

# Enhancing Medicaid Equity Through Health Literacy: Practical Strategies

September 24, 2:00 – 3:30 pm ET



# Agenda

- Welcome and Introductions
- Overview: Improving Health Literacy for Medicaid Equity
- Panelist Presentations: Health Literacy, Equity, and Medicaid: Emerging Strategies
- Panel Conversation and Q&A
- Conclusion



# Center for Health Care Strategies

**Dedicated to strengthening the U.S. health care system to ensure better, more equitable outcomes, particularly for people served by Medicaid.**

Together with our partners, our work advances:



**Effective models for prevention and care delivery** that harness the field's best thinking and practices to meet critical needs.



**Efficient solutions for policies and programs** that extend the finite resources available to improve the delivery of vital services and ensure that payment is tied to value.



**Equitable outcomes for people** that improve the overall well-being of populations facing the greatest needs and health disparities.



# Welcome & Introductions

# Meet the Team/Today's Presenters



**Vicki Quintana**  
Senior Program Officer  
Center for Health Care Strategies



**Danielle Brooks**  
Corporate Director of Health Equity  
AmeriHealth Caritas



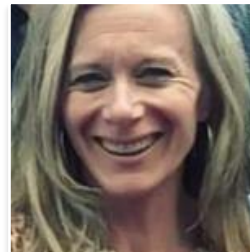
**Shilpa Patel**  
Director of Population Health &  
Health Equity  
Center for Health Care Strategies



**Yingjia Huang**  
Assistant Deputy Director, Health Care  
Benefits and Eligibility  
California Department of Health Care  
Services



**Isabel Bravo**  
Member of Banner Health Plans Member  
Advisory Committee (AZ)



**Collen McGregor**  
Administrator, Office of Individual and  
Family Affairs  
Banner Health Plans (AZ)



# Improving Health Literacy for Medicaid Equity

# What is Health Literacy?

- Health literacy is both *personal* and *organizational* — a two-way street!
- Health care providers, plans, and payers can make a big impact through improved organizational health literacy practices.



# Greater Health and Wellness for All

- Improved health literacy practices can:
  - Reduce medical errors
  - Increase use of preventative care
  - Assist in patients' chronic condition management
  - Reduce morbidity and mortality rates





# Reduced Costs and Better Care

- Limited health literacy can contribute to **increased emergency department and overall hospital use** — costing the U.S. economy up to **\$349 billion annually**.
- Enhancing health literacy can improve people's care and reduce costs.



# Improved Health Equity

- Limited health equity can worsen existing health disparities related to **race**, **age**, **income**, and **education**, among other factors.
- Addressing health literacy and language access can improve outcomes for marginalized populations.



# Health Literacy and Medicaid Equity

- Limited health literacy **disproportionately impacts Medicaid members.**
- State Medicaid agencies and health plans are uniquely positioned to **deploy innovative health literacy strategies to advance health equity at scale.**
- Today we'll hear from **state agencies, plans, and members** on efforts to advance health literacy through improved health literacy.
- This is *all hands on deck* work. Let's dive in!





Banner  
University Family Care

# Leveraging Member Voice in Shaping MCO Health Literacy Strategy:

## A Lived Experience Perspective

**Colleen McGregor, MADM/MPH, CPRSS**

Administrator, Office of Individual & Family Affairs (OIFA)

**Isabel Bravo, Regional Coordinator, MAC Ambassador**

# Agenda

1. Overview of Banner's engagement and health literacy (HL) strategy
2. Cultivating supportive environments for learning and growing
3. Aligning member voice in shaping plan policy and practice
4. Sharing considerations and lessons learned

# Member & Family Engagement & HL Strategy

- Drivers → Mission + Contract = Robust representation
  - 27 total members | 12 committees and councils
    - Governance
    - Member Advocacy Council's
    - Cultural Competency
    - Health Equity /Health Literacy
    - Neighborhood Community Advisory Councils
- Operational Impact → strategic direction and decision-making
  - Health literacy plan
    - Informing member communication and print material enhancements (functional)
    - Development and implementation of stigma initiative (interactive/communicative)
    - MAC Ambassador/Peer-driven substance use education campaigns (community/advocacy)

# Cultivating Safe Environments for Authentic Sharing

- Critical partnership: Community-based peer-run provider partner
  - Supporting recruitment, retention and training of ambassadors
  - Formal committee training
  - Monthly partner/plan meetings
  - Key role ensuring membership needs are met:
    - Functional (reading/writing), interactive/communicative (engaging in health knowledge-building) and critical health literacy (self and community advocacy)
- Internal plan, committee and council training:
  - Leadership embodiment and inclusion
  - Chair/co-chair training and support
  - Plan knowledge building
    - Lunch & Learns: promotion of bi-direction literacy building

# Infusing Voice Into Plan Practice & Practice

- Blended Approaches for infusion:
  - Marketing and communication
    - Member materials
    - Survey instruments
    - Ensuring alignment with CLAS standards
  - Work plans
    - Cultural competency and health equity
  - Workgroup representation and initiatives
  - Member and community outreach/education
    - Stigma Stops Here
    - Prevention initiatives
      - Leveraging lived experience to build literacy around substance use



“

*I really appreciate getting committee materials ahead of time, I can participate better and share my experience.*

*I was happy I could share my voice and experience in making the member handbook easier to use.*

*As a person in recovery, I like to use my lived experience to help combat stigma; educating our schools and our doctors about addiction to open doors to help.*

”

***Contributions from our MAC Ambassadors***

# Lessons Learned & Considerations

- Preparation is KEY!
  - Knowledge-building with the plan
  - Top down, across and sideways experiences promoting inclusion
  - Consistent culture building
- Ongoing and regular support and evaluation
  - Membership leadership training
  - Plan leadership engagement
  - Monthly committee check-in's
    - Regularly checking in; pivoting based on literacy needs
  - Ongoing and consistent Leadership check-in's
    - Upstream approaches to communicate literacy needs (bi-directionally)
      - Regular training of plan partners supporting membership literacy needs
      - Mindset of member inclusion

# Culturally and Linguistically Appropriate Services

- CLAS are services that are respectful of and responsive to each person's culture and communication needs.
- Standards are embedded within the Health Equity Accreditation from NCQA as a standard factor
- One cannot achieve quality with language barriers



## Governance, Leadership, and Workforce

- Train staff in CLAS
- Recruit a workforce representative of community served
- Create and support a designated CLAS position



## Communication and Language Assistance

- Offer comprehensive language assistance services
- Require interpreters' skills to be certified or assessed
- Use advanced technology for interpretation services



## Engagement, Continuous Improvement, and Accountability

- Improve collection of race, ethnicity, and language data
- Conduct organizational assessments
- Incorporate CLAS into mission, vision, and strategic plans

# Language Access

- “Language access” means providing Limited English Proficient (LEP) individuals with reasonable access to the same services as English-speaking individuals.
- Language is more than communication. It is how we dream, we feel, and think.
- Eliminating potential obstacles that hinder outcomes for LEP communities are often amongst the easiest to address and improve.
- Biden-Harris Administration has issued guidance on strengthening access for LEP individuals.

## The Data Speaks:

- In the U.S., there are about 26 million people who have [limited English proficiency](#) (LEP), meaning they speak English less than very well.
- About a third of adults with limited English proficiency say they have faced language barriers when seeking health care.
- Adults with LEP express lower levels of comfort asking questions of their health care providers compared to those who are English proficient.
- About one in five adults with LEP report a negative experience with a provider, one in eight report being treated unfairly or with disrespect, and about half report practicing vigilant behaviors associated with health care visits.
- Adults with LEP who have more visits with a provider who speaks their preferred language are more likely to say they are comfortable asking questions about their health and treatment compared to those with fewer visits with a language concordant provider.
- Most U.S. adults with LEP speak Spanish (62%), followed by Chinese (7%), Vietnamese (3%), Arabic (2%), and Tagalog (2%)

# Language Access and Health Literacy

- Organizations should focus on accessible language access services and *functional health literacy* at all points of the healthcare journey, across all modes and formats of communication
  - i.e. written translations, accessible/alternate formats
  - Access to an interpreter by phone, video, or in person.
  - Reading Level, real -life application
  - Think with an intersectional lens: someone may need support for both language and accessibility purposes.
- Make sure the communication has cultural relevance
  - Identify cultural drivers, communication styles, and channel preferences (whether that's texting, phone calls, or emails in the patient's language of choice)
  - How does providing assistance with literacy and access support ones' own participation in their health and wellness?
- Resource: [Guide to Developing a Language Access Plan](https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Language-Access-Plan.pdf)  
<https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Language-Access-Plan.pdf>

# Health Literacy as a Pathway to Medicaid Health Equity: Practical Strategies

## California's Journey

**Yingjia Huang**

Assistant Deputy Director

California Department of Health Care Services

# Making Medi-Cal Communications Easy to Understand

- Plain and Clear: Making Medi-Cal Communications Easy to Understand  
California Health Care Foundation,  
January 2022
- California's Medi-Cal program covers 1 of every 3 Californians, or approximately over 14 million Medi-Cal members
- Medi-Cal's correspondence is difficult to understand, causing our Medi-Cal members to feel frustrated, confused and stressed.
- Using the recommendations in this report on California's Continuous Coverage Unwinding communications campaign

State of California - Health and Human Services Agency  
Department of Health Care Services

NOTICE OF ACTION  
DISCONTINUANCE OF BENEFITS

Notice Date: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Worker Name: \_\_\_\_\_  
Worker ID Number: \_\_\_\_\_  
Worker Telephone Number: \_\_\_\_\_  
Office Hours: \_\_\_\_\_  
Office Address: \_\_\_\_\_

DISCONTINUANCE NOTICE FOR:

We have looked at all of the information we have about your case. Based on this information, your eligibility for Medi-Cal will end on the last day of \_\_\_\_\_.

The reason your Medi-Cal is stopping is:

You no longer qualify for Medi-Cal. This is because your household income is above the allowed amount. We counted your household size and income to make our decision. For Medi-Cal, your household size is \_\_\_\_\_ and your monthly household income is \_\_\_\_\_. The monthly Medi-Cal income limit is \_\_\_\_\_. If your income is above this limit, so you do not qualify.

We used the information you gave us to make a decision. If you think we made a mistake, you can ask for a hearing. The number listed on this notice is the number you can call for more information on your rights.

If you are pregnant, you may still qualify for Medi-Cal. If you want to find out more, call the number on this notice or visit the website at [www.dhcs.ca.gov](http://www.dhcs.ca.gov).

TAKE ACTION NOW

CHANGE IN MEDI-CAL PROGRAM  
FOR FORMER FOSTER YOUTH

Notice Date: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Worker Name: \_\_\_\_\_  
Worker ID Number: \_\_\_\_\_  
Worker Telephone Number: \_\_\_\_\_  
Office Hours: \_\_\_\_\_  
Office Address: \_\_\_\_\_

IMPORTANT NOTICE ABOUT A CHANGE IN MEDI-CAL FOR:  
[Insert Name\(s\) Here](#)

**Upcoming Change to Your Medi-Cal Coverage.**

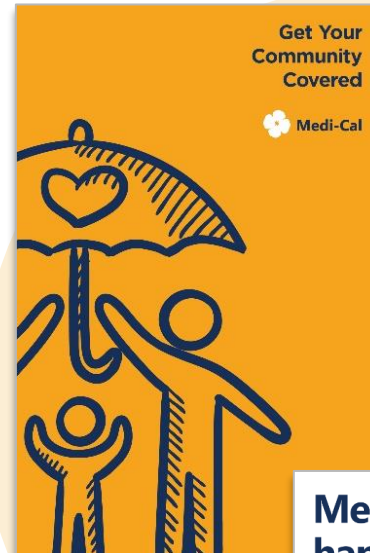
You are currently enrolled in the Medi-Cal program for Former Foster Youth. This program provides free Medi-Cal to people like you who were in foster care at age 18 or older. This includes youth who voluntarily left foster care on or after their 18<sup>th</sup> birthday. You will remain eligible for this Medi-Cal program until you turn 26 as long as you live in California.

Our information indicates that on \_\_\_\_\_ you will reach the age of 26.

The county has looked at the information we have about you to decide if you still qualify for Medi-Cal after you turn 26, but we now need more information from you, such as your income and tax filing status. This information will help us to decide if you still qualify for Medi-Cal or another health program. The information we need to get from you is on the "Medi-Cal Request For Information" form that came with this letter. **It is important that you give this information to your Medi-Cal Eligibility Worker by the due date listed on the form.** You can give the eligibility worker this

# California's Unwinding: A Year in Reflection

- **California's Unwinding ended on May 31, 2024.** California had over 16 million enrolled at the eve of the Unwinding.
- **Renewals Completed:** As of August 2024, 90% of the Unwinding renewals have been completed.
- **Coverage Retention:** As of August 2024, successfully maintained coverage for approximately 8.7 million Californians through redetermination, ranking among the highest retention rates nationally.
- **Auto-Renewal** increased from 33% to 66% during the Unwinding with the automation of policy flexibilities.
- **Disenrollment:** Approximately 2 million individuals were disenrolled during the Continuous Coverage Unwinding.





# Speaking to the Medi-Cal Member

## Renewals are happening!



### Do You Take Care of a Child with Medi-Cal?

Do you take care of a child with Medi-Cal? Renewals are happening! If you get a yellow renewal envelope, reply to stay covered. If a member is not automatically renewed, they will receive their envelope two months before their renewal date. Learn more at [KeepMediCalCoverage.org](http://KeepMediCalCoverage.org).



Post to timeline



Medi-Cal

### Medi-Cal K-12 Schools Frequently Asked Questions and Answers

#### When is my renewal due?

- o All Medi-Cal members have their eligibility reviewed once per year. Everyone has a different renewal month.
- o You will get a letter in the mail that tells you your renewal month.
- o You can check your renewal month in your online account.
  - Log into [BenefitsCal](http://BenefitsCal)
  - You can also create a new account.
  - If you don't know how, go to [KeepMediCalCoverage.org](http://KeepMediCalCoverage.org).

#### Do I need to complete a Medi-Cal renewal form?

- o Not all Medi-Cal members need to complete a renewal form.
- o Some people will be renewed automatically.
  - Your local Medi-Cal office will review the information they have. They also check other government databases.
  - If they confirm you are eligible, they will renew you. You will receive a notice that you have been renewed. You do not need to do anything else.
- o Others will need to provide additional information.
  - Your local Medi-Cal office will send you a renewal form. It will be in a bright yellow envelope.
  - If you receive a form, you must complete it. You must also submit the additional information it requests. You must do this to keep your coverage.

#### How can I submit my renewal?

- o The quickest and easiest way to complete your form is online. Log in or create an account with [BenefitsCal](http://BenefitsCal).
  - You can complete your renewal through the mail. Follow the instructions on your renewal form.

### Do you or a loved one have Medi-Cal?

#### Renewals are happening now!



Medi-Cal helps cover the health care you receive from us. That helps you and your family stay healthy. Renew your Medi-Cal for your entire family to stay covered.

If your local Medi-Cal office sends you a renewal form or asks for more information, you must respond. Otherwise, you and your family will lose coverage.

■ Submit the information by the due date listed



■ You can complete your renewal:

- o **ONLINE** - Log in or create an account with [BenefitsCal](http://BenefitsCal).
- o **BY MAIL** - Return the prepaid envelope to the address on your form.
- o **OVER THE PHONE** - Call the number on your form.
- o **IN PERSON** - Visit your local Medi-Cal office.

#### HELP IS AVAILABLE

Health Enrollment Navigators can provide in-person assistance.



For more information, visit [KeepMediCalCoverage.org](http://KeepMediCalCoverage.org)



Medi-Cal

#### Medi-Cal Renewal Message Guide



Medi-Cal

#### Background

The California Department of Health Care Services (DHCS) launched a statewide public information, education, and outreach campaign to raise awareness about the return of the Medi-Cal eligibility renewal process for more than 15 million Medi-Cal members. The campaign will run through June 2024 to raise awareness about the renewal process and direct Medi-Cal members to take necessary steps to keep themselves and their families covered.


Below are talking points that can be used by messengers to amplify key messages in the campaign.

#### Medi-Cal renewals are happening


The following talking points are the most important things Medi-Cal members must know about the renewal process that should be addressed in messaging or outreach over the course of the campaign.

1. All Medi-Cal members have their eligibility reviewed once per year. Everyone's renewal date is different.
  - o Some people will be renewed automatically based on the information their local Medi-Cal office has access to, like Social Security and Employment Development Department databases. If renewed automatically, you will receive a notice that you have been renewed and do not need to do anything else.
  - o Others will need to provide additional information for their local Medi-Cal office to complete this process. If you receive a yellow envelope with a renewal form, you must complete this form and submit any additional information requested to keep your coverage.
  - o In some households, different family members have different types of Medi-Cal - it is important to watch for notices from your local Medi-Cal office and [pdx.ecg.org](http://pdx.ecg.org) if you receive any requests for information.
2. The most important thing to do is to make sure your local Medi-Cal office has your correct mailing address, phone number, and email address, especially if they have changed over the last three years. That way, your local Medi-Cal office can reach you with important updates.
3. Watch for notices or renewal forms in the mail to know when it's time for you or your family members to renew. Respond to any requests from your local Medi-Cal office to keep your coverage and access the care you need.
4. Beware of scams. Medi-Cal will never ask for money or credit card information to renew or enroll in coverage.

# Social Media Graphics

**GOT MEDI-CAL?**



**Look for important renewal info.**



**DON'T LOSE YOUR COVERAGE.**

**Got Medi-Cal Tweet**


Medi-Cal renewals are starting! If your contact info has changed in the last three years, log into your Medi-Cal account to update it. Then look for renewal info in the mail and respond right away to keep your coverage. Find where to update your info at [KeepMediCalCoverage.org](http://KeepMediCalCoverage.org)



Post


**Take action to keep your Medi-Cal!**

Watch for an important renewal letter coming soon.



**Take Action FB Post Copy**

Make sure Medi-Cal can reach you. Visit [KeepMediCalCoverage.org](http://KeepMediCalCoverage.org) to learn how to log in and check that Medi-Cal has your current contact information – and update it if you need to.



Post to timeline

**MEDI-CAL MEMBERS:**

**Act now to keep your coverage.**




**Get in-person help to renew your Medi-Cal.**




**已经参加 MEDI-CAL?**

**请留意重要的续保信息。**




**不要失去您的保险。**

**ការបន្ត MEDI-CAL ឡើងវិញ កុំពងចាប់ផ្ដើម។**

**ធានាថា អ្នកអាចរក្សា ការធានារ៉ាប់រងរបស់អ្នក។**




# Videos

- Detailed how-to explaining the step-by-step renewal process. This is perfect for lobbies and waiting rooms.
- Short videos made for social media and advertising, including "Take Care" and "Stay Covered".

**Top 3 things  
to know about  
Medi-Cal renewal.**



**Las 3 cosas más importantes  
que debe saber sobre  
la renovación de Medi-Cal.**



يحافظ برنامج  
على Medi-Cal  
تأمينك وتأمين  
عائلتك.



អ្នកត្រូវផ្តល់ព័ត៌មានដែលបានស្នើសុំ  
ដើម្បីជ្រើសរើសថា អ្នកនៅតែមានលក្ខណៈសម្បត្តិសម្រាប់  
Medi-Cal ឬយ៉ាងណា។





# Panel Discussion



# Questions?

# Visit CHCS.org to...

- **Download practical resources** to improve health care for people served by Medicaid.
- **Learn about cutting-edge efforts** from peers across the nation to enhance policy, financing, and care delivery.
- **Subscribe to CHCS e-mail updates**, to learn about new resources, webinars, and more.
- **Follow us on LinkedIn or Twitter** @CHCShealth.

