Fall 12-2019

Medi-Cal Retention

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DOI: <https://doi.org/10.31979/etd.ut2v-dspt>
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Medi-Cal Retention

by

Christina M. Salvatier

A Thesis Quality Research Project

Submitted in partial fulfillment of the

requirements for the

Master's Degree of Public Administration

Professor Frances Edwards, Ph.D.

The Graduate School

San Jose State University

December, 2019

ACKNOWLEDGMENTS

This thesis quality research project would not have been possible without the support of several key contributors and institutional bodies. First, to the faculty of the Master's of Public Administration Program at San Jose State University for providing the knowledge and tools to complete this research. Second, to the MPA Program Advisor, Dr. Frances Edwards, who provided leadership, guidance, and expertise throughout the entire process. Third, to the Research Methods, Professor, Dr. Matthew Record, who provided guidance on relevant research tools and models. Fourth, to the Department Chair, Dr. Melinda Jackson, who offered fundamental survey preparation support. Fifth, to the County of Santa Clara Social Services Agency and the Office of Research and Evaluation for their invaluable assistance in the planning, implementation, and execution of the data collection. Sixth, to the Santa Clara Valley Medical Center for assisting with the survey translations and the development of the research question. Last but not the least, to the Valley Medical Center Foundation, for their support and encouragement in this professional development endeavor.

To my incredible Mother, Grandmother, Husband, Family, and MPA colleagues (the Core Four), the completion of this project would not have been possible without your never-ending support and profound words of encouragement. The countless (and certainly needed) pep talks, phone calls, and MLK Library study sessions provided a source of determination and motivation to achieve this milestone. ¡Gracias por todo, lo logramos!

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INTRODUCTION

This research identified the factors that contributed to the decline of Medi-Cal enrollment in the County of Santa Clara (CSC). Additionally, it determined the actions that the County of Santa Clara Health System (CSCHS) can adopt to mitigate such decline. The CSCHS is the local safety-net healthcare provider for the residents of the CSC. Despite the CSCHS experiencing a significant increase in Medi-Cal covered individuals with the implementation of the Affordable Care Act (ACA) in 2010, this trend has overturned by 2019, with the County witnessing a significant decrease in Medi-Cal enrollment rates.

Administrators fear that an increased rate of uninsured residents in the CSC could lead to more adverse health outcome issues. Higher rates of uninsured individuals generate higher rates of uncontrolled chronic conditions that could create poor health outcomes (Decker, Kostova, Kenney, & Long, 2013). Uninsured adults are less likely to seek medical care or the required medication due to the associated costs, thereby increasing the amount of debt related to medical services when unexpected medical admissions arise (A. Eltorai & M. Eltorai, 2017). Several risks are also associated with uninsured children (Trogon & Ahn, 2015). Children are prone to influenza and the spread of influenza. Uninsured children are less likely to receive influenza vaccinations because of the cost of uninsured treatment (Trogon & Ahn, 2015).

Several factors contribute to the Medi-Cal enrollment decline in the CSC. To determine the reasons for such decline, this study evaluated Medi-Cal enrollment rate data and conducted an anonymous survey.

BACKGROUND

Two types of insurances are available in the United States—private and public health insurance. Private insurance is the type of insurance that employers provide for their employees or that private health insurance companies provide directly to individuals and their families. Public health insurance, on the other hand, is provided by the government. An example of public health insurance is Medi-Cal for low-income individuals or Medicare for individuals who are 65 and older or for people with disabilities (County of Santa Clara Social Services Agency (CSCSSA), 2017b).

“Medi-Cal is a program that offers [year-round,] free or low-cost health coverage for children and adults with limited income and resources” and Covered California (Covered CA) is the “state’s health insurance marketplace where Californians can shop for health plans and access financial assistance if they qualify for it” (Covered California, n.d., n.p.). “Medi-Cal covers low-income adults, families with children, seniors, persons with disabilities, pregnant women, children in foster care and former foster youth up to age 26” (Covered California, n.d., n.p.).

Medi-Cal

In the CSC, Medi-Cal programs belong to the following two categories: Modified Adjusted Gross Income (MAGI) and Non-MAGI Medi-Cal. MAGI provides free health care to adults aged 19 to 64 years, parents and caretaker relatives, and children up to the age of 19 who qualify based on the income requirements. Non-MAGI Medi-Cal covers the groups that were eligible for Medi-Cal prior to the healthcare reform, which includes the aged, disabled, blind, long-term care

patients, refugees, youth seeking confidential services,¹ children, and families with children (County of Santa Clara (CSC), 2017b).

Within MAGI, there are two different levels of Medi-Cal. The first level is Full-Scope² Medi-Cal, and the second level is Restricted-Scope³ Medi-Cal. The type of coverage offered differs between the two levels based on the applicant's immigration status. "Senate Bill 75 extended [Full-Scope] eligibility to undocumented children up to age 19" (County of Santa Clara Social Services Agency (CSCSSA), 2017c, p. 8). When individuals are approved for Full-Scope Medi-Cal, they are required to enroll in one of two Medi-Cal health plans. The two plans offered in the CSC are the Santa Clara Family Health Plan (SCFHP) and Anthem Blue Cross of California (County of Santa Clara Social Services Agency (CSCSSA), 2017a). When individuals are approved for Full-Scope, they are on the Managed Care Plan. When individuals are approved for Restricted-Scope, they are on a Fee-for-Service Plan for any service received outside the Restricted-Scope. Applicants gain eligibility if they qualify for an aid code, of which there are hundreds. The Medi-Cal health care providers, Anthem Blue Cross, and SCFHP provide individuals with a long list of approved providers, including the CSCHS hospital and clinics, community clinics, some private hospitals, and health care providers throughout the CSC.

¹ Minors under the age of 21 who receive services for sexual assault, pregnancy, sexually transmitted diseases, drug or alcohol abuse, outpatient mental health, regardless of citizenship or immigration status (County of Santa Clara County (CSCSSA), n.d.).

² Medi-Cal that covers doctor visits, hospital care, emergency room use, dental, vision, and mental health services, pregnancy care, family planning, x-rays and mammograms, tuberculosis treatment, and renal dialysis for U.S. citizens, eligible immigrants, and undocumented children (County of Santa Clara Social Services Agency (CSCSSA), 2017c).

³ Medi-Cal that covers emergency care, pregnancy and postpartum care, tuberculosis treatment, and renal dialysis for undocumented adults (CSCSSA, 2017c).

Eligibility

According to the County of Santa Clara Social Services Agency (CSCSSA) (2017c), MAGI Medi-Cal eligibility depends on factors such as residency, income, citizen/immigration status, and tax household size. Medi-Cal requirements include proof of permanent California residency as well as an adult's tax filing income level, limited to 138% of the Federal Poverty Level (FPL) or 266% for children. "Children with parents whose income is between 160% and 266% will have a \$13 monthly premium for MAGI" but no more than \$39 per family (County of Santa Clara (CSC), 2017c, n.p.).

According to the *Guide to Medi-Cal* by the CSCSSA (2017c), U.S. citizens, eligible immigrants, and undocumented children are eligible for Full-Scope coverage, while undocumented adults are only eligible for Restricted-Scope. Full-Scope generally covers doctor visits, hospital care, emergency room use, dental, vision, and mental health services, pregnancy care, family planning, x-rays and mammograms, tuberculosis care, and renal dialysis. Restricted-Scope only covers emergency care, pregnancy and postpartum care, as well as tuberculosis treatment and renal dialysis (CSCSSA, 2017c).

Medi-Cal also covers services for three retroactive months. The request for retroactive coverage must be submitted within 12 months from the time of accessing the service (CSCSSA, 2017a). To be eligible for retroactive Medi-Cal, the applicant must have been eligible for Medi-Cal at the time of the service. Furthermore, the applicant must have received a health care service and must not have been previously denied Medi-Cal for the month in question (CSCSSA, 2017a).

Applying for Medi-Cal

Medi-Cal applications can be completed by any individual who wishes to obtain Medi-Cal, the applicant's spouse, a primary tax filer, an adult who is caring for a child if the parent is not available, an applicant's guardian, or a public agency (CSCSSA, 2017a). The public agency can apply to represent individuals who are "unable to apply, incapable, incompetent, comatose, an amnesiac, or deceased" (CSCSSA, 2017a, p. 5–8).

Medi-Cal applications can be completed and filed online, by phone or mail, or in-person (CSCSSA, 2017a). The County of Santa Clara Social Services Agency (CSCSSA) is the agency that processes Medi-Cal applications. Application referrals are also received and transferred to the CSCSSA for processing from the Children's Health Initiative (CHI), outreach events, Single Point of Entry (SPE), hospitals, non-profits, and Covered CA (CSCSSA, 2017a). At the CSCSSA, each application goes through a verification process. The CSCSSA confirms whether each application contains the appropriate eligibility information and the supporting documents (CSCSSA, 2017a). The applications undergo an initial electronic verification through the Federal Data Service Hub. If an electronic verification is not possible, the individual must submit additional support documentation such as pay stubs, bank statements, or a social security card (CSCSSA, 2017a). Applicants may be "asked to verify income, property, identity, and California residency" (CSCSSA, 2017c, p. 20).

The CSCSSA offices are located in San Jose, South County (Gilroy), and North County (Mountain View), as well as at all Santa Clara Valley Medical Center (SCVMC) locations or clinics (CSCSSA, 2017c). The Medi-Cal application is available in English, Spanish, and Vietnamese (CSCSSA, 2017a). Some of the forms are also available in other languages, such as Farsi, Korean, Laos, Cambodian, Chinese, Hmong, Russian, and Japanese (CSCSSA, 2017a).

Determination Process

Once the CSCSSA receives an application, a five-step determination process is followed.

- STEP 1: The application is assigned and reviewed by an Eligibility Worker.
- STEP 2: If necessary, the worker requests verification in writing and allows 20 days to provide the information to process the application.
- STEP 3: The worker determines whether or not an individual is eligible once all the verifications are provided and reviewed. The application may be denied if the applicant does not provide the required information or verifications before the due date.
- STEP 4: A letter is sent to the applicant within 45 days from the date the CSCSSA receives the application, stating whether the application has been approved or denied.
- STEP 5: If the application is approved and the applicant has not previously received Medi-Cal before, a Benefit Identification Card (BIC) will be mailed to the applicant directly from the State of California. If the applicant has received Medi-Cal in the past, the BIC is reactivated and ready for use (CSCSSA, 2017c).

The CSCSSA is allotted 45 days, as allowed by the law, to process the applications (CSCSSA, 2017c). Individuals who do not qualify for Medi-Cal will “automatically be evaluated for coverage through Covered CA and will be mailed information about eligibility to [Covered CA’s] plans” (CSCSSA, 2017c, p. 20).

Redetermination Process

Medi-Cal applications are re-evaluated on an annual basis. “Two months prior to the redetermination date, the system will try to verify eligibility automatically through the Federal Hub” (CSCSSA, 2017c, p. 7). If the eligibility is verified electronically through the Federal Hub, then the applicant is not required to take action, and the coverage continues. If the Federal Hub is unable to verify eligibility electronically, the CSCSSA mails a redetermination packet; the applicant must subsequently follow the below-given three-steps, as outlined by the CSCSSA (2017c):

- STEP 1: If the applicant receives the redetermination packet, he or she must provide the requested information by phone, mail, fax, or online at My Benefits CalWIN.
- STEP 2: Once received, the information provided will be reviewed by the Eligibility Worker for ongoing eligibility. Additional verifications may be required.
- STEP 3: If the client is determined to be eligible, the client’s Medi-Cal benefits will continue for one full year. If the client is no longer eligible for Medi-Cal, the client may be eligible for other health care programs through Covered CA (CSCSSA, 2017c).

The CSCSSA has a system in place that automatically generates Covered CA information for ineligible clients. Clients are asked to report any changes to the CSCSSA that may affect their Medi-Cal eligibility within ten days (CSCSSA, 2017c).

Medi-Cal Enrollment Rates at Santa Clara Valley Medical Center

Data from the County of Santa Clara (CSC) (2018b) from December 2013 to June 2018 was provided and approved for use by the SCVMC. The data provides enrollment rates that reflect a decline in residents with Medi-Cal Managed Care Covered Lives in the CSC who specifically use the CSCHS for health care services. The SCVMC Covered Lives: Managed Care chart provided below indicates that in the year 2018, SCVMC has witnessed a significant decline in Managed Care. The peak point in Figure 1 shows that at its highest, the number of Medi-Cal Managed Care covered lives were 145,414 (October 2016), and at its lowest (May 2018), the number of covered lives were 123,986. The difference is 21,518 covered lives. Figure 1 also indicates that since the peak period of October 2016, the number of covered lives has continued to trend downward (CSC, 2018b).

Figure 1. Santa Clara Valley Medical Center covered lives: managed care.

Source: CSC, 2018b.

Medi-Cal Enrollment Rates in the County of Santa Clara and Surrounding Counties

The CSC shares borders with the counties of Santa Cruz, San Mateo, Alameda, Stanislaus, Merced, and San Benito. Santa Clara is also geographically close to San Joaquin County and Monterey County. The Medi-Cal enrollment rate as of June 2018 in the neighboring counties is provided in Figure 2. This data indicates that Alameda County holds the highest rate of Medi-Cal enrollment, with 428,875 eligible individuals compared to the CSC 405,154 eligible individuals and other counties' enrollments.

Figure 2. Medi-Cal enrollment by county, June 2018.

Source: State of California Department of Health Care Services Research and Analytics Studies Division, 2018.

The 2018 census data was reported by the State of California Department of Finance (2018) and compared to the Medi-Cal enrollment rates by the State of California Department of Health Care Services Research and Analytics Studies Division (2018). Table 1 below reflects the percent of the population that is enrolled in Medi-Cal in each county. The data reflects that Merced County has the largest percentage, 47%, of its population covered by Medi-Cal, followed by Stanislaus County at 42%. The county with the lowest percentage of its population covered by Medi-Cal is San Mateo County at 18%, followed by the CSC at 20%.

Table 1: *Percent of the population enrolled in Medi-Cal by county, 2018*

Percent of Population Enrolled in Medi-Cal by County, 2018									
County	Santa Clara	Alameda	San Joaquin	Stanislaus	Monterey	San Mateo	Merced	Santa Cruz	San Benito
Population - 2018	1,956,598	1,660,202	758,744	555,624	443,281	774,155	279,977	276,864	57,088
% of Population on Medi-Cal	20%	25%	38%	42%	41%	18%	47%	27%	31%

Source: State of California Department of Finance, 2019.

Medi-Cal Enrollment Statewide

The California Medi-Cal enrollment as of June 2018 was 13,128,204, compared to the State's population of 39,809,693, indicating that 32.9% of California's population is covered by Medi-Cal (State of California Department of Finance, 2018) (Research and Analytic Studies Division, 2018).

The Research and Analytic Studies Division (2018) report provides information regarding the rates of Medi-Cal, based on Fee-for-Service or Managed Care. It implies that as of June 2018, 13,128,204 individuals were enrolled in Medi-Cal, and 18% of them are on a Fee-for-Service; the remaining 82% are on a Managed Care delivery system. The report also provides data based on different groups and categories. It reflects that as of June 2018, 39% of the eligible residents belong to the Parent/Caretaker Relative and Child Aid Category, while the undocumented eligible aid code only constitutes 5%. The Medi-Cal population is comprised of 46% male and 54% female individuals, with 42% between the ages of zero and 20, 49% between the ages of 21–64, and 9% are 65 years of age or older. The ethnic demographics of the Medi-Cal population in California is 50% Hispanic, 13% not reported, 19% White, 10% Asian/Pacific Islander, and 8% African American. The Medi-Cal population is composed of 62% English

speakers, 30% Spanish speakers, and 7% other language speakers. The 7% other is split into 2% Vietnamese, 2% Chinese, and 3% other (Research and Analytic Studies Division, 2018).

Kemp (2018) provides a summary of the state's data by the Department of Managed Health Care and the California Department of Insurance for 2017 health insurance enrollment. It states that although Medi-Cal grew by 2.3% in 2017, the overall insurance individual enrollment dropped by 1.7% or 87,000 enrollees (Kemp, 2018). The enrollment rate for off-exchange individuals dropped by 7% or 72,813 individuals, with 1%, or 14,710 individuals decline for Covered CA (Kemp, 2018).

Wilson (2018) provides a detailed examination of data from the 2017 health insurance enrollment report. In 2017, Medi-Cal featured 10.7 million enrollees and continued to be the "largest sector of the health insurance market" for Managed Care (Wilson, 2018, n.p.).

The California Health Care Foundation (2017) provides data pertaining to Medi-Cal in various regions, stating that Medi-Cal covers one in every three people. The publication illustrates the impact of Medi-Cal's benefits. Some of the Medi-Cal facts revealed are as follows: 62% of enrollees are families with children, and it covers one in five seniors and one in two people with disabilities.

Patient Protection and Affordable Care Act

H.R.3590 (2010) provides a certified summary of the ACA that was signed on March 23, 2010. The law has two parts; the Patient Protection and the ACA and the Health Care and Education Reconciliation Act. The goal of the ACA, also known as Health Care Reform (HCR), was to improve access to health insurance at an affordable rate and to provide financial assistance (CSCSSA, 2017b).

The ACA was established to help more people access affordable health insurance and medical care. The healthcare reform includes the ACA as well as any laws that were put into effect to realize the ACA. The ACA expanded the Medi-Cal Program. Under the ACA, most individuals gained access to fundamental health care, such as preventative care and well-care visits. The purchase of health care coverage is based on income and family size (Santa Clara Valley Health Hospital System (SCVHHS), n.d.).

After the ACA, insurance companies could no longer deny coverage for individuals with preexisting conditions (CSCSSA, 2017b). The ACA eliminated annual and lifetime limits, implying that insurance providers could no longer put a dollar limit on benefits (CSCSSA, 2017b). As per the ACA provisions, essential services are included in health plans (CSCSSA, 2017b). It also established a rate increase rule for insurance companies (CSCSSA, 2017b). According to the ACA regulations, adult children could stay on their parents' insurance until they turned 26-years old (Gorin, 2011). The ACA expansion of 2014 allowed Medicaid to be available to "anyone under age 65 with an income below 133% of the federal poverty line" and for "employers with 50 or more workers... to provide coverage for their employees or pay a fine of \$2,000 per employee" (Gorin, 2011, p. 84).

Covered California

Due to the ACA, California signed legislation to create a Health Benefit Exchange known as Covered CA, which went into effect in 2014 (Gorin, 2011). Under the ACA, individuals can apply for health coverage through Covered CA, either through "federal premium assistance on private insurance, Medi-Cal, or consumer protection programs" (CSCSSA, 2017b, p. 2–1).

Figure 3 below shows the flow of access to health coverage under Covered CA.

Figure 3. Access to health coverage: Workflow.

Source: CSCSSA, 2017b.

Covered CA pre-screens an individual's eligibility (CSCSSA, 2017b). If the individual appears to be eligible for Medi-Cal, he or she is referred to the Medi-Cal office in their county of residence (CSCSSA, 2017b). The Covered CA initial screening questions that trigger an individual to be transferred to their county of residence for Medi-Cal are related to the following: the number of people in an individual's family; the number of children under the age of 19; whether any of the family members are pregnant, elderly, or disabled; and the individual's

annual income (CSCSSA, 2017b). Unlike other Covered CA health care plans, an individual can apply for Medi-Cal at any time of the year (CSCSSA, 2017b).

Role of the County of Santa Clara Health System

The CSCHS is the safety net healthcare provider for CSC residents. “The [CSCHS] includes the Behavioral Health Services Department, Public Health Department, SCVMC hospital and clinics, Emergency Medical Services Agency, Custody Health Services Department, and Valley Health Plan. [The CSCHS is] dedicated to the health and well-being of all communities in [the CSC]” (County of Santa Clara (CSC), 2018a, n.p.). A primary function of the CSCHS is to offer low-cost health plans, as well as care to residents without coverage or an ability to pay for care (CSC, 2018a).

According to Santa Clara Valley Medical Center (SCVMC) (n.d.a), the CSCHS is responsible for ensuring that the community has access to high quality and affordable care irrespective of insurance or citizenship status. Although health care costs and the understanding of coverage are the responsibility of the patient, there are financial assistance programs as well as financial counselors to help individuals understand the health care options that are available to them and to assist them in applying for medical financial assistance programs. The CSCHS also offers an Ability to Pay (APD) program for individuals who are undocumented or not eligible for Medi-Cal (SCVMC, n.d.a).

The SCVMC hospital and clinics follows a vision to provide more efficient health care for all by increasing healthy life spans, improving customer service, reducing the burden of illness, ensuring seamless coordination to more effectively serve patients, decreasing redundancies, delays, and cost of care, as well as training, retaining, and recruiting personnel (Santa Clara Valley Medical Center (SCVMC), n.d.b).

Role of the County of Santa Clara Social Services Agency

The CSCSSA provides access to many types of health coverage in the CSC, including Medi-Cal, Healthy Kids, Valley Kids, Medi-Cal Access Program, Covered CA, and Confidential Youth Services (County of Santa Clara (CSC), 2017a). The CSCSSA is the agency that processes Medi-Cal applications.

The CSCSSA's mission is to “provide resources and opportunities in a culturally responsive manner to enhance the quality of life in [the] community by protecting, educating and empowering individuals and families”; additionally, they seek to “serve, empower, and transform” the community (County of Santa Clara Social Services Agency (CSCSSA), 2018, n.p.). The CSCSSA offers services for families and children, including financial assistance, food assistance, medical assistance, in-home care, adoption and foster parent services, foster youth services, and child abuse and neglect prevention services (County of Santa Clara Social Services Agency (CSCSSA), 2018).

LITERATURE REVIEW

Existing literature related to this research question was reviewed 1) to determine methods previously applied to understand the effects of ACA expansion on Medi-Cal, and 2) to identify retention challenges. Some of the common issues related to Medi-Cal enrollment decline are immigration status, fear of being designated a public charge, English literacy deficiency, paucity of knowledge regarding Medi-Cal eligibility, an individual securing employment, an individual aging out of the parents' coverage, an individual being re-evaluated and disqualified. The factors that were evaluated pertain to the reasons for individuals not signing up for Medi-Cal coverage and dropping coverage. Literature on the rate at which residents are leaving Silicon Valley was also considered due to the high cost of living in the CSC.

Affordable Care Act Expansion and Access to Care

Charles, Nepomuceno, and Kominski (2018) state that Medi-Cal enrollment increased after the ACA expansion of 2014, as well as an increase in the county spending for health care. The report reflects that between 2014 and 2015, the CSC Medi-Cal expansion enrollment rate was 21%. It also highlights that if there are federal cuts to Medicaid in the future, it could erode the progress that California has made in expanding Medi-Cal enrollments.

According to Warren and Danielson (2017), after the implementation of the ACA, state spending on Medi-Cal increased, accounting for 15% of the state's general fund expenditures. Medi-Cal is the most expensive program that is currently administered by the state. Warren and Danielson (2017) provide insight into how Medi-Cal is financed and where the future of Medi-Cal cost is headed.

Miller and Wherry (2017) assessed the changes in insurance coverage, including the access to and use of medical care, and the health status during the first two years of Medicaid

(California's Medi-Cal) expansion, using data from the National Health Interview Survey. They found that the "Medicaid expansion was associated with increased insurance coverage and access to care during the second year of implementation, but it was also associated with longer wait times for appointments, which suggests the challenges that exist in access to care persist" (Miller & Wherry, 2017, n.p.).

The Uninsured

Pentecost (2017) reports that the U.S. Census Bureau reported that the percentage of uninsured people dropped to 9.1% in 2015 and further to 8.6% in 2016, compared to the 16% of the population that was uninsured prior to implementing the ACA. Although the ACA was a testament to the goal of reducing the percentage of uninsured people, Pentecost (2017) suggests that a significant amount of work remains to be done regarding such efforts. Pentecost (2017) also suggests that the uninsured percentage increase will cause years of health care access issues. Employer-provided health care coverage did not indicate growth or decline, as critics had initially predicted (Pentecost, 2017). The report also stated that after the ACA came into effect, several states—including California—still had "considerable numbers of uninsured residents: California 3.3 million" (Pentecost, 2017, p. 184). It is unclear how many of the uninsured residents would qualify for Medi-Cal but "income data suggest that it is substantial" (Pentecost, 2017, p. 184). The report also suggested that further research is required to determine the reasons for "the reluctance of patients to participate in programs such as [Medi-Cal] when there are essentially no out-of-pocket costs" (Pentecost, 2017, p. 184). The author stated that the following steps are being adopted to promote Medicaid (Medi-Cal): eliminating bureaucratic barriers, streamlining qualifying procedures, increasing media and community outreach, and deploying

navigators, as well as “enhancing health care experience and knowledge, language and cultural accommodations” (Pentecost, 2017, p. 184).

According to a study by Decker et al. (2013), data from the National Health and Nutrition Examination Survey for 2007–2010 was used to determine the health risks associated with uninsured adults who are potentially eligible for Medicaid. The study analyzed 1,042 uninsured adults belonging to the 19–64 age group, and with income levels below the poverty rate and found that uninsured adults are less likely to suffer from several chronic health conditions or report physical, mental, or emotional issues than individuals covered by Medicaid. For example, the study reflected with 95% confidence that 30.1% of uninsured individuals suffer from hypertension, compared to 38.6% of people enrolled in Medicaid. The study also found that if an uninsured individual is afflicted with a chronic disease, he or she is less likely to realize it, and even less likely to take steps toward controlling it. The confidence intervals for this reflected that 80.1% of the uninsured adults with a chronic disease suffered from a disease that was not controlled, versus 63.4% of the Medicaid individuals (Decker et al., 2013).

A. Eltorai and M. Eltorai (2017) highlight the risks of increasing the uninsured population if the ACA is repealed, as well as the health care and financial risks associated with uninsured individuals. The authors state that “uninsured people are less likely to receive preventive care or follow-up of chronic diseases” and they are more likely to postpone the required care or medications due to the associated costs (A. Eltorai & M. Eltorai, 2017, p. 1407). The uninsured are also “more likely to be hospitalized for avoidable health problems and more likely to experience worse health outcomes” (A. Eltorai & M. Eltorai, 2017, p. 1407). The reason for this is that uninsured individuals who are hospitalized are unlikely to have received any preventative or diagnostic care, which increases the risk of mortality (A. Eltorai & M. Eltorai,

2017, p. 1407). A. Eltorai and M. Eltorai (2017) also highlight the financial risks to uninsured individuals personally and to the providers. Uninsured individuals are more likely to face serious negative financial consequences due to medical bills. As reported by the credit bureaus, 52% of debt collection is related to medical bills. The inability of uninsured people to pay for their health services increases the uncompensated services for providers (A. Eltorai & M. Eltorai, 2017).

Morriss (2013) considered the risks of death in uninsured neonates who were hospitalized. The study included a subpopulation of neonates who were discharged, and their cause of death was analyzed. Out of approximately four million discharges, 5.4% were uninsured; of the four million discharged, there were 17,892 deaths, and 9.5% of the deaths were uninsured. The study found that the uninsured neonates “were less likely to have been admitted in transfer, more likely to have died in rural hospitals and to have received fewer resources” and this increases the risk of death (Morriss, 2013, p. 1232).

Trogon and Ahn (2015) investigated geospatial patterns of influenza vaccination among uninsured and publicly insured children in North Carolina. The study highlighted that school-aged children have a critical need for influenza vaccination because they are more vulnerable to influenza infection (Trogon & Ahn, 2015). School-aged children are important targets for vaccinations because they are also a major source for transmitting influenza within their families and communities (Trogon & Ahn, 2015). Vaccinating children can prevent vast populations from contracting influenza. Furthermore, vaccinations are cost-effective. This report highlighted the recommendations to vaccinate uninsured and low-income children at no cost since they may not receive vaccination due to their family’s inability to afford it (Trogon & Ahn, 2015).

Factors Contributing to Medi-Cal Enrollment Decline

Obernesser (2004) highlights the difficulty in retaining Medi-Cal enrollment, stating that a large number of Medi-Cal eligible enrollees lose coverage after the first year, primarily due to administrative obstacles. The report indicates that Medi-Cal's redetermination process could improve the rate of enrollment retention (Obernesser, 2004).

According to Wishner, Hill, Marks, and Thornburgh (2018), the ACA allowed states to develop better systems for Medicaid enrollment, and some states implemented electronic applications and eligibility determinations. Furthermore, Wishner et al. (2018) provide insight into the approaches used by Colorado and Washington to mitigate administrative deficiencies for individuals seeking Medicaid, which can be useful to California policymakers. Real-time eligibility determinations proved to be efficient and beneficial for consumers. California experiences lower real-time eligibility determination due to the county-based public assistance program that retains legal responsibilities for determining eligibility. Therefore, California would need to adopt the CalHEERS single-point-of-entry online application to increase the rate of eligibility. In addition, the study suggests that California "policymakers may want to conduct a thorough analysis of systems and processes used in all counties to make eligibility determinations and process renewals in Medi-Cal" (Wishner et al., 2018, p. 6).

Grant and Heller (2008) highlight an initiative that 13 counties, including the CSC, collaborated on, improving the Medi-Cal eligibility determination process as it related to children's coverage.

According to Tilley, Yarger, and Brindis (2018), churning is a change or disruption in insurance coverage and tends to happen because of changes in an individual's employment, income, age, school status, or family structure. Moreover, Tilley et al. (2018) highlight the risk

of churning associated with young adults and the importance of mitigating its impact.

California's uninsured rate dropped from 17.3% in 2013 to 7.4% in 2016, but California is in the fifth percentile for states with the highest rate of churning.

Dietz, Graham-Squire, and Jacobs (2014) highlight the importance of understanding and predicting the change in Medi-Cal enrollment due to income increases and job-based coverage to maximize the number of Californians that are insured. The study found that 74.5% of Medi-Cal enrollees are expected to remain enrolled for 12 months, while one in six (16.5%) are expected to receive income increases. The study also emphasized that after the ACA, the redetermination period will happen every 12 months instead of every six months. The "National SIPP analysis from 2001 [suggested] that prior to the ACA, [55%] of a cohort of Medicaid enrollees were enrolled for the entire year, a smaller share than [they] predict in California in 2019 under the ACA" (Dietz et al., 2014, p. 3).

Beck, Danielson, and McConville (2015) suggest that more than 85% of low-income children participate in one or more public health programs. Furthermore, enrolling low-income children in safety net programs is a priority of California, and one of the functions of the ACA was to integrate safety net programs. "Because all of these programs require low family income to qualify for benefits, worsening job opportunities during and after the recent recession resulted in higher program participation across the state" (Beck et al., 2015, p. 2). The study found that as of 2012, some children enrolled in one or more programs did not have health insurance (Beck et al., 2015).

According to Cook, John, Chung, Tseng, and Lee (2017), Medicaid increased access to health care; however, immigrants with limited English proficiency experienced difficulties

enrolling and accessing care after the enrollment process. Cook et al. (2017) suggest that government agencies need to coordinate language assistance to improve access to care.

According to Batalova, Fix, and Greenberg (2018), the Trump administration is developing a rule that would affect immigrant families, which would make it difficult for immigrants to receive their green cards or extended visa statuses if either they or their dependents (including noncitizens, naturalized citizens, and the U.S. born citizens) use public benefits. The study conducted by the Migration Policy Institute suggests that the rule could have implications for Medi-Cal enrollment. Further, 31% of the children receiving Medi-Cal are from immigrant families, according to the 2014–2016 report. The rule could cause chilling effects on enrollment, as 17.7 million immigrants are from families that receive one or more public benefits. The services that would qualify as a public charge under this rule are “both cash (TANF; Supplemental Security Income, or SSI; and General Assistance, GA) and noncash benefits such as Supplemental Nutrition Assistance Programs (SNAP, formerly called the Food Stamp Program), Medicaid and the Children’s Health Insurance Program (CHIP), and many other federal, state, and local programs” (Batalova et al., 2018, p. 1). Jewett, Bailey and Andalo (2018) also noted that the Trump administration’s proposed policy change might keep people from applying for Medi-Cal for fear of losing eligibility for permanent residency or a green card.

Fabi and Saloner (2016) highlight that 40% of 2.4 million undocumented immigrants lack health insurance. The article by Fabi and Saloner (2016) provides insight into state legislation that was introduced or passed in 2015 through 2016 to insure undocumented children and adults. Moreover, the 2015 Health for All Kids Act offers insurance for undocumented children through Medi-Cal. The second piece of legislation, signed by Governor Jerry Brown in 2016, gives undocumented immigrants the ability to purchase health plans through the insurance exchange

“without fear that their information would be shared with other government agencies” (Fabi & Saloner, 2016, n.p.). In a supplemental interview from the *New England Journal of Medicine*, Fabi and Saloner (2016) mentioned that there are still barriers to reaching children from undocumented families. In addition, researchers believe that there is a chilling effect when undocumented adults fear that enrolling their children in Medi-Cal puts them at risk of deportation. As of May 2016, only 135,000 children had enrolled as part of the 2015 Health for All Kids Act. However, Fabi and Saloner (2016) stated that the eligible number is significantly higher. No data was provided for the effects of the legislation for undocumented immigrants to seek health care through the same insurance exchange. Fabi and Saloner (2016) note that the legislation improves the condition of mixed-status families and allows adults to purchase insurance, along with possibly aiding in the reduction of the chilling effect.

Gostin and Ó Cathaoir (2017) highlight the various executive orders that transformed immigration policies and how they may affect the health system and immigrants’ overall well-being. As of 2017, 5.1 million children living with undocumented parents are eligible for the Supplemental Nutrition Assistance Program (SNAP). Since the administration requires that states report social service users to federal authorities, undocumented families fear to apply for services (Gostin & Ó Cathaoir, 2017).

Vargas (2016) suggested that there is a high level of distrust among low-income people toward the government and the health care industry. The article by Vargas (2016) seeks to determine how health navigators can build the legitimacy needed to encourage low-income individuals to enroll in health coverage, such as Medi-Cal. The study included “ethnography of face-to-face interaction between navigators and the uninsured poor in Chicago” and found that successful health navigators can take “control of the conversation, creating ethnic solidarity, and

disassociating themselves from government bureaucrats” (Vargas, 2016, p. 263). The study highlighted the importance of strategically placing people of similar backgrounds or communities as navigators to build legitimacy in front-line occupations, such as nursing assistants, outreach staff, and community workers (Vargas, 2016).

An article in *The Economist* (2018) highlighted why California, the state with some of the nation’s richest residents, is, in fact, the poorest state in the U.S., providing many interesting facts related to the California economy and its poverty level, highlighting that 19% of the population is below the poverty level. Furthermore, it notes that Latinos are more likely to be poor than people of other ethnicities. Additionally, “shockingly, 45% of children live in households that are poor or near-poor” (*The Economist*, 2018, p. 25). The number of people with jobs has been trending up since 2011, and there was an unemployment rate of 4.1%, so millions of undocumented immigrants still reside in California. One of the main reasons for the wealth disparity is Silicon Valley and Hollywood with their extremely high salaries, along with the high cost of housing in all of the metropolitan areas of the state. The article also highlighted that “only two-thirds of those eligible for food stamps sign up, [likely] because undocumented immigrants are afraid to put their names on any official list” (*The Economist*, 2018, p. 26).

High-Housing Cost & Residents Leaving the Area

Allysia Finley (2017) stated that California has a long history of high housing costs. In the 1970s, California’s housing prices were 30% above the national average, reaching 150% above the national average by 2015 (Finley, 2017). The median home cost averaged \$1.2 million in Silicon Valley, which was more than double the price of a home in Seattle. Finley (2017) stated that between 2005 and 2015, more than 800,000 people moved out of California, many of whom had incomes of about \$30,000 per year (Finley, 2017).

Silicon Valley and Los Angeles are California's economic drivers, with the former being home to the world's most innovative companies (California High-Speed Rail Authority (CHSRA), 2018). Both of these California regions drive economic growth but cannot provide affordable housing to their residents (CHSRA, 2018). Furthermore, California's population is expected to increase by 30% to 51.1 million by 2060, compared to today's population of 39.4 million (State of California, 2017, p. 2).

Mitra and Saphores (2019) highlight the causes of long-distance commuting in California. In this study, Mitra and Saphores (2019) suggest that long-distance commuting is a consequence of high housing cost and job-housing imbalance. The study found that low-income workers are most affected by housing costs and are more vulnerable to longer commutes. Erin Baldassari (2019) stated that thousands of Bay Area residents are moving to other cities (such as Stockton, Lathrop, and Tracy and the Central Valley) in search of more affordable housing; however, the price of moving does not come cheap.

Good Practice in Conducting Survey Research

Kelley, Clark, Brown, and Sitzia (2003) provide a checklist of good practices in conducting survey research. The report is not a step-by-step guide on how to create a survey, rather, an overview of common difficulties to avoid and produce a high standard survey. Surveys are used to produce information about a topic at a specific point in time; they can be used to test hypotheses but are also great for descriptive studies. Kelley et al. (2003) highlight that a "survey approach is a research strategy, not a research method" (Kelley et al., 2003, p. 261). Moreover, the advantages of survey research include data based on real-world observations, which can cover a wide range of people, increasing the chances of generalizing a population, thereby providing a large data set at a low cost. The disadvantages to survey research include that the

“significance of the data can become neglected if the researcher focuses too much on the range of coverage,” excluding important issues (Kelley et al., 2003, p. 262). The data collected runs the risk of lacking detail or depth, and it is hard to control for a high response rate (Kelley et al., 2003). Research methods include surveys by postal questionnaires, face-to-face interviews, or telephone interviews. Moreover, postal questionnaires cover a large sample but have a low response rate of less than 20%. They are sent without previous contact. The following is required to design the research tool: planning the content of a research tool, questionnaire layout, interview questions, piloting, and covering letter (Kelley et al., 2003, p. 263). When deciding on the sample to survey, the researcher should be sure that the list of population is up to date and from a reliable source (Kelley et al., 2003). Although there is no definitive answer to what the required sample size is, large samples are more beneficial. The sample size selection depends on the resources available, the purpose of the study, and the quantity needed to achieve statistical significance. It is very rare to have a high percentage of participation when a random sample is surveyed. A researcher should “include an estimated non-response rate in the sample size calculations” (Kelley et al., 2003, p. 264). Low response rates are subject to bias and could be misleading, not representing the population. Kelley et al. (2003) stated that individuals who do not respond are “less likely to be satisfied than people who reply” (Kelley et al., 2003, p. 264). The authors also provided good practices for data collection, analysis, and reporting. Kanuk and Berenson (1975) suggest that research reflects that the best technique to improve response rates is follow-up and monetary incentives (Kanuk & Berenson, 1975). Kelley et al. (2003) also point out that telephone surveys result in a higher response rate than postal surveys, but they result in more refusals than face-to-face. Telephone surveys take less time and are also cheaper than face-to-face interviewing (Kelley et al., 2003).

METHODOLOGY

Several data sources were used to determine what factors have contributed to the decline of Medi-Cal enrollment in the CSC. This research used a program evaluation to develop the Findings, specifically a four-phase process intervention model by R. Sylvia and K. Sylvia (2012).

First, the evaluation method was used to analyze the enrollment rates of Medi-Cal by month in the CSC and surrounding counties between January 2015 and June 2019. Second, an evaluation was conducted on data collected from an anonymous survey seeking to provide information as to why people dropped Medi-Cal coverage in the CSC. The second evaluation required a random sampling of data from the CSCSSA based on specific parameters.

Enrollment Rate Data Analyzed

The first set of data was the CSC enrollment data, collected from the State of California Department of Health Care Services, which is inclusive of county-wide Medi-Cal enrollment. The data was not made available by Managed Care providers (Anthem Blue Cross or SCFHP) or by the service provider (hospitals, community clinics, or private doctors). Furthermore, it was used to evaluate and understand the changes in Medi-Cal enrollment rates from January 2015 to June 2019. The data was presented in graphical form by month.

Enrollment Rate of Surrounding Counties Data Analyzed

The second set of data was the surrounding counties' Medi-Cal enrollment rate data for January 2015 to June 2019, which was also collected from the State of California Department of Health Care Services. The data was presented in graphical form, comparing each county's population size to determine the population's percent of Medi-Cal covered individuals in counties surrounding the CSC. The data was also evaluated against the CSC enrollment data.

Survey Research Data Selection

The third set of data was from the CSCSSA. The data focused on who dropped out of Medi-Cal in the CSC after the high point in 2016, looking specifically to identify individuals who were discontinued and remained discontinued from Medi-Cal between October 2016 (the peak period, according to SCVMC) and July 2019.

The CSCSSA client population is protected under certain privacy laws. Therefore, no individual client data was provided or released to the researcher. Additionally, the CSCSSA did not provide any identification or contact information to the researcher, only providing a summarized total count of the data, based on the researcher's parameter request. The CSCSSA pulled a query that included the Case Number, Case Name, Case Address, Caseload ID, Program Status, Home, Day and Message Phone Number, E-mail Address, Individual's Age, and Case Language. The reasons for which the individuals remained discontinued included the following: failure to provide verification, non-compliance with the redetermination process, and client request to discontinue. The CSCSSA generated a query with a list of client cases who dropped off of Medi-Cal at any point between October 2016 and July 2019, while remaining unenrolled in Medi-Cal as of July 2019 and meeting the parameters mentioned above.

Population Selection

The query generated a total case count of 67,440, which was comprised of a total individual count of 116,038 (County of Santa Clara Social Services Agency (CSCSSA), 2019a).

The CSCSSA query also generated a report of discontinuance reasons. Table 2 reflects the reasons and the number of occurrences for each. Note that the total case and individual count is higher due to cases being discontinued for multiple reasons. Table 2 shows that 39% of the cases were discontinued for failure to complete the redetermination process, while about 38%

were discontinued for non-compliance with the redetermination process, and only about 10% of cases were discontinued for the client's request to terminate Medi-Cal. The percentage of total case count is consistent with the total individual count (CSCSSA, 2019a).

Table 2: *Reason for discontinuance*

Reason for Discontinuance	Total Case Count	Total Individual Count
Failure to complete redetermination process	49,529	82,757
Non-compliance with redetermination process	48,253	80,815
MAGI Eligibility = Failed due to failure to complete the redetermination process	12,292	20,665
The client requests for Termination/Discontinuance of Medi-Cal	12,243	23,268
Discontinue Medi-Cal because of a failure to provide verification.	5,909	10,993
The individual failed to provide verifications from the redetermination process	70	134
Non-compliance with the redetermination process and for other eligibility requirements not met.	36	128
Total	128,332	218,760

Source: CSCSSA, 2019a.

Table 3 reflects the total case and individual count by the case primary language, the latter of which making up over 3% of the total case and individual count were selected as languages to translate, distribute, and survey. English, as a case primary language, comprised 72% of the total case count and 67% of the individual count. Spanish, as a case primary language, was 17% of the total case or 21% of the individual count. Vietnamese was the only other language that made-up over 3% of the total case and individual count, with 4% of the total case count and 5% of the individual count, respectively. All other languages only made-up 2% or less of the total case primary languages.

Table 3: *Case primary language*

Case Primary Language	Total Case Count	Percent	Individual Count	Percent
English	48,550	72%	77,922	67%
Spanish	11,304	17%	24,556	21%
Vietnamese	2,802	4%	5,313	5%
Mandarin	1,564	2%	2,790	2%
Tagalog	1,054	2%	1,893	2%
Other Non-English	464	1%	782	1%
Farsi	371	1%	618	1%
Cantonese	340	1%	579	0%
Korean	288	0%	594	1%
Russian	178	0%	353	0%
Arabic	70	0%	122	0%
Amharic	56	0%	103	0%
Cambodian	53	0%	115	0%
Ilocano	45	0%	67	0%
Ethiopian	43	0%	62	0%
Other Chinese Languages	34	0%	56	0%
Portuguese	32	0%	53	0%
Tigrigna	29	0%	37	0%
Japanese	22	0%	36	0%
Lao	18	0%	30	0%
Samoan	18	0%	29	0%
French	15	0%	34	0%
Somali	12	0%	37	0%
Thai	12	0%	16	0%
Armenian	10	0%	13	0%
Polish	9	0%	15	0%
American Sign Lang	7	0%	16	0%
Romanian	7	0%	11	0%
Turkish	7	0%	16	0%
Bosnian	5	0%	7	0%
Italian	5	0%	5	0%
Swahili	5	0%	10	0%
German	3	0%	4	0%
Other Sign Language	3	0%	4	0%
Hmong	2	0%	2	0%
Oromo	1	0%	2	0%
Serbo-Croatian	1	0%	2	0%
Unknown	1	0%	1	0%
Total	67,440		116,305	

Source: County of Santa Clara Social Services Agency (CSCSSA), 2019b.

Random Sample Selection of the Population

The data collection was achieved through a random sample postal questionnaire survey. A random sample of the total 67,440 case count was selected, which was taken from the query pulled by the CSCSSA, including reasons for discontinuance and case primary languages of English, Spanish, and Vietnamese. The random sample was selected to be surveyed anonymously by mail, email, and text message. The researcher prepared the survey after studying the Medi-Cal processes. Although the researcher prepared the survey, it was administered by the CSCSSA, which collected the survey data to ensure a HIPPA-compliant chain of custody, and client anonymity. The purpose of the survey research was to elicit information about why the clients left Medi-Cal, and whether the reason was voluntary or involuntary.

The CSCSSA completed the random selection of cases to survey. The researcher provided the number of cases to randomly sample by case primary language. Due to the CSC's fear of individuals dropping from Medi-Cal due to immigration status concerns, the survey procedure was to oversample the cases whose primary language was Spanish and Vietnamese. Although the query generated by the CSCSSA reflected a total of 67,440 client cases, only 5,000 mailed surveys were prepared and distributed due to the resources available. The issue of a declining Medi-Cal enrollment in the CSC was important, and more information was desired. Of the 5,000 mailed surveys, the English random sample was $n = 2,250$ (45%), the Spanish random sample was $n = 2,250$ (45%), and the Vietnamese random sample was $n = 500$ (10%).

The query generated by the CSCSSA had email information for only 135 of the 67,440 client cases. All email case clients were surveyed. The 135 emailed surveys included primary

case languages of 129 English, two Spanish, and four Vietnamese and an individual count of 223 people (County of Santa Clara Social Services Agency (CSCSSA), 2019c).

The query generated by the CSCSSA had phone numbers with text-message capabilities for only 187 of the 67,440 client cases. All text-message case clients were surveyed. The 187 texted surveys included primary case languages of 162 English, 16 Spanish, and nine Vietnamese and an individual count of 284 people (CSCSSA, 2019c). Table 4 reflects an overview of the survey method distribution.

Table 4: *Survey distribution by method*

Method	Total Case Count	Individual Count	English	Spanish	Vietnamese
Phone Number Count	187	284	162	16	9
Email Count	135	223	129	2	4
Mailer Count	5,000	Unknown	2,250	2,250	500
Total Count	5,322	507 plus mailed clients	2,541	2,268	513

Source: CSCSSA, 2019c.

Survey Research

The fourth set of data used was collected from the survey. The researcher partnered with the CSCSSA to conduct the survey, which was prepared by the researcher—using Qualtrics—but duplicated and administered by the CSCSSA. The CSCSSA distributed the survey to a random sample of cases via mail and all email and phone numbers. The CSCSSA collected the anonymous survey responses through Qualtrics. Once the survey closed, the CSCSSA verified

that no identifiable information was included in the survey responses before releasing the data to the researcher, providing the researcher with the raw data of the survey responses in CVS and SPSS format.

Survey Data Collection Procedure

The postal questionnaire, a survey of a point in time, was selected because many CSCSSA clients' enrollment elements are constantly rotating. People's circumstances change. For example, people are born, they die, they have children, they get married, they obtain and lose jobs, or they move out of an area.

The CSCSSA contacted the client cases, and the respondents via three methods. Five-thousand respondents were contacted by mail, 187 by text-messages, and 136 by email. The respondents by mail and text-message were only contacted once, at the time of initial distribution. By email, the respondents were contacted twice, once at the initial distribution and again half-way through the survey. A total of 5,322 surveys were distributed to clients.

A consent notice was provided to each participant, reflecting the title and purpose of the study; the administration, procedure, length, and availability period of the survey; the name of the researcher; the participant's confidentiality and rights statement; the CSCSSA's contact information. The consent form asked the participant to agree to participate in the survey.

The mailers were processed and distributed by the CSCSSA on October 17, 2019. Emails and text-messages were processed and distributed by the CSCSSA on October 16, 2019. The survey closed on November 18, 2019.

Survey

For each of the applicable questions, the survey participant provided a multiple-choice answer or one open-ended choice. The collected survey data was evaluated to understand why people

stopped enrolling for Medi-Cal coverage or why they were dropped from the program in the CSC. The possible survey responses regarding reasons why individuals dropped off of Medi-Cal were age, income, an individual getting a job and aging out of parents' coverage, immigration status, and immigration status related to concern for becoming a public charge and green card eligibility, administrative obstacles, individual ineligibility, lack of knowledge of Medi-Cal eligibility, English literacy deficiency, Medi-Cal satisfaction, and individual moved out of the county, among others. Moreover, the survey captured demographic information such as marital status, ethnic origin, education, household composition, and size. Furthermore, the survey collected additional information such as current zip code, health centers used, and method used to apply for Medi-Cal, along with a few Cal-Fresh questions; however, the Cal Fresh program was not evaluated in this research.

The survey included 25 questions—Question One asked for consent to participate. Question Two through Question Four asked for current enrollment status. Question Five asked for current marital status. Question Six asked for ethnic origin. Question Seven asked whether the individual was currently a college student. Question Eight and Question Nine asked for the county of residence and zip code. Questions 10 through 14 asked why Medi-Cal coverage ended. Question 10 focused on the categorical reason an individual dropped out of Medi-Cal. The response options for Question 10 are displayed in Figure 4. Questions 11 through 14 gathered more information about some of the response options in Question 10. Questions 10 through 14 all provided a space for a participant to share additional reasons as to why their Medi-Cal coverage ended.

English

Please help us understand why your Medi-Cal coverage ended? Please check all that apply.

☐ I was not eligible

☐ I requested to end coverage

☐ I am worried about my immigration status

☐ I am worried about my family member's citizenship status

☐ I did not renew my application

☐ I am too embarrassed to receive Medi-Cal

☐ I am worried that my Medi-Cal could affect someone in my family

☐ I was able to get health coverage through my school

☐ I am not sure why my Medi-Cal coverage ended

☐ I have a different reason (please share your reason here)

Figure 4. Question 10 and possible responses.

Question 11 asked the individual why he or she was not eligible for Medi-Cal. Question 12 asked why the individual requested to end coverage. Question 13 asked why the individual did not renew Medi-Cal coverage. Question 14 asked why an individual was worried about immigration status. Question 15 asked whom Medi-Cal covered in the past, whether it was only

the participant, the participant and their children, the participants, their spouse, and children or only their children. Question 16 asked for the number of children enrolled in Medi-Cal. Question 17 asked for the number of people living in each participant's household. Question 18 was a logic question that asked for the name of the county the participant lived in if he or she did not live in the CSC. Question 19 asked where the participant received medical care. Question 20 was eliminated from the survey before distribution. Questions 21 and 22 asked participants how they applied for services. Questions 23 and 24 asked whether the participant planned to apply for services in the future, and Question 25 asked for the preferred language.

Each question in the survey was designed differently—questions one through nine, and questions 15 through 25 allowed single answers only. Questions 10 through 14 allowed multiple answers. Every question except 21, 22, and 25 required forced responses. All questions with a different reason as a response option allowed for text entry. The survey was designed with display logic. How a participant answered a question determined what question the participant saw next. The complete detail of the survey in all languages and its display logic can be found in Appendix 1: Medi-Cal Retention Survey, English, Spanish and Vietnamese. The question design, including the answer type, forced response, and text entry allowed, can be found in Appendix 5: Survey Design.

Four-Phase Process Intervention Model for Program Evaluation

Figure 5 below indicates the flow of the R. Sylvia and K. Sylvia's (2012) four-phase process intervention model approach for the program evaluation conducted for this research. The first phase was to identify the problem: the CSC has seen a decline in the Medi-Cal enrollment rate; therefore, getting individuals eligible for Medi-Cal to enroll was the problem. The second phase was to develop a solution to the problem that was identified in phase one: this was four-fold. The

first fold of the solution was to look at enrollment rates in graphical form to understand the impact and change in Medi-Cal enrollment in the CSC. The second fold was to analyze the peak enrollment period against the declining periods. The third fold was to look at Medi-Cal enrollment rates and population sizes of surrounding counties. The fourth fold was to conduct a survey to determine why individuals dropped the Medi-Cal program. The third phase was to implement the solution, for which enrollment data was organized by the researcher in a graphical form. The survey outcomes were collected through the anonymous survey. The researcher organized the survey data by question responses. The fourth and final phase was to provide a feedback evaluation, which interpreted the enrollment rate graphs for the CSC and surrounding counties, as well as translated what the survey responses represented. The evaluation also suggested what steps the CSC can take to mitigate the reduction in Medi-Cal enrollment rates.

The four phases and the elements of each phase are listed in Figure 5.

Phase 1: PROBLEM	Phase 2: SOLUTION	Phase 3: IMPLEMENTATION	Phase 4: EVALUATION
<ul style="list-style-type: none"> •Getting individuals who are eligible for Medi-Cal to enroll •Increase Medi-Cal enrollment rate 	<ul style="list-style-type: none"> •Looked at the impact or change of Medi-Cal enrollment rates in the CSC and surrounding counties •Looked at enrollment rates during the peak period compared to the declining periods •Surveyed individuals who dropped coverage to understand why they dropped Medi-Cal 	<ul style="list-style-type: none"> •Graphical representation of enrollment data in the CSC and surrounding counties •Collected data through the survey •Outcome of the survey •Organized results of the survey by response 	<ul style="list-style-type: none"> •Determined what the graphical representations of Medi-Cal enrollment represent •Determined what the survey responses mean •Determined what can be done to mitigate the reduction in Medi-Cal enrollment

Figure 5. Methodology.

FINDINGS

This section will address the results that were discussed in the Methodology. The first results will focus on the Medi-Cal enrollment rate in the CSC from January 2015 through June 2019. The second set of results will focus on the Medi-Cal enrollment rate in the counties that surround the CSC. The third section will focus on the mentioned counties and determine the percentage of their population enrolled in Medi-Cal. The fourth and final set of data will provide the results of the survey, which did not accomplish its goal due to a low response rate of about 1.5%. The survey did, however, provide information to conduct a descriptive analysis and factors not initially considered.

Enrollment Data for the County of Santa Clara

The first set of data evaluated was the CSC Medi-Cal enrollment data to understand the changes in Medi-Cal enrollment rates from January 2015 to June 2019. Figure 6 reflects that the Medi-Cal enrollment rates in the CSC trended downward through June 2019. The Medi-Cal enrollment increased in 2015 and peaked in March 2016, at 454,025 individuals enrolled in Medi-Cal in the CSC. The enrollment rates decreased slightly in April 2016 but remained relatively constant through September 2016. Furthermore, the enrollment rates decreased once again in October 2016 and have continued to trend downward. Medi-Cal enrollment rates went from 447,483 October 2016 to 386,086 in June 2019, which is a decrease of 13.74% or 61,529 individuals covered by Medi-Cal in the CSC. June 2019 was the lowest enrollment period since January 2015 (State of California Department of Health Care Services Research and Analytics Studies Division, 2018).

Figure 6. Medi-Cal enrollment rate, County of Santa Clara.

Source: State of California Department of Health Care Services Research and Analytics Studies Division, 2019.

Enrollment Data for Surrounding Counties

The second set of data evaluated was the surrounding counties' Medi-Cal enrollment data for January 2015 to June 2019. The CSC is surrounded by the counties of Alameda, San Joaquin, Stanislaus, Monterey, San Mateo, Merced, Santa Cruz, and San Benito. Figure 7 shows a trend in Medi-Cal enrollment for January 2015 through June 2019 for each county. The trend is the general direction of Medi-Cal enrollment between January 2015 and June 2019. Santa Clara and San Mateo County trended downward. Alameda, Stanislaus, and Monterey County trended upward. San Joaquin, Merced, Santa Cruz, and San Benito remained relatively constant.

Figure 7. Medi-Cal enrollment by county.

Source: State of California Department of Health Care Services Research and Analytics Studies Division, 2019.

Figure 8 reflects that as of June 2019, Alameda County had the highest level of Medi-Cal enrollment at 414,111 individuals, followed by Santa Clara with 368,086 individuals, while San Benito and Santa Cruz had the lowest level of Medi-Cal enrollment, with 17,573 and 73,778 individuals, respectively.

Figure 8. Medi-Cal enrollment rate by county, June 2019.

Source: State of California Department of Health Care Services Research and Analytics Studies Division, 2019.

Table 5 reflects the Medi-Cal enrollment high point and the low point between January 2015 and June 2019. The counties of Santa Clara, Alameda, San Mateo, Merced, and Santa Cruz were at their lowest Medi-Cal enrollment rate in June 2019, and at their highest between January and March 2016, except for Merced. Merced was at its highest Medi-Cal enrollment in February 2017. San Joaquin, Stanislaus, Monterey, and San Benito were at their lowest Medi-Cal enrollment in February 2015. San Joaquin and San Benito had its highest Medi-Cal enrollment between January and February 2017. Monterey had its highest Medi-Cal enrollment in April 2018, and Stanislaus had it in August 2017. The CSC had the highest difference, or 67,939 fewer individuals enrolled in Medi-Cal, between the high and low point, followed by Alameda County

with 31,954. The CSC also had the largest change, or 30,318 fewer individuals, enrolled in Medi-Cal as of June 2019, compared to January 2015, while Stanislaus and Monterey saw an increase of 14,509 and 18,782 individuals enrolled in Medi-Cal in June 2019 compared to January 2015.

Table 5: *Medi-Cal enrollment high point and low point*

Medi-Cal Enrollment High Point and Low Point January 2015 to June 2019								
County			High		Low		Difference between High & Low Point	Change January 2015 compared to June 2019
	January 2015	June 2019	Period	Individuals	Period	Individuals		
Santa Clara	416,404	386,086	March-16	454,025	June-19	386,086	67,939	- 30,318
Alameda	417,075	414,111	March-16	446,065	June-19	414,111	31,954	- 2,964
San Joaquin	279,094	285,158	January-17	302,094	February-15	283,620	18,474	+ 6,064
Stanislaus	220,335	234,844	August-17	251,329	February-15	223,938	27,391	+ 14,509
Monterey	162,450	181,232	April-18	187,397	February-15	165,463	21,934	+ 18,782
San Mateo	146,192	137,486	February-16	158,922	June-19	137,486	21,436	- 8,706
Merced	131,317	131,412	February-17	140,892	June-19	131,412	9,480	+ 95
Santa Cruz	73,855	73,778	January-16	81,262	June-19	73,778	7,484	- 77
San Benito	17,260	17,573	February-17	19,150	February-15	17,554	1,596	+ 313

Source: State of California Department of Health Care Services Research and Analytics Studies Division, 2019.

Population & Percent of Medi-Cal Enrollment

The Medi-Cal enrollment data of the CSC & surrounding counties were compared to each county's population size to determine the population percent of Medi-Cal covered individuals.

Table 6 reflects the percentage of the population enrolled in Medi-Cal by county.

According to Table 6, the CSC has the largest population, followed by Alameda, San Mateo, and San Joaquin. The Stanislaus County population is less than 560,000, followed by Monterey, Merced, and Santa Cruz. San Benito County has the smallest population size. Table 6 also reflects that Merced, Stanislaus, Monterey, and San Joaquin County have the largest

proportion of their populations enrolled in Medi-Cal. These counties doubled the percent of the population on Medi-Cal compared to the CSC and San Mateo. Alameda, Santa Cruz, and San Benito County have a proportion between 25% to 28% of their population on Medi-Cal.

Table 6: *Percent of the population enrolled in Medi-Cal by county, 2019*

Percent of Population Enrolled in Medi-Cal by County, 2019									
County	Santa Clara	Alameda	San Joaquin	Stanislaus	Monterey	San Mateo	Merced	Santa Cruz	San Benito
Medi-Cal Enrollment June 2019	386,086	414,111	285,158	234,844	181,232	137,486	131,412	73,778	17,573
Population 2019	1,954,286	1,669,301	770,385	558,972	445,414	774,485	282,928	274,871	62,296
% of Population on Medi-Cal	20%	25%	37%	42%	41%	18%	46%	27%	28%

Source: State of California Department of Health Care Services Research and Analytics Studies Division, 2019. State of California Department of Finance, 2019.

Survey Results

This section summarizes the results of the survey data. There were 5,322 surveys distributed to client cases. The survey received 83 responses. However, only 79 of the respondents agreed to participate, and six were eliminated due to incomplete progress. The response rate was 1.5%, and the number of data sets collected was disproportionate to the number of surveys distributed.

Survey Results: Participation & Demographics

The survey received 83 responses, of which 58 were taken from the anonymous link, nine from the emailed link, and 16 from the QR code. Four respondents elected not to participate in the survey, three of which did not consent and started the survey in English. The other participant did so in Spanish.

A total of 79 respondents consented to participation. Six of the participants who agreed to participate completed less than 17% of the survey and only answered question one— consent to participate. The responses with a completion rate of 17% or less were not included in the data findings. The following data findings only include the 73 responses from individuals who elected to participate.

Eighty-eight percent of participants took the survey in English, 7% in Spanish, and 5% in Vietnamese. The number of respondents is reflected in Figure 9. Only nine out of the 73 respondents completed the survey in either Spanish or Vietnamese. The majority of surveys were completed in English.

Figure 9. Participation by language.

Source: County of Santa Clara Social Services Agency (CSCSSA), 2019d.

The survey asked for each participant's preferred language, and the results are displayed in Figure 10. The question received 67 responses. The majority, or 79%, of participants stated that their preferred language was English. About 12% stated that their preferred language was Spanish, 6% Vietnamese, 1% German, and 1% Hindi.

Figure 10. Preferred language.

Source: CSCSSA, 2019d.

Figure 11 reflects participation by ethnic origin. The question received 73 responses. About 44% of the participants were White, 26% were Asian, and 22% were Hispanic or Latino. The lowest participation was from Native Hawaiian or Pacific Islander and Black or African American at 1% and 3%, respectively. Three participants, or 4%, did not disclose their ethnic origins.

Figure 11. Participation by ethnic origin.

Source: CSCSSA, 2019d.

Figure 12 reflects the participants by Medi-Cal enrollment status, which resulted in 73 responses. Seventy-four percent of participants were not currently enrolled in Medi-Cal. Nineteen percent were not sure of their Medi-Cal enrollment status. Seven percent of the participants were enrolled in Medi-Cal.

Figure 12. Medi-Cal enrollment status.

Source: CSCSSA, 2019d.

The participant marital status distribution is reflected in Figure 13. The participants who reported being single/never married and married/domestic partnership responded to the survey at the same rate, or 37% each. The two categories together made up 74% of the responses at 27

Figure 13. Marital status.

Source: CSCSSA, 2019d.

responses each. The lowest participation was from individuals whose marital status was widowed or separated, making up 7% or less of total responses. Divorced participants made up 19% of the overall responses.

Figure 14 reflects the number of participants who were college students. Sixty-six, or 90%, of participants reported that they were not college students. Seven, or 10%, of the 73 participants were college students.

Figure 14. College students.

Source: CSCSSA, 2019d.

Figure 15. Live in the County of Santa Clara.

Source: CSCSSA, 2019d.

Figure 15 reflects the number of participants living in the CSC, which resulted in 73 responses. The responses reflected that 11, or 15%, of the participants reported that they did not live in the CSC, while 62, or 85% stated that they did live in the CSC.

Figure 16 reflects the household size of each participant, which resulted in 71 responses. About 34% of the participants have households of one, 24% have households of two, 17% have households of three, and 15% have households of four. About 7% have households of five, and 1% have households of six or nine.

Figure 16. Number of responses by household size.

Source: CSCSSA, 2019d.

Survey Results: Participation & Geography

Seventy-one of the survey participants provided their current zip codes, while others did not do so but reported that they had moved to Ecuador and Peru. Figure 17 reflects that of the 71 participants who provided zip codes, 93%, or 66 responses, came from participants in the state of California. The states of Oregon, Utah, Arizona, Texas, and New York each had one response,

making up 1% each. Figure 18 reflects the distribution of responses in the state of California.

Ninety-seven percent, or 64 responses, came from participants living in the CSC. Less than 2%, or one response, came from individuals each living in Orange and San Mateo counties.

Figure 17. Number of responses by state.

Source: CSCSSA, 2019d.

Figure 18. Responses in the State of California.

Source: CSCSSA, 2019d.

Sixty-four responses came from CSC residents. Figure 19 reflects the distribution of responses from participants that reported living in the CSC. Although Figure 19 does not provide the name of each city, it does reflect what areas of the county had higher response rates.

Figure 19. Number of responses by cities within the County of Santa Clara.

Source: CSCSSA, 2019d.

Figure 20 reflects the CSC by supervisorial district and displays the city names. Figure 19 and Figure 20 help identify which cities in the CSC had the highest number of responses by comparing the yellow shaded areas in Figure 19 to the areas in Figure 20. Table 7 reflects the number of responses by city in the CSC. Fifty-nine percent of CSC participants lived in the City of San Jose. Six percent of the participants each lived in the City of Campbell, Santa Clara, and Sunnyvale. Five percent of participants lived in the City of Mountain View, and 3% each in the City of Cupertino, Los Gatos, and San Martin. Two percent or less each lived in the City of Palo Alto, Gilroy, Los Altos, Milpitas, and Saratoga.

Table 7: Number of responses by city in the County of Santa Clara

City	Number of Responses	County
San Jose	38	Santa Clara
Campbell	4	Santa Clara
Santa Clara	4	Santa Clara
Sunnyvale	4	Santa Clara
Mountain View	3	Santa Clara
Cupertino	2	Santa Clara
Los Gatos	2	Santa Clara
San Martin	2	Santa Clara
Palo Alto	1	Santa Clara
Gilroy	1	Santa Clara
Los Altos	1	Santa Clara
Milpitas	1	Santa Clara
Saratoga	1	Santa Clara

Source: CSCSSA, 2019d.

Figure 20. County of Santa Clara by district.

Source: County of Santa Clara (CSC), n.d.

Figure 21 reflects the number of responses by zip code in the City of San Jose. Thirty-eight participants indicated that they lived in the City of San Jose. The highest number of responses per zip code in the City of San Jose was four; these responses were from participants that reported living in zip codes 95131 and 95132.

Figure 21. Number of responses by zip code in the City of San Jose.

Source: CSCSSA, 2019d.

Table 8 lists the number of responses by zip code and city of the other CSC participants. The Campbell zip code, 95008, had four responses, and the Mountain View zip code, 94040, had

three responses. The Cupertino zip code, 95014, San Martin zip code, 95046, Santa Clara zip code, 95050 and 95051, each had two responses.

Table 8: *Number of responses by zip code for other cities in the County of Santa Clara*

Number of Responses	Zip Code	City	State	County
4	95008	Campbell	California	Santa Clara
2	95014	Cupertino	California	Santa Clara
1	95020	Gilroy	California	Santa Clara
1	94024	Los Altos	California	Santa Clara
1	95032	Los Gatos	California	Santa Clara
1	95035	Milpitas	California	Santa Clara
1	95030	Monte Sereno	California	Santa Clara
3	94040	Mountain View	California	Santa Clara
1	94306	Palo Alto	California	Santa Clara
2	95046	San Martin	California	Santa Clara
2	95050	Santa Clara	California	Santa Clara
2	95051	Santa Clara	California	Santa Clara
1	95070	Saratoga	California	Santa Clara
1	94085	Sunnyvale	California	Santa Clara
1	94086	Sunnyvale	California	Santa Clara
1	94087	Sunnyvale	California	Santa Clara
1	94089	Sunnyvale	California	Santa Clara

Source: CSCSSA, 2019d.

The cities outside of California include the zip codes reflected in Table 9. Zip codes in the states of Oregon, Texas, Arizona, New York, and Utah each generated one response. A complete

listing of the total number of responses by zip code, city, state, and county can be found in Appendix 4: Responses by Zip Code, City, State and County.

Table 9: *Number of responses by zip code, other states*

Number of Responses	Zip Code	City	State	County
1	97603	Klamath Falls	Oregon	Klamath County
1	76058	Joshua	Texas	Johnson
1	85743	Tucson	Arizona	Pima
1	11784	Selden	New York	Suffolk County
1	84780	Washington	Utah	Washington

Source: CSCSSA, 2019d.

Survey Results: Factors that Contributed to the Decline in Medi-Cal

Questions 10 through 14 allowed multiple answers, and the responses were not mutually exclusive. Question 10 originally generated 83 responses. The choice of “Med-Cal ended for a different reason” made up 35% of the responses (33). However, after data clean-up, only 11 responses qualified for a different reason. Figure 22 reflects the responses to question 10 before the data clean-up, while Figure 23 reflects the responses after the clean-up. The data clean-up included moving responses that were text entries but qualified as responses to Questions 11 through 14. Some of these response options were not displayed to the participant due to the display logic. For instance, a participant may have selected “I have a different reason” for question 10 and typed, “I moved out of [the CSC],” which was an option under question 11. If the participant also answered question 11 and selected, “I moved out of [the CSC],” the response was not duplicated during the data clean-up. The table with the detail of the data clean-up can be found in Appendix 6: Data Clean-up.

Figure 22. Responses to question 10.

Source: CSCSSA, 2019d.

Figure 23 was used to analyze the responses to question 10. Following the data clean-up, question 10 yielded 61 responses. About 28% of the participants reported that their Medi-Cal ended because they were not eligible. About 20% of the participants requested to end coverage, and another 20% did not renew their Medi-Cal application. Of the 61 responses, 13% of participants were not sure why their Medi-Cal ended, 2% ended Medi-Cal because they were worried about their immigration status, and 18% reported that they had other reasons for ending Medi-Cal. Some of these reasons included the following:

- Did not realize they had coverage
- Did not realize they had to continue renewing annually

- Passed away and notified the CSCSSA
- Missed the renewal deadline
- Did not request coverage and were enrolled without their knowledge
- No longer qualified for Medi-Cal
- Cost of the share was too high
- Retirement holdings were too high
- Intrusive compliance forms

Figure 23. Responses to question 10 after data clean-up.

Source: CSCSSA, 2019d.

One participant stated, “utter incompetence, intrusive compliance forms. I was enrolled, without my knowledge in an incorrect program for two years and then told I would have to pay an

exorbitant amount to stay on Medi-Cal. I have no idea if I still qualify. I'm afraid to ask"

(CSCSSA, 2019d, n.p.).

Question 11 asked participants why they were not eligible for Medi-Cal. The question generated 29 responses originally but 53 after a clean-up of the data. Figure 24 reflects the responses to question 11. About 32% of the participants reported that they dropped Medi-Cal because of the health insurance offered by their employer. Next, 23% reported that they were not eligible because they made too much money, and 23% reported that they got a job. About 13% stated that they moved out of the CSC, 4% stated that they got married, and 6% stated that they were not eligible for a different reason.

Figure 24. Responses to question 11.

Source: CSCSSA, 2019d.

The three participants who stated that they had a different reason mentioned the following:

- Had a job but were told they did not qualify
- May be eligible now
- Net worth was too high

Figure 25. Responses to question 12.

Source: CSCSSA, 2019d.

Question 12 asked participants why they requested to end Medi-Cal coverage. Figure 25 reflects the number of responses to question 12. The question originally generated 19 responses, but after the data clean-up, one of the different reasons was eliminated, leaving 18 responses. A majority of participants, or 39%, stated that they got private health insurance, while 33% stated

that they no longer needed Medi-Cal. About 17%, or three participants, stated that they were not happy with Medi-Cal, and 11% stated that they requested to end Medi-Cal for a different reason.

The participants who stated they had a different reason mentioned the following:

- Enrolled without their knowledge
- They were over the property limit

Question 14 asked the participant why they were worried about their immigration status.

Figure 26 reflects the number of responses to the same. The question received three responses, including fear of deportation, fear of not qualifying for a green card, and fear of not qualifying for residency. The question did not require any data clean-up.

Figure 26. Responses to question 14.

Source: CSCSSA, 2019d.

Question 13 asked the participants why they did not renew their Medi-Cal application.

Figure 27 depicts the responses to question 13. Question 13 originally generated 12 responses, but only eight remained after the data clean-up. The participants who did not renew their Medi-

Cal application did not renew equally either because they did not have the required paperwork or for a different reason. The different reasons provided are as follows:

- Forgot to renew or received renewal letter too late
- Too much information was required
- Difficulty missing work for appointments

One participant stated that Medi-Cal “require[ed] so much information, proof, and paperwork.

It was hard to keep missing work to attend the appointment only to be told [paperwork was wrong or] missing. [The participant and child] both lost... Medi-Cal” (CSCSSA, 2019d, n.p.).

One participant stated that they did not receive the renewal letter and did not renew their application because they did not have a way of getting to the Medi-Cal office.

Figure 27. Responses to question 13.

Source: CSCSSA, 2019d.

Survey Results: Past Coverage

Question 15 asked the participants who was covered by Medi-Cal in the past. Figure 28 portrays the distribution of the responses to the same. A majority, or 64%, reported that Medi-Cal only covered them in the past, followed by the second-highest rate of coverage, or 17%, who reported that Medi-Cal covered the participant, their spouse, and children in the past. Of the participants, 15% reported that Medi-Cal only covered them and their children, while 5% responded that Medi-Cal only covered their children in the past. A majority, or 42 of respondents, only had coverage for themselves in the past. The least number of responses came from participants who had Medi-Cal coverage that only covered their children.

Figure 28. Previous Medi-Cal coverage.

Source: CSCSSA, 2019d.

Question 16 asked for the number of children who were covered under Medi-Cal with past coverage, and the total number amounted to 38. These responses came from 24 participants, who reported that Medi-Cal covered their children in response to question 15. Most participants, or 54%, who had Medi-Cal coverage for their children reported having only one child. Figure 29 depicts the number of responses by the number of children of each participant. One participant,

or 4%, reported having three or four children each, while nine, or 38%, reported having two children.

Figure 29. Number of responses for children previously enrolled.

Source: CSCSSA, 2019d.

Question 19 asked for the health center that participants used with past coverage. The responses that came from 59 participants are reflected in Figure 30, who reported that 20% used the county hospital, 17% used a community clinic, and another 17% used a county clinic, while 15% reported not needing medical services. About 10% stated that they used a different clinic, 8% used Kaiser Permanente, and the remaining 12% was from individuals who each used other centers, such as Palo Alto Medical Foundation, the VA hospital, Stanford, San Jose Medical Group or O'Connor Hospital. The CSCHS is comprised of the hospital and clinics, and together they make up about 38% of the distribution.

Figure 30. Health care service centers.

Source: CSCSSA, 2019d.

Question 21 asked participants how they applied for Medi-Cal in the past, which resulted in 56 responses, as reflected in Figure 31. The majority, or 48%, reported applying online, followed by 30% who applied with an eligibility worker, and 5% somewhere else. About 3% stated that they each applied at the hospital, an application assistance center or a community clinic. About 1% stated that they each applied over the phone, a family member helped them, or they never applied.

Question 23 asked participants if they plan to apply for Medi-Cal in the future, which resulted in 66 responses. About 38% stated that they were unsure, 23% said yes, 20% said no, and the remaining 19% said no because they have private insurance, they moved out of the state, they got a job or health coverage through their employer. See Figure 32 for distribution.

Figure 31. Method used to apply for Medi-Cal.

Source: CSCSSA, 2019d.

Figure 32. Future plans for applying for Medi-Cal.

Source: CSCSSA, 2019d.

ANALYSIS

This section interprets and discusses the Findings of the study. Medi-Cal enrollment rates and survey findings were evaluated to determine the reason for the decrease in Medi-Cal enrollment since October 2016 in the CSC. This analysis was done because an increase in uninsured residents can lead to undesirable health outcomes, such as uncontrolled chronic conditions. While the survey did not generate ample responses and, thus, cannot provide definitive results, it provided information for descriptive analysis and discussion points.

Enrollment Analysis for the County of Santa Clara

This analysis provides information on the general trend of Medi-Cal enrollment in the CSC. Figure 6 illustrated that Medi-Cal enrollment increased in 2015, peaked in March 2016, and decreased in October 2016. The peak was most likely due to the ACA expansion, as highlighted by Charles et al. (2018) and Pentecost (2017). Pentecost (2017) stated that the percentage of insured individuals increased in 2016. Miller and Wherry (2017) also highlighted that the Medi-Cal expansion led to increased insurance coverage and access to healthcare. Medi-Cal enrollment levels went from 454,025 in March 2016 to 386,086 in June 2019—a decrease of about 15%. June 2019 was the period with the lowest enrollment since January 2015. The CSC Medi-Cal enrollment levels from January 2015 to June 2019 can be seen to be trending downward. This finding supports the decrease in Medi-Cal enrollment in the CSC. The factors that contributed to the decline of Medi-Cal enrollment continue to exist. Based on Figure 30, the CSCHS is the entity that was most affected by the loss of Medi-Cal patients, at about 38% of the respondents.

Enrollment Analysis for Surrounding Counties

This analysis was done to determine whether the counties surrounding the CSC are experiencing similar Medi-Cal enrollment trends. Figure 7 reflects that the CSC and San Mateo County

showed a decrease in Medi-Cal enrollment. Alameda, Stanislaus, and Monterey trended upward, indicating an increase in Medi-Cal enrollment. San Joaquin, Merced, Santa Cruz, and San Benito remained relatively constant. Figure 7 also reflects an intersection between the CSC and Alameda County between February and May 2017, where the CSC began to see a decrease in Medi-Cal enrollment and Alameda County saw an increase. These trends appear to have remained constant through June 2019. Although Alameda appears to be trending upward, the trend could also be considered constant.

Population and Percentage of Medi-Cal Enrollment Analysis

This analysis was done to determine if the surrounding counties have a similar percentage of their population on Medi-Cal. The CSC is the largest in size, and only 20% of its population is enrolled in Medi-Cal compared to Stanislaus (42%) and Monterey (41%) County. The population of Stanislaus and Monterey County is just over a quarter of that of the CSC. Alameda County is closest in size to the CSC and has 5% more of its population enrolled in Medi-Cal. An initial consideration was that the CSC residents may have moved to Alameda County, but this was not supported by the survey data.

Population Selection Analysis

A notable consideration was identified when determining the population of the 67,440 cases, where clients dropped coverage from October 2016 to July 2019. Only 0.28% of these cases had phone numbers with text message capabilities on file and 0.20% had emails on file. Kelley et al. (2003) highlighted that postal surveys can cover a wide range of people, increasing the chances of generalizing a population by providing a large data set at a low cost. In this case, while the population was large, only a limited number of surveys were distributed due to resource constraints. Further investment is needed to collect more information about the low-income

population. Additional funding opportunities such as government agency grants (federal, state, or local) or philanthropic investments, could be considered to further understand and reach this underserved population. A cost benefit analysis would need to be conducted to understand the benefit of collecting additional data about this population versus the cost of not doing it.

Additional research methods, such as face-to-face interviews or telephone interviews, could be utilized to gather more data about this population.

Survey Results Analysis

The survey had a participation rate of 1.5%. A total of 5,322 surveys were distributed, and only 73 qualified for analysis. The survey did not generate sufficient information on the factors that contributed to the decline of Medi-Cal enrollment in the CSC, but several factors were identified. The population that received the survey may be marginally attached and, thus, less likely to respond because they are no longer using Medi-Cal services. Since the survey did not generate sufficient responses to generalize the population or reach a meaningful confidence interval, a descriptive analysis was conducted instead. This analysis highlighted and re-categorized the most common factors identified in the survey responses. The re-categorization of factors also included responses that were provided under coverage ending for a different reason.

Survey Result Analysis: Participation and Demographics

The survey design oversampled the clients who had Spanish and Vietnamese as primary languages. The participation was mainly comprised of individuals who took the survey in English, and 7% or less took the survey in either Spanish or Vietnamese. The majority of participants reported that their preferred language was English, with 12% or less preferring Spanish or Vietnamese. This could also mean that those who participated differed from those who did not participate. As Vargas (2016) suggests, low-income populations have a high level of

distrust for the government, which could contribute to a low response rate. Individuals whose primary language is Spanish or Vietnamese are less likely to respond, because despite being eligible for services such as Medi-Cal, they may be afraid to respond to anything that seems official. *The Economist* (2018) highlighted that undocumented individuals do not apply for services due to the fear of putting their names on official lists. An increase in governmental trust can result in an increase in program participation for eligible individuals. Most respondents stated that they applied for Medi-Cal online or with an eligibility worker, which together comprised about 78% of the distribution in Figure 31. About 30% of participants applied with an eligibility worker. Eligibility workers can also serve as front-line employees that help increase governmental trust.

The survey population was comprised of 44% White, 26% Asian, 22% Hispanic or Latino, 3% Black or African American, and 1% Native Hawaiian or Pacific Islander. The highest participation came from White individuals, which amounted to nearly double the number of responses from Asians and Hispanic or Latino populations.

The Medi-Cal enrollment status question identified that 7% of the participants were currently enrolled in Medi-Cal. This data contributes to the primary goal of getting people enrolled in Medi-Cal, thus, improving the response to the problem identified under phase one of the Methodology.

Interestingly, 19% of participants were not sure of their Medi-Cal enrollment status. Considering that these participants were on the report generated by the CSCSSA, they are likely to not have Medi-Cal coverage and are not aware of the same. This is an issue that is either external or institutional. There is a possibility that these individuals have not received

communication or redetermination paperwork from the CSCSSA, which reflects a gap in communication.

As expected, a larger portion (74%) of the participants was not enrolled in Medi-Cal. The findings analysis for questions 10 through 14 will provide greater detail on which factors contributed to the drop in Medi-Cal coverage for these participants.

Survey Results: Participation and Geography Analysis

About 15% of participants reported that they moved out of the CSC. The initial consideration was that CSC residents may have moved to surrounding counties, and the geographical distribution of participants reflected that some participants had moved to other states, such as Oregon, Utah, Arizona, Texas, and New York. Other participants moved to Ecuador and Peru. Finley (2017) stated that over 800,000 people with an income of \$30,000 per year moved out of California. Baldassari (2019) suggested that people were moving out of the Bay Area in search of more affordable housing, which could very well be a reason for this data point.

Another interesting data point was that 93% of the participants reported that they still lived in the State of California and 97% of them continued to live in the CSC. The remaining percentages are of participants who moved to Orange and San Mateo County. A majority of the CSC participants live in San Jose. The largest participation came from zip codes 95131 and 95132, followed by the CSC participants who lived in Campbell with the zip code 95008. This data point is important as it indicates that a larger portion of respondents have not left the CSC. Although the participants mostly reported still living in the CSC, it is likely that others did not receive the survey. Systemic biases may have been introduced due to the transient nature of these communities, meaning that anyone who may have moved across the CSC would not have been reached. It is very likely that a large proportion of the clients who were mailed the survey did not

receive it, which is significant as 94% of the surveys were distributed via mail, which is only automatically forwarded for a year or less.

Survey Results: Factors Analyzed

Initially, the factors that contributed to a decline in Medi-Cal were divided into six categories. These categories were the options under question 10—Why did Medi-Cal coverage end? The response options included not eligible, requested to end coverage, worried about immigration status, did not renew application, not sure why Medi-Cal coverage ended, and Medi-Cal ended for a different reason. Each category was further broken down in questions 11–14. Questions 10 through 14 provided an option for participants to provide their reasons for dropping Medi-Cal.

The different reasons provided by the participants were highlighted in the Findings and organized into new categories for the purpose of this analysis in Table 10.

Table 10: *New categories for different reasons provided*

New Categories for Different Reasons Provided	Number of Responses
Assets other than income are too high	3
Deceased	1
Did not realize they had to continue renewing annually	1
Difficulty making appointments	1
Enrolled without their knowledge	3
Forgot to renew	1
May be eligible now	1
Missed the renewal deadline	1
Notified no longer qualified	3
Received renewal letter too late	1
Share of cost is too high	1
Too much information requested	2
Total	19

Source: CSCSSA, 2019d.

Table 10 reveals 19 new factors. This was done to understand which factors were not initially included yet contributed to the decline in Medi-Cal enrollment. The initial categories provided a great starting point to understand the general reasons participants dropped Medi-Cal. However, after assessing the initial categories of factors alongside the different reasons provided, it was determined that a new set of categories was needed. Table 11 reflects the new sets of categories, which includes the combination of initial categories and the different reasons provided.

Table 11: *New categories including all factors*

#	Category	Factors Included in Category
1	Deceased	<ul style="list-style-type: none"> • Deceased
2	Did not renew the application	<ul style="list-style-type: none"> • Did not have the required paperwork • Did not realize they had to continue renewing annually • Did not receive the renewal letter • Forgot to renew • May be eligible now • Missed the renewal deadline • Received renewal letter too late
3	Difficulty getting to the CSCSSA office	<ul style="list-style-type: none"> • Did not have a way of getting to the Medi-Cal office • Difficulty attending appointments
4	Enrolled without their knowledge	<ul style="list-style-type: none"> • Enrolled without their knowledge
5	Have health insurance	<ul style="list-style-type: none"> • Got private health insurance • Job offered health insurance
6	Life Transition	<ul style="list-style-type: none"> • Did not need Medi-Cal anymore • Got a job • Got married • Moved out of the County of Santa Clara
7	Not eligible	<ul style="list-style-type: none"> • Assets other than income are too high • Made too much money • Notified no longer qualified
8	Not happy with Medi-Cal	<ul style="list-style-type: none"> • Not happy with Medi-Cal
9	Not sure why Medi-Cal coverage ended	<ul style="list-style-type: none"> • Not sure why my Medi-Cal coverage ended
10	Share of cost is too high	<ul style="list-style-type: none"> • Share of cost is too high
11	Too much information requested	<ul style="list-style-type: none"> • Too much information requested
12	Worried about immigration status	<ul style="list-style-type: none"> • Fear of deportation • Fear of not qualify for a green card • Fear of not qualify for residency

Source: CSCSSA, 2019d.

Table 11 reveals twelve new categories that were created. The categories are: deceased, did not renew application, difficulty getting to the CSCSSA office, enrolled without participant's knowledge, have health insurance, life transition, not eligible, not happy with Medi-Cal, not sure why Medi-Cal ended, share of cost is too high, too much information is requested, and worried about immigration status. Table 11 provides detail on what factors from the Findings were included in each new category.

Figure 33 depicts the distribution of the newly created categories comprising 101 factors that contributed to the decline in Medi-Cal enrollment in the CSC. The 101 factors were broken down into 12 new categories, as highlighted in Table 11.

The largest proportion of responses reflect that life transition constituted 27% of the reasons for participants dropping Medi-Cal. This category generated 27 responses, including not needing Medi-Cal anymore, getting a job, getting married, and moving out of the CSC. This category may have some churn effects. Tilley et al. (2018) highlighted the concept of churning, which refers to a change in an individual's employment, income, age, school status, or family structure. Tilley et al. (2018) also pointed out that California is in the fifth percentile of states with the highest rate of churning. Another category that may have elements of churning is the not eligible category, which includes responses that reported ineligibility due to higher incomes. This category made up 18% of the total response distribution and is the third largest of the factors that contributed to participants dropping Medi-Cal. Dietz et al. (2014) talked about the importance of predicting changes in income- and job-offered health insurance, pointing out that one in every six enrollees is expected to receive an income increase, while three-quarters of Medi-Cal enrollees are expected to stay enrolled for 12 months.

Figure 33: Number of factors contributing to the decline of Medi-Cal enrollment.

Source: CSC, 2019d.

The second largest proportion was the category of having health insurance, which generated 24 responses (24% of the response distribution). Having health insurance includes private health insurance or health coverage offered by employers. This is important because the issue being researched is based on an increasing rate of insured individuals. Gorin (2011) highlighted that the ACA expansion of 2014 required employers with 50 or more employees to provide coverage for their workers. However, Pentecost (2017) suggested that employer-offered health care coverage did not reflect a change after the ACA. If people are dropping from Medi-Cal due to their employer-offered health insurance, it means that people still have health insurance. Decker et al. (2013) stated that an increase in uninsured individuals could lead to

uncontrolled chronic conditions or worse health outcomes. However, if people are obtaining health coverage through their employers, they are not experiencing a lapse in health coverage.

The fourth largest factor that contributed to participants dropping Medi-Cal was not renewing their application. Participants who did not renew their application included those who did not have the required paperwork, did not receive the renewal letter, missed the renewal deadline, received the renewal letter too late, forgot to renew, did not realize that they had to renew annually, and may be eligible now. This category generated nine responses, making up 9% of the distribution. This proportion is important because it includes individuals who did not renew their Medi-Cal application due to the timing of the redetermination process. According to the CSC (2017c), two months before a client is due for their redetermination date, the Federal Hub will attempt to automatically verify their eligibility. Clients who are not automatically verified receive a redetermination packet by mail that requires them to provide the requested information that needs to be reviewed by an eligibility worker. The client can provide the requested information by phone, mail, fax, or online at My Benefits CalWIN (CSC, 2017c).

If the client is determined to be ineligible, or does not respond, the CSC system will automatically generate information for Covered CA. This category of factors is important because it includes clients who may still be eligible for coverage, but their coverage has lapsed. A. Eltorai and M. Eltorai (2017) states that individuals who are uninsured are at a risk of being hospitalized for avoidable health issues and mortality due to a lack of preventative or diagnostic care. This is also a financial consequence concern for the individual. Dietz et al. (2014) stated that the ACA changed the redetermination period from every six months to 12 months. Obernesser (2004) stated that most Medi-Cal clients lose coverage after the first year due to administrative obstacles, adding that Medi-Cal's redetermination process could improve

enrollment retention. The ACA also allows states to develop systems for enrollment. Wishner et al. (2018) discussed the efficiency of real-time eligibility, such as CalHEERS, highlighting that California has lower rates of real-time eligibility due to county-based program legal responsibilities in determining eligibility. Wishner et al. (2018) further suggested that California should conduct an analysis on processes used across counties for making determinations and redeterminations. Another category that could fall under the redetermination or streamlining processes is the category of too much information requested, which generated two responses and made up 2% of the distribution.

The fifth largest proportion of the population dropping Medi-Cal were participants who were not sure why their Medi-Cal coverage ended. This category of factors generated eight responses, making up 8% of the distribution. These participants stated that they did not know why their Medi-Cal coverage had ended. This is important because it could be due to institutional or external concerns. It is difficult to speculate about the reason behind this, but it is important to ask whether it is something that can be improved through streamlining procedures, expanding languages, or methods of communication. The same is true for the categories of enrolled without their knowledge, which generated three responses and constituted 3% of the distribution of responses. The CSC (2017c) stated that individuals who do not qualify for Medi-Cal are automatically evaluated for Covered CA and are mailed information about their eligibility. The participants who stated that they were automatically evaluated for Covered CA without their knowledge or consent could fall into this category of ineligible individuals. Streamlining processes or methods of communication could improve these concerns.

The sixth proportion of factors for dropping Medi-Cal includes participants who are worried about their immigration status. This category generated three responses and made up 3%

of the response distribution, including factors such as fear of deportation and fear of not qualifying for a green card or residency. Although this category generated very little response, it is believed to be a critical factor. Batalova et al. (2018) discussed the new rule that the Trump administration was developing, making it difficult for immigrants to receive their green card or extended visa if either they or their dependents use public benefits. This is important because according to Batalova et al. (2018), 31% of the children on Medi-Cal are from immigrant families. The fear of not receiving a green card due to public charge concerns could decrease enrollment and keep people from applying for Medi-Cal due to the fear of deportation. The CSC (2017c) stated that eligible immigrants and undocumented children are eligible for Full-Scope Medi-Cal, and undocumented adults are only eligible for Restricted-Scope Medi-Cal. Fabi and Saloner (2016) stated that about a million undocumented immigrants lack health insurance.

The other categories, which made up 2% or less of the distribution, were difficulty of getting to the CSCSSA office, share of cost being too high, and an individual being deceased. Difficulty of getting to the CSCSSA office includes transportation and time off from work for appointments. Each of these factors generated two or fewer responses.

Survey Results: Past Coverage Analysis

The largest proportion, or 65% of the participants, who lost coverage were participants who had only single party coverage or coverage for themselves. The second largest proportion, or 17%, were participants who had Medi-Cal coverage for themselves, their spouse, and their children. The third proportion, or 16%, were participants who only had coverage for themselves and their children. Less than 5% reported that the lost coverage was for their children only.

Of the respondents who reported Medi-Cal covering their children, over half reported having only one child and a quarter reported having two children. About 5% or less reported

having three and four children. The total number of children covered by Medi-Cal in the past was 38. This analysis is important because, as Faby (2016) stated, there are barriers of providing Medi-Cal for children from undocumented families. Trogon and Ahn (2015) also highlighted that uninsured children are more prone to influenza or the spread of influenza. Children without health coverage are less likely to receive vaccination because of the associated expenses.

Limitations

This study had several limitations. First, the population selected is a group that, at some point, received Medi-Cal benefits and may no longer wish to communicate with the CSCSSA. The survey was sent to client case addresses, emails, or phone numbers on the CSCSSA file. A proportion of the individuals may not have received the survey, because they may be part of a transient population. At the time the survey was distributed, some of the addresses may have been two to three years old.

Second, the study was completed through a survey. Surveys have a history of low response rates. Third, the survey was distributed in the form of a web link. The client population sampled may not have access to the internet or the knowledge to use a computer. Fourth, the sample size did not generate adequate responses to generalize the population with confidence, which means that the findings may not be generalized to the population of the CSC Medi-Cal clients who have dropped Medi-Cal. Had a confidence interval been achieved, it would still be difficult to generalize the results to another region, because the CSC is unique in terms of diversity. Fifth, while the study intended to determine the reason for clients dropping Medi-Cal, many unknown factors continue to exist. While the responses to the survey could help develop theories as to why residents dropped Medi-Cal, the survey was not designed to explore other factors in detail, implying that some factors may have been missed or not discussed.

Sixth, there is literature on the high level of distrust and chilling effects among low-income people toward government and healthcare agencies. Seventh, based on studies reported in the Literature Review, the survey was expected to have a low response rate to begin with, because the population is one that is marginally attached to the CSC, and thus, less likely to respond. The survey was prepared by the researcher but administered by a government agency. Therefore, the Findings may not include responses from clients who distrust governmental agencies or fear that enrolling their children in Medi-Cal puts them at a risk of deportation. Eighth, if more client emails and phone numbers with text message capabilities had been on file, more surveys could have been distributed at little to no cost, allowing the CSCSSA to collect more data from an already marginalized community. However, an analysis needs to be done to determine if additional methods of communication conflict with the privacy laws that protect Medi-Cal clients. Lastly, although all the recipients received the survey, there were some answers that were not selected by any participant.

CONCLUSION AND RECOMMENDATIONS

The CSC has experienced a decline in Medi-Cal enrollment since its peak enrollment period. Several sources and data sets were used to analyze and determine the factors that contributed to the decline of Medi-Cal enrollment in the CSC. One of the data sets was collected from an anonymous postal survey, which had an extremely low response rate of 1.5% or 73 responses. The survey did not accomplish its goal of generating sufficient information to reach a meaningful confidence interval on which factors contributed to the decline of Medi-Cal enrollment in the CSC. However, several factors were identified and analyzed using descriptive analysis. The most common factors that contributed to the decline of Medi-Cal enrollment in the CSC were life transitions, having private or employer-offered health coverage, not being eligible, or failure to renew the Medi-Cal application. Other factors were also identified, such as being unsure why Medi-Cal ended and the administrative obstacles of the required information. The survey data had a low response rate from individuals with immigration status concerns. However, due to the chilling effects of recent federal government announcements about the definition of “public charge” (National Immigration Law Center, 2019), and distrust in government agencies more generally (Vargas, 2016), this factor could be critical, and requires further study.

The CSC may consider taking additional steps to mitigate the decline in Medi-Cal enrollment. First, the CSC could analyze the Medi-Cal program and work to streamline the redetermination and communication processes. Second, the CSC should assess their current engagement efforts to build more trust in the community. As stated by Vargas (2016), strategically placing frontline personnel or navigators in communities of similar backgrounds can promote community trust by disassociating themselves from government agencies. Trust can also be built through increased community outreach, enhanced program knowledge and experience of

county employees (Pentecost, 2017), as well as language and cultural competency of those doing the outreach. Third, the CSC may consider applying for federal, state or local grants to further study this population. Partnerships with non-profit organizations could also be beneficial.

Additional resources, as well as added investments, follow-up, monetary incentives, and cost benefit analysis, could lead to more rigorous research methods, such as face-to-face or telephone interviews, thus, generating higher response rates, which are likely to lead to improved information outcomes.

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APPENDIX

Appendix 1: Medi-Cal Retention Survey, English, Spanish and Vietnamese

Medi-Cal Retention - Final

Start of Block: Informed Consent

Q1

INFORMATION & CONSENT NOTICE

You are receiving this survey to help us understand why people stopped enrolling for Medi-Cal in Santa Clara County. We fear that people stopped enrolling in Medi-Cal for several reasons, including citizenship status, Medi-Cal requirements, or the high cost of living. Your participation is important and appreciated, it will provide important information to improve services.

This survey is being administered by the Santa Clara County Social Services Agency on behalf of an outside researcher, Christina Salvatier, a graduate student at San Jose State University.

Your answers are confidential, and responses will ONLY be reported to her as a summary report.

Your participation in this survey is voluntary and will not affect any services you receive at Santa Clara County Social Services Agency.

Please participate in this short 5-10 minute survey. Please complete the survey before November 15, 2019.

For more information about the survey, please contact the Office of Research of Evaluation at ore@ssa.sccgov.org.

Your participation in the survey is appreciated. To participate, click "yes, begin the survey" below.

Thank you.

Office of Research and Evaluation
County of Santa Clara Social Services Agency
ore@ssa.sccgov.org

Yes, begin the survey (1)

No, I do not want to participate (2)

Q1

INFORMACIÓN Y AVISO DE CONSENTIMIENTO

Está recibiendo esta encuesta para ayudarnos a comprender por qué las personas dejaron de inscribirse en Medi-Cal en el condado de Santa Clara. Tememos que las personas dejen de inscribirse en Medi-Cal por varias razones, incluido su estado migratorio, los requisitos de Medi-Cal o el alto costo de la vida. Su participación es importante y se le agradece, pues nos proporcionará información relevante para mejorar los servicios.

Esta encuesta la administra la Agencia de Servicios Sociales del Condado de Santa Clara (Santa Clara County Social Services Agency) a nombre de una investigadora externa, Christina Salvatier, una estudiante de postgrado de la Universidad Estatal de San Jose (San Jose State University). Sus respuestas son confidenciales, y SÓLO se le informará a ella de las respuestas en un informe resumido.

Su participación en esta encuesta es voluntaria y no afectará ningún servicio que usted reciba en la Agencia de Servicios Sociales del Condado de Santa Clara.

Participe en esta breve encuesta de 5-10 minutos. Llene la encuesta antes del 15 de noviembre de 2019.

Para obtener más información sobre la encuesta, comuníquese a la Oficina de Investigación y Evaluación en: ore@ssa.sccgov.org

Se agradece su participación en la encuesta. Para participar, haga clic en donde dice "Sí, comience la encuesta", a continuación.

Muchas gracias.

Oficina de Investigación y Evaluación
Agencia de Servicios Sociales del Condado de Santa Clara
ore@ssa.sccgov.org

Sí, comience la encuesta (1)

No, no quiero participar (2)

Q1 THÔNG CÁO VỀ SỰ ỨNG THUẬN & THÔNG TIN

Quý vị nhận được bảng câu hỏi thăm dò ý kiến này để giúp chúng tôi tìm hiểu lý do tại sao nhiều người đã ngưng ghi danh vào chương trình tài trợ Medi-Cal trong Hạt Santa Clara. Sự lo sợ của chúng tôi là nhiều người ngưng ghi danh vào chương trình tài trợ Medi-Cal vì nhiều lý do, bao gồm tình trạng nhập tịch, những đòi hỏi của chương trình tài trợ Medi-Cal, hoặc vì giá sinh hoạt tại đây quá cao. Sự tham gia của quý vị rất quan trọng và chúng tôi rất cảm kích. Việc này sẽ cung cấp những thông tin quan trọng cho việc cải thiện các dịch vụ.

Cuộc thăm dò ý kiến được thực hiện bởi Sở Dịch Vụ Xã Hội Hạt Santa Clara đại diện cho một người nghiên cứu ngoại vụ, Christina Salvatier, một sinh viên tốt nghiệp tại Đại Học San Jose State. Các câu trả lời của quý vị đều được bảo mật, và sẽ CHỈ được báo cáo cho sinh viên đó trong một bản báo cáo tóm tắt.

Sự tham gia của quý vị trong cuộc thăm dò ý kiến này là tự nguyện, và sẽ không ảnh hưởng đến các dịch vụ nào quý vị nhận được tại Sở Dịch Vụ Xã Hội Hạt Santa Clara.

Xin quý vị vui lòng tham gia sự thăm dò ý kiến ngắn 5-10 phút. Xin quý vị vui lòng hoàn tất sự thăm dò ý kiến trước ngày 15 tháng 11, 2019.

Để biết thêm thông tin về cuộc thăm dò ý kiến này, xin quý vị liên lạc Văn Phòng Nghiên Cứu và Đánh Giá tại ore@ssa.sccgov.org.

Sự tham gia của quý vị rất quý trọng. Đồng ý tham gia, nhấn "Đồng ý, bắt đầu cuộc thăm dò ý kiến" dưới đây.

Cảm ơn quý vị.

Văn Phòng Nghiên Cứu và Đánh Giá
Sở Dịch Vụ Xã Hội Hạt Santa Clara
ore@ssa.sccgov.org

Đồng ý, bắt đầu cuộc thăm dò ý kiến (1)
Không, tôi không muốn tham gia (2)

Skip To: End of Survey If INFORMATION & CONSENT NOTICE You are receiving this survey to help us understand why people sto... = No, I do not want to participate

End of Block: Informed Consent

Start of Block: Current Enrollment Status & Demographics

Display This Question:

If INFORMATION & CONSENT NOTICE You are receiving this survey to help us understand why people sto... =
Yes, begin the survey

Q2 Current Enrollment Status: What is your current Medi-Cal status?

- ☐ Enrolled (1)
- ☐ Not enrolled (2)
- ☐ I am not sure (3)

Q2 Estado de Inscripción Actual: ¿Cuál es su estado actual de Medi-Cal?

- ☐ Estoy inscrito (1)
- ☐ No estoy inscrito (2)
- ☐ No estoy seguro (3)

Q2 Tình Trạng Ghi Danh: Quý vị có đang ghi danh Medi-Cal?

- ☐ Có ghi danh (1)
- ☐ Không ghi danh (2)
- ☐ Tôi không biết chắc (3)

Page Break

Display This Question:

If Current Enrollment Status: What is your current Medi-Cal status? = Not enrolled

Q3 Current Enrollment Status: When you were last enrolled in Medi-Cal, were you also enrolled in CalFresh?

- ☐ Yes (1)
- ☐ No (2)
- ☐ I am not sure (3)

Q3 Estado actual de inscripción: ¿La última vez que se inscribió en Medi-Cal, también estaba inscrito en CalFresh?

- ☐ SÍ (1)
- ☐ No (2)
- ☐ No estoy seguro (3)

Q3 Tình Trạng Ghi Danh: Khi quý vị ghi danh lần chót với Medi-Cal, quý vị cũng ghi danh với CalFresh lúc đó không?

- ☐ Có (1)
- ☐ Không (2)
- ☐ Tôi không biết chắc (3)

Page Break

Display This Question:

If Current Enrollment Status: What is your current Medi-Cal status? = Enrolled

Or Current Enrollment Status: What is your current Medi-Cal status? = I am not sure

Q4 Current Enrollment Status: What is your current CalFresh status?

- ☐ Enrolled (1)
- ☐ Not enrolled (2)
- ☐ I am not sure (3)

Q4 Estado de Inscripción Actual: ¿Cuál es su estado actual en CalFresh?

- ☐ Estoy inscrito (1)
- ☐ No estoy inscrito (2)
- ☐ No estoy seguro (3)

Q4 Tình Trạng Ghi Danh: Tình trạng ghi danh của quý vị với CalFresh là gì?

- ☐ Có ghi danh (1)
- ☐ Không ghi danh (2)
- ☐ Tôi không biết chắc (3)

Page Break

Q5 Marital Status: Please specify your marital status.

- ☐ Single, never married (1)
- ☐ Married or domestic partnership (2)
- ☐ Widowed (3)
- ☐ Divorced (4)
- ☐ Separated (5)

Q5 Estado Civil: Por favor indique su estado civil.

- ☐ Soltero, nunca me casé (1)
- ☐ Casado o en unión libre (2)
- ☐ Viudo (3)
- ☐ Divorciado (4)
- ☐ Separado (5)

Q5 Tình trạng hôn nhân: Xin cho biết tình trạng hôn nhân của quý vị hiện nay.

- ☐ Độc thân, chưa lập gia đình (1)
- ☐ Có gia đình hoặc sống chung (2)
- ☐ Góa (3)
- ☐ Ly dị (4)
- ☐ Ly thân (5)

Q6 Ethnic Origin: What is your ethnicity?

- ☐ White (1)
- ☐ Hispanic or Latino (2)
- ☐ Black or African American (3)
- ☐ American Indian or Alaska Native (4)
- ☐ Asian (5)
- ☐ Native Hawaiian or Pacific Islander (6)
- ☐ Other (please share here) (7) _____

Q6 Origen Étnico: ¿Cuál es su etnia?

- ☐ Blanco (1)
- ☐ Hispano o Latino (2)
- ☐ Negro o Americano Africano (3)
- ☐ Nativo Americano o Nativo de Alaska (4)
- ☐ Asiático (5)
- ☐ Nativo de Hawái o Isleño del Pacífico (6)
- ☐ Otro (por favor comparte aquí) (7) _____

Q6 chủng tộc Nguyên Thủy: Chủng tộc của quý vị là gì?

- ☐ Da Trắng (1)
 - ☐ Tây Ban Nha hoặc Mỹ La Tinh (2)
 - ☐ Da Đen hoặc Mỹ gốc Phi Châu (3)
 - ☐ Thổ Dân Mỹ hoặc Thổ Dân Alaska (4)
 - ☐ Dân Á Châu (5)
 - ☐ Thổ Dân Hawaii hoặc Đảo Thái Bình Dương (6)
 - ☐ Chủng tộc khác (cho biết) (7)
-

Page Break

Q7 Education: Are you currently a college student?

☐ Yes (1)

☐ No (2)

Q7 Educación: ¿Actualmente es usted un estudiante universitario?

☐ Sí (1)

☐ No (2)

Q7 Học Vấn: Quý Vị có đang là sinh viên đại học không?

☐ Có (1)

☐ Không (2)

Page Break

Q8 County of Residence: Do you currently live in Santa Clara County?

- ☐ Yes (1)
- ☐ No (2)
- ☐ Not sure (3)

Q8 Condado de Residencia: ¿Vive usted actualmente en el Condado de Santa Clara?

- ☐ Sí (1)
- ☐ No (2)
- ☐ No estoy seguro (3)

Q8 Quận Hạt Cư Ngụ: Quý vị có đang sinh sống trong Hạt Santa Clara?

- ☐ Có (1)
- ☐ Không (2)
- ☐ Không biết chắc (3)

Q9 Zip Code: What is your zip code?

Q9 Código Postal: ¿Cuál es su Código postal?

Q9 Zip Code: Cho biết số zip code nơi quý vị cư ngụ?

Page Break

Display This Question:

If Current Enrollment Status: What is your current Medi-Cal status? = Not enrolled

Or Current Enrollment Status: What is your current Medi-Cal status? = I am not sure

Q10 Please help us understand why your Medi-Cal coverage ended? Please check all that apply.

- ☐ I was not eligible (1)
 - ☐ I requested to end coverage (2)
 - ☐ I am worried about my immigration status (3)
 - ☐ I am worried about my family member's citizenship status (4)
 - ☐ I did not renew my application (5)
 - ☐ I am too embarrassed to receive Medi-Cal (6)
 - ☐ I am worried that my Medi-Cal could affect someone in my family (7)
 - ☐ I was able to get health coverage through my school (9)
 - ☐ I am not sure why my Medi-Cal coverage ended (8)
 - ☐ I have a different reason (please share your reason here) (10)
-

Q10 Por favor, ayúdenos a entender por qué terminó su cobertura de Medi-Cal. Marque todos los recuadros que apliquen:

- ☐ No calificaba (1)
 - ☐ Yo pedí que terminara mi cobertura (2)
 - ☐ Estoy preocupado por mi estatus migratorio (3)
 - ☐ Me preocupa el estado de ciudadanía de mis familiares (4)
 - ☐ No renové mi solicitud (5)
 - ☐ Me da mucha vergüenza recibir ayuda de Medi-Cal (6)
 - ☐ Me preocupa que mi Medi-Cal pueda afectar a alguien de mi familia (7)
 - ☐ Pude obtener cobertura médica a través de mi escuela (9)
 - ☐ No estoy seguro por qué terminó mi cobertura de Medi-Cal (8)
 - ☐ Tengo una razón diferente (por favor comparta su razón aquí) (10)
-

Q10 Xin cho biết tại sao chấm dứt tài trợ Medi-Cal cho quý vị? Đánh dấu tất cả các mục phù hợp.

- ☐ Tôi không hội đủ điều kiện (1)
- ☐ Tôi yêu cầu ngưng tài trợ (2)
- ☐ Tôi lo ngại về tình trạng nhập cư của tôi (3)
- ☐ Tôi lo ngại về tình trạng nhập tịch của thân nhân trong gia đình của tôi (4)
- ☐ Tôi không nộp đơn tái ghi danh (5)
- ☐ Tôi xấu hổ khi nhận Medi-Cal (6)
- ☐ Tôi lo ngại rằng tôi có Medi-Cal sẽ ảnh hưởng không tốt đến thân nhân trong gia đình của tôi (7)
- ☐ Tôi đã có bảo hiểm sức khỏe qua trường học của tôi (9)
- ☐ Tôi không biết tại sao tài trợ Medi-Cal chấm dứt Tôi đã có bảo hiểm sức khỏe qua trường học của tôi (8)
- ☐ Tôi có lý do khác (xin cho biết lý do) (10)

Display This Question:

If Please help us understand why your Medi-Cal coverage ended? Please check all that apply. = I was not eligible

Q11 Why weren't you eligible for Medi-Cal? Please check all that apply.

- ☐ I made too much money (1)
 - ☐ I got a job (2)
 - ☐ My job offered health insurance (3)
 - ☐ I got married (4)
 - ☐ My age changed (5)
 - ☐ My children's age changed (6)
 - ☐ I moved out of Santa Clara County (7)
 - ☐ I did not renew my application (8)
 - ☐ I am not sure why I was not eligible (9)
 - ☐ I have a different reason (please share your reason here) (10)
-

Q11 ¿Por qué no calificaba para Medi-Cal? Por favor marque todos los recuadros que apliquen:

- ☐ Ganaba demasiado dinero (1)
 - ☐ Tengo un trabajo (2)
 - ☐ Mi trabajo ofrecía seguro médico (3)
 - ☐ Me casé (4)
 - ☐ Mi edad cambió (5)
 - ☐ Las edades de mis niños cambiaron (6)
 - ☐ Me mudé fuera del Condado de Santa Clara (7)
 - ☐ No renové mi solicitud (8)
 - ☐ No estoy seguro de por qué no califiqué (9)
 - ☐ Tengo una razón diferente (por favor comparta su razón aquí) (10)
-

Q11 Tại sao quý vị không đủ điều kiện hưởng Medi-Cal? Đánh dấu tất cả các mục phù hợp.

- ☐ Tôi có mức thu nhập quá cao (1)
 - ☐ Tôi có việc làm (2)
 - ☐ Tôi có bảo hiểm sức khỏe ở sở làm (3)
 - ☐ Tôi lập gia đình (4)
 - ☐ Hạn tuổi của tôi thay đổi (5)
 - ☐ Tuổi của con tôi thay đổi (6)
 - ☐ Tôi dọn ra khỏi Hạt Santa Clara (7)
 - ☐ Tôi không nộp đơn tái ghi danh (8)
 - ☐ Tôi không biết tại sao tôi không đủ điều kiện (9)
 - ☐ Tôi có lý do khác (xin cho biết lý do) (10)
-

Page Break

Display This Question:

If Please help us understand why your Medi-Cal coverage ended? Please check all that apply. = I requested to end coverage

Q12 Why did you ask to end Medi-Cal? Please check all that apply.

- ☐ The renewal process was too hard (1)
 - ☐ I was not happy with Medi-Cal (2)
 - ☐ I did not need Medi-Cal anymore (3)
 - ☐ I got private health insurance (4)
 - ☐ I moved out of Santa Clara County (5)
 - ☐ I have a different reason (please share your reason here) (6)
-

Q12 ¿Por qué pidió terminar la cobertura del Medi-Cal? Por favor, marque todos los recuadros que apliquen:

- ☐ El proceso de renovación era muy difícil (1)
 - ☐ Yo no estaba contento con Medi-Cal (2)
 - ☐ Ya no necesité más el Medi-Cal (3)
 - ☐ Tengo seguro médico privado (4)
 - ☐ Me mudé fuera del Condado de Santa Clara (5)
 - ☐ Tengo una razón diferente (por favor comparta su razón aquí) (6)
-

Q12 Tại sao quý vị yêu cầu chấm dứt Medi-Cal? Đánh dấu tất cả các mục phù hợp.

- ☐ Thủ tục tái ghi danh quá khó (1)
 - ☐ Tôi không hài lòng với Medi-Cal (2)
 - ☐ Tôi không cần Medi-Cal nữa (3)
 - ☐ Tôi đã có bảo hiểm tư nhân khác (4)
 - ☐ Tôi dọn ra khỏi Hạt Santa Clara (5)
 - ☐ Tôi có lý do khác (xin cho biết lý do) (6)
-

Display This Question:

If Please help us understand why your Medi-Cal coverage ended? Please check all that apply. = I did not renew my application

Q13 Why didn't you renew your application? Please check all that apply.

- ☐ I did not have the required paperwork (1)
 - ☐ I did not receive the renewal letter (2)
 - ☐ I did not have a way of getting to the Medi-Cal office (3)
 - ☐ I did not have access to the internet (4)
 - ☐ I did not have a phone to call the Medi-Cal office (5)
 - ☐ I have a different reason (please share here) (6)
-

Q13 ¿Por qué no renovó su solicitud? Marque todos los recuadros que apliquen:

- ☐ No tenía todos los papeles requeridos (1)
 - ☐ No recibí la carta para renovar (2)
 - ☐ No tenía cómo llegar a la oficina de Medi-Cal (3)
 - ☐ No tenía acceso a la Internet (4)
 - ☐ No tenía un teléfono para llamar a la oficina de Medi-Cal (5)
 - ☐ Tengo una razón diferente (por favor comparta su razón aquí) (6)
-

Q13 Tại sao quý vị không làm đơn để tái ghi danh? Đánh dấu tất cả các mục phù hợp.

- ☐ Tôi không có đủ giấy tờ theo quy định (1)
 - ☐ Tôi không nhận được thư yêu cầu tái ghi danh (2)
 - ☐ Tôi không có phương tiện đến văn phòng Medi-Cal (3)
 - ☐ Tôi không có phương tiện lên mạng điện tử (4)
 - ☐ Tôi không có điện thoại để gọi văn phòng Medi-Cal (5)
 - ☐ Tôi có lý do khác (xin cho biết lý do) (6)
-

Page Break

Display This Question:

If Please help us understand why your Medi-Cal coverage ended? Please check all that apply. = I am worried about my immigration status

Q14 Why are you worried about your immigration status? Please check all that apply.

- ☐ I am afraid of deportation (1)
 - ☐ I am afraid I will not qualify for a green card (2)
 - ☐ I am afraid I will not qualify for residency (3)
 - ☐ My children are eligible, but I am afraid to apply (4)
 - ☐ I was worried that my Medi-Cal could affect someone in my family (5)
 - ☐ I have a different reason (please share your reason here) (6)
-

Q14 ¿Por qué le preocupa su estatus migratorio? Marque todos los recuadros que apliquen:

- ☐ Tengo temor a la deportación (1)
- ☐ Me temo que no voy a calificar para la tarjeta de residencia (green card) (2)
- ☐ Me temo que no voy a calificar para la residencia (3)
- ☐ Mis niños califican, pero tengo temor de hacer la solicitud (4)
- ☐ Estaba preocupado de que mi Medi-Cal pudiera afectar a alguien de mi familia (5)
- ☐ Tengo una razón diferente (por favor comparta su razón aquí) (6)
-

Q14 Tại sao quý vị lo ngại về tình trạng nhập cư của quý vị? Đánh dấu tất cả các mục phù hợp.

- ☐ Tôi sợ bị trục xuất (1)
- ☐ Tôi sợ tôi sẽ không được cấp thẻ xanh (2)
- ☐ Tôi sợ tôi không hội đủ điều kiện cư trú (3)
- ☐ Các con tôi đủ điều kiện, nhưng tôi lo sợ và không dám xin (4)
- ☐ Tôi lo ngại tôi có Medi-Cal sẽ ảnh hưởng không tốt đến thân nhân trong gia đình của tôi (5)
- ☐ Tôi có lý do khác (xin cho biết lý do) (6)
-

End of Block: Current Enrollment Status & Demographics

Start of Block: Enrollment

*Display This Question:**If Current Enrollment Status: What is your current Medi-Cal status? = Not enrolled**Or Current Enrollment Status: What is your current Medi-Cal status? = I am not sure* **Q15 In the past, Medi-Cal covered:**

- ☐ Only me (1)
- ☐ Only my children (2)
- ☐ My children and me (3)
- ☐ My spouse, my children and me (4)

Q15 En el pasado, Medi-Cal cubría sólo a:

- ☐ Mí (1)
- ☐ Mis niños (2)
- ☐ Mis niños y a mí (3)
- ☐ Mi esposo(a), mis niños y a mí (4)

Q15 Trong quá khứ trước đây, Medi-Cal tài trợ:

- ☐ Chỉ tài trợ cho tôi (1)
- ☐ Chỉ tài trợ cho các con của tôi (2)
- ☐ Tài trợ cho tôi và các con của tôi (3)
- ☐ Tài trợ cho vợ chồng tôi và các con (4)

Display This Question:

If In the past, Medi-Cal covered: = Only my children

Or In the past, Medi-Cal covered: = My children and me

Or In the past, Medi-Cal covered: = My spouse, my children and me

Q16 How many of your children were enrolled in Medi-Cal?

▼ 0 (0) ... 10+ (10)

Q16 ¿Cuántos de sus niños estaban inscritos en Medi-Cal?

▼ 0 (0) ... 10+ (10)

Q16 Bao nhiêu người con của quý vị có Medi-Cal?

▼ 0 (0) ... 10+ (10)

Page Break

Q17 How many people live in your household?

▼ 1 (1) ... 16+ (16)

Q17 ¿Cuántas personas viven en su hogar?

▼ 1 (1) ... 16+ (16)

Q17 Có bao nhiêu người sống chung nhà với quý vị?

▼ 1 (1) ... 16+ (16)

Page Break

Display This Question:

If Why did you ask to end Medi-Cal? Please check all that apply. = I moved out of Santa Clara County

Or Why weren't you eligible for Medi-Cal? Please check all that apply. = I moved out of Santa Clara County

Or County of Residence: Do you currently live in Santa Clara County? = No

Q18 Current County of Residence: What County do you currently live in?

- ☐ Santa Cruz (1)
- ☐ San Mateo (2)
- ☐ Alameda (3)
- ☐ Stanislaus (4)
- ☐ Merced (5)
- ☐ San Benito (6)
- ☐ San Joaquin (7)
- ☐ Monterey (8)
- ☐ Other (please share here) (9) _____

Q18 Condado Actual de Residencia: ¿En qué condado vive actualmente?

- ☐ Santa Cruz (1)
 - ☐ San Mateo (2)
 - ☐ Alameda (3)
 - ☐ Stanislaus (4)
 - ☐ Merced (5)
 - ☐ San Benito (6)
 - ☐ San Joaquin (7)
 - ☐ Monterey (8)
 - ☐ Otro (por favor comparta aquí) (9)
-

Q18 Quận hạt cư ngụ hiện nay: Hiện nay quý vị cư ngụ tại quận hạt nào?

- ☐ Santa Cruz (1)
 - ☐ San Mateo (2)
 - ☐ Alameda (3)
 - ☐ Stanislaus (4)
 - ☐ Merced (5)
 - ☐ San Benito (6)
 - ☐ San Joaquin (7)
 - ☐ Monterey (8)
 - ☐ Quận Hạc Khác (xin cho biết) (9)
-

Page Break

End of Block: Enrollment

Start of Block: Assistance Location

Display This Question:

If Current Enrollment Status: What is your current Medi-Cal status? = Not enrolled

Or Current Enrollment Status: What is your current Medi-Cal status? = I am not sure

Q19 Where did you receive medical care?

- ☐ At a community clinic (1)
 - ☐ At the county hospital (2)
 - ☐ At a county clinic (3)
 - ☐ At a different place (enter the name of the place here) (4)
-

Q19 ¿Dónde recibió atención médico?

- ☐ En una clínica de la comunidad (1)
 - ☐ En el hospital del condado (2)
 - ☐ En una clínica del condado (3)
 - ☐ En un lugar diferente (escriba el nombre del lugar aquí) (4)
-

Q19 Quý vị chăm sóc sức khỏe tại đâu?

- ☐ Tại y viện cộng đồng (1)
- ☐ Tại bệnh viện của quận hạt (2)
- ☐ Tại y viện của quận hạt (3)
- ☐ Tại nơi khác (cho biết tên của nơi đó) (4)

Page Break

Display This Question:

If Current Enrollment Status: What is your current Medi-Cal status? = Not enrolled

Or Current Enrollment Status: What is your current Medi-Cal status? = Enrolled

Q21 How did you apply for Medi-Cal?

- ☐ Online (1)
 - ☐ Over the phone (2)
 - ☐ At the hospital (3)
 - ☐ At a community clinic (4)
 - ☐ At my church (5)
 - ☐ At an application assistance center (6)
 - ☐ With an eligibility worker at Santa Clara County Social Services Agency (7)
 - ☐ Somewhere else (please share the place here) (8)
-

Q21 ¿Cómo solicitó el Medi-Cal?

- ☐ En línea (1)
 - ☐ Por teléfono (2)
 - ☐ En el hospital (3)
 - ☐ En una clínica de la comunidad (4)
 - ☐ En mi iglesia (5)
 - ☐ En un centro de ayuda para llenar solicitudes (6)
 - ☐ Con un trabajador(a) de la Agencia de Servicios Sociales del Condado de Santa Clara encargado de determinar si alguien califica para Medi-Cal (7)
 - ☐ En otra parte (por favor comparta el nombre del lugar aquí) (8)
-

Q21 Quý vị xin Medi-Cal bằng cách nào?

- ☐ Trên mạng điện tử (1)
 - ☐ Qua điện thoại (2)
 - ☐ Tại bệnh viện (3)
 - ☐ Tại y viện cộng đồng (4)
 - ☐ tại Nhà Thờ (5)
 - ☐ Tại một trung tâm trợ giúp (6)
 - ☐ Với một nhân viên xét duyệt tại Sở Dịch Vụ Xã Hội Hạt Santa Clara (7)
 - ☐ Nơi khác (cho biết tên của nơi đó) (8)
-

Display This Question:

If Current Enrollment Status: When you were last enrolled in Medi-Cal, were you also enrolled in Cal... = Yes

Or Current Enrollment Status: What is your current CalFresh status? = Enrolled

Q22 How did you apply for CalFresh?

- ☐ Online (1)
 - ☐ Over the phone (2)
 - ☐ At my church (3)
 - ☐ At a community clinic or food bank (4)
 - ☐ At the WIC office (5)
 - ☐ At an application assistance center (6)
 - ☐ With an eligibility worker at Santa Clara County Social Services Agency (7)
 - ☐ Somewhere else (please share the place here) (8)
-

Q22 ¿Cómo solicitó CalFresh?

- ☐ En línea (1)
 - ☐ Por teléfono (2)
 - ☐ En mi iglesia (3)
 - ☐ En una clínica comunitaria o en un banco de alimentos (food bank) (4)
 - ☐ En la oficina de WIC (5)
 - ☐ En un centro de ayuda para llenar solicitudes (6)
 - ☐ Con un trabajador(a) de la Agencia de Servicios Sociales del Condado de Santa Clara encargado de determinar si alguien califica para Medi-Cal (7)
 - ☐ En otra parte (por favor, comparta el nombre del lugar aquí) (8)
-

Q22 Quý vị ghi danh chương trình CalFresh như thế nào?

- ☐ Trên mạng điện tử (1)
 - ☐ Qua điện thoại (2)
 - ☐ Tại nhà thờ (3)
 - ☐ Tại một y viện cộng đồng hoặc ngân hàng thực phẩm (4)
 - ☐ Tại một văn phòng chương trình WIC (5)
 - ☐ Tại một trung tâm trợ giúp ghi danh (6)
 - ☐ Với một nhân viên xét duyệt tại Sở Dịch Vụ Xã Hội Hạt Santa Clara (7)
 - ☐ Nơi khác (cho biết tên của nơi đó) (8)
-

Display This Question:

If Current Enrollment Status: What is your current Medi-Cal status? = Not enrolled

Or Current Enrollment Status: What is your current Medi-Cal status? = I am not sure

Q23 Do you plan to apply for Medi-Cal in the future?

- ☐ Yes (1)
- ☐ Not sure (2)
- ☐ No (please tell us why here) (3)
-

Q23 ¿Planea inscribirse en Medi-Cal en el futuro?

- ☐ Sí (1)
- ☐ No estoy seguro (2)
- ☐ No (por favor, díganos por qué aquí) (3)
-

Q23 Quý vị có dự định xin Medi-Cal trong tương lai?

- ☐ Có (1)
- ☐ Không biết chắc (2)
- ☐ Không (Xin cho chúng tôi biết tại sao ở đây) (3)
-

Display This Question:

If Current Enrollment Status: When you were last enrolled in Medi-Cal, were you also enrolled in Cal... = Yes

Or Current Enrollment Status: When you were last enrolled in Medi-Cal, were you also enrolled in Cal... = I am not sure

Or Current Enrollment Status: What is your current CalFresh status? = I am not sure

Q24 Do you plan to apply for CalFresh in the future?

- ☐ Yes (1)
- ☐ Not sure (2)
- ☐ No (please tell us why here) (3)
-

Q24 ¿Planea inscribirse en CalFresh en el futuro?

- ☐ Sí (1)
- ☐ No estoy seguro (2)
- ☐ No (por favor, díganos por qué aquí) (3)
-

Q24 Quý vị có dự định xin CalFresh tương lai?

- ☐ Có (1)
- ☐ Không biết chắc (2)
- ☐ Không (Xin cho chúng tôi biết tại sao ở (3)
-

Q25 What language are you most comfortable speaking?

Q25 ¿En qué idioma se siente más cómodo al hablar?

Q25 Ngôn ngữ nào thuận tiện nhất cho quý vị?

End of Block: Assistance Location

Appendix 2: Email and Mail Introduction Letter

English

Dear [NAME HERE],

You are receiving this survey to help us understand why people stopped enrolling for Medi-Cal in Santa Clara County. We fear that people stopped enrolling in Medi-Cal for several reasons, including citizenship status, Medi-Cal requirements, or the high-cost of living. Your participation is important and appreciated, it will provide important information to improve services.

This survey is being administered by the Santa Clara County Social Services Agency on behalf of an outside researcher, Christina Salvatier, a graduate student at San Jose State University. *Your answers are confidential, and responses will ONLY be reported to her as a summary report.*

Your participation in this survey is voluntary and will not affect any services you receive at Santa Clara County Social Services Agency.

Please participate in this short 5-10-minute survey by visiting the survey link or QR code below. Please complete the survey before November 15, 2019.

<https://tinyurl.com/SSA-Medi-Cal>

For more information about the survey, please contact the Office of Research of Evaluation at ore@ssa.sccgov.org.

Thank you.

Office of Research and Evaluation
County of Santa Clara Social Services Agency
ore@ssa.sccgov.org

Spanish

Estimado [NAME HERE],

Está recibiendo esta encuesta para ayudarnos a comprender por qué las personas dejaron de inscribirse en Medi-Cal en el condado de Santa Clara. Tememos que las personas dejen de inscribirse en Medi-Cal por varias razones, incluido su estado migratorio, los requisitos de Medi-Cal o el alto costo de la vida. Su participación es importante y se le agradece, pues nos proporcionará información relevante para mejorar los servicios.

Esta encuesta la administra la Agencia de Servicios Sociales del Condado de Santa Clara (*Santa Clara County Social Services Agency*) a nombre de una investigadora externa, Christina Salvatier, una estudiante de postgrado de la Universidad Estatal de San Jose (*San Jose State University*). Sus respuestas son confidenciales, y SÓLO se le informará a ella de las respuestas en un informe resumido.

Su participación en esta encuesta es voluntaria y no afectará ningún servicio que usted reciba en la Agencia de Servicios Sociales del Condado de Santa Clara.

Participe en esta breve encuesta de 5-10 minutos visitando el siguiente enlace o el código QR. Llene la encuesta antes del 15 de noviembre de 2019.

<https://tinyurl.com/SSA-Medi-Cal>

Para obtener más información sobre la encuesta, comuníquese a la Oficina de Investigación y Evaluación en: ore@ssa.sccgov.org

Muchas gracias.

Oficina de Investigación y Evaluación
Agencia de Servicios Sociales del Condado de Santa Clara
ore@ssa.sccgov.org

Vietnamese

Kính thưa [NAME HERE],

Quý vị nhận được bảng câu hỏi thăm dò ý kiến này để giúp chúng tôi tìm hiểu lý do tại sao nhiều người đã ngưng ghi danh vào chương trình tài trợ Medi-Cal trong Hạt Santa Clara. Sự lo sợ của chúng tôi là nhiều người ngưng ghi danh vào chương trình tài trợ Medi-Cal vì nhiều lý do, bao gồm tình trạng nhập tịch, những đòi hỏi của chương trình tài trợ Medi-Cal, hoặc vì giá sinh hoạt tại đây quá cao. Sự tham gia của quý vị rất quan trọng và chúng tôi rất cảm kích. Việc này sẽ cung cấp những thông tin quan trọng cho việc cải thiện các dịch vụ.

Cuộc thăm dò ý kiến được thực hiện bởi Sở Dịch Vụ Xã Hội Hạt Santa Clara đại diện cho một người nghiên cứu ngoại vụ, Christina Salvatier, một sinh viên tốt nghiệp tại Đại Học San Jose State. *Các câu trả lời của quý vị đều được bảo mật, và sẽ CHỈ được báo cáo cho sinh viên đó trong một bản báo cáo tóm tắt.*

Sự tham gia của quý vị trong cuộc thăm dò ý kiến này là tự nguyện, và sẽ không ảnh hưởng đến các dịch vụ nào quý vị nhận được tại Sở Dịch Vụ Xã Hội Hạt Santa Clara.

Xin quý vị vui lòng tham gia sự thăm dò ý kiến ngắn 5-10 phút bằng cách nhấn vào liên kết thăm dò ý kiến dưới đây. Xin quý vị vui lòng hoàn tất sự thăm dò ý kiến trước ngày 15 tháng 11, 2019.

<https://tinyurl.com/SSA-Medi-Cal>

Để biết thêm thông tin về cuộc thăm dò ý kiến này, xin quý vị liên lạc Văn Phòng Nghiên Cứu và Đánh Giá tại ore@ssa.sccgov.org.

Cám ơn quý vị.

Văn Phòng Nghiên Cứu và Đánh Giá
Sở Dịch Vụ Xã Hội Hạt Santa Clara
ore@ssa.sccgov.org

Appendix 3: Text Message Introduction Message

English

We would like to hear from you to understand your needs in the Medi-Cal program. By taking this survey you can help us understand why Santa Clara County residents stopped enrolling in Medi-Cal. Click [here](#) to take the brief survey.

Link: <https://tinyurl.com/SSA-Medi-Cal>

Spanish

Nos gustaría saber de usted para comprender sus necesidades en cuanto al programa Medi-Cal. Al llenar esta encuesta, usted podrá ayudarnos a entender por qué los habitantes del condado de Santa Clara dejaron de inscribirse en Medi-Cal. Haga clic [aquí](#) para contestar la breve encuesta.

Link: <https://tinyurl.com/SSA-Medi-Cal>

Vietnamese

Chúng tôi muốn nghe ý kiến của quý vị để hiểu được các nhu cầu của quý vị trong chương trình Medi-Cal. Tham gia cuộc thăm dò ý kiến này là quý vị có thể giúp chúng tôi hiểu được lý do tại sao nhiều cư dân Hạt Santa Clara đã ngưng ghi danh vào Medi-Cal. Nhấn vào [đây](#) để bắt đầu cuộc thăm dò ý kiến ngắn gọn.

Link: <https://tinyurl.com/SSA-Medi-Cal>

Appendix 4: Responses by Zip Code, City, State and County

Number of Responses	Zip Code	City	State	County
1	11784	Selden	New York	Suffolk County
1	76058	Joshua	Texas	Johnson
1	84780	Washington	Utah	Washington
1	85743	Tucson	Arizona	Pima
1	92683	Westminster	California	Orange
1	94024	Los Altos	California	Santa Clara
1	94025	Menlo Park	California	San Mateo
3	94040	Mountain View	California	Santa Clara
1	94085	Sunnyvale	California	Santa Clara
1	94086	Sunnyvale	California	Santa Clara
1	94087	Sunnyvale	California	Santa Clara
1	94089	Sunnyvale	California	Santa Clara
1	94306	Palo Alto	California	Santa Clara
4	95008	Campbell	California	Santa Clara
2	95014	Cupertino	California	Santa Clara
1	95020	Gilroy	California	Santa Clara
1	95030	Monte Sereno	California	Santa Clara
1	95032	Los Gatos	California	Santa Clara
1	95035	Milpitas	California	Santa Clara
2	95046	San Martin	California	Santa Clara
2	95050	Santa Clara	California	Santa Clara
2	95051	Santa Clara	California	Santa Clara
1	95070	Saratoga	California	Santa Clara
2	95111	San Jose	California	Santa Clara
2	95112	San Jose	California	Santa Clara
1	95116	San Jose	California	Santa Clara
2	95117	San Jose	California	Santa Clara
3	95118	San Jose	California	Santa Clara
1	95119	San Jose	California	Santa Clara
2	95120	San Jose	California	Santa Clara
3	95122	San Jose	California	Santa Clara
1	95124	San Jose	California	Santa Clara
3	95125	San Jose	California	Santa Clara
1	95126	San Jose	California	Santa Clara
1	95127	San Jose	California	Santa Clara
3	95128	San Jose	California	Santa Clara
2	95129	San Jose	California	Santa Clara
2	95130	San Jose	California	Santa Clara
4	95131	San Jose	California	Santa Clara
4	95132	San Jose	California	Santa Clara
1	95134	San Jose	California	Santa Clara
1	97603	Klamath Falls	Oregon	Klamath County

Appendix 5: Survey Design

Question Number	Block of Questions	Answer Type	Force Response	Text Entry Allowed
1	Consent to Participate	Single Answer	Yes	No
2	Current Enrollment Status: Medi-Cal	Single Answer	Yes	No
3	Current Enrollment Status: Medi-Cal	Single Answer	Yes	No
4	Current Enrollment Status: Cal Fresh	Single Answer	Yes	No
5	Marital Status	Single Answer	Yes	No
6	Ethnic Origin	Single Answer	Yes	Yes
7	Education	Single Answer	Yes	No
8	County of Residence	Single Answer	Yes	No
9	Zip Code	Single Answer	Yes	Yes
10	Why Medi-Cal coverage ended	Multiple Answer	Yes	Yes
11	Why Medi-Cal coverage ended	Multiple Answer	Yes	Yes
12	Why Medi-Cal coverage ended	Multiple Answer	Yes	Yes
13	Why Medi-Cal coverage ended	Multiple Answer	Yes	Yes
14	Why Medi-Cal coverage ended	Multiple Answer	Yes	Yes
15	Past Coverage Info	Single Answer	Yes	No
16	Number of children that were enrolled in Medi-Cal	Single Answer	Yes	No
17	Household Size	Single Answer	Yes	No
18	County of Residence	Single Answer	Yes	Yes
19	Medical Care Centers	Single Answer	Yes	Yes
20	Not Applicable	*	*	*
21	Method of Applying: Medi-Cal	Single Answer	No	Yes
22	Method of Applying: Cal Fresh	Single Answer	No	Yes
23	Future Plan of Applying: Medi-Cal	Single Answer	Yes	Yes
24	Future Plan of Applying: Cal Fresh	Single Answer	Yes	Yes
25	Preferred Language	Single Answer	No	Yes

*Question Eliminated

Appendix 6: Data Clean-up

Question 10	Before data clean-up	After data clean-up	Change +/-
Not eligible	17	17	-
Requested to end coverage	12	12	-
Worried about immigration status	1	1	-
Did not renew application	12	12	-
Not sure why my Medi-Cal coverage ended	8	8	-
Medi-Cal ended for a different reason	33	11	22
Total	83	61	22
Question 11	Before data clean-up	After data clean-up	Change +/-
Made too much money	11	12	(1)
Got a job	7	12	(5)
Got married	1	2	(1)
Job offered health insurance	6	17	(11)
Moved out of Santa Clara County	1	7	(6)
Not eligible for a different reason	3	3	-
Total	29	53	(24)
Question 12	Before data clean-up	After data clean-up	Change +/-
Not happy with Medi-Cal	3	3	-
Did not need Medi-Cal anymore	6	6	-
Got private health insurance	7	7	-
Requested to end Medi-Cal for a different reason	3	2	1
Total	19	18	1
Question 13	Before data clean-up	After data clean-up	Change +/-
Did not have the required paperwork	3	3	-
Did not receive the renewal letter	1	1	-
Did not have a way of getting to the Medi-Cal office	1	1	-
Did not renew application for a different reason	7	3	4
Total	12	8	4
Question 14	Before data clean-up	After data clean-up	Change +/-
Fear of deportation	1	1	-
Fear of not qualify for a green card	1	1	-
Fear of not qualify for residency	1	1	-
Total	3	3	-

Appendix 7: New Factor Categories

Category	Detailed Factors	Total	% of Category	% of Total Factors
Life Transition	Got a job	12	44%	12%
	Got married	2	7%	2%
	Moved out of Santa Clara County	7	26%	7%
	Did not need Medi-Cal anymore	6	22%	6%
	Total Reponses	27	100%	27%
Have health insurance	Job offered health insurance	17	71%	17%
	Got private health insurance	7	29%	7%
	Total Reponses	24	100%	24%
Not eligible	Made too much money	12	67%	12%
	Assets other than income are too high	3	17%	3%
	Notified no longer qualified	3	17%	3%
	Total Reponses	18	100%	18%
Did not renew application	Did not have the required paperwork	3	33%	3%
	Did not receive the renewal letter	1	11%	1%
	Missed the renewal deadline	1	11%	1%
	Received renewal letter too late	1	11%	1%
	Forgot to renew	1	11%	1%
	Did not realize they had to continue renewing annually	1	11%	1%
	May be eligible now	1	11%	1%
	Total Reponses	9	100%	9%
Not sure why Medi-Cal coverage ended	Not sure why my Medi-Cal coverage ended	8	100%	8%
	Total Reponses	8	100%	8%
Worried about immigration status	Fear of deportation	1	33%	1%
	Fear of not qualify for a green card	1	33%	1%
	Fear of not qualify for residency	1	33%	1%
	Total Reponses	3	100%	3%
Enrolled without their knowledge	Enrolled without their knowledge	3	100%	3%
	Total Reponses	3	100%	3%
Not happy with Medi-Cal	Not happy with Medi-Cal	3	100%	3%
	Total Reponses	3	100%	3%
Difficulty getting to the CSCSSA office	Did not have a way of getting to the Medi-Cal office	1	50%	1%
	Difficulty attending appointments	1	50%	1%
	Total Reponses	2	100%	2%
Too much information requested	Too much information requested	2	100%	2%
	Total Reponses	2	100%	2%
Deceased	Deceased	1	100%	1%
	Total Reponses	1	100%	1%
Share of cost is too high	Share of cost is too high	1	100%	1%
	Total Reponses	1	100%	1%
Total Number of Responses		101		