

Blunting the Impact:

Partnership with CBOs to Increase
Redetermination Rate

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1-2 PM

Welcome & Introductions

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Setting the Stage: The Environment We're Operating In

- Growing and increasingly complex community needs
- Changes in Medi-Cal (Medicaid) and the broader health & human services landscape
- Funding uncertainty
- Rising expectations for cross-sector collaboration
- Greater need for measurable outcomes and accountability
- No single organization can address community health alone

If county public health departments and United Ways serve the same communities and share many of the same goals, how can we move from simply working alongside one another to building community health infrastructure together?

Our Guiding Question

Merced County

- Population: 296,744
- 50% Medi-Cal
- 60% Latino(a)/30% White/7% Asian/3% Black
- Semi-Rural
- Primary Industry: Agriculture
- 100% Health Professional Shortage Area

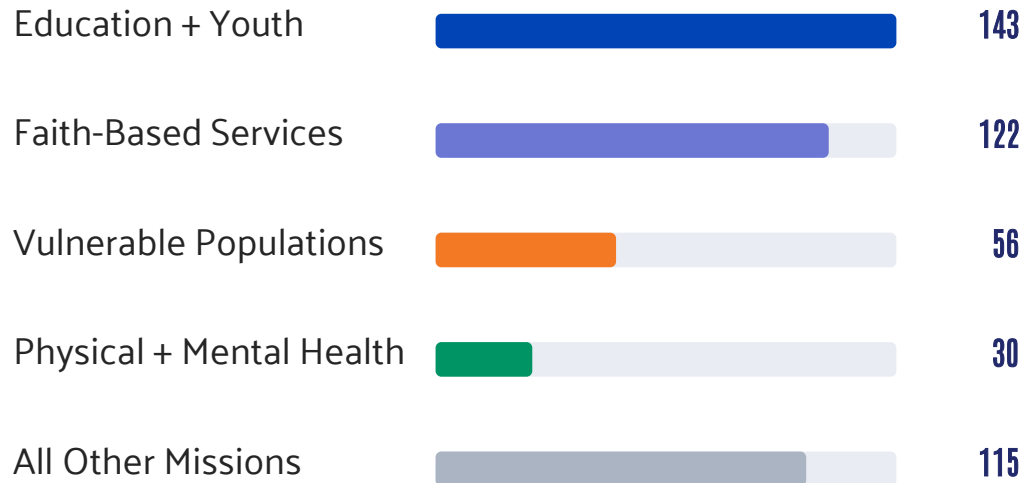


The CBO Landscape in Merced County

A growing community ecosystem – but few organizations are built to operate inside healthcare systems.

466 UNIQUE LOCAL NONPROFITS

This includes churches, booster clubs, and foundations. Most are community-rooted organizations serving specific populations, places, or causes.



THE GAP IS NOT TRUST. IT'S INFRASTRUCTURE.

Healthcare readiness narrows quickly.

94 / 20% Identify as Health or social-care adjacent

30 / 6% Physical or mental health

12 / 3% Ready for healthcare contracting

READINESS REQUIRES MORE THAN MISSION ALIGNMENT.

Billing

Compliance

Data

QA

Reporting

Workforce

WHY RISE EXISTS

TRUSTED CBO



RISE CAPACITY + BACK OFFICE



HEALTHCARE-READY PARTNER

RISE adds fiscal, administrative, IT/data, compliance and operational capacity so smaller organizations can enter larger systems without losing their community roots.

Impacts of HR1

DIRECT MEMBER IMPACTS

- Loss of full-scope Medi-Cal
- More frequent redeterminations
- Work requirement confusion/compliance barriers
- 30-day lookback creating coverage gaps
- UIS/undocumented residents losing access
- More people becoming uninsured or underinsured

HEALTHCARE SYSTEM IMPACTS

- More uncompensated care
- More ER reliance
- Reduced managed care revenue
- Provider margin pressure
- Higher private insurance cost-shifting
- More delayed care becoming higher-cost care

COUNTY IMPACTS

- Increased eligibility workload
- More churn: people losing and regaining coverage
- More appeals, paperwork, and urgent case corrections
- Increased indigent care responsibility

NONPROFIT/CBO IMPACTS

- Increased demand for navigation, documents, transportation, food, housing, language access
- More residents needing help before, during, and after redetermination
- Increased stress on nonprofit sector
- Reduced funding for nonprofit sector

HOW RISK POOLS WORK

Insurance companies receive a fixed monthly payment for each member covered. When healthier people leave coverage, there is less money coming in to help cover high-cost members.

LEGEND Monthly Health Cost per Member



Blue
Great Health
About \$10



Red
Good Health
About \$100



Light Blue
Fair Health
About \$500



Yellow
Poor Health
About \$2,000



In this example, the insurance company receives \$500 per member per month.

SCENARIO 1

Smaller Risk Pool

RISK POOL (10 MEMBERS)



TOTAL REVENUE
\$5,000



TOTAL MONTHLY COSTS
\$3,340



**\$1,660
STABLE**

Revenue is higher than costs

SCENARIO 2

Smaller Risk Pool

RISK POOL (8 MEMBERS)



TOTAL REVENUE
\$4,000



TOTAL MONTHLY COSTS
\$3,230



**\$770
RISKY**

Still stable, but much closer to breakeven

SCENARIO 3

Unstable Risk Pool

RISK POOL (6 MEMBERS)



TOTAL REVENUE
\$3,000



TOTAL MONTHLY COSTS
\$3,210



**-\$210
UNSTABLE**

Costs are higher than revenue, so premiums rise.

HOW PAYOR MIX WORKS

Providers are reimbursed differently depending on who pays. When more people lose coverage, clinics and hospitals receive less money for care and private payors are asked to cover more of the gap.

LEGEND Payor Type



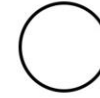
Green
Commercial/
Private Insurance



Orange
Medicare



Blue
Medi-Cal



White
No Coverage

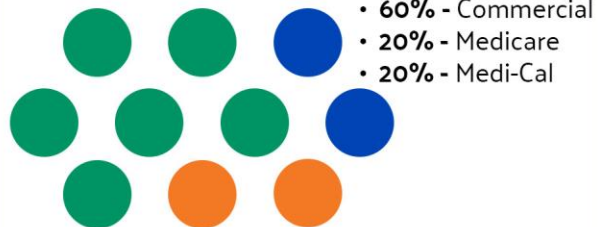


Reimbursement rates are generally higher from commercial/private payors than from public payors

SCENARIO 1

Typical/Balanced

HEALTHY PAYOR MIX



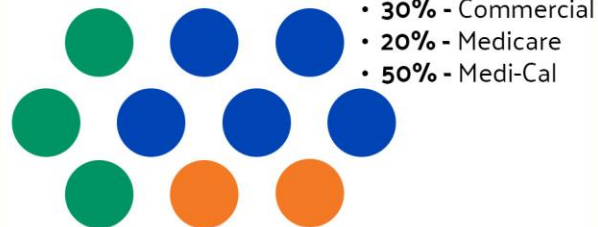
BALANCED

Private reimbursement helps offset lower public reimbursements

SCENARIO 2

Public-Payor Heavy

MERCED COUNTY NOW



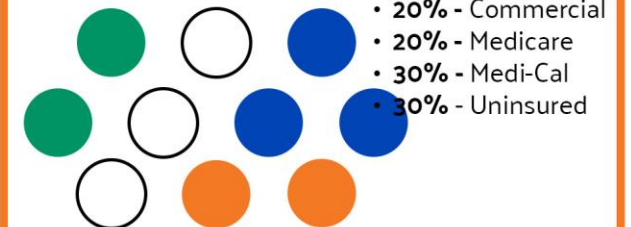
THIN MARGINS

Private payors already carry more of the same-service cost burden

SCENARIO 3

Uninsured Pressure

POTENTIAL AFTER JANUARY 2027



COST SHIFT

Uncompensated care grows, so rates for private payors rise.

TAKEAWAY: When coverage drops, care does not disappear. The unpaid cost shifts into the rest of the system.

Why Is Redetermination So Hard?

ADMINISTRATIVE BARRIERS

- Wrong or outdated contact information
- Complicated paperwork
- Short response windows
- Missing documents
- Online portals that are hard to use
- Language and literacy barriers

TRUST AND CONFUSION BARRIERS

- Scams and fake renewal messages
- Fear of government systems
- Immigration-related concerns
- Confusion about what is required
- Belief that “no news means everything is fine”
- Not knowing where to get help

LIFE BARRIERS

- Unstable housing or mailing address
- Limited transportation
- Work schedules and childcare
- Phone disconnection or changing numbers
- Health, disability, or behavioral health barriers
- Crisis needs taking priority over paperwork

Solutions

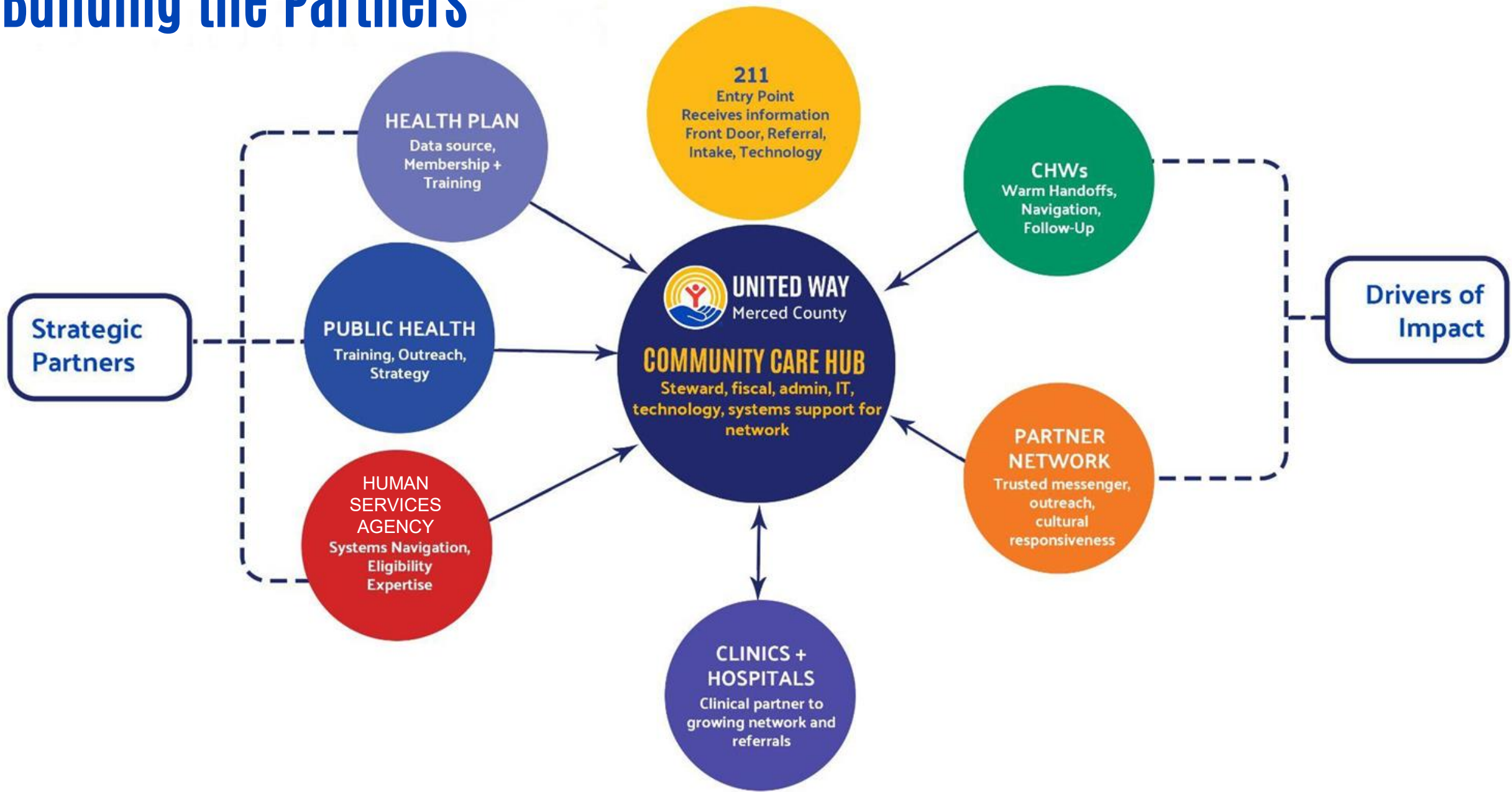
How do you eat an elephant?



Community Solution for a Community Problem

1. Train people who are already interacting with members to help them with paperwork
2. Create infrastructure for administration, billing, and technology (Community Hub)
3. Consistent messaging through training and toolkits

Building the Partners



How the Model Works

RESIDENTS SHOULDN'T NEED TO UNDERSTAND THE SYSTEM BEFORE THEY RECEIVE HELP.



Multiple entry points. One accountable path.

What 211 Does

A modern 24/7 front door that helps residents get from need to the right help.

211 is the place residents contact when they need help but do not know where to start.

Free, Confidential, 24/7, and Multilingual



**2027
MODERNIZATION**

AMAZON CONNECT
cloud call center + routing

GET HELP PORTAL
online access point

SMART INTAKE
screen + route by need

CLOSED LOOP
track whether help
happened

LIVE DASHBOARDS
real-time needs + gaps

PUBLIC HEALTH VALUE: SEE THE NEED, ROUTE THE RESIDENT, CLOSE THE LOOP, DOCUMENT THE OUTCOME.

Trainings

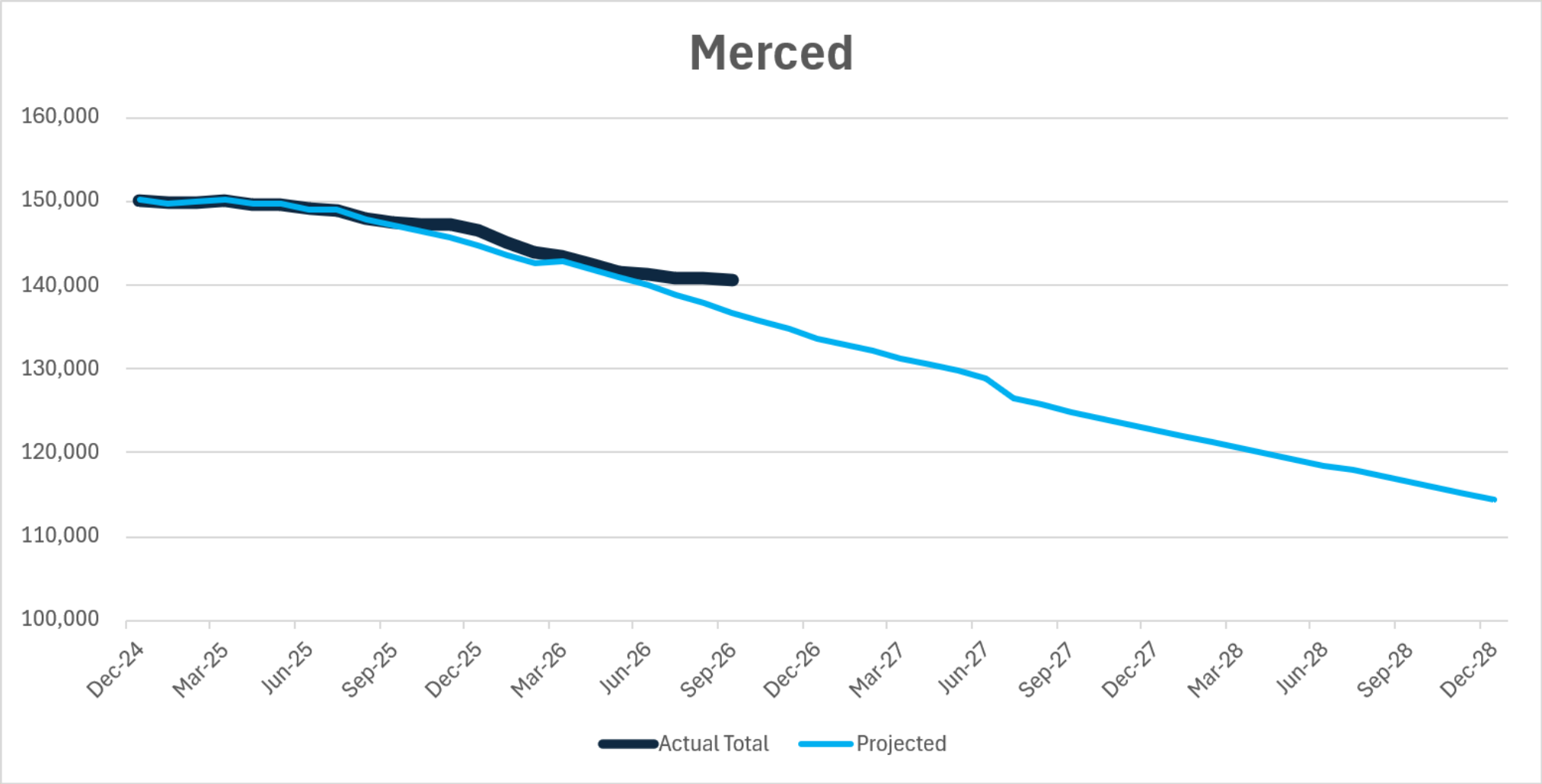
- January – March 2026
 - 4 training sessions
 - 151 community partners trained
 - 28 organizations represented
- July 2026
 - 6 sessions
 - 250 participants
- Agenda focus:
 - 2026 Medi-Cal changes
 - Application & redetermination process
 - BenefitsCal Overview/Demo
 - Redetermination packet review
 - CBO resource review



Benefits of Success

- Benefits to residents:
 - Medi-Cal members maintain access to best healthcare option
 - Maintaining insurance may prevent private insurance costs from increasing as dramatically
- Benefits to healthcare system (providers + managed care plan)
 - Increased revenue
- Benefits to County
 - Assistance with paperwork helps expand eligibility worker capability
 - Residents who stay on Medi-Cal do not come to indigent healthcare

Early Signs of
Success



Role of Managed Care Plan

- Organizing trainings
- Providing projected and actual disenrollment data
- Funding for United Way and other CBOs
- 211 connection to Care Management System
- Campaign flyers



How to **renew** your Medi-Cal

Medi-Cal rules are **changing**. Keep your health care coverage so you can see your doctor and get your medication.



Know your renewal deadline and follow these three steps:

- 1 Complete it:**
You should get a renewal letter in the mail from your county Medi-Cal office. It will tell you any steps you need to take to renew. Fill out the required information.
- 2 Check it:**
Make sure to complete the full renewal. Missing or incomplete information can delay the process.
- 3 Return it:**
Submit the renewal on time.

Get help

You can get free information and personalized support. Get help from a Medi-Cal Renewal Assistance Partner near you.

Other ways to renew

If you do not get a renewal letter, there are other ways to renew:

- Use the BenefitsCal website.
- Contact your county Medi-Cal office to renew by mail, phone or in person.

If you are not sure about your renewal deadline, you can log in to BenefitsCal to find out when your renewal is due.

To learn more, or to get help with your Medi-Cal renewal, scan the QR code or visit www.thealliance.health/GetHelp.



HEALTHY PEOPLE. HEALTHY COMMUNITIES.

www.thealliance.health

08-2026

Sustainability

- CHW/ECM Benefit reimbursement
 - Utilizes existing infrastructure
 - Significant changes to benefit limit this revenue source
- MAA
 - Medi-Cal connection is billable service
- Return on Investment (eventual)
 - Managed Care Plan, Hospitals

Lessons From Merced

THE CORE LESSON

A no-wrong-door model is not just about opening more doors. It works when partners agree who follows up, how information moves, and what it means to resolve the issue.

FOLLOW-THROUGH MATTERS

- 1 Public agencies do not have to own every part of the solution.
- 2 Trusted CBOs increase government and healthcare efficiency by operating with the agility to move quickly across complex systems.
- 3 Referral alone is not enough; follow-through is the operating model.
- 4 211 can function as health access infrastructure, not just an information line.
- 5 Successful partnership requires clear roles and shared accountability. A shared problem is a good starting point.

Model Flexibility

To what other community issues can this model be applied?

- 1 Emergency information and response (pandemic, flood, fire)
- 2 CalFresh application/food navigation.
- 3 ECM step down services.
- 4 Whatever the next thing is: responsiveness at a pace faster than government.

Questions?