

California Insurance Affordability Programs:

Developing a Reporting Strategy

Presentation to the ABx1-1 Stakeholders Group Sacramento, California

April 4, 2014

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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!

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

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)

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)





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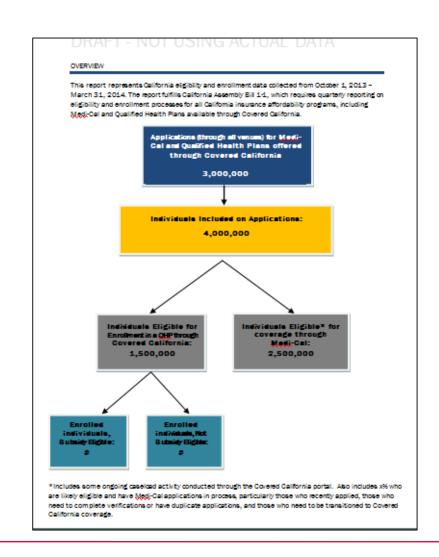
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Review Draft Template for April 2014 Reporting

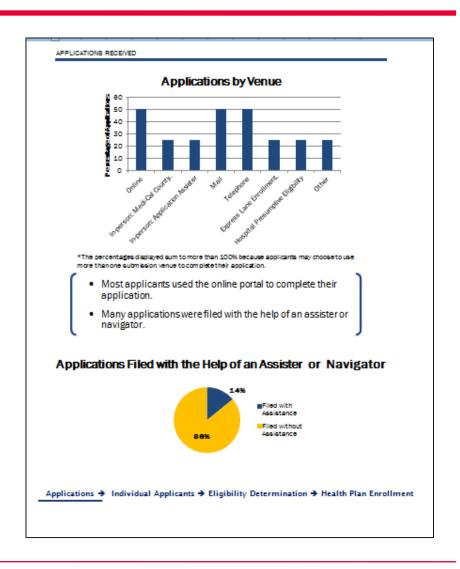
Overview Flowchart, pg.3:

- Orients audience to application, eligibility determination, and enrollment steps
- Emphasizes California's single streamlined application process
- Note <u>none of the data in this</u> template is real



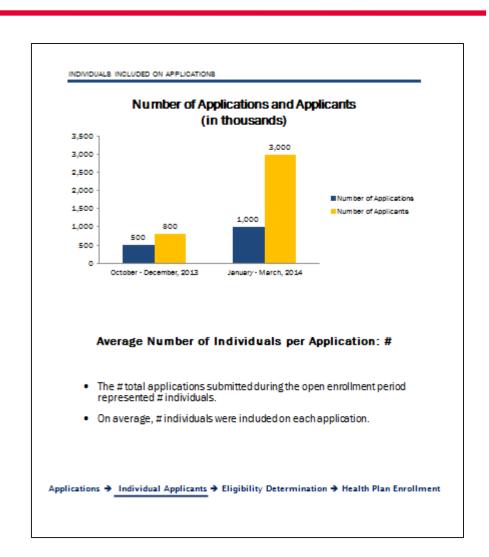
Applications Received, pg.4:

- 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)



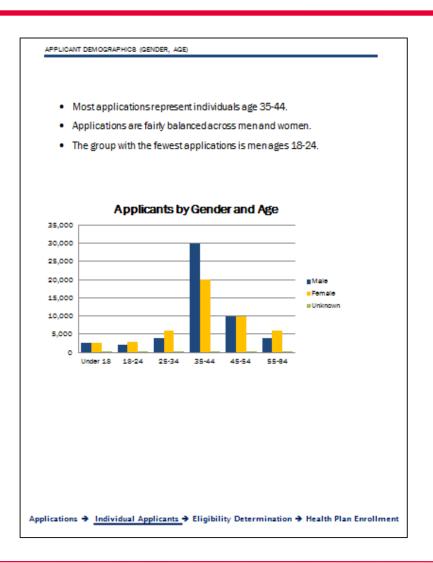
Applicants on Applications, pg.5:

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



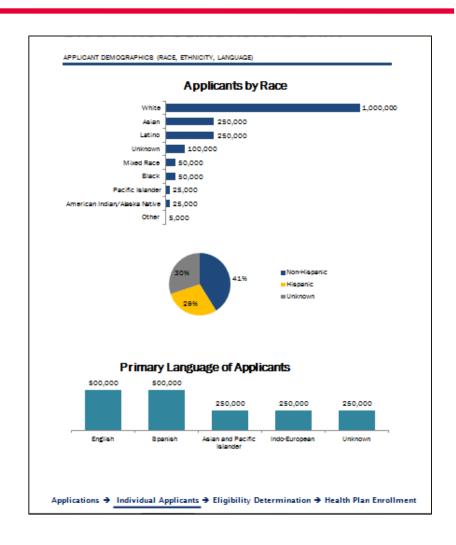
Applicants on Applications, pg.6:

- 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



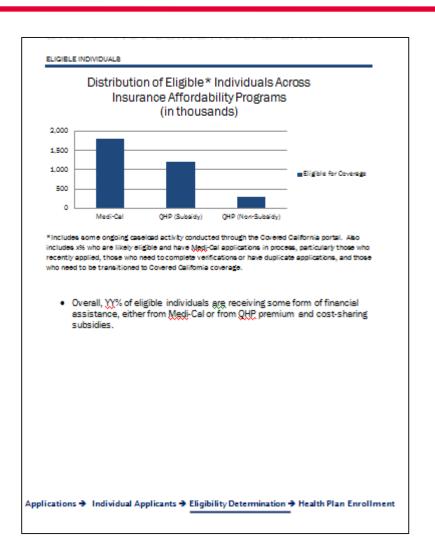
Applicants on Applications, pg.7:

- 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



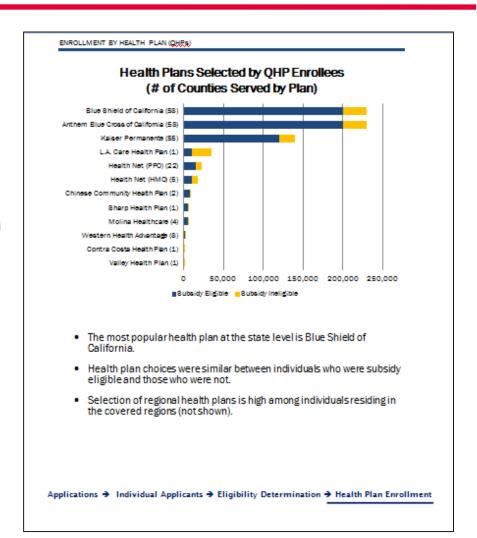
Eligible Individuals, pg.8:

- 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



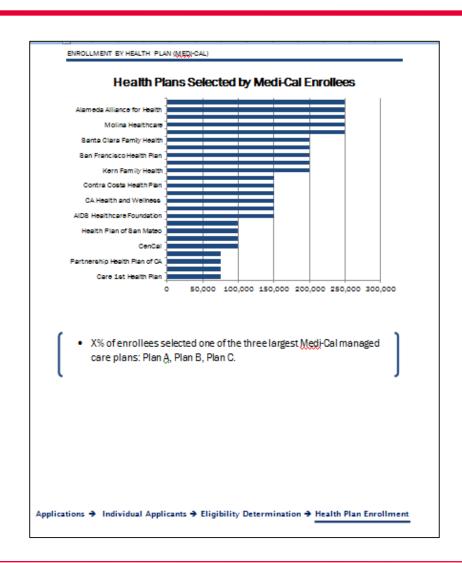
Enrollment by Health Plan (Covered California), pg.9:

- 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



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

 Health Plans Selected by Medi-Cal Enrollees (2.A)



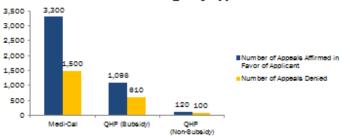
Grievances and Appeals (6), pg. 11:

- Number of eligibility appeals
- Outcome of eligibility appeals

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



Number of Eligibility Appeals

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

Applications → Individual Applicants → Eligibility Determination → Health Plan Enrollment

Additional Comments?

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