



Medicaid Health Plans Step Up Outreach Efforts Ahead of GOP Changes

Medicaid health plans across the nation are bolstering outreach to low-income households in a bid to not lose enrollees, many of whom are already struggling with high grocery and medical costs.

December 29, 2025 By Claudia Boyd-Barrett and KFF Health News

Carmen Basu, bundled in a red jacket and woolly scarf, stood outside the headquarters of her local health plan one morning after picking up free groceries. She had brought her husband, teenage son, and 79-year-old mother-in-law to help.

They grabbed canned food, fruit and vegetables, and a grocery store gift card. And then Basu spotted a row of tables in the parking lot staffed by county social service workers helping people apply for food assistance and health coverage. Her mother-in-law, also a Medicaid recipient, might qualify for food assistance, she was told.

“It would be less money for me that I would have to put aside,” said Basu, who has been the sole breadwinner for the family from Anaheim since her husband suffered a stroke. “Maybe I can use that extra money to cover other expenses.”

Basu was among the more than 3,000 people who turned up at a November CalOptima event in one of California’s most affluent counties. It marked the start of a \$20 million campaign by the Medicaid health insurer to help low-income residents get and maintain health coverage and food benefits as federal restrictions under President Donald Trump’s One Big Beautiful Bill Act take effect.

The law cuts more than [\\$900 billion in federal funding](#) for Medicaid, known in California as Medi-Cal. It also slashes around \$187 billion from the Supplemental Nutrition Assistance Program, or SNAP, known as CalFresh in California. That’s about 20% of the program’s budget over the next 10 years. As a result, up to 3.4 million Medi-Cal recipients and almost 400,000 CalFresh beneficiaries could lose benefits. (Most CalFresh beneficiaries [also receive Medi-Cal](#).)

Republican representatives say the changes, some of which have already taken effect, will prevent waste, fraud, and abuse through expanded eligibility checks and work requirements. Yet, Medicaid

health plans across the nation are bolstering outreach to low-income households in a bid to not lose enrollees, many of whom are already struggling with high grocery and medical costs.

In Los Angeles County, L.A. Care Health Plan launched community information sessions this month to educate the public about upcoming changes to Medi-Cal. Hawaii's AlohaCare is mobilizing a [COVID-era coalition](#) to help mitigate the impact of Medicaid coverage losses. And Community Behavioral Health, a Medicaid managed-care plan for behavioral health in Philadelphia, plans to host a series of summits starting next year to get the word out about the changes.

"We know that these changes will affect a lot of our members," said Michael Hunn, CEO of CalOptima, one of about two dozen Medi-Cal managed-care plans paid monthly based on their number of enrollees. "We have a great responsibility to make sure that they understand and can navigate these changes as they are implemented."

CalOptima, a public entity whose board is appointed by county supervisors, has allocated up to \$2 million through the end of 2028 to pay for county eligibility workers at events like the food giveaway to provide on-the-spot assistance. It's funding that An Tran, head of Orange County's Social Services Agency, said can help pay for critical outreach the county otherwise wouldn't be able to afford.

Orange County has about 1,500 eligibility workers to handle reenrollments and verification checks for around 850,000 Medi-Cal members and over 300,000 CalFresh recipients.

"We are talking about families who desperately need help especially at a time when food costs and inflation is high and they're barely able to make it," Tran said.

In addition to funding county workers, CalOptima intends to provide grants to community organizations to conduct Medi-Cal outreach and run a public awareness campaign in multiple languages to make enrollees aware of new requirements, Hunn said.

U.S. Rep. Young Kim, a Republican who represents part of Orange County, did not respond to a request seeking comment but has said Trump's signature budget law, which she voted for, "takes important steps to ensure federal dollars are used as effectively as possible and to strengthen Medicaid and SNAP for our most vulnerable citizens who truly need it." She and other Republicans have said it will provide tax relief for working Americans.

After nearly an hour with an eligibility worker, Basu learned she earned too much for her mother-in-law, who lives with the family, to qualify for CalFresh. Now, Basu said, she's worried about Medi-Cal eligibility changes for immigrants, which she fears could affect her mother-in-law, who obtained lawful permanent residency about a year and a half ago.

"Before having that, we were paying cash for cardiology, for labs, everything. It was very pricey," Basu said. "I'm thinking I will have to, in a few months, pay again out-of-pocket. It's a lot on me. It's a burden."

In most of the nation, people who've had a green card for less than five years generally [don't qualify](#) for federally funded Medicaid. However, California has provided state-funded Medi-Cal coverage for them and low-income immigrants without legal status.

But even those benefits are being rolled back amid state budget pressures. In July, the state will eliminate full-scope dental benefits for some enrollees who have had a green card for less than five years, as well as certain other immigrant enrollees. A year later, this group will start being charged monthly premiums.

And starting in January, California will freeze enrollment for people 19 or over without legal status, as well as some lawfully present immigrants. It will also reinstate an asset limit for all older enrollees.

Meanwhile, the state is drafting guidance for counties on how to implement the federal Medicaid eligibility changes, said Tony Cava, a spokesperson for California's Department of Health Care Services. The federal work rules and twice-yearly eligibility checks are slated to take effect by the start of 2027, applying to enrollees under the Affordable Care Act coverage expansion.

The California Department of Social Services, which manages CalFresh, has already changed how home utility costs are calculated and imposed a cap on benefits for very large households. It is still developing guidance for the federal work requirements and changes that disqualify some noncitizens, agency Chief Deputy Director David Swanson Hollinger said at a recent hearing.

The Department of Health Care Services has developed a "[What Medi-Cal Members Need to Know](#)" webpage about the state and federal Medicaid changes. It's also leveraging a network of Medi-Cal "[coverage ambassadors](#)" to provide information and updates in communities across the state in multiple languages. And it's collaborating with counties and Medi-Cal managed-care plans to support community-based enrollment assistance, including at local events, Cava said.

Aquilino and Fidelia Salazar, a husband and wife getting help with a CalFresh application, said they didn't expect to be affected by the work requirements and Medi-Cal eligibility changes. That's because they are both permanent U.S. residents who have chronic health conditions and can't work, they said. People considered physically or mentally unable to work can be exempted from work requirements. But the couple are concerned other immigrants in their community could lose care.

"It's not fair because a lot of people really need it," Fidelia Salazar said in Spanish. "People earn so little and then medicines and going to the doctor is extremely expensive."

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