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)**

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Comments and Questions are Welcome Throughout the Presentation!

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Project Overview

- **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**

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Mathematica's Role

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)

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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)**

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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)**

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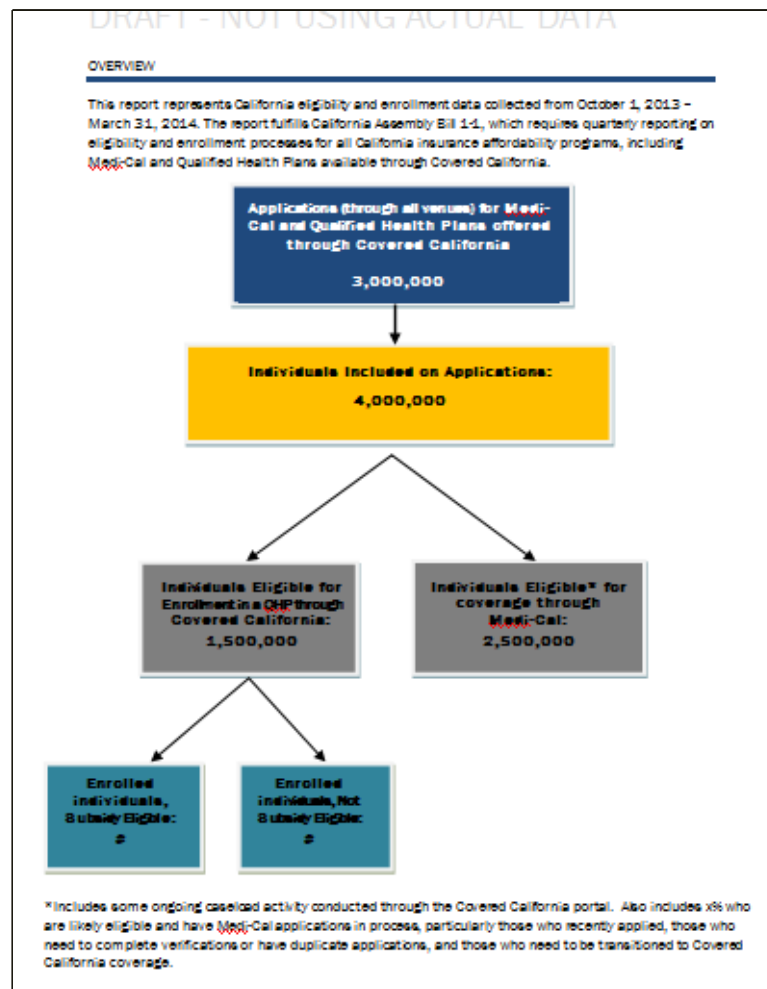
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Review Draft Template
for April 2014 Reporting

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Draft April 2014 Reporting

Overview Flowchart, pg.3:

- **Orients audience to application, eligibility determination, and enrollment steps**

- **Emphasizes California's single streamlined application process**

- **Note – <u>none of the data in this template is real</u>**

DRAFT - NOT USING ACTUAL DATA

OVERVIEW

This report represents California eligibility and enrollment data collected from October 1, 2013 – March 31, 2014. The report fulfills California Assembly Bill 1-1, which requires quarterly reporting on eligibility and enrollment processes for all California insurance affordability programs, including Medi-Cal and Qualified Health Plans available through Covered California.

Applications (through all venues) for Medi-Cal and Qualified Health Plans offered through Covered California
3,000,000

Individuals Included on Applications:
4,000,000

Individuals Eligible for Enrollment in a QHP through Covered California:
1,500,000

Individuals Eligible* for coverage through Medi-Cal:
2,500,000

Enrolled individuals, Subsidy Eligible:
#

Enrolled individuals, Not Subsidy Eligible:
#

*Includes some ongoing caseload activity conducted through the Covered California portal. Also includes x% who are likely eligible and have Medi-Cal applications in process, particularly those who recently applied, those who need to complete verifications or have duplicate applications, and those who need to be transitioned to Covered California coverage.

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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)**

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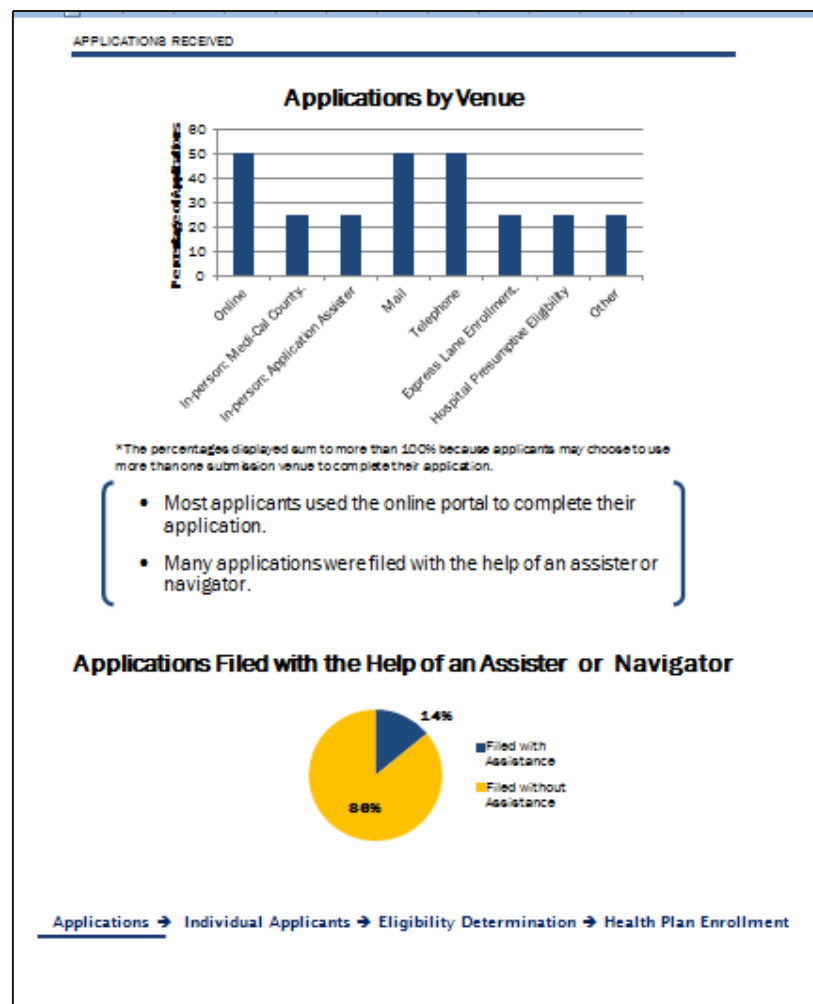
Draft April 2014 Reporting

Applicants on Applications, pg.5:

- **Number of applications and applicants (1B)**
  - **Separate counts for October – December 2013, and January – March 2014**

INDIVIDUALS INCLUDED ON APPLICATIONS

Number of Applications and Applicants (in thousands)

Legend: Number of Applications, Number of Applicants

October - December, 2013: 500 (Number of Applications), 800 (Number of Applicants)
January - March, 2014: 1,000 (Number of Applications), 3,000 (Number of Applicants)

Average Number of Individuals per Application: #

- The # total applications submitted during the open enrollment period represented # individuals.
- On average, # individuals were included on each application.

Applications → Individual Applicants → Eligibility Determination → Health Plan Enrollment

Draft April 2014 Reporting

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**

APPLICANT DEMOGRAPHICS (GENDER, AGE)

- Most applications represent individuals age 35-44.
- Applications are fairly balanced across men and women.
- The group with the fewest applications is men ages 18-24.

Applicants by Gender and Age

Legend: Male, Female, Unknown

Applications → Individual Applicants → Eligibility Determination → Health Plan Enrollment

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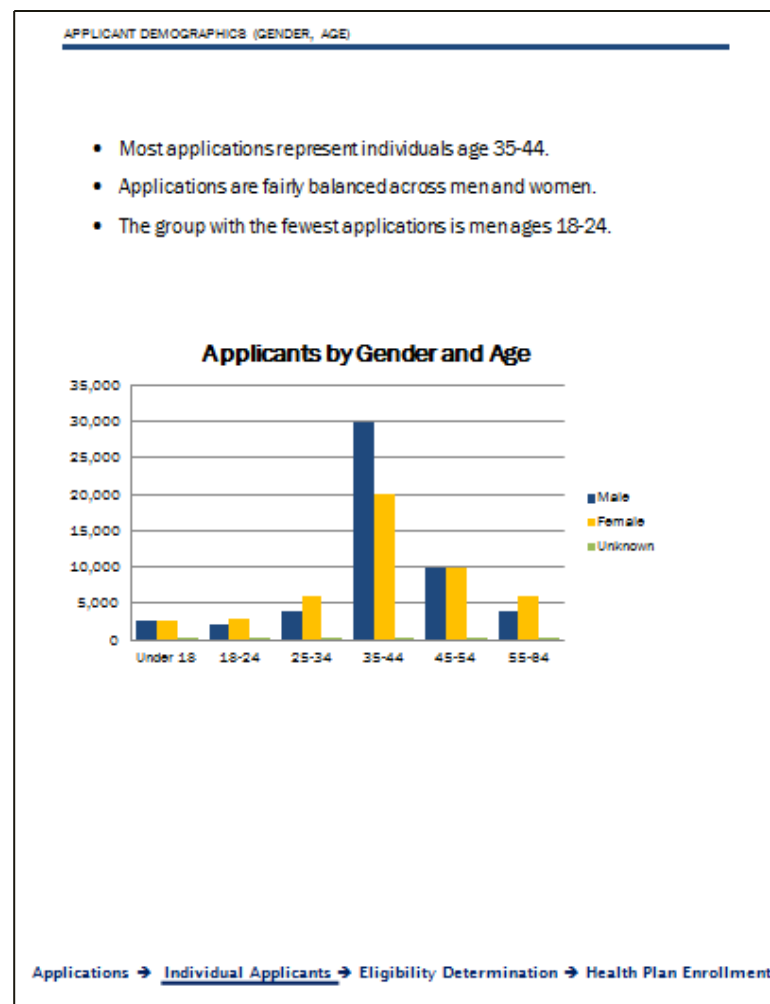
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Applicants on Applications, pg.7:

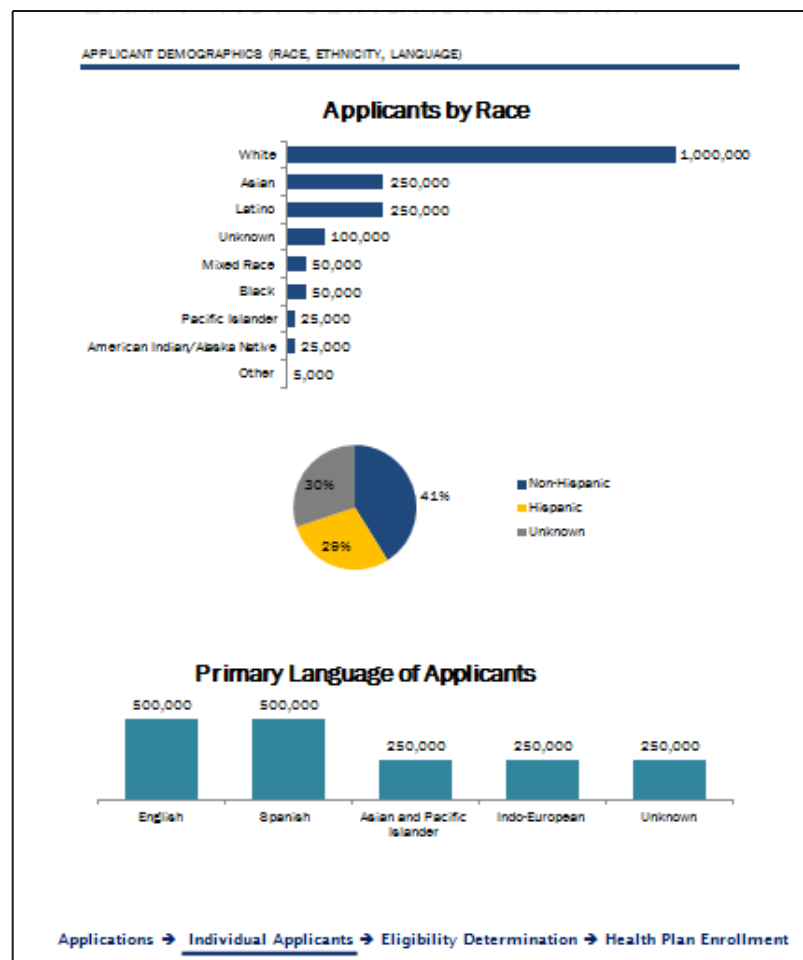- **Race, Ethnicity, and Primary Language of Applicants (1.C)**
  - **Includes individuals pending and determined eligible**
  - **Some pending applications may be incomplete, resulting in unknown race, ethnicity, and language fields**
  - **These fields are also optional for applicants to complete**

APPLICANT DEMOGRAPHICS (RACE, ETHNICITY, LANGUAGE)

Applicants by Race

Race	Count
White	1,000,000
Asian	250,000
Latino	250,000
Unknown	100,000
Mixed Race	50,000
Black	50,000
Pacific Islander	25,000
American Indian/Alaska Native	25,000
Other	5,000

Pie chart: Non-Hispanic 41%, Hispanic 29%, Unknown 30%

Primary Language of Applicants

English	Spanish	Asian and Pacific Islander	Indo-European	Unknown
500,000	500,000	250,000	250,000	250,000

Applications → Individual Applicants → Eligibility Determination → Health Plan Enrollment

Draft April 2014 Reporting

Eligible Individuals, pg.8:

- **Eligible Individuals by Insurance Affordability Program (1.D.i and 1.D.ii)**

  - **Distinguishes Medi-Cal and QHP eligibility**

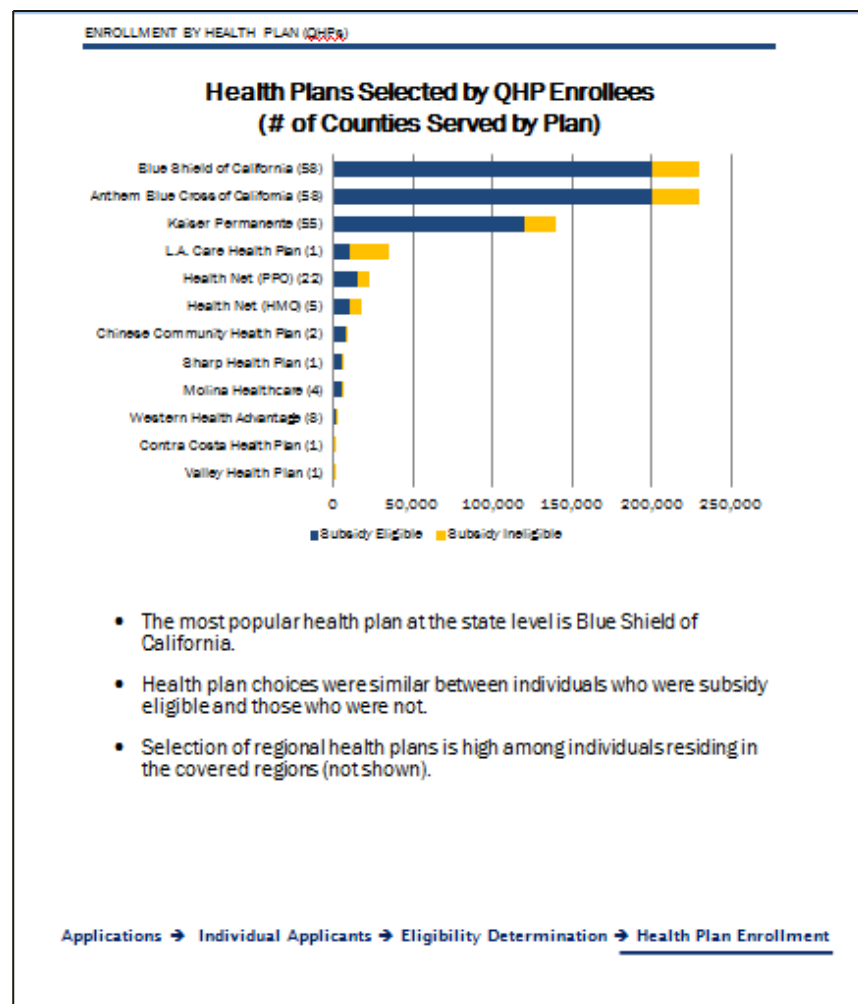 - **Includes individuals pending verification for Medi-Cal eligibility**

ELIGIBLE INDIVIDUALS

Distribution of Eligible* Individuals Across Insurance Affordability Programs (in thousands)

*Includes some ongoing caseload activity conducted through the Covered California portal. Also includes x% who are likely eligible and have Medi-Cal applications in process, particularly those who recently applied, those who need to complete verifications or have duplicate applications, and those who need to be transitioned to Covered California coverage.

- Overall, YY% of eligible individuals are receiving some form of financial assistance, either from Medi-Cal or from QHP premium and cost-sharing subsidies.

Applications → Individual Applicants → Eligibility Determination → Health Plan Enrollment

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**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**

ENROLLMENT BY HEALTH PLAN (QHPs)

**Health Plans Selected by QHP Enrollees
(# of Counties Served by Plan)**

- 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).

Applications ➔ Individual Applicants ➔ Eligibility Determination ➔ Health Plan Enrollment

Draft April 2014 Reporting

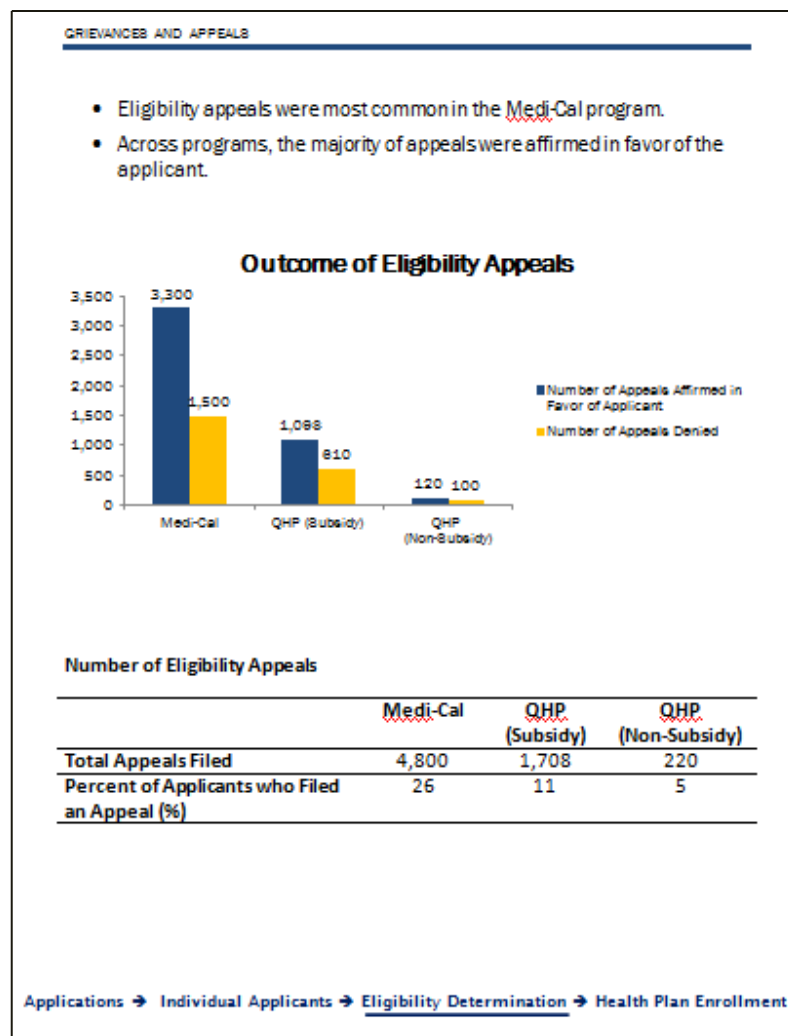**Enrollment by Health Plan (Medi-Cal), pg.10:**

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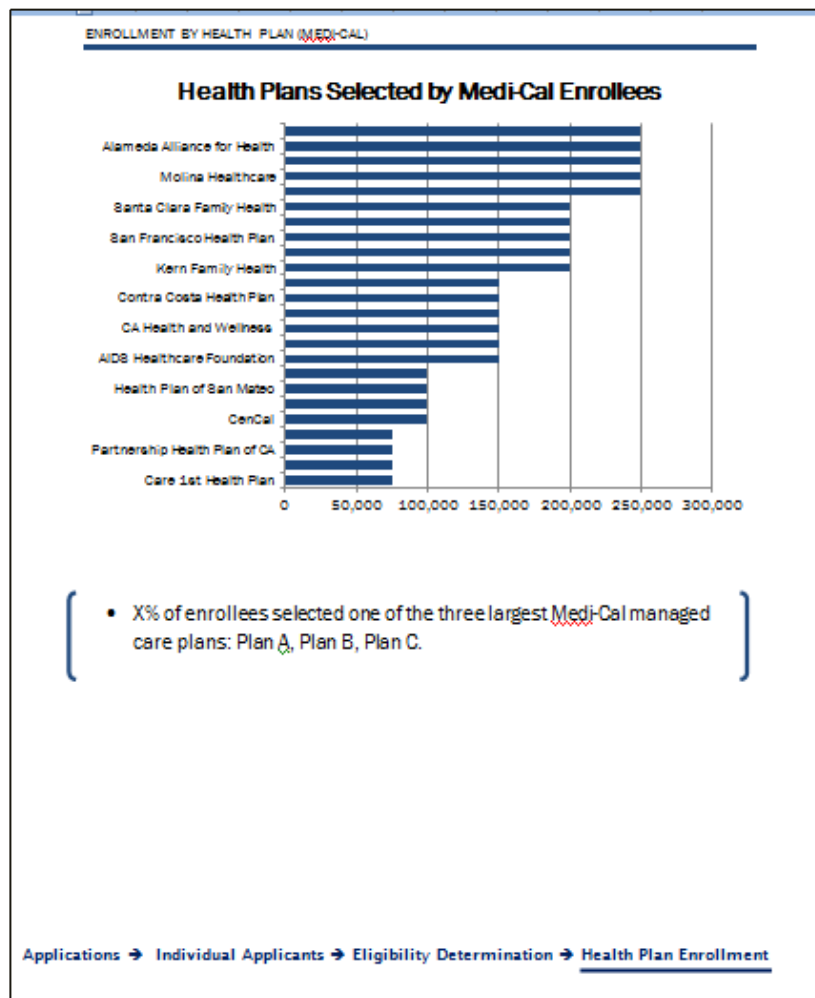
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Grievances and Appeals (6), pg. 11:

- **Number of eligibility appeals**

- **Outcome of eligibility appeals**

GRIEVANCES AND APPEALS

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

Outcome of Eligibility Appeals

Legend: ■ Number of Appeals Affirmed in Favor of Applicant ■ Number of Appeals Denied

	Medi-Cal	QHP (Subsidy)	QHP (Non-Subsidy)
Affirmed	3,300	1,088	120
Denied	1,500	610	100

Number of Eligibility Appeals

	Medi-Cal	QHP (Subsidy)	QHP (Non-Subsidy)
Total Appeals Filed	4,800	1,708	220
Percent of Applicants who Filed an Appeal (%)	26	11	5

Applications ➔ Individual Applicants ➔ Eligibility Determination ➔ Health Plan Enrollment

Additional Comments?

- **Please provide additional comments by Tuesday, April 8 to:**
  - **Anastasia Dodson**
    - Anastasia.dodson@dhcs.ca.gov
  - **Rocky Evans**
    - Rocky.evans@dhcs.ca.gov
  - **Oksana Giy**
    - Oksana.giy@dhcs.gov

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