CH1LDREN NOW

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Oksana Giy and Rocky Evans
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Via email: Oksana.Giy@dhcs.ca.gov and Rocky.Evans@dhcs.ca.gov

Re: Comments on the Draft California Eligibility and Enrollment Report

Dear Ms. Oksana and Mr. Evans:

Our organizations are deeply committed to the success of the Affordable Care Act (ACA) and its insurance programs -- Covered California, Medi-Cal and the Access for Infants and Mothers (AIM). Data on enrollment trends is a vital tool to measuring how effective Covered California and DHCS are in reaching all those eligible to enroll, as well as in achieving Covered California's mission of eliminating health disparities. Enrollment data provides critical information on where gaps exist and further outreach and enrollment activities are needed. Additionally, this data is important in terms of understanding whether the enrollment structure we have established is optimizing enrollment and keeping individuals enrolled. We appreciate the opportunity to comment on the draft quarterly California Eligibility and Enrollment Report. Below, we have outlined our collective comments on the types of data and how it could be reported to be most useful.

General Comments

As required by ABX1_1, we recommend all California reports include the same data measurements that CMS will be collecting and reporting. CMS just released enrollment reports for Medicaid/CHIP as well as the marketplaces. The marketplace report also includes info on the state based exchanges (see page 21) as well as the federally facilitated marketplaces. At a minimum, the data in these two federal reports should be clearly included in the ABX1_1 report.

For a more complete understanding of the data, can you explain what the sources are for each component-

- e.g. MEDS, CalHEERS, SAWS--and how any inconsistencies in figures between the sources are reconciled?

Further, as noted in several specific sections below, we recommend that you include all Insurance Affordability Programs, which includes AIM as a CHIP program, not just Medi-Cal and Covered California (subsidized and unsubsidized Qualified Health Plans).

For the data to be useful and effective for stakeholders, it is important to provide the reported data measures broken out by county/region, age, race and ethnicity, and primary language. This would mean breakout charts beyond just the applicants' demographics (more details below). Perhaps these cross tabulations of the data measures could be included as links to further detailed charts drilling down on the data or in tables in appendices of the report. Ideally, an online functionality to create user-driven cross-tab tables with all data so that the data can be viewed in multiple ways.

While ABX1 1 outlined the requirements for data reporting measures, we are pleased to hear that the State intends to report additional details for stakeholders, as well as to provide additional reporting in the future. Because there are many complex but important nuances in categorizing applications and enrollment, we recommend that the reported data provide clear footnotes about what type of applications or enrollments are included and, where relevant, specific breakouts for unique categories, such as children enrolled in Accelerated Enrollment, former foster youth, pregnant women, and for pregnant women enrolled in both Covered California and Medi-Cal.

We urge the data measures to be comparable across the Insurance Affordability Programs. For example, reasons for eligibility denials should be standardized among Covered California, AIM and Medi-Cal. Doing so would enable advocacy organizations and program staff to make "apples to apples" comparisons regarding outreach, enrollment, and denial trends in Covered California, AIM and Medi-Cal. Also, comparable matrices reported by the programs will be particularly valuable to assess the entire experience of families with members in multiple programs who will be navigating two program systems.

Finally, we urge the data measures reported include both positive as well as negative actions so that a full picture of the enrollment system is provided. For example, the draft report includes charts and graphs indicating number of applications and number enrolled but there should be an explicit number reported of applications denied or withdrawn as well. In addition, data on negative actions should be equally analyzed and drilled down on to help DHCS and Covered California as well as stakeholders identify where barriers are enrollment are incurring and the magnitude of the problems. For instance, when reporting number of eligibility appeals filed, the number of appeals that were denied versus approved should be reported and then further detail on the denials – such as reasons, broken down by region, language or ethnicity – should also be provided.

Comments on the Overview

- As noted previously, please include AIM in the enrollment overview page.
- Please provide a subset under Medi-Cal individuals of those eligible under MAGI categories vs. non-MAGI categories.
- We recommend moving the data included in the footnote to actual reported data rather than only a footnote. We want to know the percentage of applications that still need to be verified or are duplicates.

Comments on Applications Received

- Please add an explicit data point on the number of applications that were: 1) Not completed/withdrawn; 2) Duplicates; and 3) Denied.
- Please specify LIHP transition as a venue as well as CHDP Gateway entry point, and, to the extent possible, hospital presumptive eligibility.
- It would be helpful to add keys or notes on the display of the venues for applications received so it is clear what these avenues are - e.g. for "online" would be good to distinguish between CoveredCA.com and benefitscal.org.
- Is the label "in-person app assisters" non-duplicative of the mail or online count?
- The use of the label "other" should make clear what that includes.

Comments on Consumer Assistance

- The chart relating to applications filed with the help of an assister or navigator also should make clear that this only counts cases where a formal approved assister or navigator is indicated on the application but does not mean that the other applications were filed without any help, as anyone can assist an applicant.
- Please add data on the percentage of applications started with assistors that were not completed or were denied and the reasons why.
- To the extent possible to know, could there be a category for people who helped complete the application for someone but who were not navigators or assisters?
- Does this include applications assisted to the point of completion by Cover CA helpline? Can that be broken out?

Comments on Individuals Included on Applications

- This chart on individuals included on the application should make clear it does not include applications withdrawn, denied or incomplete, or for what reasons. The chart should also clarify under which circumstances an application is counted (e.g. when submitted, regardless of whether enrolled in a plan or premiums paid?)
- Please also drill down on applications by program (Medi-Cal vs. Covered California), status of applications (determined eligible vs. pending), by region, and by language as well as gender and race and ethnicity.
- Please provide disaggregated information on the API population whenever reporting on race/ethnicity as well as language.

- Please report on the percentage of applicants "declined to state" on race/language or other demographic data.
- Please make sure to explain the difference between "unknown" and "other".
- On the chart for "Distribution of Eligible Individuals Across IAP" (page 8 of draft report), please drill down on this data and include breakdowns of the QHP groups by metal level, and for all programs, by income distribution of the applicants.
- It would be helpful here to have a bar for pregnant applicants who chose both Covered California and Medi-Cal.

Comments on Eligibility Approvals and Denials

- Again, eligibility approvals and denials for AIM should be included.
- As mentioned previously, we recommend providing eligibility and enrollment data by demographic breakdown, such as age, county/region, race and ethnicity and primary language.
- Children enrolled in Accelerated Enrollment (AE) should be reported as a distinct break out measure of enrollment rather than being included among all those found eligible. It is important to monitor whether children are accurately accessing this immediate coverage when they apply particularly during this period when so many applications are pending but eligible. While these pending applications may be listed as enrollments, most of these applicants are not in fact receiving coverage. The children with pending applications, on the other hand, should be receiving Accelerated Enrollment coverage. A distinct measure of the number and percentage of eligible applicant children who receive AE will clarify whether they are in fact receiving immediate coverage despite a pending application.
- Former foster youth should also be reported as a distinct break out measure of enrollment.
- It is particularly important that the denial codes used are simple and classified in a manner that will meaningfully identify the causes of denials and disenrollments. A national effort under the Maximize Enrollment program worked with eight states to develop such denial categorizations, which resulted in a valuable report. In summary, they recommended categorizing reasons for denials under 3 major groups: cases or applications that the state has established ineligibility, such as not meeting program eligibility guidelines due to age or income etc.; cases or applications where the reason for denying coverage is not related to eligibility, such as failure to pay a premium; and cases or applications that are denied coverage because eligibility could not be established, such as an incomplete application or renewal form. As mentioned, these denial categories should be comparable across insurance programs.
- Will there be a way to track which applications were received and processed by each entry point? For example, how many Covered California applicants were processed and enrolled in Covered California QHPs through the county entry point?
- It would be valuable to know how many enrollees are in families enrolled in other Insurance Affordability Programs. This could be accomplished by reporting the number enrollees from applications with family members enrolled in another IAP and the number of applications with applicants in more than one IAP.
- The draft chart under this section needs to make clear when people who apply in March are

included in this chart (i.e. pending cases, versus approvals and denials should be reflected). If it includes "likely eligibles," are they listed separately because they are still in process?

Comments on Health Plan Selection

- Please include the number of children enrolled in the pediatric dental plan offered by Covered California. This data measure will be important for identifying the extent to which children are accessing this required essential benefit.
- Please drill down and add breakdowns by QHP subsidy/non subsidy enrollees by plan, by medal level, and by region.
- On Medi-Cal health plans chart, please drill down and report plan enrollees by age, language, race/ethnicity. Eventually, it would also be useful to report data on enrollees in each plan by aid code.
- Please include the number of those who were defaulted into a plan compared to those who chose a plan in Medi-Cal.
- Please include those still in fee-for-service Medi-Cal.
- For future reports, would it be possible to see enrollees under each plan by IPA?
- As mentioned above, will this measure include people who applied in March but are not yet enrolled in a plan?
- For Medi-Cal plans, will this data reflect the fact that people found eligible in March have not yet been able to select a plan? Also, can the data be presented regionally on a map as well as by county?
- Can you display plan selection by region using a map graphic of the state? Can you state or show how many Covered California applicants chose at time of application and how many needed follow up to choose?

Comments on Redeterminations

- Please add charts for redeterminations or changes in enrollment due to changes in circumstances impacting eligibility and enrollment when data becomes available.
- Please include in the report a data measure regarding enrollees moving between programs due to changes in income, in addition to losing eligibility (and reasons for losing it).

Comments on Denials and Disenrollments

- As mentioned under enrollments, reasons for denials should be categorized into meaningful types of denials and those categories should be standardized across insurance programs.
- Disenrollments should be separately tracked and reasons reflected.

Comments on Appeals and Grievances

- The title to the slide should be changed to "Eligibility Complaints and Appeals" since this does not deal with plan level grievances and only addresses specific types of appeals - eligibility. Complaints are really any appeal that does not qualify for a fair hearing (as provided on the Exchange regulations). So if you have data on "complaints", it would need to be tracked separately

and may only be applicable in the Covered California program, not in Medi-Cal. The data tables should also be relabeled "Medi-Cal" and "Covered CA- subsidy" and "Covered CA non-subsidy" since QHP may be confused with plan grievances. A separate chart for plan grievances and appeals can be added to cover Medi-Cal managed care and QHP-specific grievances and appeals if that data is available and be included, but it should not be included here as it would be very confusing.

- Additional data should be provided as to the number and percentage of cases that are resolved through the informal resolution process, and well as the outcome of those cases. In addition, the number of cases that go to HHS on appeal and the outcome of those cases should also be added. Finally, the number of appeals that are dismissed would be important information to add as well. It could be broken down by reason - such a invalid appeal, unconditional withdrawal, etc.).
- It is also important to reflect the number and percentage of appeals that are overturned by a subsequent independent review.

Additional Data Reporting

- **Former Foster Care Youth:** We urge you to provide data showing the total number of individuals enrolled in the Medi-Cal program for Former Foster Care Children (FFCC), with additional data on the number of individuals added into the program and the number terminated from the program during the reporting period. It would be extremely helpful to have this data broken down by county and age of individual enrolled or terminated. We also urge you to provide data showing the total number of applicants who checked "yes" to the former foster youth question on the online application and who went on to be enrolled in the FFCC program, the number who checked "yes" and were enrolled in a Medi-Cal program other than the FFCC program, and the number who checked "yes" and were enrolled in a Covered California plan.

- **Income Level Categories**: We also recommend that programs provide enrollment data by the following income levels, to help understand consumer behavior at relevant program income ranges: up to 138%, 138% to 213%, 213% to 266%, and under 322%. Finally, it would be helpful to have these data elements broken down by complete versus incomplete applications, enrollment, and denials (with reasons), in order to understand consumer behavior and choice.

  More specifically, we request an income breakdown of applicants in the following income ranges and eligibility groups:

  1) Adult applicants over 138%, up to 200%. This is the range for the Basic Health Program option. Of these applicants, how many paid premiums and enrolled in Covered California?

  2) Pregnant adult applicants, over 100% to 109%, third trimester, citizen/lawfully present. This group is eligible for full-scope Medi-Cal. Of these applicants, how many were enrolled in, or have applications pending for, Medi-Cal?

  3) Pregnant applicants, over 100% to 213%, any trimester, any status. This group is eligible for limited scope Medi-Cal. Of these applicants, how many were enrolled in, or have

applications pending for, Medi-Cal? And how many paid premiums and enrolled in Covered California?

4) Pregnant adult applicants (under 19), over 213% up to 322%, any trimester, any status, This group is eligible for AIM. Of these applicants, how many were enrolled in, or have applications pending for, AIM? And how many paid premiums and enrolled in Covered California?

5) Pregnant child applicants (18 or under), over 266% up to 322%, any trimester, any status. This group is also eligible for AIM.

Of these applicants, how many were enrolled in, or have applications pending for, AIM? And how many paid premiums and enrolled in Covered California?

- **Disability access:** We urge you to provide data showing the numbers of consumers who checked "yes" to any of the disability questions and still went on to be enrolled in Covered California or alternatively are "handed off" to a Medi-Cal eligibility worker. This data will be extremely helpful in determining, for example, whether training and screening is sufficient to assist consumers with disabilities in being forwarded correctly to the appropriate place for coverage.

- **Performance standards by enrollment channel:** For those engaged in direct enrollment efforts, it would be especially helpful to see performance metrics on application submission and enrollment time by enrollment channel (e.g., in-person county eligibility worker, telephone enrollment through the service center, online or paper application enrollment through issuers or certified application counselors, self-assisted etc.) in order to improve the quality of Medi-Cal's and Covered California's ongoing enrollment efforts. The data should include application submission and enrollment time as well as "successful" versus "unsuccessful" applications by enrollment channel, in order to identify potential hot spots where additional training or technical assistance is needed.

- **Accelerated Enrollment Report:** We have recommended above that the quarterly reports include a break out of the number of children enrolled in Accelerated Enrollment coverage as compared to those found eligible who have not been enrolled in Accelerated Enrollment.

- **PE (Presumptive Eligibility):** Reports /data on PE for pregnant women and Hospital PE should be added.

- **Retention reporting**: Retention reports for the insurance programs, quarterly or semi-annual, would be valuable to assess whether people are keeping their insurance and who and how many are having gaps in coverage. Furthermore, tracking and reporting on people transitioning between programs would be very valuable. This information would help us understand whether the extent of "churn" predicted among programs was realized, and guide our efforts on continuity of providers.

- **SHOP enrollment data:** In addition to reporting the basic SHOP enrollment data, it would be valuable to collect data on those SHOP-eligible employees with dependents who may not qualify for SHOP coverage but other insurance programs coverage and whether they are successfully

enrolled.

Thank you for your time. We look forward to discussing further our recommendations with you. We understand that the report is a "work in progress" and there will be additional opportunities to refine and add to the reports. Please contact Kristen Golden Testa at ktesta@childrenspartnership.org or (415) 505-1332, should you have any questions.

Sincerely,
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Jessica Haspel, Children Now
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Elizabeth Landsberg, Western Center for Law & Poverty
Kimberly Lewis and Sonal Ambegaokar, National Health Law Program
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