azara healthcare | California Primary Care Association

CASE STUDY

Expanding Coverage, Empowering Communities

How CPCA and Azara Healthcare Supported California's Historic Medicaid Enrollment Push

Overview

In January 2024, the California Department of Health Care Services (DHCS) launched an ambitious initiative to maintain and expand healthcare coverage across the state by helping hard-to-reach and newly eligible residents enroll or re-enroll in Medi-Cal, California's Medicaid program. The effort came on the heels of major policy changes: the reinstatement of annual redetermination requirements following the end of the federal COVID-19 public health emergency, and the passage of new legislation extending Medi-Cal eligibility to all income-qualified residents, regardless of immigration status.

To drive enrollment at scale, DHCS awarded $20 million to the California Primary Care Association (CPCA) to administer the Medi-Cal Health Enrollment Navigators Project for Clinics. CPCA partnered with 98 community health centers (CHCs) and nine regional clinic associations (RCAs) or consortia across 38 counties, mobilizing many outreach navigators to reach some of the state's most underserved populations.

But executing a project of this scale, which encompassed hundreds of thousands of outreach encounters, required more than just people power. It required a new way to track, manage and report outreach and enrollment activity with precision.

Challenge

With Medi-Cal redetermination resumed and millions of Californians at risk of losing coverage, CHCs faced mounting pressure to identify patients, reach them through culturally appropriate channels, assist with complex applications, and report efforts back to the state.

Manual reporting via spreadsheets posed challenges to accurately quantify results. CPCA searched for a system that could track outcomes; log and categorize interactions, whether through phone calls, texts, in-person support, or follow-up care coordination; and generate aggregate reporting by age, language, race and ethnicity.

> "There was a lot of urgency. We had to mobilize a statewide network of health centers and make sure their navigators had the tools to track outreach, report assistance, and avoid duplication."
>
> Nataly Tellez,
> *Director of Strategic Initiatives at CPCA*

Solution

To support this effort, CPCA leveraged Azara Care Connect, an outreach and outcome tracking platform, that allowed health centers to record their Medi-Cal enrollment efforts in real time.

"We were working with many different community health center organizations, consortia, and health navigators across California," said Tellez. "Having one platform that let everyone log encounters, track outcomes, and stay aligned was critical."

Each navigator could document encounters, including application assistance, redetermination help, and care navigation, within a standardized platform that fed into centralized reporting. These encounters were logged across organizations, allowing CPCA to monitor outreach efforts at the local level and aggregate performance metrics for state reporting.

"Care Connect gave us a scalable way to track this work," added Tellez. "We could see activity across organizations and regions and roll up results to DHCS."

The platform's flexibility enabled health centers to tailor workflows to their unique internal systems while maintaining a unified structure for statewide reporting.

Results

Between January 2024 and June 2025, the Health Enrollment Navigators Project, supported by DHCS, CPCA, Consortia, CHCs, Azara Healthcare, and community partners realized major impact:

159k+
individuals enrolled or re-enrolled in Medi-Cal

1.3M+
individuals reached through direct outreach

17.3M+
media impressions via mass media campaigns and public education

290k+
residents received hands-on application assistance

391k+
people received help accessing and utilizing health care services

The Azara Care Connect platform was instrumental in tracking and validating these efforts. Navigators across the state logged outreach encounters, enrollment assistance, redeterminations, and navigation activities in real time, giving CPCA and DHCS an in-depth understanding of the project's impact.

"Azara Care Connect helped us move from relying on anecdotal stories to using concrete data," said Tellez. "We could demonstrate how this funding translated into real lives helped, real coverage gained, and real-time data that informed the next steps."

The Health Enrollment Navigators Project highlights what's possible when policy, technology and community-based care align.

Looking Ahead

The current grant cycle ended in June 2025, but CPCA and Azara are exploring other ways to partner. Azara Care Connect has shown its potential not just for enrollment initiatives, but for broader community health improvement efforts, enabling frontline teams to track social drivers of health, manage outreach programs, and strengthen care navigation for the long term.

As states nationwide face Medicaid renewal pressures and expanding health equity efforts, California's success offers a roadmap, and Azara's technology offers the infrastructure to support it.

Health Enrollment Navigators Project:

Launched by the California Department of Health Care Services (DHCS) in partnership with the California Primary Care Association (CPCA) and participating consortia and community health centers.

Purpose

To increase enrollment in Medi-Cal (California's Medicaid program) among low-income and underserved populations following the COVID-era unwinding of continuous coverage, while also expanding enrollment to newly eligibility residents.

Participation

The Health Enrollment Navigators Project engaged many navigator staff employed by 98 community health centers and nine consortia to assist with Medi-Cal outreach, enrollment and redeterminations.

Key Objectives

- Assist individuals in enrolling or re-enrolling in Medi-Cal
- Provide culturally and linguistically responsive outreach
- Track encounters, application assistance, and follow-ups across hundreds of health center sites
- Report outcomes back to DHCS in real time

Azara Healthcare Solution

Azara Care Connect is the centralized platform to document navigator activity, measure impact, and streamline state-level reporting.

The Azara Care Connect (ACC) solution was designed to leverage the full set of clinical, claims, HIE, and practice management data in Azara DRVS and make it available in a simple and intuitive user interface to conduct Care Management and Care Coordination activities. ACC enables practices to organize patients into groups of high cost, risk, or other characteristics such as chronic disease and allows Care/Case Management and Care Coordination staff to manage and monitor this panel of patients by tracking the day-to-day tasks and follow-up activities related to their care.

ACC Care Coordination, utilized by CPCA, enables organizations to organize patient data from health plans to quickly and easily perform and document outreach for all patients. Actions taken in ACC allow organizations to improve productivity and efficiency, close gaps in care related to incentive metrics, and track adherence to health plan contract requirements, leading to increased performance on VBC metrics and higher reimbursements.

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Learn more about how Azara Healthcare can support your organization by exploring the resources available in the DRVS Help section, contacting the Azara support team, or reaching out to your client success manager.

We at Azara can't wait to see what you will do!

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