



CALIFORNIA ELIGIBILITY AND ENROLLMENT REPORT:

INSURANCE AFFORDABILITY PROGRAMS

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

For the Reporting Period
January 2017 through March 2017

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Introduction

The California Eligibility and Enrollment report provides a summary of key Insurance Affordability Program (IAP) application, enrollment, and renewal data findings. 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 biannual reporting of eligibility and enrollment processes for IAPs. The data will be aggregated and calculated on at least a quarterly basis.

Overview

As of March 2017, 13.4 million individuals were enrolled in Medi-Cal, and 1.4 million individuals were enrolled in a Covered California Qualified Health Plan (QHP). DHCS compiles California application, eligibility, and enrollment data for IAPs from the California Healthcare Eligibility, Enrollment and Retention System (CalHEERS), Medi-Cal Eligibility Data System (MEDS), MAXIMUS Inc., and Statewide Automated Welfare System (SAWS). Table 1 below contains totals derived from the different systems for the period of January 2017 through March 2017.

Table 1

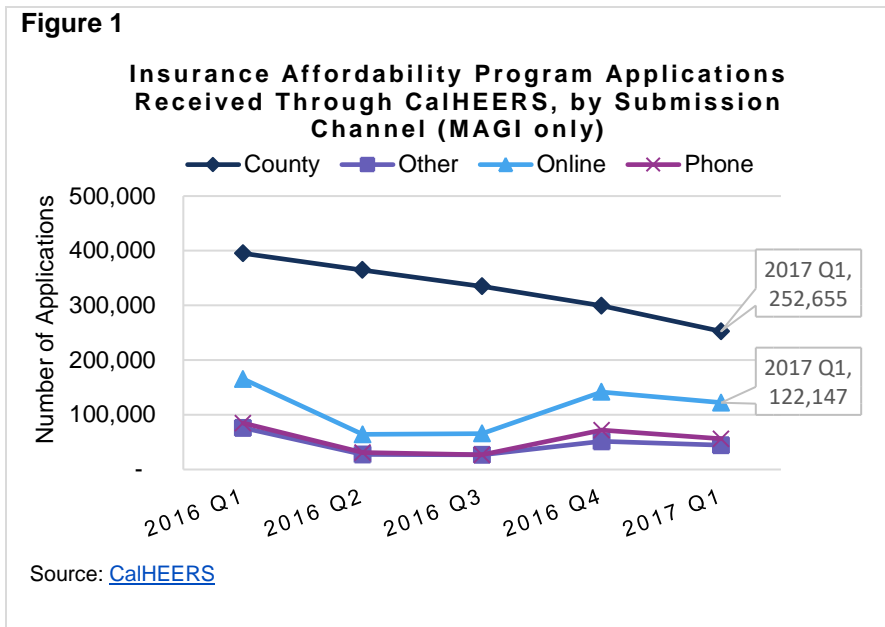
Key Measures January – March 2017	
<i>As of March 2017</i>	
Individuals Enrolled in Medi-Cal	13.4 Million
Individuals Enrolled in QHP	1.4 Million
<i>Quarterly Totals</i>	
Individuals Newly Eligible for Medi-Cal	352,574
Individuals Newly Eligible for QHP	98,674
CalHEERS Applications	475,559
Medi-Cal Renewals Completed	2,547,677
Appeals Filed	6,986

Insurance Affordability Program Applications

For the reporting period of January 1, 2017, through March 31, 2017, CalHEERS received fewer applications during the quarter than in the prior quarter. Of note is the decline in the number of county initiated CalHEERS applications during the prior year. Since the implementation of the Affordable Care Act (ACA), counties have been transitioning Non-Modified Adjusted Gross Income (MAGI) individuals to MAGI when

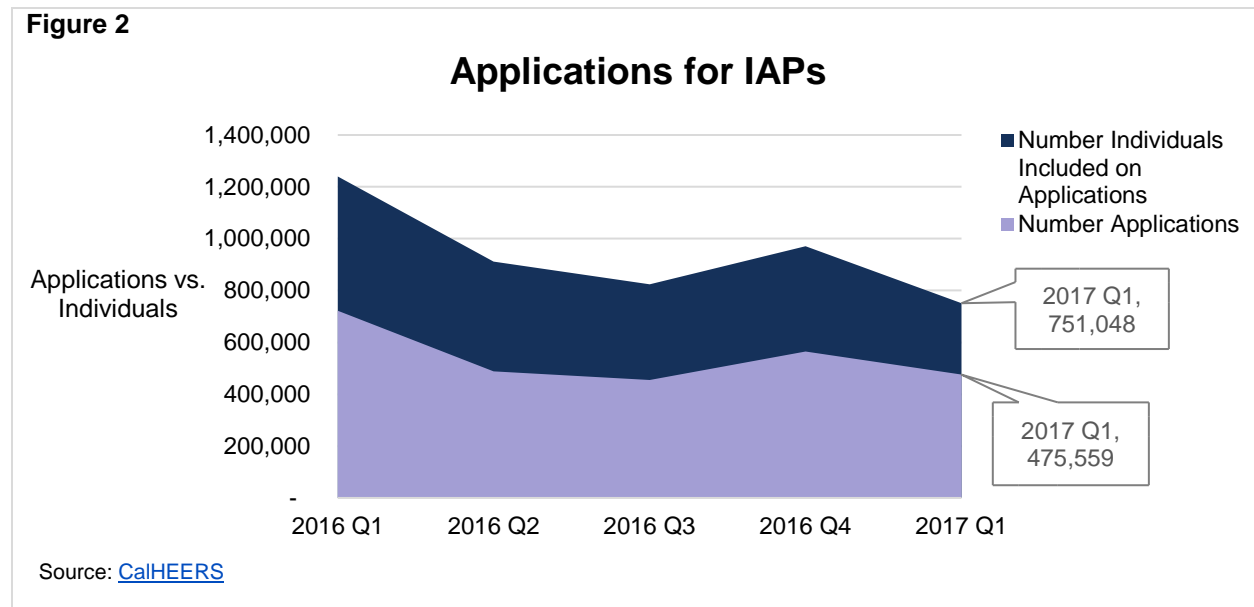
processing the Medi-Cal renewal. CalHEERS counts a Non-MAGI transition to MAGI as an “application.”

For this reason, it is expected that county initiated CalHEERS applications will continue to decrease as fewer pre-ACA individuals need to be transitioned. To illustrate this point, the Non-MAGI pre-ACA total enrollment has declined, while MAGI enrollment has generally increased during this same time period (refer to the [Medi-Cal Enrollment by Eligibility Group](#) dataset located in the CHHS Open Data Portal).



Individuals on Applications

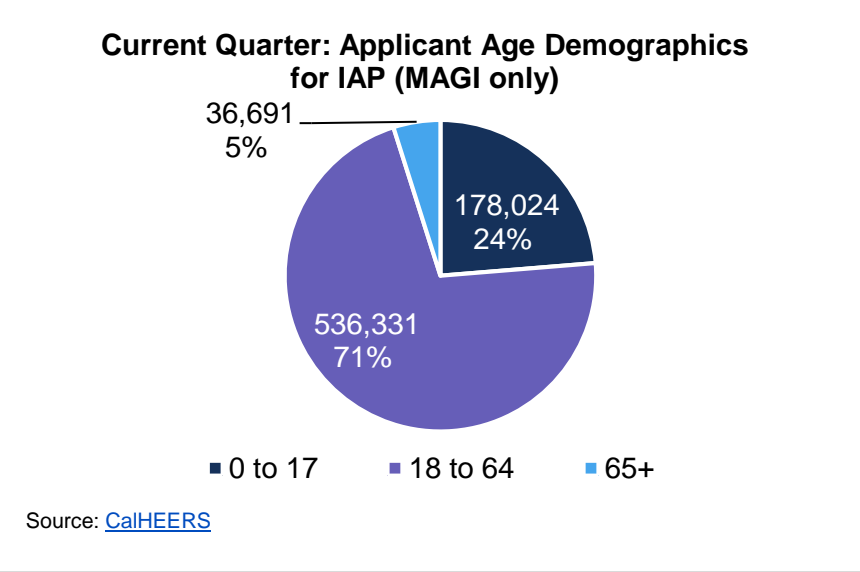
The ratio of individuals on applications declined as compared to the same time period in the prior year from 1.7 to 1.58 individuals per application. The number of applications and individuals declined from the prior quarter. Overall, this represents a 34 percent decline in applications submitted for IAPs and a 39 percent decline in individuals on applications from Quarter 1, 2016 to Quarter 1, 2017 (Figure 2).



Age Demographics

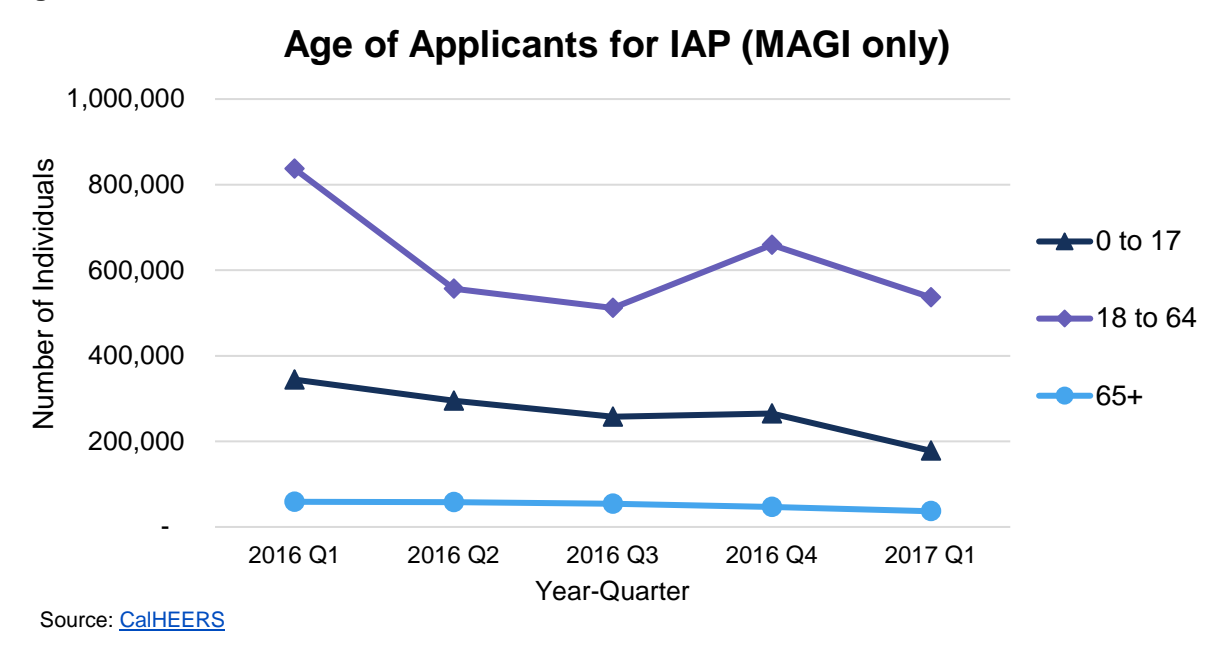
There were more applications received during this quarter for ages 18 to 64 than for children ages 0 to 17 (Figure 3). The difference between the two age groups reflects a greater number of applications received, as opposed to the MAGI eligibility outcome for those applicants. Slightly more individuals age 18 to 64 were determined newly eligible for MAGI

Figure 3



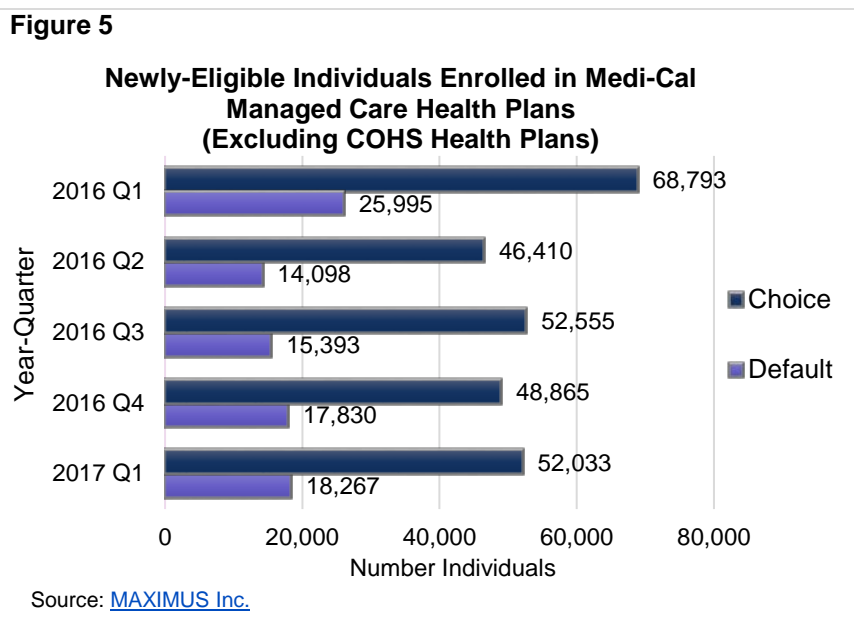
Medi-Cal as compared to individuals age 17 or younger during the quarterly period (refer to the [Age and Gender of Newly Medi-Cal Eligible Individuals](#) dataset located in the CHHS Open Data Portal). As compared to Quarter 1, 2016, the number of MAGI-only applicants aged 0 to 17 declined by 48 percent, while the number of applicants aged 18 to 64 declined by 36 percent, and the number of applicants aged 65+ declined by 38 percent over the past year (Figure 4).

Figure 4



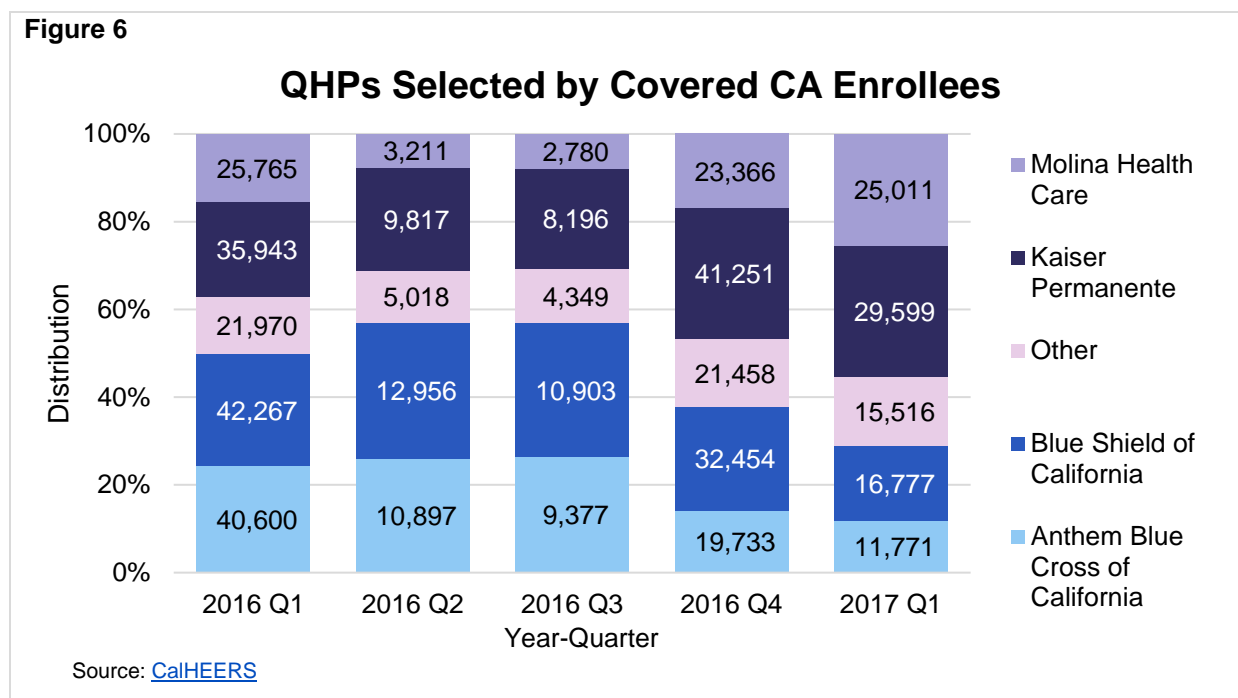
Medi-Cal Managed Care

There were more newly Medi-Cal eligible individuals who chose to enroll in a Medi-Cal managed care plan (MCP) as compared to those who did not choose an MCP (Figure 5). Newly eligible Medi-Cal beneficiaries must choose an MCP within 30 days of Medi-Cal enrollment, or they will be enrolled in an MCP by default. In general, the proportion of newly Medi-Cal eligible who default is on average approximately 25 percent.



Covered California Subsidized Qualified Health Plan Enrollees

In Quarter 1, 2017, Kaiser Permanente and Molina Health Care were the most frequently chosen Covered California QHPs. This is in contrast to the same time period in the previous year (Quarter 1, 2016) when more individuals selected Blue Shield of California and Anthem Blue Cross of California (Figure 6).



Summary

Beyond the data represented in this summary report, additional data may be found 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, while Appendix B provides a summary of data sources that were used to produce this report.

Appendix A: CHHS Open Data Portal Dataset Index

1. [Insurance Affordability Programs Applications Received Through CalHEERS, by Submission Channel](#)
2. [Insurance Affordability Programs Applications Received Through County Offices, by Submission Channel](#)
3. [Applications Received For Insurance Affordability Programs Through Other Eligibility Pathways](#)
4. [Applications Submitted for Insurance Affordability Programs With the Help of an Assister](#)
5. [Number of Individuals Transitioned from Covered California Qualified Health Plans to Medi-Cal](#)
6. [Applications for Insurance Affordability Programs](#)
7. [Age and Gender of Applicants for Insurance Affordability Programs](#)
8. [Race of Applicants for Insurance Affordability Programs](#)
9. [Ethnicity of Applicants for Insurance Affordability Programs](#)
10. [Primary Written Language of Applicants for Insurance Affordability Programs](#)
11. [Primary Spoken Language of Applicants for Insurance Affordability Programs](#)
12. [Newly Eligible Individuals by Insurance Affordability Program \(IAP\)](#)
13. [Age and Gender of Eligible Individuals selecting Covered California Qualified Health Plan \(QHP\)](#)
14. [Race of Individuals Selecting Covered California Qualified Health Plan \(QHP\)](#)
15. [Ethnicity of Individuals Selecting Covered California Qualified Health Plan \(QHP\)](#)
16. [Primary Written Language of Individuals Selecting Covered California Qualified Health Plan \(QHP\)](#)
17. [Primary Spoken Language of Individuals Selecting Covered California Qualified Health Plan \(QHP\)](#)

18. [Age and Gender of Newly Medi-Cal Eligible Individuals](#)
19. [Race/Ethnicity of Newly Medi-Cal Eligible Individuals](#)
20. [Primary Language of Newly Medi-Cal Eligible Individuals](#)
21. [Qualified Health Plans \(QHPs\) Selected by Covered California Enrollees](#)
22. [Covered California Enrollees by Rating Region](#)
23. [Covered California Enrollees by Metal Tier](#)
24. [Covered California Enrollees by Silver Plan](#)
25. [Health Plan Enrollment \(Covered CA QHP Enrollees by FPL\)](#)
26. [Eligible Individuals enrolled in Medi-Cal Managed Care Health Plans](#)
27. [Eligible Individuals Enrolled in Medi-Cal Managed Care COHS Health Plans](#)
28. [Medi-Cal Annual Renewals by County](#)
29. [Insurance Affordability Programs Eligibility Appeals](#)
30. [Insurance Affordability Programs Eligibility Appeals Hearing Results](#)
31. [Medi-Cal Enrollment by Eligibility Group](#)
32. [Total Effectuated Qualified Health Plan \(QHP\) Enrollment – Covered CA QHPs](#)

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 business rules engine. 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.
- **MEDS** stores vital and confidential beneficiary information such as Medi-Cal eligibility and demographics. 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.
- **SAWS** is the county-based public assistance eligibility and enrollment system for Non-MAGI Medi-Cal, California Work Opportunity and Responsibility to Kids (CalWORKs), California’s Supplemental Nutrition Assistance Program, and other public assistance programs. SAWS is also the case management system for these programs, in addition to an application access channel and ongoing case management system for MAGI Medi-Cal. SAWS is 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.