

California's expanded health coverage for immigrants collides with Medicaid reviews

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Medi-Cal health coverage kicked in for Antonio Abundis just when the custodian needed it most.

Shortly after Abundis transitioned from limited to full-scope coverage in 2022 under California's expansion of Medi-Cal to [older residents](#) without legal immigration status, he was diagnosed with leukemia, a cancer affecting the blood cells. The soft-spoken father of three took the news in stride as his doctor said his blood test suggested his cancer wasn't advanced.

His next steps were to get more tests and formulate a treatment plan with a cancer team at Epic Care in Emeryville. But all of that was derailed when he showed up last July for bloodwork at La Clínica de La Raza in Oakland and was told he was no longer on Medi-Cal.

"They never sent me a letter or anything telling me that I was removed," Abundis, now 63, said in Spanish about losing his insurance.

Abundis is among hundreds of thousands of Latinos who have been kicked off Medi-Cal, California's Medicaid program for [low-income people](#), as states resume annual eligibility checks that were paused at the height of the COVID-19 pandemic. The redetermination process, as it is known, has disproportionately affected Latinos, who make up a majority of Medi-Cal beneficiaries.

According to the California Department of Health Care Services, more than 653,000 of the more than 1.3 million residents who have been disenrolled over eight months identify as Latino. Some, including Abundis, had only recently gained coverage as the state expanded Medi-Cal to residents without legal residency.

The collision of state and federal policies has not only set off enrollee whiplash but swelled demand for enrollment assistance as people are dropped from Medi-Cal, often for procedural issues. Health groups serving Latino communities report being inundated by requests for help, but at the same time, a state-sponsored survey suggests Hispanic

households are more likely than other ethnic or racial groups to lose coverage because they're less knowledgeable of the renewal process. They may also struggle to advocate for themselves.

Some health advocates are pressing for a pause. They warn that disenrollments will not only undercut the state's effort to reduce the number of uninsured but could exacerbate health disparities, particularly for an ethnic group that bore the brunt of the pandemic. One national study found that Latinos in the U.S. were three times as likely to contract COVID and twice as likely to die of it than the general population, in part because they tend to live in more crowded or multigenerational households and work in front-line jobs.

"These difficulties place all of us as a community in this more fragile state where the safety net means even more now," said Seciah Aquino, executive director of the Latino Coalition for a Healthy California, a health advocacy organization.

Assembly member Tasha Boerner, an Encinitas Democrat, has introduced a bill that would slow disenrollments by allowing people 19 and older to keep their coverage automatically for 12 months and extend flexible pandemic-era policies such as not requiring proof of income in certain cases for renewals. That would benefit Hispanics, who make up nearly 51% of the Medi-Cal population compared with 40% of the overall state population. The governor's office said it does not comment on pending legislation.

Tony Cava, a spokesperson for the Department of Health Care Services, said in an email that the agency has taken steps to increase the number of people automatically reenrolled in Medi-Cal and does not consider a pause necessary. The disenrollment rate dropped 10% from November to December, Cava said.

Still, [state officials](#) acknowledge more could be done to help people complete their applications. "We're still not reaching certain pockets," said Yingjia Huang, assistant deputy director of health care benefits and eligibility at DHCS.

California was the first state to expand Medicaid eligibility to all qualified immigrants regardless of legal status, phasing it in over several years: children in 2016, young adults ages 19–26 in 2020, people 50 and older in 2022, and all remaining adults this year.

But California, like other states, resumed eligibility checks last April, and the process is expected to continue through May. The state is now seeing disenrollment rates return to pre-pandemic levels, or 19%–20% of the Medi-Cal population each year, according to DHCS.

Jane Garcia, CEO of La Clínica de La Raza, testified before the Alameda County Board of Supervisors' health committee that disenrollments continue to pose a challenge just as her team tries to enroll newly eligible residents. "It's a heck of a load on our staff," she told supervisors in January.

Although many beneficiaries no longer qualify because their incomes rose, more have been dropped from the rolls for failing to respond to notices or return paperwork. Often, renewal packets were sent to old addresses. Many find out they've lost coverage only upon seeking medical care.

"They knew something was happening," said Janet Anwar, eligibility manager at Tiburcio Vasquez Health Center in the East Bay. "They didn't know exactly what it was, how it was gonna affect them until actually the day came and they were disenrolled. And they were getting checked in or scheduling an appointment, then, 'Hey, you lost your coverage.'"

But reenrollment is a challenge. A state-sponsored survey published Feb. 12 by the California Health Care Foundation found 30% of Hispanic households tried but were unable to complete a renewal form, compared with 19% for white non-Hispanic households. And 43% of Hispanics reported they would like to restart Medi-Cal but did not know how, versus 32% of people in white non-Hispanic households.

The Abundis family is among those who don't know where to get their questions answered. Though Abundis' wife submitted the family's Medi-Cal renewal paperwork in October, his wife and two children who still live with them were able to maintain coverage; Abundis was the only one dropped. He hasn't received an explanation for being disenrolled nor been notified how to appeal or reapply.

Now he worries he may not qualify on his own based on his roughly \$36,000 annual income since the limit is \$20,121 for an individual but \$41,400 for a family of four.

It is likely an eligibility worker could check if he and his family qualify as a household or assist him with signing up for a private plan that can run less than \$10 a month for premiums on Covered California. The health insurance exchange allows for special enrollment when people lose Medi-Cal or employer-based coverage. But Abundis assumes he won't be able to afford premiums or copays, so he hasn't applied.

Abundis, who first visited a doctor in May 2022 about unrelenting fatigue, constant pain in his back and knees, shortness of breath, and unexplained weight loss, worries he's unable to afford medical care. La Clínica de La Raza, the community health clinic where he received blood testing, worked with him that day so he didn't have to pay upfront, but he has since stopped seeking medical care.

More than a year after his diagnosis, Abundis still doesn't know which

stage cancer he has, or what his treatment plan should be. Though early cancer detection can lead to a higher chance of survival, some types of leukemia advance quickly. Without further testing, Abundis does not know his outlook.

"I've mentally prepared," Abundis said of his cancer. "What happens, happens."

Even those who seek help run into challenges. Marisol, a 53-year-old immigrant from Mexico who lives in Richmond, California, without legal permission, tried to reestablish coverage for months. Although the state saw a 26% drop in disenrollments from December to January, the share of Latinos disenrolled during that period remained nearly the same, suggesting they face more barriers to renewal.

Marisol, who requested her last name be withheld out of fear of deportation, also qualified for full-scope Medi-Cal during the state expansion to all immigrants 50 and older.

She received a packet in December letting her know that her household income exceeded Medi-Cal's threshold—something she believed was an error. Marisol's husband is out of work due to a back injury, she said, and her two children primarily support their family with part-time jobs at Ross Dress for Less.

That month, Marisol visited a Richmond branch office of the Contra Costa County Employment and Human Services Department, hoping to speak to an eligibility worker. Instead, she was told to leave her paperwork and to call a phone number to check her application status. Since then, she made numerous calls and spent hours on hold, but has not been able to speak with anyone.

County officials acknowledged longer wait times due to increased calls

and said the average wait time is 30 minutes. "We understand community members' frustration when they have difficulty getting through at times," spokesperson Tish Gallegos wrote in an email. Gallegos noted the call center increases staffing during peak hours.

After El Tímpano reached out to the county for comment, Marisol said she was contacted by an eligibility worker, who explained that her family was dropped because their children had filed taxes separately, so the Medi-Cal system determined their eligibility individually rather than as one household. The county reinstated Marisol and her family on March 15.

Marisol said regaining Medi-Cal was a joyous but bittersweet ending to a months-long struggle, especially knowing that other people get dropped for procedural issues. "Sadly, there has to be pressure for them to fix something," she said.

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