the OBB environment was often incomplete. Participants were asked to share their experiences and to then return to the board after the interviewer had reviewed their answers and posed any follow-up questions. In many cases, the participants did not return to the board to answer those follow-up questions. Finally, throughout this report, terms such as “many,” “some,” and “a few” are used to convey patterns observed in the discussions rather than precise counts or percentages. These descriptors reflect relative frequency within the group but should not be interpreted as quantitative measures or as representative of any larger population.

In the quotes provided throughout this report, responses are identified by the participant’s self-reported gender, race/ethnicity, county of residence, and preferred language.

Findings

This study explored participants’ experiences related to procedural disenrollment from Medi-Cal during the unwinding period. Participants were asked to share what it was like to navigate the renewal process, how they learned they had been procedurally disenrolled, how disenrollment affected them, and how they would suggest improving the Medi-Cal renewal process.

In hearing directly from Medi-Cal enrollees about their experiences, four broad domains emerged

from the research: (1) positive experiences with the renewal process, (2) challenges associated with the process, (3) impacts of procedural disenrollment, and (4) recommendations for improving the process. This report provides detail on each of these key domains.

Positive Experiences with the Renewal/Reinstatement Process

Several participants recalled the renewal process to be simple and clear, particularly those who were able to complete their renewal online.

Some of these participants recalled the clarity of the renewal materials, appreciating the clear communication that they would be canceled from the program if they did not respond by the deadline. Even if it took time to get through to the right person for help, some participants noted that they appreciated having a specific phone number to call for help and were able to get the help they needed with clear guidance and encouragement to complete the process. Participants conveyed appreciation for having various options for submitting their forms, allowing them to select the most convenient method, which was, for many, to submit the materials online. Finally, a few participants appreciated that the disenrollment notification provided clear instructions about next steps and alternative coverage options.

“I submitted all the paperwork and got reinstated again for Medi-Cal in three or four days. I did it online. It was real easy.”

—Female participant, 50–64, White, Sacramento County, English speaker

"Everything was pretty simple. It was online. You loaded up your docs, your income, everything. Then they said, 'Okay. You make too much now, so we have to enroll you in something else.' It was pretty simple."

—Male participant, 35–49, Black/African American, Los Angeles County, English speaker

"I knew I needed to renew my medical insurance, and then I filled in the required information step by step according to the information in the email and submitted the relevant certificates. After I submitted it, I soon received an email telling me that the insurance had been renewed."

—Male participant, 18–34, Asian, San Francisco County, Chinese speaker

Several participants reported receiving helpful service from county caseworkers and expressed appreciation for their caseworkers. A few attributed their success in navigating the process to the help they received.

"I called and in a few minutes she was on the line, and I told her I need assistance with my renewal. Then she helped me out in detail with instructions on how to do it. She was very helpful. Thank God she helped me."

—Transgender participant, 50–64, Asian, Alameda County, English speaker

"I did it online and then a guy from social services called me to help me. We completed it over the phone. He was

awesome. He even called me back later to remind me when it would start and what I should receive next."

—Female participant, 35–49, White, Madera County, English speaker

"I went without coverage for about a year. I kept calling and calling, but I never got a response. Finally, someone told me I could go to the county office here in Santa Clara. I went to their office, and from there, it was very easy. They helped me a lot; the staff was very kind. Within about 20 days, everything was processed, and they even gave me a number right away so I could go to the hospital while everything was being finalized."

—Male participant, 35–49, Hispanic, Santa Clara County, Spanish speaker

Challenges with the Renewal/Reinstatement Process

While several participants expressed satisfaction with the process, many others recalled an array of challenges they encountered during the renewal process. These challenges fell into four main areas: (1) a lack of awareness of receiving the renewal materials, (2) difficulties complying with and submitting information, (3) difficulties getting help or receiving inconsistent guidance, and (4) lack of communication about next steps after submitting the renewal form. In addition to these four themes, other challenges were identified by specific population subgroups, including (5) enrollees

with fluctuating or complex income, (6) enrollees with limited English proficiency, and (7) enrollees with disabilities or chronic health conditions. Each of these challenges is described next.

Challenge 1: Lack of awareness of receiving renewal materials

Many participants shared that they did not recall receiving the renewal form in the mail, which resulted in some only realizing they had been procedurally disenrolled when they tried to get health care services. To attempt to highlight the importance of the renewal packets, the state sent them in yellow envelopes, but many participants did not recall the color of the envelope. In fact, several participants disclosed that they may have entirely overlooked the mailing. Text messages, emails, and phone calls helped to raise awareness for some participants but sometimes promised additional information that never arrived. A few participants explained that they had moved but faced challenges in updating their address in the Medi-Cal system so did not receive the renewal packet. One participant was confused because he had continued to receive renewal letters during the continuous coverage requirement without having to act on them, so when receiving the 2023 letter, he assumed it did not require any action on his part.

“I did not receive a renewal form in the mail — if I did it was misplaced, thrown away, or in a pile of mail somewhere. So I did not fill out my renewal, and found out in March I was being cut off for not sending it in. I had not returned one in 5+ years, so I ignored the letter, thinking it would fix itself and I would still have my Medi-Cal since my income is so low. I feel that it was not

right for me to lose my Medicaid when I’m disabled and on a fixed income.”

—Female participant, 50–64, Hispanic, Alameda County, English speaker

“I was told the letter had arrived by mail, but I never received it. Then someone from Medi-Cal called me, and I mentioned that I hadn’t received it. They sent me a link by email with the form, but it seems the email didn’t go through, and my coverage was canceled. I found out when I went to use it, and I no longer had Medi-Cal.”

—Male participant, 35–49, Hispanic, Santa Clara County, Spanish speaker

“I had received emails and paper mail notifications from Medi-Cal that I should be looking out for a renewal packet to arrive in the mail. I never received it because the county office did not have my current address. Even though Medi-Cal was sending me mail to my current address.”

—Female participant, 35–49, White, Siskiyou County, English speaker

“It wasn’t necessary to renew in 2021 or 2022. I think they started requiring it again in 2023, but they kept sending renewal letters. That caused enormous problems and confusion. Why were they sending renewal letters when the coverage was active and

wasn't supposed to be canceled because of the governor's executive order?"

—Male participant, 50–64, Hispanic, Los Angeles County, Spanish speaker

Challenge 2: Difficulties complying with and submitting information

Some participants expressed that they felt confused, overwhelmed, or intimidated by the instructions and requirements of the renewal process. Others expressed specific confusion about the renewal form itself, including who to list as household members and how to provide their detailed income information, especially for nontraditional income sources that do not provide paystubs or W2s. Several participants also expressed frustration with Medi-Cal rules and forms that they believe do not accommodate people's complex realities such as high costs of living. A few participants were expecting synchronization between Medi-Cal and Covered California, which led to confusion in navigating the process. Finally, several experienced challenges with the submission process itself, having to submit their materials through multiple channels to ensure that their information was received.

"I think the actual renewal packet or recertification packet is kind of intimidating. It's too long and it has way too much information on it. When I see 23 pages, I just automatically get stressed."

—Female participant, 35–49, Black/African American, San Diego County, English speaker

"They count your income when determining Medi-Cal benefits, but they don't consider what we're paying in rent. For example, I pay \$3,500 for my house, and they say we're

making too much money, but that's not true. We're barely making it, because we have to pay rent."

—Female participant, 50–64, Hispanic, Solano County, Spanish speaker

"We had first enrolled in Covered California and then we qualified for Medi-Cal. I missed that you need to deal directly with the county in Medi-Cal when you're enrolled in Medi-Cal and not Covered California. I was always going to the Covered California dashboard, the website, to see where your status was and that kind of stuff. I didn't realize the two aren't linked or synchronized."

—Male participant, 50–64, White, Marin County, English speaker

"I sent the renewal form by email, snail mail, and finally in person. Only then did Medi-Cal get renewed."

—Male participant, 65 or older, White, San Francisco County, English speaker

Challenge 3: Difficulties getting help or receiving inconsistent guidance

Many participants sought assistance from case-workers in their county offices during the renewal process and reported a number of challenges in obtaining help. Those seeking help by phone experienced long wait times, no answer, or dropped calls. Those visiting their county office in person also reported waiting long times for their number

to be called. Several spoke of rude or disrespectful treatment by staff, as well as mistakes or inconsistent answers from caseworkers. Finally, several participants expressed frustration that they did not have a consistent caseworker assigned to them or only knew of their caseworker by a number or code, rather than a name. This contributed to dissatisfaction and uncertainty in not having a specific person to contact for help.

“The problem with Medi-Cal is that sometimes you call, and they never answer. You can spend an hour or two on the phone, and when you finally get through and try to give them information, the call gets dropped. Then you have to start all over again, and the phones just don’t work.”

—Female participant, 50–64, Hispanic, Solano County, Spanish speaker

“It’s a very busy office. You go in and you wait in line and then you wait in line again, and then you are given a number and then you wait for another half hour sitting there with 30 other people, and everybody’s watching the screen for when their number comes up.”

—Male participant, 65 or older, White, San Francisco County, English speaker

“Sometimes they tell you one thing, and then in another county, they tell you something completely different. One county says, ‘Oh, they’re wrong,’ and the other county

says, ‘No, we’re right.’ It creates so much confusion. The information is just too inconsistent.”

—Female participant, 18–34, Hispanic, Tehama County, Spanish speaker

“I was disenrolled because the social worker told me that someone who reviewed my form didn’t do it properly. So, I say, because of other people’s mistakes, I lost my eligibility. And well, it was a bit my fault because I sent the form too late, but if it wasn’t reviewed properly, then this is what happened.”

—Female participant, 35–49, Hispanic, Los Angeles County, Spanish speaker

“They assign you a social worker for the case. But when you try to contact that person, it’s never the same one. You can’t ever speak to the social worker assigned to you, and if you do manage to get someone, it’s never the person listed in the letters. And when you finally resolve something with someone, the next time you call, that person is unavailable. You’re forced to start the entire process over from scratch.”

—Male participant, 50–64, Hispanic, Los Angeles County, Spanish speaker

Challenge 4: Lack of communication and transparency about next steps after submitting the renewal form

Once their renewal forms were submitted to Medi-Cal, many participants reported frustrations that they received neither an acknowledgement of receipt, nor a timeline for when they might expect to hear the result. These participants expressed a feeling that the information had fallen into a void with no acknowledgment, communication, or updates.

Several noted that they would have preferred to have some form of communication during this time to monitor the status of their renewal.

“When you send out the papers, they don’t give you much information about what’s going on. So you’re like, ‘Oh, am I going to get approved? Oh, is it going to go that way?’ So you’re stressed out.”

—Male participant, 18–34, other race/ethnicity, San Diego County, English speaker

“It would be helpful if the system confirmed that they received the documents. There’s currently no way to confirm this, and it gets complicated.”

—Male participant, 35–49, Hispanic, Santa Clara County, Spanish speaker

“There’s no communication as to what to expect once you send in all this information in terms of a timeline or a contact person or whether they’re calling you or mailing you

— there’s just nothing communicated. So you’re just sending stuff into the void.”

—Female participant, 50–64, White, Los Angeles County, English speaker

“I submitted [the renewal form] in person. And then that’s when the pause button hit. I didn’t hear anything from anybody, and there was some time gap there where there was no follow-up in any way, shape, or form. It kind of got lost in the morass of things, and I had to follow up with somebody just to make sure that it was getting pushed through.”

—Male participant, 50–64, White, Marin County, English speaker

Challenge 5: Challenges in gathering proof and reporting income among enrollees with fluctuating or complex income

Several of the participants in this study shared that they have nonstandard income such as self-employment, freelancing, day labor, or irregular or fluctuating income. These participants said that they faced unique challenges in completing the renewal form and providing proof of their income. Many of them expressed that the forms and rules seem to be designed for those with more clear-cut income situations rather than the complexity of people’s individual situations. For example, some noted they do not receive regular paystubs or W2s, so it can be difficult and time consuming for them to gather the required proof and determine how to report them on the form.

"It's hard to prove my income. I receive funds for my childcare. Some from agencies and some from private families. My income changes weekly. Even though I log all my expenses and have payroll sheets up to date, I must go back and total everything to that point. It's a lengthy process and requires quite a bit of time. Most self-employed people don't get regular W2s or paycheck stubs. Tax returns don't give you an up to date look at your income. So, submitting online takes a lot of time."

—Female participant, 65 or older, White, Solano County, English speaker

"I work freelance and so my income is not standardized in the sense of I get one paycheck and I know exactly how much I make a year. It shifts a lot. I think it's a system that doesn't seem to work so well for people who have nontraditional income or who just have different kinds of employment."

—Female participant, 18–34, White, Los Angeles County, English speaker

"They required a form from my employer, . . . specifying tips. Unfortunately, [my employer] doesn't provide such a form — only a summary of monthly earnings. I had to take multiple screenshots from [my employer] account and manually write down details

about my base pay, California bonuses, and tips, along with a written explanation."

—Male participant, 18–34, White, Riverside County, Russian speaker

"I don't work 52 weeks out of the year. And they said that their system didn't count or allow for that, so they counted for the 52, . . . [but] I only worked 46. If they had counted the 46, I would have qualified income-wise. But because they did the full year, I no longer qualified."

—Female participant, 35–49, Black/African American, San Diego County, English speaker

Challenge 6: Language barriers identified among enrollees with limited English proficiency

Participants highlighted several barriers in the renewal process that seemed to be due to their limited English proficiency. Some Spanish-language participants noted that complex terminology in the renewal materials can be confusing to understand when translated into Spanish or when being conveyed by Spanish language interpreters who may not speak the same dialect as the enrollee. Among those who tried to get help with the process, limited availability of interpreters caused lengthier waits and frustration. Finally, a few Spanish-language participants expressed that they felt they were treated rudely by staff because they did not speak English.

"In my renewal I filled out the form, but there are traditional terms that are confusing. I think they should provide options or an

example to facilitate the intention of the information.”

—Female participant, 35–49, Hispanic,
San Bernardino County, Spanish speaker

“When they connect you with a Spanish-speaking interpreter, many times, those interpreters speak very formal Spanish. Just because we’re Latinos doesn’t mean we all speak the same Spanish. Salvadorans, Mexicans, Guatemalans — we all speak Spanish, but each one is different.”

—Female participant, 50–64, Hispanic,
Solano County, Spanish speaker

“I was extremely busy with work and didn’t have the time or energy to complete the forms. I tried calling the Russian-speaking helpline, but my calls were constantly disconnected.

When I reached the English-speaking line, they couldn’t transfer me to a Russian-speaking representative, which made the process much harder since I don’t speak English fluently.”

—Male participant, 18–34, White,
Riverside County, Russian speaker

“I tried to communicate with them, but they only spoke English, and I only spoke Spanish. One of the most stressful things was encountering people who didn’t have enough patience to help someone who

speaks Spanish. Sometimes I felt like they would look at my case and say, ‘Oh, we’ll deal with it later,’ or they’d just tell me I was missing another requirement, and it was very hard for me.”

—Female participant, 35–49, Hispanic,
San Bernardino County, Spanish speaker

Challenge 7: Confusion about auto-renewal rules among those with disabilities or chronic health conditions

Several participants in this study shared that either they or their child had a disability or a chronic health condition that they believed would make them eligible for auto-renewal, rather than having to complete the renewal form. They wondered why they (or their family member) were not auto-renewed, assuming that the disability or chronic condition would be sufficient to continue to deem the enrollee as eligible for auto-renewal. This was particularly surprising and frustrating for a few parents of children with disabilities; they assumed the child would be auto-renewed and only found out their child had been disenrolled at a health visit.

“The last time I had to do a renewal, all that I needed to tell the caseworker was that my kids were in the program through financial deeming for disabled children. Then, the social worker would contact the regional center for an updated deeming and the process would be complete. Apparently in 2023, things had changed, and I needed to provide the full financial information even

though the financial deeming meant that my finances were not a factor.”

—Female participant, 35–49, White,
Riverside County, Russian speaker

“My daughter has autism. So Medi-Cal already has all this information on file with them, and I don’t see why there’s a reason for me to resend her information to them. I know it’s renewal, but the state of my child’s mind or her body has not changed. I found out she had been disenrolled when I took her to urgent care. So I had to pay out of pocket for that.”

—Male participant, 35–49, Asian,
Sacramento County, English speaker

“I am disabled and have not filled out a renewal after 2013, and my Medi-Cal always renewed; occasionally I would get a letter saying I had lost my Medi-Cal, but it would always start back within a few days. So I have not filled out a renewal in years and nothing changed; I thought that my being disabled and on Social Security was why I even had Medi-Cal while on Medicare. I thought the SSA would provide Social Services with my low income, and that’s why I had coverage.”

—Female participant, 50–64,
Alameda County, mixed race, English speaker

Impact of Procedural Disenrollment

Many participants shared that they were disenrolled for only a short period, such as a few days or a few weeks, during which they did not experience any specific impacts of the disenrollment. For others, however, the disruption in their Medi-Cal benefits due to procedural disenrollment negatively affected their physical, emotional, and financial well-being. Several participants found out they were disenrolled when they were attempting to access care, including in emergency situations or when refilling prescriptions for chronic conditions. This led to missed medical appointments, delaying or avoiding treatments, and difficulty filling prescriptions. Participants with children reported that the disenrollment period affected their children’s access to vaccinations, dental visits, and regular health treatments. Those with elderly family members noted that the disenrollment period affected access to medical care and medication management.

A few participants who received health care while they were disenrolled experienced financial hardships, even with the possibility of reimbursement from Medi-Cal once their coverage was reinstated. Financial hardships included unplanned out-of-pocket expenses, ripple effects on other household expenses that needed to be reduced or delayed to cover health costs, or borrowing money to cover medical expenses, leading to debt and financial instability.

Finally, disenrollment also caused emotional distress for a few participants, including feelings of hopelessness, depression, and anxiety, due to the uncertainty surrounding coverage status and the challenges of regaining coverage.

“I was scared because I didn’t have any insurance. My husband has cancer, so we

had to pay out of pocket for that treatment and I was sick. There were times I wasn't feeling well, but I didn't want to go to emergency because I didn't want to get any big bills or anything that I can't afford to pay. It's just terrible."

—Female participant, 50–64, Black/African American, Los Angeles County, English speaker

"They charged me \$180 last time just for my daughter's physical exam, which she needed for school. On Monday, they cut off our electricity because I'm already behind by several months on the bill. But, as I said, because my daughter needed the exam urgently, I took her, and I decided to use that money to pay for the doctor instead."

—Female participant, 35–49, Hispanic, Los Angeles County, Spanish speaker

"I was unable to get my prescriptions, wasn't able to take care of my health needs, and it gave me an overall feeling of hopelessness and depression at not being able to get through to someone who cared and was willing to help me get back my Medi-Cal."

—Female participant, 50–64, Hispanic, Alameda County, English speaker

"It did affect me because I'm diabetic. I had all my appointments scheduled, but they wouldn't see me because I didn't have Medi-Cal. I ran out of my medication. It was hard

because I spent all of December and January without appointments or medicine."

—Male participant, 50–64, Hispanic, Los Angeles County, Spanish speaker

Recommendations

Participants in this study were asked for their suggestions for how the Medi-Cal renewal process could be improved. Recommendations centered on improving the process in four key domains: (1) communications about the renewal process, (2) instructions in the renewal packet, (3) access to and quality of customer service, and (4) communication about what to expect after the renewal form is submitted.

Recommendation 1: Improve communications about the renewal process

Participants would like communication about the renewal process to be clearer, to be easier to understand, and to provide ample time for response. Key recommendations included sending the renewal packet at least one month prior to the deadline to provide ample time for its completion; sending renewal notifications via multiple methods, such as email or SMS in addition to the yellow envelope mailing; and creating and widely distributing supplemental information about the process, including renewal flyers with succinct bullet points, YouTube videos, and QR codes to access more detailed instructions with examples that cover nontraditional situations.

“Reach out through email in addition to physical mail, as I don’t think I received nearly as much notice through email.”

—Male participant, 18–34, Asian,
San Mateo County, Chinese speaker

“Share flyers via text or email, and also in libraries. I also think that in many places like hospitals, when you go for an emergency, workers should also give out these flyers.”

—Female participant, 35–49, Hispanic,
San Bernardino County, Spanish speaker

“Give a QR code leading to a short YouTube video explaining the process like a PowerPoint. Keep it basic. There can be another QR code leading to a more detailed video for people that want more information.”

—Female participant, 35–49, White,
Riverside County, English speaker

“I think something helpful would be to include a table of income limits so that we can have an idea of whether we qualify or not. And they could also provide information about what other options we have.”

—Female participant, 35–49, Hispanic,
San Francisco County, Spanish speaker

Recommendation 2: Streamline instructions and information requests in the renewal packet

Participants are seeking a streamlined renewal form. They advocated reducing the amount of information required on the renewal form. One specific suggestion was to eliminate requests for information that does not change year over year. They also suggested providing clearer definitions and instructions on the form regarding household composition and income requirements, along with examples to demonstrate how information should be given.

“When it’s time to renew, they should send an application asking if there have been any changes. If there are no changes, the Medi-Cal renewal should happen automatically.”

—Female participant, 50–64, Hispanic,
Solano County, Spanish speaker

“At the end of the day, really what they’re looking for is income and household. Just keep it simple and zeroed in on that.”

—Male participant, 50–64, White,
Marin County, English speaker

“Maybe give a clearer definition of what constitutes a household. I understand it’s not just children — it’s the household unit. It might be helpful to include clarification that these are the people listed on your tax return.”

—Male participant, 50–64, Hispanic,
Los Angeles County, Spanish speaker

“The packet should include a sample form filled out with an example, like ‘John Doe,’ to help people understand how to enter their information and where to check the boxes.”

—Male participant, 18–34, White,
Riverside County, English speaker

Recommendation 3: Improve access to and quality of customer service

To enhance assistance, participants recommended increasing the availability of in-person assistance at local offices, increasing phone support with better-trained staff and a callback system, providing more up-to-date contact information for caseworkers, and making the online form more user-friendly. Assistance for older people who may not be computer-savvy, such as phone support and assistance from family members, was also deemed essential. Finally, participants would like to see overall improvements in the way caseworkers treat people.

“It would be great if the phone operators responded a bit faster and didn’t give inaccurate wait times. A callback system would be even better. You could make a request for a callback, and they would contact you within the stated time frame, such as 30–40 minutes or the next day if the queue is longer.”

—Male participant, 18–34, White,
Riverside County, English speaker

“I would tell my county that they need more staff. The phone lines don’t work, their

new system isn’t functional, and they need to provide alternative ways to help the Latino community — and everyone, really, especially seniors.”

—Female participant, 50–64, Hispanic,
Solano County, Spanish speaker

“I think they could make it easier by ensuring the social worker numbers they provide are actually functional. There should be someone behind that number who answers calls and facilitates communication. Right now, there’s just a number, but it feels like no one is behind it.”

—Male participant, 35–49, Hispanic,
Santa Clara County, Spanish speaker

“When I took my daughter to urgent care, I was put on the spot and I felt humiliated. It’s like, ‘I have it, it’s not [as if] I’m trying to defraud you guys or anything.’ So I think they should approach you in a humane way. Don’t treat people like this.”

—Male participant, 35–49, Asian,
Sacramento County, English speaker

Recommendation 4: Improve communication after submission of the renewal form

Building on their frustration about the lack of communication after submission of the renewal form, participants suggested improving post-submission communications to efficiently track their application progress and to relieve stress and uncertainty.

"We are waiting on pins and needles to hear something from you. Please understand the aggravation that these people may be feeling. Every time I have to renew, I get nervous."

—Male participant, 65 or older, White, San Francisco County, English speaker

"Tell us 'You will receive a letter within 10 to 30 days stating if you were approved or denied.'"

—Female participant, 35–49, Black/African American, San Diego County, English speaker

"I believe it's important to have an app or an easier website to go through and check your overall status."

—Male participant, 18–34, Hispanic, San Bernardino County, English speaker

Conclusions

Participants' experiences with being procedurally disenrolled from Medi-Cal shed light on potential areas for improvement in the renewal process. Many participants were initially unaware of the unwinding process and the need to renew their coverage, leading to temporary disenrollment when they sought medical services or medications. Enhancing communication and providing status updates can help address these issues, reducing confusion and stress about coverage status. Simplifying the bureaucratic steps and offering consistent guidance from caseworkers can also make it easier for participants to navigate the system and maintain their coverage.

The impact of procedural disenrollment on participants underscores the importance of continuous access to health care services and medications. Disenrollment sometimes led to delays in care and increased out-of-pocket expenses, which could be mitigated in the future with a more streamlined renewal process and increased access to caseworker support. For those with chronic health conditions or disabilities, ensuring uninterrupted medical care is crucial for their well-being, and clarification of the rules for auto-renewal is vital. These findings suggest that a more transparent and supportive renewal process would help enrollees stay better informed, improve their understanding of the process, and minimize disruptions in coverage caused by procedural disenrollment.

Appendix A. Detailed Methodology

SSRS conducted six focus groups and four OBBs from December 2 to 15, 2024, with Californians who had been procedurally disenrolled from Medi-Cal during the unwinding process. Participants were selected from the pool of respondents to the unwinding survey who had indicated that they were willing to be recontacted for future research.

Focus Groups

Three focus groups were conducted in English, and three were conducted in Spanish with those who had completed the survey in Spanish. Focus groups were segmented by survey responses about experiences during the renewal process:

- ▶ Two focus groups (one English, one Spanish) were conducted with those who indicated on the survey that they did not recall receiving the renewal form.
- ▶ Two groups (one English, one Spanish) were conducted with those who reported getting some kind of help during the renewal process and subsequently completing the form.
- ▶ Two groups (one English, one Spanish) were conducted with those who reported trying but failing to complete the form, or those who recalled receiving the form, but did not try to complete it.

Participants were asked to share their experiences finding out about and navigating the renewal process, how they learned they were procedurally disenrolled and any actions taken after that, and the impacts of disenrollment on their health insurance, health care, and other aspects of their lives. Participants were also asked to review and share feedback on a selection of Medi-Cal renewal flyers and specific aspects of the renewal form. Finally, participants were asked to reflect on their

suggestions for how the renewal process could be improved in the future.

Focus groups were conducted over Zoom and lasted 90 minutes. A total of 27 people participated across the six groups. Each participant received a \$125 electronic gift card as thanks for their participation.

OBBs

To solicit additional feedback beyond the focus groups, a number of survey respondents were invited to share their experiences and feedback on an asynchronous OBB. Participants in the OBBs were selected to reflect a mix of the three types of renewal process experiences described above.

The OBBs were conducted using an online platform that allowed participants to log on at any time of day to take part in predefined activities that mirrored the topics covered in the focus groups. SSRS moderators reviewed the responses each day and posed follow-up probes for clarification. Participants were given a one-week period in which to complete the activities and respond to follow-up probes.

The OBBs were offered in English, Spanish, Chinese, and Russian, with participants assigned to the boards based on the language in which they had completed the prior survey. Chinese and Russian participants who had completed the survey in English but who indicated that they primarily speak Chinese or Russian at home were assigned to the English board and were also offered the opportunity to review Medi-Cal materials in Chinese or Russian.

The boards were conducted over a two-week period. In the first week, a small number of English and Spanish participants were invited to participate

in the boards to pretest the platform and to train the moderators in effective follow-up probing. During the second week, the remaining English and Spanish participants, as well as the Russian and Chinese participants, were invited to take part in the main OBBs. Each participant who completed the activities received a \$75 electronic gift card as thanks for sharing their feedback on the online board.

Appendix B. Summary of Participant Characteristics

Characteristics of survey participants are shown below.

Table 1. Summary of Participant Characteristics

CHARACTERISTICS	FOCUS GROUPS	ONLINE BULLETIN BOARDS	CHARACTERISTICS	FOCUS GROUPS	ONLINE BULLETIN BOARDS
NUMBER OF PARTICIPANTS*	27	34	County		
Language			Alameda	1	2
English	16	14	Contra Costa	2	—
Spanish	11	6	Kern	1	—
Chinese [†]	—	7	Los Angeles	10	13
Russian [‡]	—	7	Madera	—	1
Survey Group			Marin	1	—
Didn't recall renewal form	9	17	Orange	—	1
Completed form and got help	12	8	Riverside	—	2
Tried but didn't complete form or didn't try to complete form	6	9	Sacramento	2	—
Gender			San Benito	—	1
Male	10	17	San Bernardino	1	3
Female	17	16	San Diego	2	—
Transgender	—	1	San Francisco	3	3
Age			San Joaquin	—	1
18 to 34	4	11	San Mateo	—	2
35 to 49	12	12	Santa Clara	1	1
50 to 54	10	5	Siskiyou	—	1
65+	1	6	Solano	1	1
Race/Ethnicity			Stanislaus	—	1
White	4	13	Tehama	1	1
Black/African American	7	2	Yolo	1	—
Hispanic	14	9			
Asian	1	8			
Another race/ethnicity	1	2			

* Two focus group participants arrived late to the focus group discussions so were invited to also share their feedback in the online bulletin board. Their demographics are reflected in the focus group column.

† Two of the participants in this group speak Chinese at home and were able to review materials in both English and Chinese.

‡ Three of the participants in this group speak Russian at home and were able to review materials in both English and Russian.

Appendix C. Additional Findings

Participant Personas

To help bring the data to life, the following “personas” provide the entire story shared by specific participants whose experiences typify some of the core findings in the study, including an enrollee who had minimal issues getting reenrolled after being procedurally disenrolled; an enrollee with highly fluctuating income and frequent transitions between Medi-Cal and Covered California; a parent of a child with a disability who incurred out-of-pocket expenses during their child’s disenrollment period; and an enrollee with limited English proficiency who faced challenges in getting translation help from their county. Portions of each story are boldfaced to highlight key points.

Enrollee with minimal issues getting reenrolled after disenrollment

I was taking my daughter to see her doctor for a physical or something, and she needed medicine because she has asthma. I went to go get her medicine and they were like, “She’s been disenrolled and her benefits had kicked out,” so they were making me pay full price for her medicine. I was like, “She doesn’t have a co-pay.” They were like, “Yeah. Well, you’re going to have to contact Medi-Cal to find out what’s going on, because she probably needs to be reenrolled.” That’s how I knew.

*Every year you have to reapply or either call or submit some type of paperwork. I didn’t, just being so busy, so I called the 800 number and let them know like, “Can I just do it over the phone and [have] someone help me over the phone?” Just automatically to just reenroll. **It was easy. I think I got help within five minutes. They had all my information, so I didn’t have to turn anything in or anything.** I was disenrolled for probably like two weeks.*

—Contra Costa County, English speaker

Enrollee with highly fluctuating income and frequent transitions between Medi-Cal and Covered California

I moved to California at the very beginning of 2021, which is when I first enrolled in Medi-Cal. I don’t honestly at this point remember getting the disenrollment letter, but I think it was about a year ago. I think the disenrollment happened because my income level changed by a pretty small margin. And so based on my tax return, they were like, “Well, you no longer qualify for Medi-Cal, but you can apply through the marketplace for partial coverage.”

I think for me the part that’s been difficult is that I work freelance and so my income is not standardized.** It shifts a lot, not dramatically, but for example, I was disenrolled from Medi-Cal because I technically earned too much the prior year, but then the following year I definitely earned less and would have qualified, but then I was disenrolled. **So I think it’s a system that doesn’t seem to work so well for people who have nontraditional income or who just have different kinds of employment.

This past year I’ve been on Covered California, but then I think I qualify now to go back on Medi-Cal next year, for example. Those are the kinds of letters I’ve been receiving in the mail, I think. I’m also a little confused. I think I would need to maybe go to an office and talk to someone as to whether I should now reapply for Medi-Cal.

Income is very nuanced; I think it seems like it’s just a static number that you get at the end of the year, but you as the person who’s employed know exactly what every number in that final income means. If you do freelance, it’s like about how much you might make every month kind of as an average. But it does fluctuate. And part of my job as a freelancer is to really pay attention to that. And so

for example, I knew why my income went slightly above the threshold and that it would go back down for the following year, but again, because there's no way to project into the future and reach back and get what my income from the next year's tax return would be, I was just like, "Well, they automatically enrolled me in Covered California," which I think I also had trouble understanding what the difference was.

I guess I wish Medi-Cal and Covered California were more integrated systems, because it seems like a lot of people clearly bounce between the two. And I see a lot of ways in which it could be a totally streamlined system. It's under the umbrella of care that's provided by the State of California, despite the fact that they're different providers, and [there are] different people who facilitate these organizations. I guess it does seem to me a lot more work ultimately to keep them separate. There [are] so many ways that they can be integrated to me.

—Los Angeles County, English speaker)

Disabled child's parent with out-of-pocket expenses during disenrollment period

The reason we applied for Medi-Cal was because of my daughter. **She's an autistic kid and that's the reason why we applied for Medi-Cal.**

I found out I was disenrolled actually when I took my daughter to urgent care. So I got there and I gave her the Medi-Cal card to charge to their account and as soon as she checked she said, "Okay, you don't have Medi-Cal, how do you want us to bill you?" And I said, "No, she has active, she's a special needs kid and she has Medi-Cal." And she double-checked and then she told me, "No, you have to go. You don't have Medi-Cal." So I had to pay out of pocket for that, but I did manage to renew it after a while.

Medi-Cal already has all this information on file with them, and I don't see why there's any reason for me to resend that information to them. I know it's renewal, but . . . the state of my child's mind or her body has not changed. She's still the same from last year. It's a continuation. So I really don't see now what takes them so much to ask you all this before they start renewing. Because I went to urgent care that day and the lady is looking at me and I told her we have coverage through Medi-Cal. And she said, "No, you don't have coverage." And I'm like, "Why would they stop? There's really no reason for that." So we found out the hard way, but I'm just saying my point is they know that these are special needs kids, so it's going to be still the same.

I called the county and after numerous calls . . . they finally sent me the packet and they asked me to do it online and send me the hard copy. And so I asked her because **the day I found out, I had to take my daughter to the urgent care and she didn't care, so I had to pay out of pocket. And I asked the county employee, "Can you reimburse me for that?" And he said, "Yeah, of course, of course I can. We will reimburse you."** And to this day I was never reimbursed that money. Yeah, it never came because they told me if she was on Medi-Cal and she should have been on standby and she could still use the services and I had to pay out of pocket. So I don't still get it, why they make me pay and they haven't reimbursed me. So that's my case. I'm still waiting [for] answers from them.

If they have existing information, I think it should be made . . . easier for us to get renewed much faster and quicker because they have existing information with them. . . . They shouldn't be pressed like, "Oh, we need more, we need more," because they already . . . have that information and so . . . it's not going to change overnight.

—Sacramento County, English speaker

Spanish language barriers

I found out when I went to pick up my medication — I'm diabetic, and I have Medi-Cal Kaiser — they told me they couldn't cover my medication. I asked why not, since I have Medi-Cal Kaiser. They said, "Your Medi-Cal is suspended." I never received any notice saying it had been suspended.

I tried to call. I spent one or two hours on the phone, and when someone finally answered, the girl couldn't help me because it wasn't her department. In the end, the person who helped me was someone else from Kaiser's program. They were the ones who helped me with everything.

What I've always told people is that when they connect you with a Spanish-speaking interpreter, **many times, those interpreters speak very formal Spanish. Just because we're Latinos doesn't mean we all speak the same Spanish.** Salvadorans, Mexicans, Guatemalans — we all speak Spanish, but each one is different.

So, a lot of people get confused with those interpreters. They're speaking formal Spanish, and sometimes you're left thinking, "What did they say? I didn't understand." That's where a lot of people have issues and misunderstandings. Being Latino doesn't mean we all speak the same Spanish.

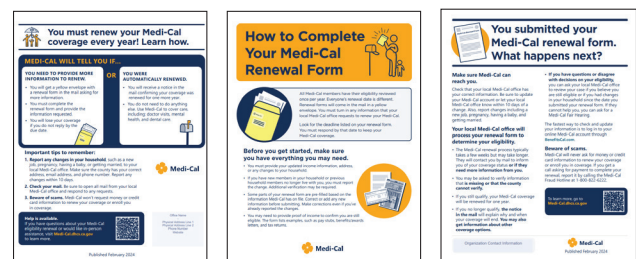
Sometimes, they tell you, "I'll connect you with the person," and then . . . nothing. You get transferred to a machine, and it's just press this, press that, and it never goes anywhere. It happened to me recently. They transferred me to English, but it got stuck, and I couldn't move forward. I asked for help because I didn't understand everything, and they transferred me, but it just kept saying the same thing over and over, and nothing happened. It didn't go anywhere.

It's hard to communicate. I think that's the biggest issue — **they lack training in dealing with people. They don't know how to treat others properly. Sometimes, because they think we're Latino, they want to humiliate us or make us feel like we don't have the same rights and opportunities as others.**

I think our biggest problem as Latinos is that we often know how to fill out the forms and complete our package. But when we get to the office and want someone to verify it or clarify a doubt, that's when the staff sometimes reject us. Sometimes the staff won't even greet you politely. You should always treat people with respect and help them.

—Solano County, Spanish speaker

Feedback on Renewal Flyers



Participants were shown and asked to provide feedback on several flyers from the DHCS Unwinding and Redetermination toolkit: the "Renewal Overview" flyer, the "How to Complete Renewal" flyer, and the "After Submission" flyer. Flyers were shown in English, Spanish, Russian, or Chinese, depending on the language of the participants.

While some participants found the information on the flyers to be clear and easy to understand, others identified several areas of confusion. Some participants said some of the flyers were overly dense with information, making it difficult to grasp the main message. They discussed the readability difficulty caused by font size, text layout, and the quality of translations in languages like Spanish and Russian.

"I always love fewer words. I would chop off things like 'You will get a yellow envelope with a renewal form in the mail asking for more information.' 'Asking for more

information' is redundant, you don't need it. The reality is people don't read. And so the more you can communicate your point with fewer words, the higher likelihood you're going to get your point across. In my experience, people are more likely to read bullet points than paragraphs for these types of things, rather than having all those messages being kind of jumbled in a paragraph."

—Marin County, English speaker

Participants also emphasized the most important messages to them on the Medi-Cal renewal flyers. These included the necessity of renewing coverage to maintain benefits, clear instructions on how to submit the renewal form, and the provision of contact information on all flyers. The distinction between automatic and manual renewal processes was also considered crucial information that could be further clarified on the "Renewal Overview" flyer.

"I don't see anything that explicitly states that coverage will be canceled if it's not renewed. I would add a headline like 'Don't Lose Your Coverage.'"

—Santa Clara County, Spanish speaker

"It [the 'How to Complete' flyer] tells you the documents and the stuff you need before you get started, but it'd be nice to have email, phone number, and QR code in case you still need help after looking over this pamphlet."

—Los Angeles County, English speaker

Although most participants did not specifically recall seeing these materials, they suggested a number of improvements for the flyers' design, content, and accessibility. Key suggestions included:

- ▶ Simplifying the design by using fewer words and more bullet points to enhance readability, while clearly stating required actions and deadlines.
- ▶ Disseminating the flyers broadly to enrollees, ideally alongside renewal forms to ensure that recipients have all necessary materials together.
- ▶ Enhancing accessibility by including QR codes, larger fonts, and prominently displayed contact information such as phone numbers.

Endnotes

1. [“Medi-Cal Enrollment and Renewal,”](#) California Department of Health Care Services (DHCS), accessed March 6, 2025.
2. Rachel Dolan et al., [“Medicaid Maintenance of Eligibility \(MOE\) Requirements: Issues to Watch,”](#) KFF, December 17, 2020.
3. [“Medi-Cal Enrollment by Eligibility Group,”](#) California Department of Health Care Services (DHCS), accessed March 6, 2025.
4. [Medi-Cal Continuous Coverage Unwinding: Procedural Disenrollment Survey Combined Findings from Six Months of Surveys](#) (PDF), August 2024; and [“Medi-Cal Enrollment and Renewal,”](#) California Department of Health Care Services (DHCS), accessed March 6, 2025.
5. Amy Adams, [“Key Takeaways from Medi-Cal Redetermination Data,”](#) California Health Care Foundation (CHCF), August 14, 2024.
6. [“Take Action to Keep Your Coverage,”](#) California Department of Health Care Services (DHCS); and [“Coverage Ambassadors,”](#) DHCS, accessed March 6, 2025.
7. Adams, “Key Takeaways,” CHCF.
8. [Medi-Cal Continuous Coverage Unwinding.](#)