



CALIFORNIA ELIGIBILITY AND ENROLLMENT REPORT:

INSURANCE AFFORDABILITY PROGRAMS

ASSEMBLY BILL X1 1 (J. PEREZ, CHAPTER 3, STATUTES OF 2013)

For the Reporting Period
October 2016 through December 2016

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INTRODUCTION

The California Eligibility and Enrollment report provides an overview of application, eligibility, and enrollment data for California Insurance Affordability Programs (IAPs). This report covers the period from October 1, 2016, through December 31, 2016. The report responds to California Assembly Bill (AB) x1 1 (J. Perez, Chapter 3, Statutes of 2013), Welfare and Institutions (W&I) Code Section 14102.5, as amended by AB 1688 (Committee on Health, Chapter 511, Statutes of 2017). The amended W&I Code starts with reports due in 2018 and requires a biannual reporting of eligibility and enrollment data for IAPs, including Medi-Cal, the Medi-Cal Access Program (MCAP), and Qualified Health Plans (QHPs) available through Covered California. The data within the reports will be aggregated and calculated on at least a quarterly basis.

Commencing with this reporting period, the written report is abbreviated to include a summary of eligibility and enrollment data. The datasets that were previously contained in the written report now reside in the [California Health and Human Services \(CHHS\) Open Data Portal](#). Most datasets include data for prior quarters beginning with the first quarter of 2016. The datasets in the Open Data Portal include quarterly data for IAP applications, individuals on applications, applicant demographics, health plan enrollments, Medi-Cal renewals, appeals, and enrollment numbers for Medi-Cal and QHP. A complete list of the datasets is found in Appendix A. The Department of Health Care Services (DHCS) compiles the data from a variety of sources in collaboration with Covered California and the Statewide Automated Welfare System (SAWS).

BACKGROUND

The Patient Protection and Affordable Care Act (PPACA) of 2010, as amended by the Health Care and Education Reconciliation Act of 2010 (collectively referred to as the Affordable Care Act (ACA)) made numerous changes to Medi-Cal effective January 1, 2014. Final federal regulations were issued to effectuate many of these changes. One major change consolidated some of the Medi-Cal mandatory and optional groups into three new mandatory coverage

HIGHLIGHTS OCTOBER – DECEMBER 2016

- 13.4 million enrolled in Medi-Cal
- 76,780 increase in newly Medi-Cal eligibles
- 25% of CalHEERS applications were initiated online
- 33% of County Human Services Agencies applications were initiated in-person
- 43% of applicants were children and youth
- 127,653 increase in new eligibles selecting a Covered California QHP
- 30,504 Covered California clients transitioned to Medi-Cal
- Kaiser Permanente was the most frequently selected QHP
- L.A. Care Health Plan was the most frequently selected Medi-Cal Managed Care Health Plan

groups. These new coverage groups are Parents and Other Caretaker Relatives, Pregnant Women, and Infants and Children under Age 19.

ACA also expanded Medi-Cal in 2014 to include a new optional coverage group referred to as the New Adult Group. The New Adult Group is composed of individuals between the ages of 19 to 64 who are not otherwise eligible for Medi-Cal in any other mandatory coverage group with income at or below 138 percent of the Federal Poverty Level (FPL).

ACA regulations define the coverage group income eligibility standards and provide that many, but not all, Medi-Cal coverage groups are to have income determined under the Modified Adjusted Gross Income (MAGI) methodology rules used by the Internal Revenue Service (IRS). MAGI applies to the four consolidated groups generally composed of adults, pregnant women, parents and other caretaker relatives, and children. Non-MAGI, pre ACA income rules continue for some groups, particularly the aged, blind, disabled, and the medically needy.

With the launch of Covered California in 2013 and the expansion of Medi-Cal in 2014, Californians have access to a range of affordable health insurance choices. Covered California is California's Health Benefit Exchange and serves as its marketplace for IAPs. Tax credits and subsidies are available to Californians, with incomes between 100 percent and 400 percent of the FPL who enroll in QHPs offered by Covered California.

The California Healthcare Eligibility, Enrollment and Retention System (CalHEERS) supports applications for enrollment submitted through [CoveredCA.com](https://coveredca.com) and is jointly sponsored by Covered California and DHCS. CalHEERS is an enrollment portal and the "rules engine" for determining Medi-Cal and tax subsidy eligibility using MAGI eligibility rules. Consumers can apply online through the Covered CA portal to purchase affordable QHPs or determine if they qualify for MAGI Medi-Cal coverage.

Once CalHEERS establishes eligibility for MAGI Medi-Cal, the eligibility determination information is imported from CalHEERS into the SAWS through an electronic transfer, known as the Electronic Health Information Transfer (eHIT). CalHEERS is not used for the eligibility determination process for Non-MAGI Medi-Cal. County eligibility workers make final processing and/or confirmation of Medi-Cal eligibility determinations and send the information on the final determination electronically from SAWS to CalHEERS and Medi-Cal Eligibility Data System (MEDS).

SUMMARY

DHCS compiles California application, eligibility, and enrollment data for IAPs from CalHEERS, MEDS, MAXIMUS Inc., and SAWS, depending on the data element. A detailed description of each of these systems can be located in Appendix B. The IAPs eligibility and enrollment key measures below represent different portions of the IAP application, eligibility, and enrollment process and consist of summary of totals derived from the different systems for the period of October 1, 2016 through December 31, 2016.

IAP Eligibility and Enrollment Summary October 2016 through December 2016	
CalHEERS Applications Received	564,594
Individuals on CalHEERS Applications	971,039
Hospital Presumptive Eligibility (HPE) Applications Received	76,681
Medi-Cal Access Program (MCAP) Applications Received	1,894
Individuals Newly Eligible for Medi-Cal	363,332
Individuals Newly Eligible for MCAP	1,474
Individuals Who Selected a Subsidized QHP	138,262
Medi-Cal Renewals Due	2,730,178
Medi-Cal Renewals Completed	2,507,183

DHCS has added new metrics to the fourth quarter of 2016 reporting including Medi-Cal and QHP renewals, IAP transitions, and total enrollment by eligibility group.

1. Medi-Cal Renewals: A new dataset that includes Medi-Cal eligibility renewals processing by county is now available on the CHHS Open Data Portal. Beginning with renewals due in October 2016, DHCS will update the dataset on the Open Data Portal monthly.

The SAWS report the number of Medi-Cal renewals due and the renewals completed within the renewals processing timeframe by county. The renewal processing timeframe consists of a four-month period comprised of the renewal due month and three months after the renewal due month. Unlike renewals of QHP coverage through Covered California, Medi-Cal renewals occur on a monthly basis. Beneficiaries must renew eligibility on an annual basis, and their renewal dates are based on their most recent eligibility determination date. Beneficiaries that do not complete the renewal process by the required deadline are discontinued from Medi-Cal, but have up to 90 days after their discontinuance date to request reinstatement of coverage retroactive to the discontinuance date.

Beginning January 2017, DHCS requested SAWS to make modifications to the previous renewals reporting that more closely align with renewals processing timeframe requirements outlined in the Welfare and Institutions (W&I) Code 14005.37 and renewals reporting as required in W&I Code 14102.5(3). For the period of October 1, 2016 through December 31, 2016:

- 92 percent of the 2.7 million individual Medi-Cal renewals due were completed.
- Of all individuals whose renewals were completed, 81 percent of the renewals resulted in continued Medi-Cal coverage and 19 percent of the renewals resulted in discontinued Medi-Cal coverage.
- Out of the individuals discontinued, 17 percent were reinstated during the 90-day period following the discontinuance of coverage.

2. QHP Renewals: Covered California reports the data on QHP renewals from CalHEERS. QHP renewal takes place once each year during the annual open enrollment period. To renew coverage an individual must be enrolled in QHP coverage as of October in the prior year, and have effectuated and maintained their coverage by paying premiums. Qualifying consumers are notified that they could take steps to change coverage, or could do nothing and be automatically renewed in their existing plan.

- 95 percent of the 1.3 million individuals eligible to renew their QHP coverage for Plan Year 2016 renewed.
- Of all QHP enrollees who renewed, 92 percent remained with the same carrier.
- Of all QHP enrollees who renewed, 37 percent explored their health plan options at renewal.

3. IAP Transitions: A new dataset that includes the number of individuals transitioned from Covered California Advanced Premium Tax Credits (APTC)/Cost Sharing Reduction (CSR)/QHP to Medi-Cal during a reporting period is now available on the CHHS Open Data Portal. A system change to CalHEERS created a process to ensure that individuals transitioning from Covered California APTC/CSR/QHP, as long as they continue paying premiums, would remain in their current Covered California health plan until the county confirms Medi-Cal eligibility. In the fourth quarter of 2016, counties processed the transition of 30,504 individuals from Covered California to Medi-Cal.

4. Total Enrollment: A new dataset that includes the number of individuals enrolled in Medi-Cal by MAGI or non-MAGI eligibility groups as defined by the Center for Medicare and Medicaid Services (CMS) Performance Indicators (CMSPI) reporting requirements is now available on the CHHS Open Data Portal. States submit Medicaid and Children's Health Insurance Program (CHIP) eligibility and enrollment data to CMS monthly. CMS publishes the total enrollment by state on the CMSPI website, but does not include sub-total counts for enrollment for MAGI-Child, MAGI-Adult, Non-MAGI-Child, Non-MAGI-Adult, and CHIP groups. This dataset includes individuals who are eligible for full scope Medi-Cal and CHIP benefits, as well as those individuals enrolled in limited scope or state funded programs whose eligibility is not reported to CMS (i.e. Non-CMSPI eligibility group).

As of December 2016, out of 13.4 million individuals eligible for Medi-Cal:

- 35 percent were placed in MAGI-Adult eligibility group,
- 18 percent were placed in MAGI-Child eligibility group,
- 18 percent were placed in Non-MAGI-Adult eligibility group,
- 11 percent were placed in Non-MAGI- Child eligibility group,
- 10 percent are CHIP enrollees, and
- Eight percent were placed in Non-CMSPI eligibility group.

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APPENDIX B: DATA SOURCES

The following data sources were used to produce this report.

- **CalHEERS** is the online platform, which runs the single-streamlined application for Medi-Cal, as well as Covered California's QHP enrollments. Medi-Cal eligibility on the basis of MAGI is initially determined through the CalHEERS rules engine.
- The **Medi-Cal Eligibility Data System (MEDS)** stores vital and confidential beneficiary information such as Medi-Cal eligibility and demographics. Each month MEDS is updated with information, which indicates whether a beneficiary is eligible for Medi-Cal, the scope of Medi-Cal benefits (full-scope or restricted/limited scope), if the person is enrolled in a Medi-Cal Managed Care Plan, or the status of a person's share-of-cost and whether or not it has been met.
- The **Statewide Automated Welfare System (SAWS)** are the county-based systems used to determine Non-MAGI Medi-Cal eligibility and conduct ongoing case management for MAGI and Non-MAGI Medi-Cal, California Work Opportunity and Responsibility to Kids (CalWORKs), California's Supplemental Nutrition Assistance Program (CalFresh), and other programs. SAWS are comprised of the following three eligibility determination systems developed by three separate county consortia:
 - CalWORKs Information Network (CalWIN), which supports 18 counties;
 - Consortium IV (C-IV), which supports 39 counties; and
 - LEADER Replacement System (LRS), which supports Los Angeles County.
- **MAXIMUS Inc.**, in partnership with DHCS, provides application and enrollment data for Medi-Cal health plans, Health Care Options, and the MCAP.
- The **California Department of Social Services (CDSS)** reports appeals data for Covered California and Medi-Cal that are processed and adjudicated by Administrative Law Judges and staff at CDSS.