California Insurance Affordability Programs:
Developing a Reporting Strategy

Presentation to the ABx1-1 Stakeholders Group
Sacramento, California

April 4, 2014

Maggie Colby
Agenda for Today’s Discussion

• Project Overview and Mathematica’s Role
• Reporting Requirements Under ABx1-1
• Review of Draft Template for First Round of Required Reporting (April 2014)

Comments and Questions are Welcome Throughout the Presentation!
• Assembly Bill 1-1, Section 14102.5 of the Welfare and Institutions Code:
  – Requires reporting on eligibility and enrollment processes for all California insurance affordability programs (IAPs), including:
    • Medi-Cal
    • Qualified Health Plans available through Covered California
  – Calls for quarterly reporting, beginning in April 2014
  – Specifies 19 reporting topics
1. Assist DHCS and Covered California in identifying and specifying measures that satisfy the 19 reporting topics

– Facilitate development of measures that address specific concerns of California stakeholders

– Ensure that measures remain aligned with federal reporting requirements

• Centers for Medicaid & CHIP Services (CMCS)
• Centers for Consumer Information and Insurance Oversights (CCIIO)
Mathematica’s Role

2. Assist DHCS and Covered California in developing and updating a public reporting template

Template purpose:

– Make information quickly accessible to broad audience
– Provide detailed data for interested stakeholders
– Will incorporate additional measures in the future
– First report in April 2014 will reflect all of open enrollment (October 2013 – March 2014)
ABx1-1 Reporting Requirements
Reporting Requirements Under ABx1-1

- **Applications received**
  - Applications received through each submission venue (1.A)
  - Applicants on those applications (1.B)
- **Applicant demographics (1.C)**
  - Gender
  - Age
  - Race and Ethnicity
  - Primary Language
- **Eligibility approvals and denials**
  - Eligibility determinations that resulted in approval for coverage (1.D.i)
  - Program for which approved individuals were eligible (1.D.ii)
  - Number of applications denied for any coverage and reason for denial (1.D.iii)
  - Number of days for eligibility determinations to be completed (1.E)
- **Health Plan Selection**
  - Plans selected by applicants enrolled in an IAP (2.A)
  - Number of Medi-Cal enrollees who do not select a health plan, but are defaulted into a plan (2.B)
- **Redeterminations**
  - Number of redeterminations processed (3.A)
  - Number of redeterminations that resulted in continued eligibility for the same IAP (3.B)
  - Number of redeterminations that resulted in a change in eligibility to a different IAP (3.C)
  - Number of redeterminations that resulted in a change in eligibility for any IAP and reasons for change (3.D)
  - Number of days for redeterminations to be completed (3.E)
- **Disenrollment**
  - Number of beneficiary disenrollments (4.A)
  - Reasons for beneficiary disenrollments (4.B)
  - Number of disenrollments caused by individuals disenrolling from one IAP and enrolling in another (4.C)
- **Consumer Assistance**
  - Applications for IAPs that were filed with the help of an assister or navigator (5)
- **Appeals and Grievances**
  - Number of grievances and appeals filed by applicants and enrollees regarding IAPs, the basis of the grievance and the outcomes of the appeals (6)
Reporting Requirements Under ABx1-1

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  – Applicants on those applications (1.B)

• Applicant demographics (1.C)
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  – Age
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Review Draft Template for April 2014 Reporting
Overview Flowchart, pg.3:

- Orients audience to application, eligibility determination, and enrollment steps
- Emphasizes California’s single streamlined application process
- Note – none of the data in this template is real
Applications Received, pg.4:

- Distribution of applications by submission venue (1A)
  - Note applications may touch more than one submission venue

- Applications filed with the help of an assister or navigator (5)
Applicants on Applications, pg.5:

- Number of applications and applicants (1B)
  - Separate counts for October – December 2013, and January – March 2014
Applicants on Applications, pg.6:

- Gender and Age Distribution of Applicants (1.C)
  - Includes individuals pending and determined eligible
  - Some pending applications may be incomplete, resulting in unknown age and gender fields
Applicants on Applications, pg.7:

- Race, Ethnicity, and Primary Language of Applicants (1.C)
  - Includes individuals pending and determined eligible
  - Some pending applications may be incomplete, resulting in unknown race, ethnicity, and language fields
  - These fields are also optional for applicants to complete
Eligible Individuals, pg.8:

- Eligible Individuals by Insurance Affordability Program (1.D.i and 1.D.ii)
  - Distinguishes Medi-Cal and QHP eligibility
  - Includes individuals pending verification for Medi-Cal eligibility
Enrollment by Health Plan (Covered California), pg.9:

- Health Plans Selected by QHP Enrollees (2.A)
  - Distinguishes enrollees eligible and not eligible for subsidy
  - Notes number of counties in which each plan operates

- The most popular health plan at the state level is Blue Shield of California.
- Health plan choices were similar between individuals who were subsidy eligible and those who were not.
- Selection of regional health plans is high among individuals residing in the covered regions (not shown).
Enrollment by Health Plan (Medi-Cal), pg.10:

- Health Plans Selected by Medi-Cal Enrollees (2.A)
Grievances and Appeals (6), pg. 11:

- Number of eligibility appeals
- Outcome of eligibility appeals

**Outcome of Eligibility Appeals**

- Eligibility appeals were most common in the Medi-Cal program.
- Across programs, the majority of appeals were affirmed in favor of the applicant.

**Number of Eligibility Appeals**

<table>
<thead>
<tr>
<th></th>
<th>Medi-Cal</th>
<th>QHP (Subsidy)</th>
<th>QHP (Non-Subsidy)</th>
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<tbody>
<tr>
<td>Total Appeals Filed</td>
<td>4,800</td>
<td>1,708</td>
<td>220</td>
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<tr>
<td>Percent of Applicants who Filed an Appeal (%)</td>
<td>26</td>
<td>11</td>
<td>5</td>
</tr>
</tbody>
</table>

Applications → Individual Applicants → Eligibility Determination → Health Plan Enrollment
Additional Comments?

• Please provide additional comments by Tuesday, April 8 to:
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