CA Key Metrics for H.R. 1 Medicaid Dashboard

Enrollment and eligibility status

- **Total Enrollment:** Overall enrollment figures, broken down by eligibility group (e.g., expansion adults, children, seniors). Also stratified by:

  - **Age**

  - **Race/ ethnicity**

  - **Written language**

  - **County**

- **Initial Applications:** The number of new applications received, pending, and processed each month, including:

  - **Pathways:** Through CalHEERS and County/BenefitsCal, in person, by U.S. mail, or other means (PE)

  - **Churning: The n**umber of applicants who were previously enrolled (and terminated) within the past year

  - **Pending Applications:** The number of applications waiting for final decision (due to verification, pending county action, etc.)

- **Eligibility Redeterminations:** The number and outcomes of all renewal actions (both pending/in process and completed), broken down by eligibility group, and stratified by program, age, race/ethnicity, written language, including:

  - **Ex Parte Renewals:** The rate and number of automatic, administrative renewals for enrollees whose eligibility can be confirmed using existing data sources

  - **Data Based Renewals:** The rate and number of renewals where additional information is needed (stratified by type, including income, assets, immigration status, WR/CE documents, etc.)

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- o **Successful Renewals:** The rate and number of members who successfully renew their coverage

- o **Pending Renewals** - The rate and number of renewals waiting for final decision (due to verification, pending county action, etc.)

- o **Procedural Disenrollments:** The rate and number of terminations due to administrative issues, including a missed deadline, no renewal forms, unreturned renewal forms, and no verification document/attestation

- o **90-day Reconsideration Renewals:** The rate and number of people who re-enrolled during the 90-day reconsideration period after a procedural termination

- o **Ineligible Disenrollments:** The rate and number of terminations for individuals determined to be no longer eligible, including:

  - **Deceased:**

  - **Residency**

  - **Voluntary withdrawal**

  - **Excess Income**

  - **Immigration status**

  - **Not categorically eligible** (for non-expansion states)

- o **State-only Immigrant Coverage**: The rate and number of UIS individuals pending renewal, the number of individuals in the 90-day "grace period," and the outcomes of those renewals

- **Retroactive Coverage:** The number of individuals who received retroactive Medicaid coverage for one month and for two months

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Compliance and work requirements/Community Engagement (WR/CE)

- **WR/CE Requirements Compliance:** The rate and number of enrollees subject to work requirements who meet the minimum monthly hours for employment, minimum wages, volunteer work, or education, stratified by age, race/ethnicity, disability, written language, persons reported as experiencing homelessness, including:

    - **Initial Applications:** The rate and number of applications denied due to failure to meet WR/CE and the reason (no verification, does not qualify for an exemption, no WR/CE activities)

    - **Ex Parte Renewals:** The rate and number of automatic, administrative renewals for enrollees whose WR/CE eligibility or exemption can be confirmed using existing data sources

    - **Successful Renewals:** The rate and number of members who successfully renew their coverage and compliance with WR/CE

- **Exemptions:** The number and type of exemptions granted (e.g., for pregnant people or the medically frail), stratified by age, race/ethnicity, disability, written language, persons reported as experiencing homelessness

    - **Ex Parte Exemptions:** The rate and number of automatic, administrative renewals for enrollees whose eligibility for an exemption can be confirmed using existing data sources

- **Disenrollments Due to Work Requirements:** The rate and number of terminations for failure to comply with WR/CE

    - **Procedural Disenrollments:** The rate and number of terminations due to administrative issues with WR/CE, such as a missed deadline or unreturned form

    - **Ineligible Disenrollments:** The rate and number of terminations for individuals determined to be no longer eligible due to WR/CE and the reason (no verification, does not qualify for an exemption and no WR/CE activities

    - **30-Day Notices:** The number of applicants and enrollees who were issued 30-day notices for non-compliance with WR/CE

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- ▪ **Response to 30-Day Notice**: The rate and number of applicants/enrollees who responded to 30-day non-compliance notice

Administrative and legal impact

- *Call Center Metrics*: Data on call volume, wait times, language, and call abandonment rates to measure the impact of new administrative burdens on customer service

- *Fair Hearings*: The number of fair hearing requests and appeals pending or adjudicated for longer than 90 days

- *Appeals*: The number of successful appeals and denials upheld

  - o **Appeals Withdrawn**: The number of appeals that were resolved by reversing or addressing the initial decision prior to a hearing

Transitions and outcomes

- *Coverage Transitions*: The number of dis-enrolled individuals who transition to other forms of coverage, such as Marketplace plans, Medicare, or employer-sponsored insurance

- *Coverage Loss Projections*: Reports and regular updates on enrollment trends and projections, aligning with Congressional Budget Office (CBO) estimates

Fiscal impact

- *Administrative Costs*: Administrative costs to:

  - o **Implement WRs/CE**: State (and County) costs for implementation and compliance (e.g. IT changes, staffing costs, mailing costs, etc.)

  - o **6-month Redeterminations:** County staffing and related costs for more frequent eligibility checks

- *State Financing*: Updates on changes to state financing strategies and the impact of restrictions on provider taxes

- *Uncompensated Care*: Projections and reports on the increase in uncompensated care costs for providers due to coverage losses

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Form of dashboard and consumer best practices

- ***User-Friendly Design***: Use clear and simple visualizations like charts and graphs, with the ability to see tabulated data for a deeper dive

- ***Timeliness***: Dashboards should be updated monthly with the most recent data

- ***Granular Data***: Present metrics at both the state and national level, with the ability to filter by eligibility group to track impacts on specific populations

- ***Comparisons***: Display comparison data with pre-OBBBA figures and across states to benchmark performance

- ***Trend Reports:*** Report on trends and overall rates in each of the above categories, on a quarterly, biannual and annual basis.

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