Low Income Health Program Performance Dashboard

Alameda

July 1, 2011 - December 31, 2013

UCLA CENTER FOR HEALTH POLICY RESEARCH

About the Low Income Health Program

The Low Income Health Program (LIHP), authorized under the 2010 "Bridge to Reform" §1115 Medicaid Waiver, is an optional program implemented by counties or other governmental entities, offering health care coverage to low income uninsured adults. LIHP includes two components distinguished by family income level: Medicaid Coverage Expansion (MCE) for non-elderly adults with family incomes at or below 133% of the Federal Poverty Level (FPL), and Health Care Coverage Initiative (HCCI) for non-elderly adults with family incomes from 133.01 through 200% FPL. Local LIHPs can set the income levels below the maximum allowable amount, but must operate an MCE in order to implement a new HCCI.

Standard program eligibility criteria are established by the waiver Special Terms and Conditions:

- Resident of participating county
- Adult, age 19 through 64
- Not eligible for Medicaid or CHIP
- Not pregnant
- US Citizen, or Legal Permanent Resident with at least 5 years in the US
- Income at or below 200% of the FPL (or less based on county eligibility standards)

About the Evaluation

The UCLA Center for Health Policy Research is contracted to conduct an independent evaluation of the Low Income Health Program, as required by the Special Terms and Conditions. A primary goal of the evaluation is to provide timely feedback of evaluation findings to LIHPs and other stakeholders.

The LIHP Performance Dashboard reports are produced on a quarterly basis and contain standard metrics describing program performance in enrollment and health care services.

This dashboard is specific to Alameda, for the time period July 1, 2011 – December 31, 2013.

Methods

Enrollment and demographic data are used to describe the population enrolled in the program. Enrollment metrics are based on individual enrollment history records for each LIHP enrollee.

Findings presented in this dashboard report are based on data submitted to UCLA as of December 31, 2013. There is a one quarter delay in reporting utilization metrics to allow sufficient time for claims processing. Even with the one quarter delay, claims data for latter quarters may be incomplete. Future dashboard reports will include updated data on enrollment, demographics, and utilization, and will be revised to reflect retroactive changes to enrollment and utilization.

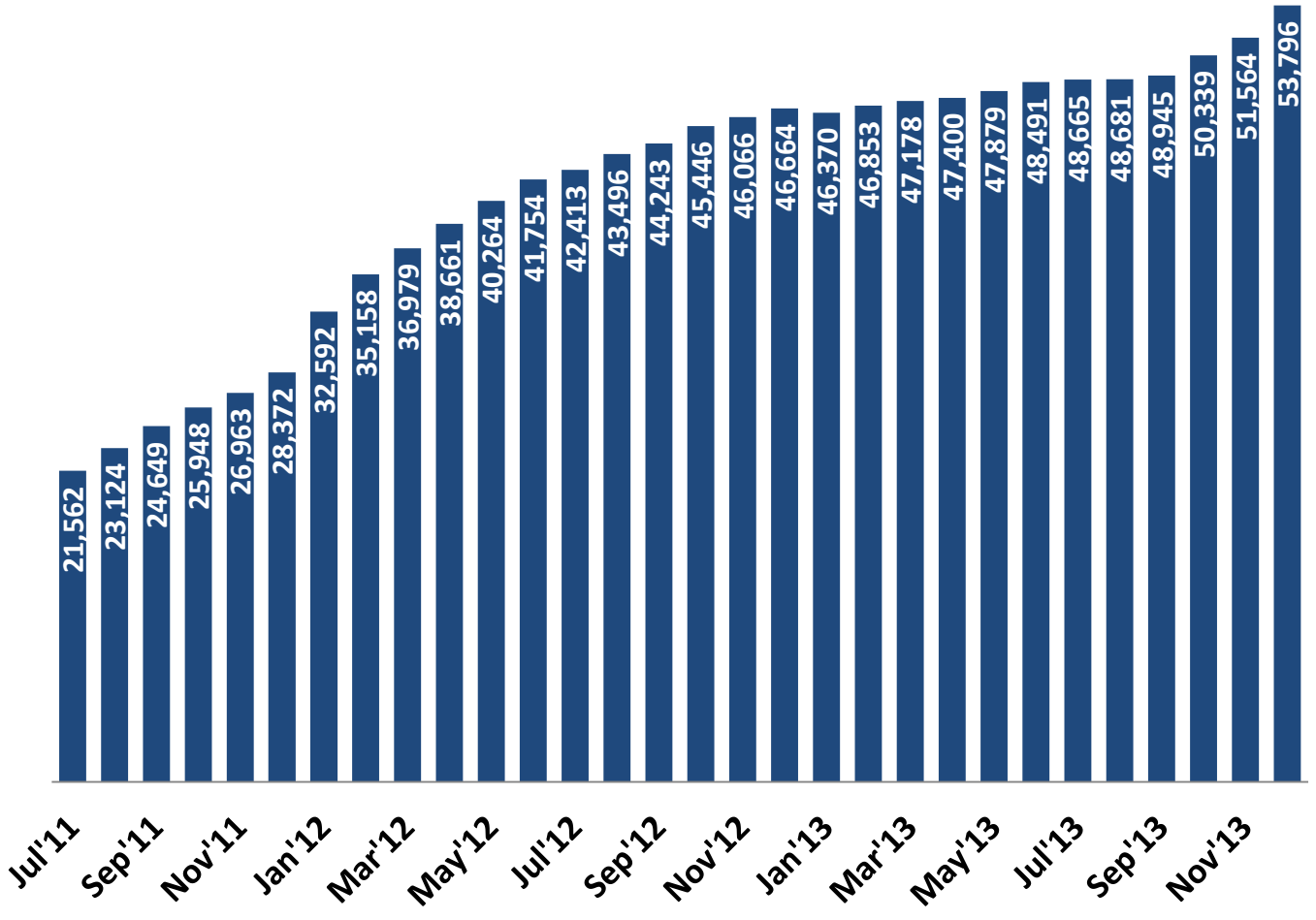
All analyses contained in this report are dependent on the quality, completeness, and timeliness of data provided by LIHPs. They represent analysis conducted by the UCLA Center for Health Policy Research on the data provided by LIHPs for the purposes of the LIHP evaluation. Detailed methods are available upon request.

Program Facts: Alameda

- **Implementation Date**: July 1, 2011
- **Current Income Limit**: 200% FPL
- **Legacy County**
  - Participated in the prior waiver as an HCCI county; transitioned to LIHP under the current waiver
  - Enrollees from previous HCCI program may be grandfathered into both the MCE and HCCI components of the new program
- **Suburban/Urban County in Northern California**
- **Hybrid Payor/Provider County**
  - Network includes both public and private contracted providers
- **Total Population:** 1,528,000
  - Source: 2009 California Health Interview Survey
- **Visit**: DHCS Contract Documentation Page

ENROLLMENT AND DEMOGRAPHICS

Total Unduplicated Monthly Enrollment, Program-to-Date



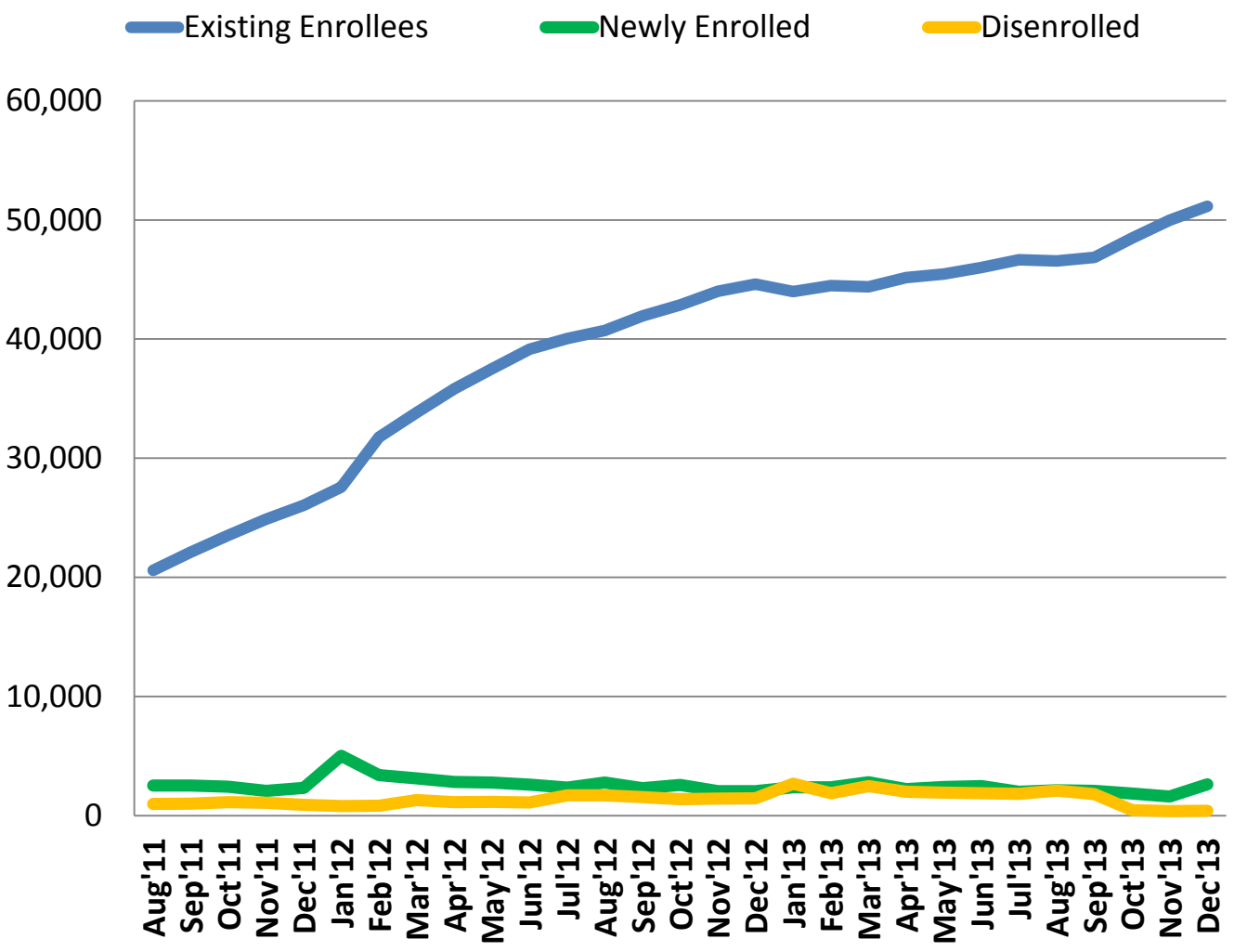
This chart displays the number of individuals enrolled during each month of the program. This can also be interpreted as the number of "member months."

Total Member Months to Date: 1,230,515

The monthly number of enrollees is dependent on both enrollment and disenrollment. Program strategies for outreach, enrollment, and retention/redetermination, as well as the demand for care within the eligible population and other factors may influence enrollment trends.

Note: Eligibility processing time is continuous, therefore enrollment data for latter months may be retroactively adjusted in the following quarter's dashboards as new data becomes available.

Trend of Monthly Enrollment and Disenrollment



"Existing Enrollees" are individuals enrolled in their local LIHP during the month prior to the specified month.

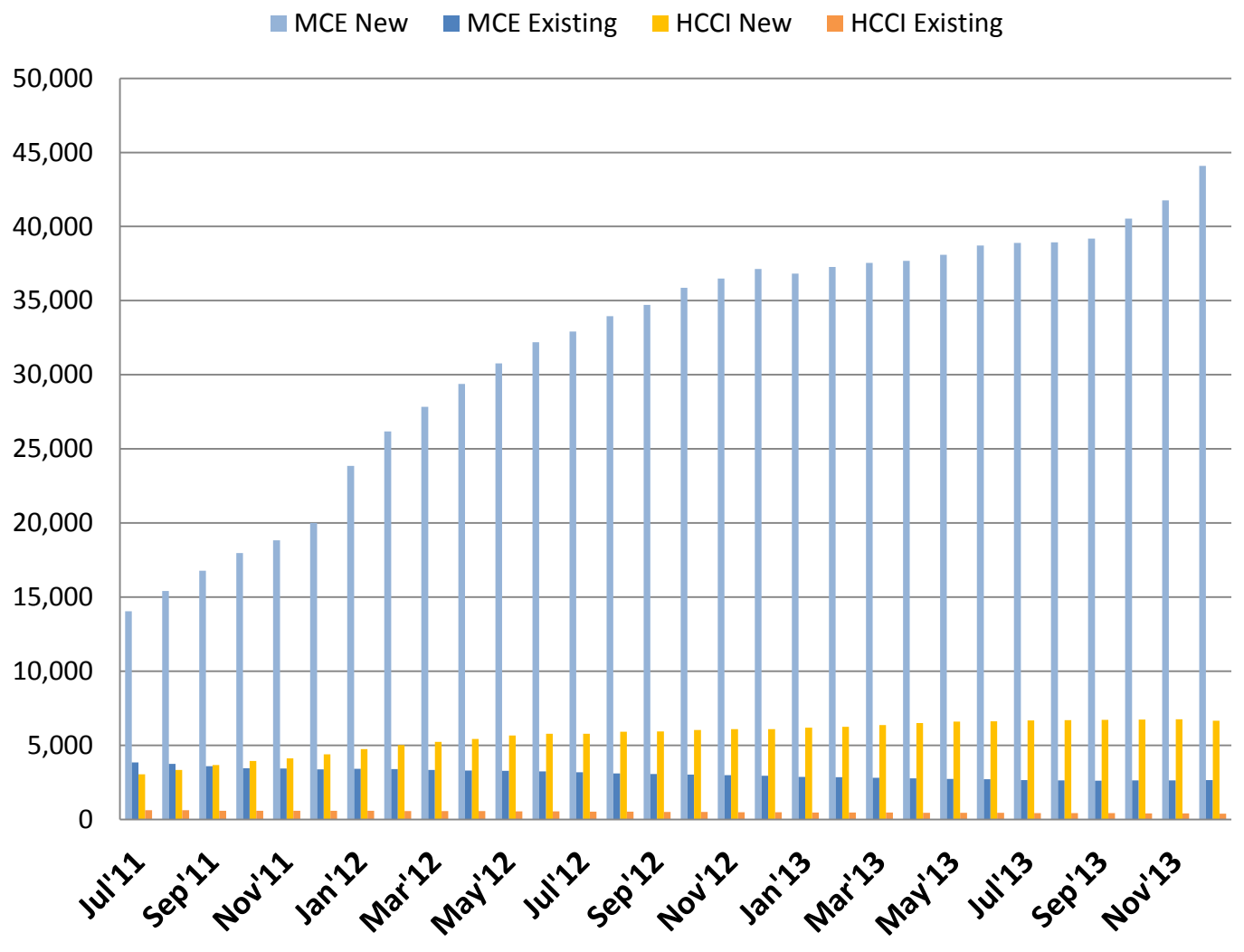
"New Enrollees" are individuals newly enrolled in LIHP during the specified month.

"Disenrolled" are individuals that are no longer enrolled in the program during the month prior to the specified month.

The sum of "Existing Enrollees" and "New Enrollees" is the total unduplicated monthly enrollment.

Note: Eligibility processing time is continuous, therefore enrollment data for latter months may be retroactively adjusted in the following quarter's dashboards as new data becomes available.

Trend of Monthly Enrollment in Each Program Component, Program-to-Date



Definitions: Enrollees are classified into aid codes according to guidelines set forth in the Special Terms and Conditions. Aid codes are based on two criteria:

Income:

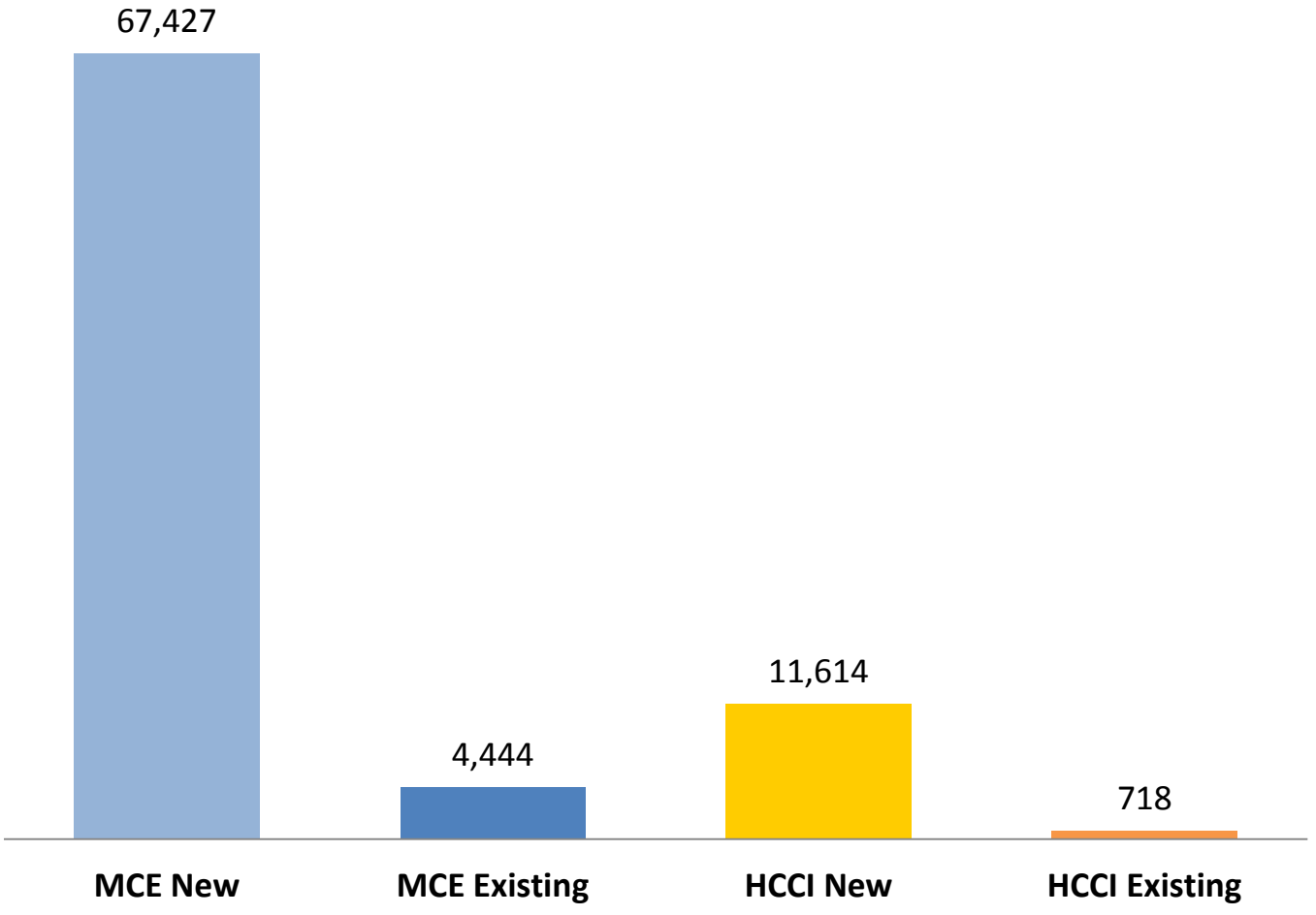
- **MCE:** 0 to 133% FPL
- **HCCI:** above 133.01 to 200% FPL

Type:

- **Existing:** enrollees whose enrollment has been effective since November 1, 2010.
- **New:** enrollees whose enrollment was not effective on November 1, 2010. This includes enrollees who were enrolled during the transition period from December 1, 2010 through June 30, 2011 when legacy counties with prior HCCI programs transitioned from HCCI to LIHP.

Note: Enrollees may transition between aid codes depending on changes in income level or enrollee type.

Total Cumulative Number of Enrollees in Each Program Component, Program-to-Date

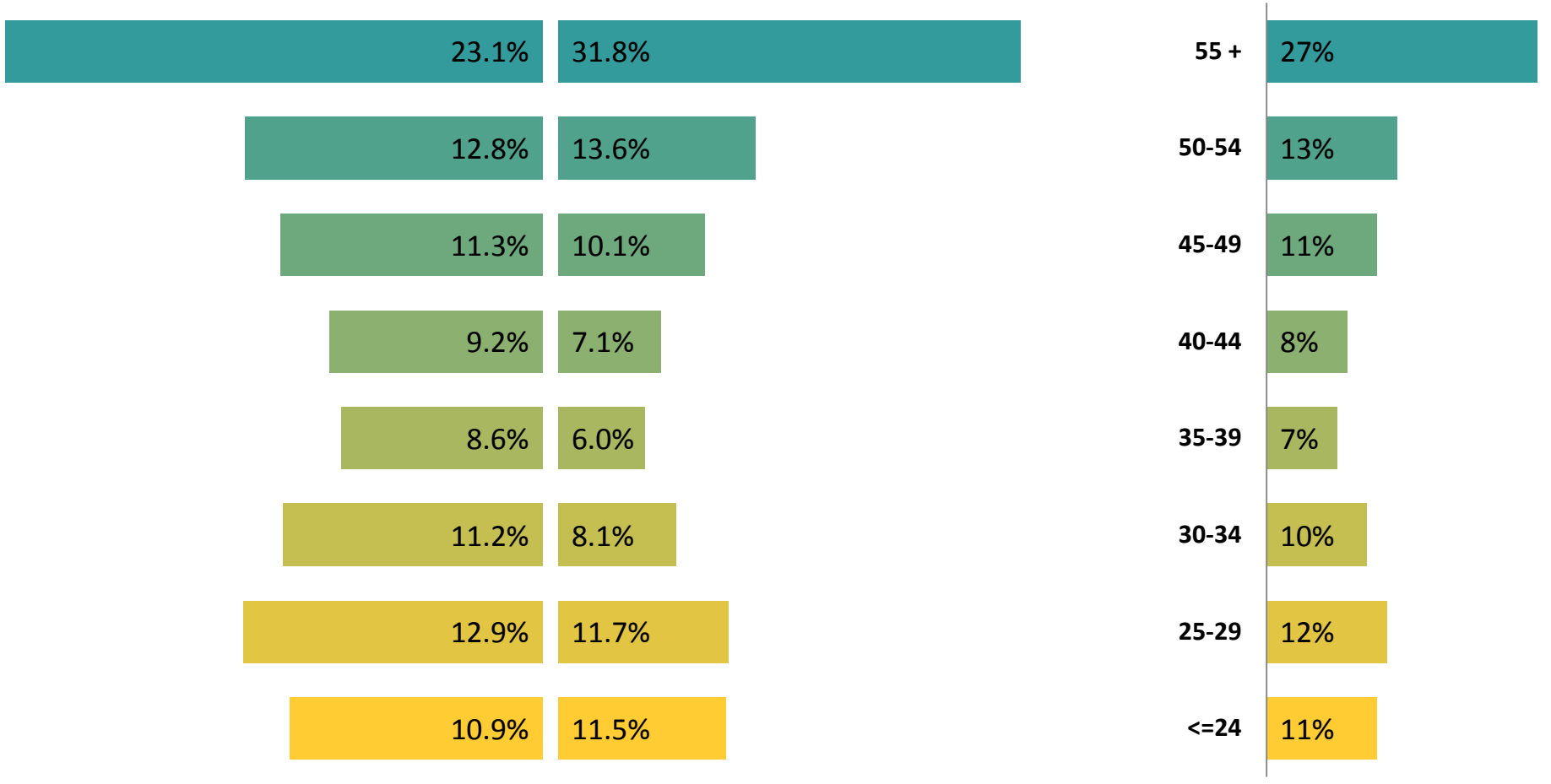


This chart displays the cumulative number of individuals ever enrolled to date, by aid code.

A single enrollee may be counted more than once if the individual has transitioned from one aid code to another at any time.

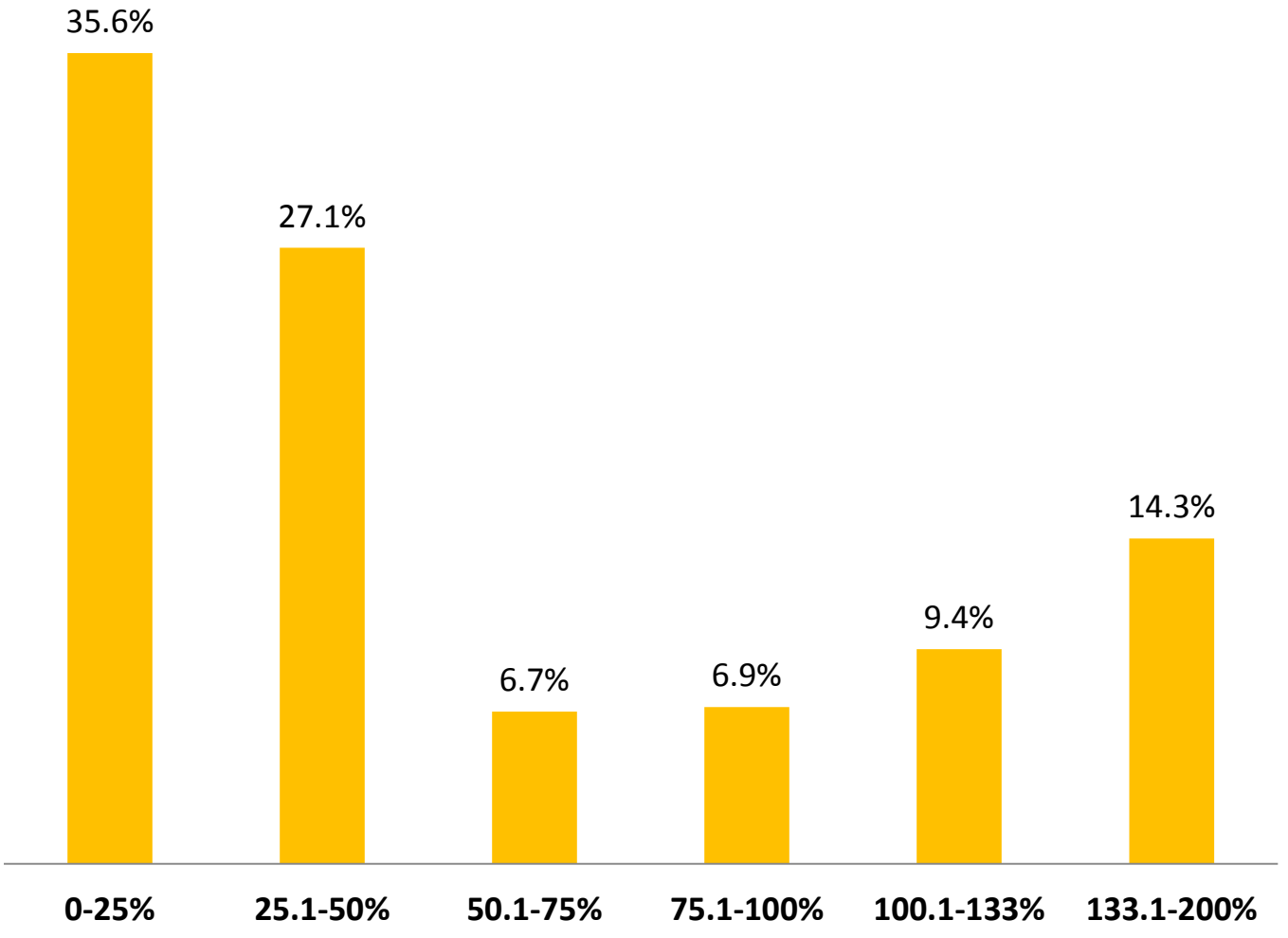
Total Cumulative Unduplicated Enrollees: 84,203

Demographic Characteristics of Cumulative Unduplicated Enrollees – Age and Gender



Total Cumulative Unduplicated Enrollees: 84,203

Demographic Characteristics of Cumulative Unduplicated Enrollees – FPL



Total Cumulative Unduplicated Enrollees: 84,203

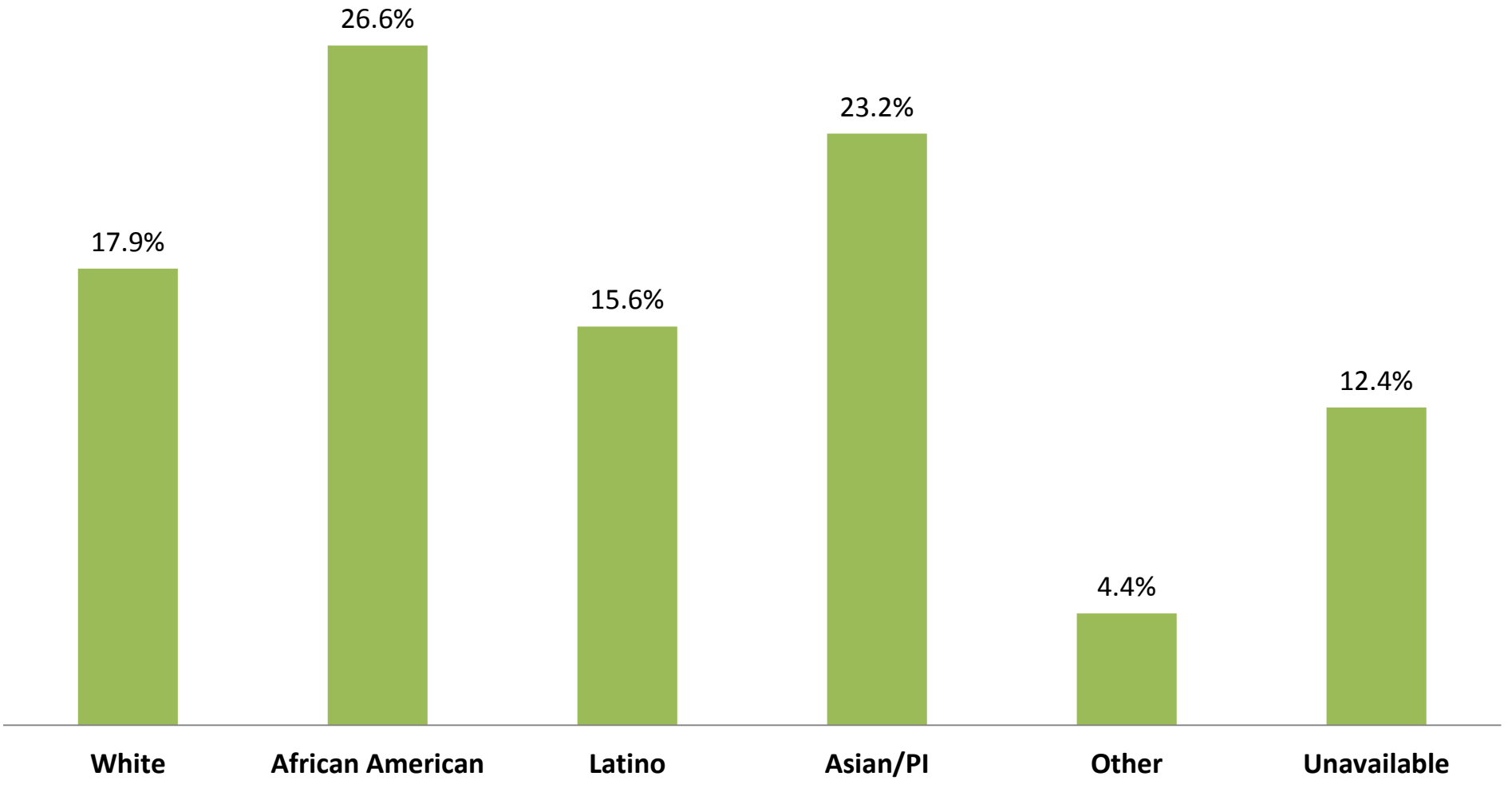
Note: All enrollees meet program eligibility rules, regardless of cases where data are unavailable.

This exhibit displays the percent of enrollees by Federal Poverty Levels (FPLs).

Current Alameda FPL Limit = 200%

LIHPs may have enrollees with FPL higher than the current FPL limit due to HCCI enrollees grandfathered into the program from the previous demonstration.

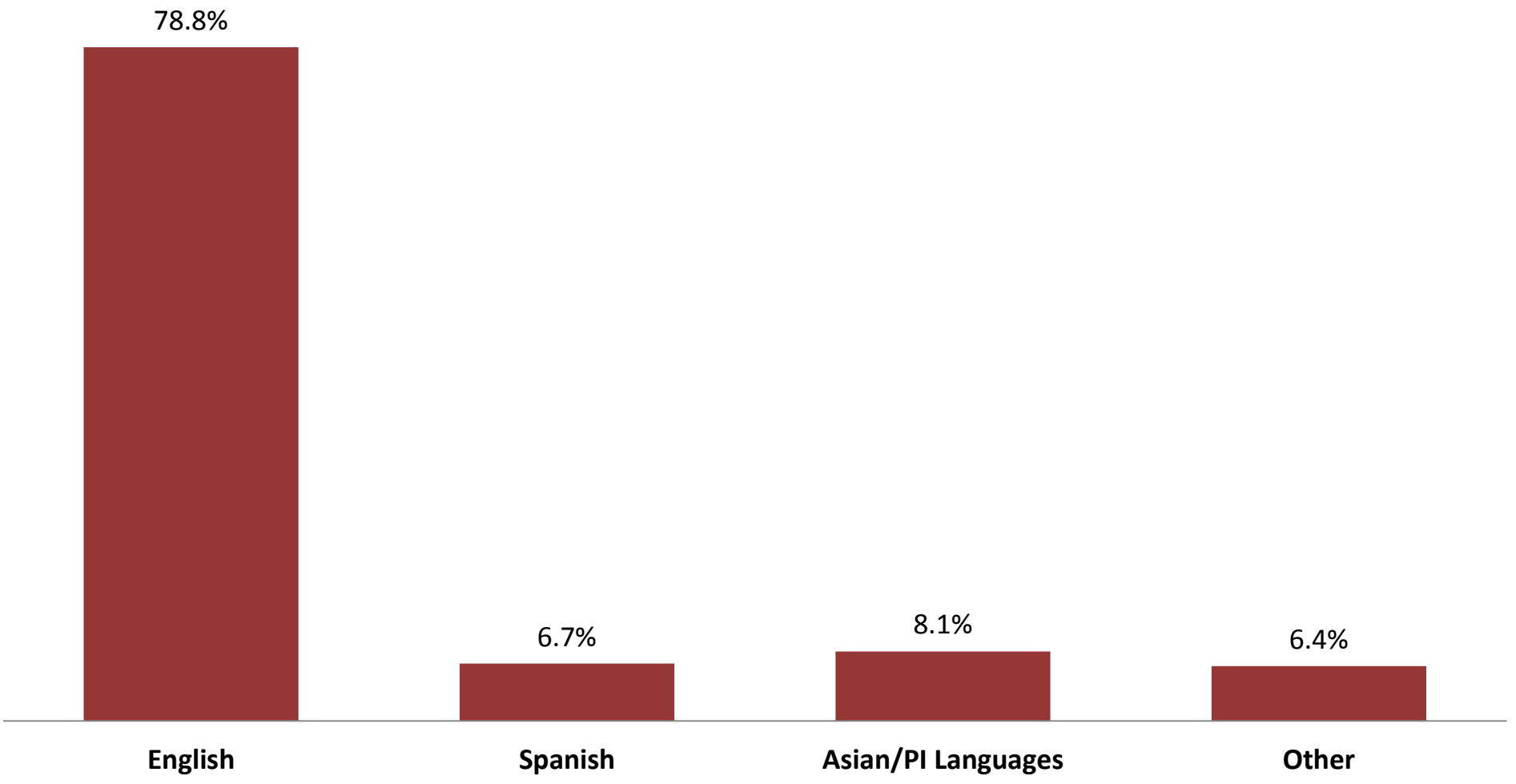
Demographic Characteristics of Cumulative Unduplicated Enrollees – Race/Ethnicity



Total Cumulative Unduplicated Enrollees: 84,203

Note: Asian includes Native Hawaiian. Other includes American Indian or Alaska Native.

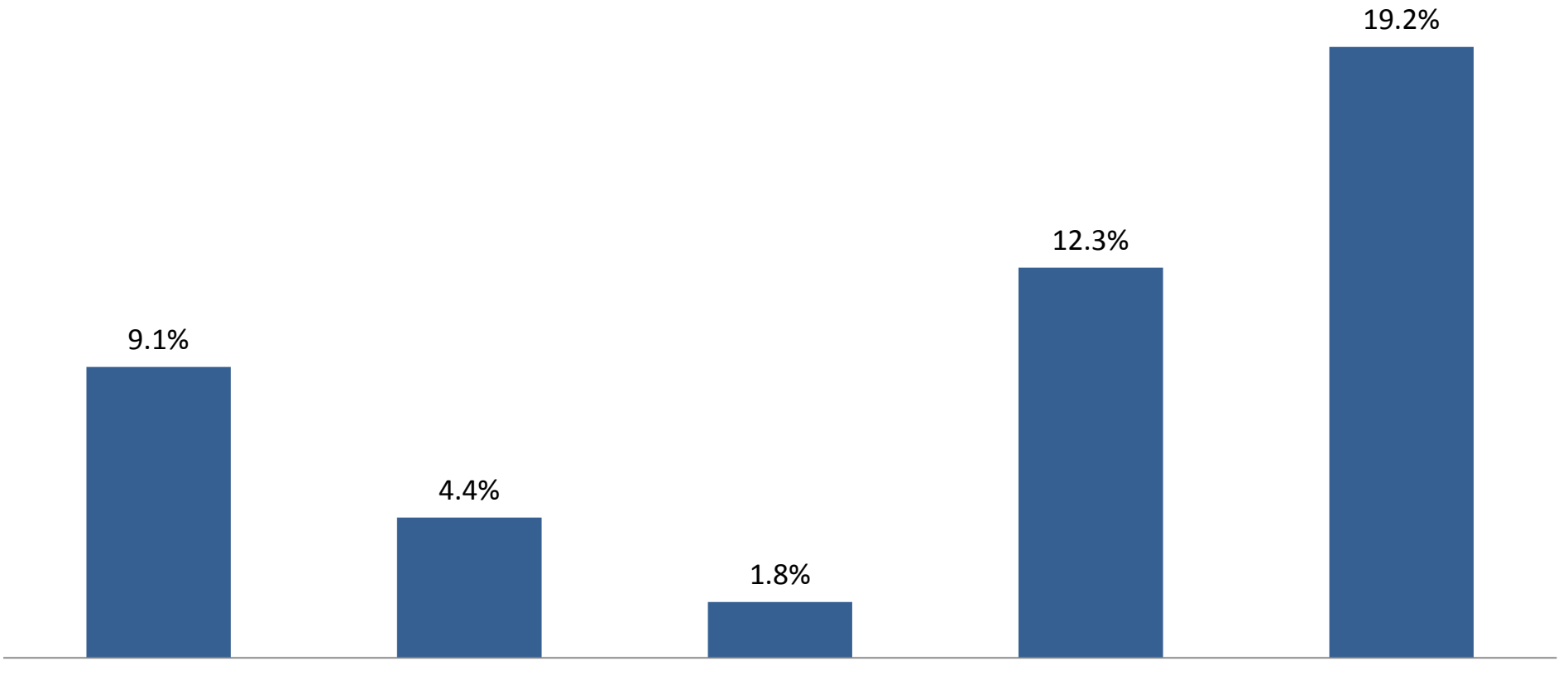
Demographic Characteristics of Cumulative Unduplicated Enrollees – Preferred Language



Total Cumulative Unduplicated Enrollees: 84,203

Note: Classification of Languages follows the US Census guidelines.

Chronic Conditions – Prevalence of Diabetes, Asthma/Chronic Obstructive Pulmonary Disease (COPD), Coronary Artery Disease (CAD)/ Congestive Heart Failure (CHF), Dyslipidemia, or Hypertension among Enrollees



Total Cumulative Unduplicated Enrollees: 84,203

UTILIZATION OF HEALTH SERVICES

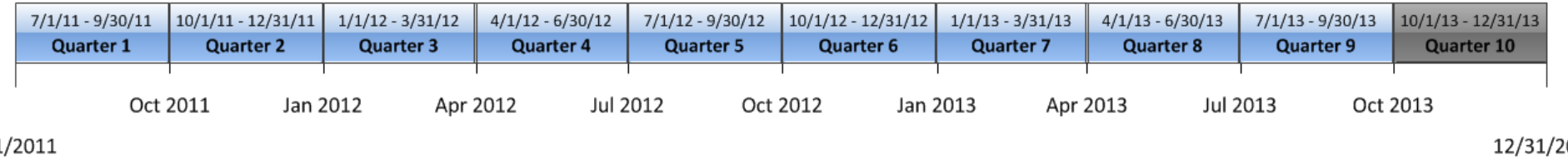
Utilization Methods and Time Frame of Analyses

UCLA utilization analyses are based on claims or encounter data provided to UCLA. Utilization metrics describe the volume of health care services paid for by LIHP and the rate of health care utilization among "active" and all enrollees.

An "active user" is defined as an enrollee with at least one claim/encounter record in a given quarter. To control for variation in claims data availability and completeness, the number of "active users" is used as the denominator for rate calculations.

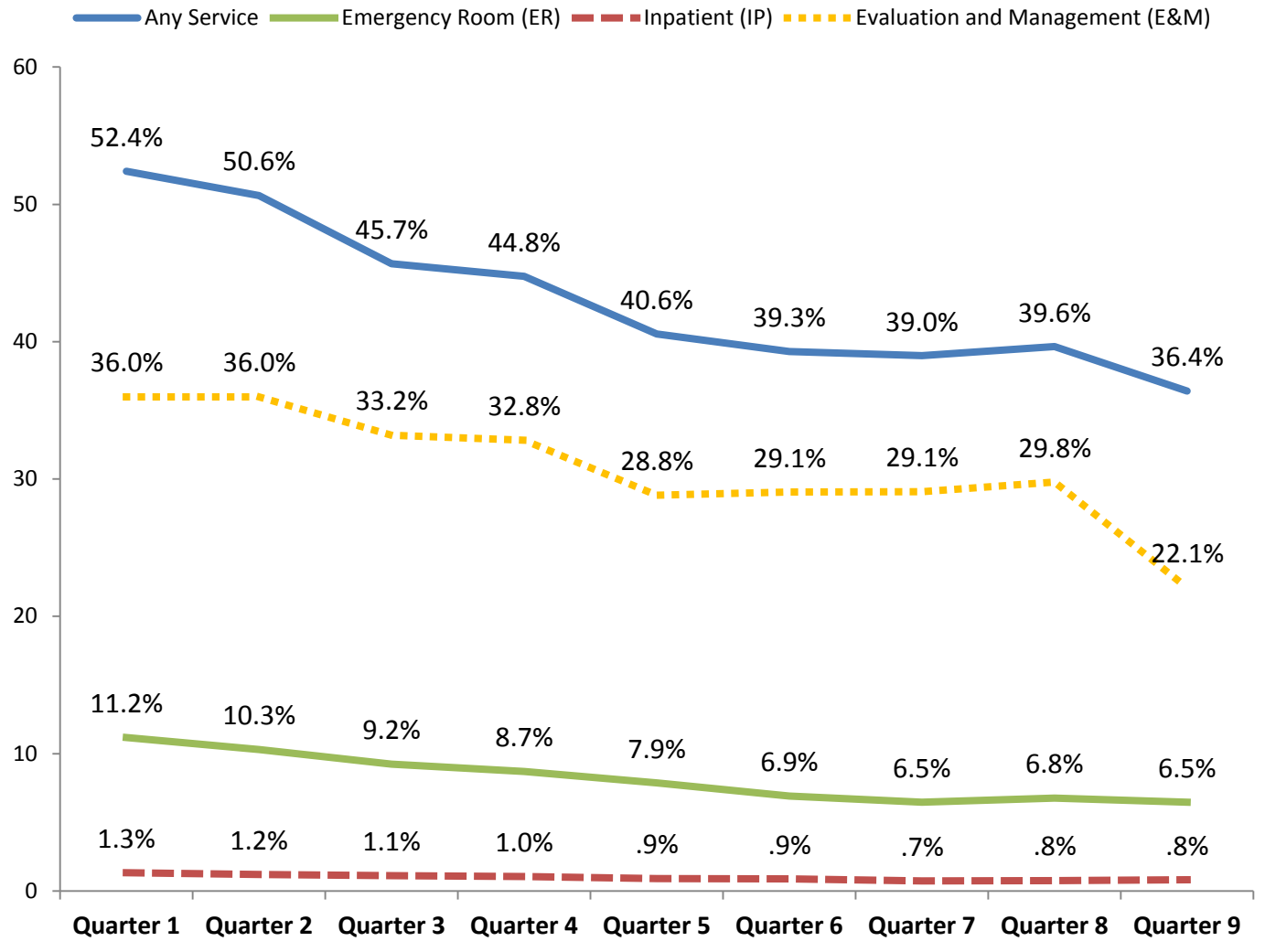
Rates represent the frequency of use among users, excluding enrollees without health care service use. Emergency room and inpatient records that occur on the same or consecutive days are counted as one visit. Outpatient evaluation and management (E&M) visits include claims with the following CPT codes: 99201-99205, 99211-99215, 99241-99245, 99271-99275, 99381-99387, 99391-99397. Any outpatient E&M claims that occurred on the same day, with the same provider, are counted as one service/visit.

There is a one-quarter delay in reporting utilization metrics to allow sufficient time for claims processing. The timeline below illustrates the time frame for the utilization analyses.



Proportion of Enrollees Who Were "Active Users" of Health Services, by Service Type

July 1, 2011 - September 30, 2013



During each time period, a proportion of the enrollees who are beneficiaries of the program will use health services. This proportion, called "active users," varies by time period, service type, and other factors. "Non-user" enrollees are enrolled, but did not access care *paid for by LIHP*.

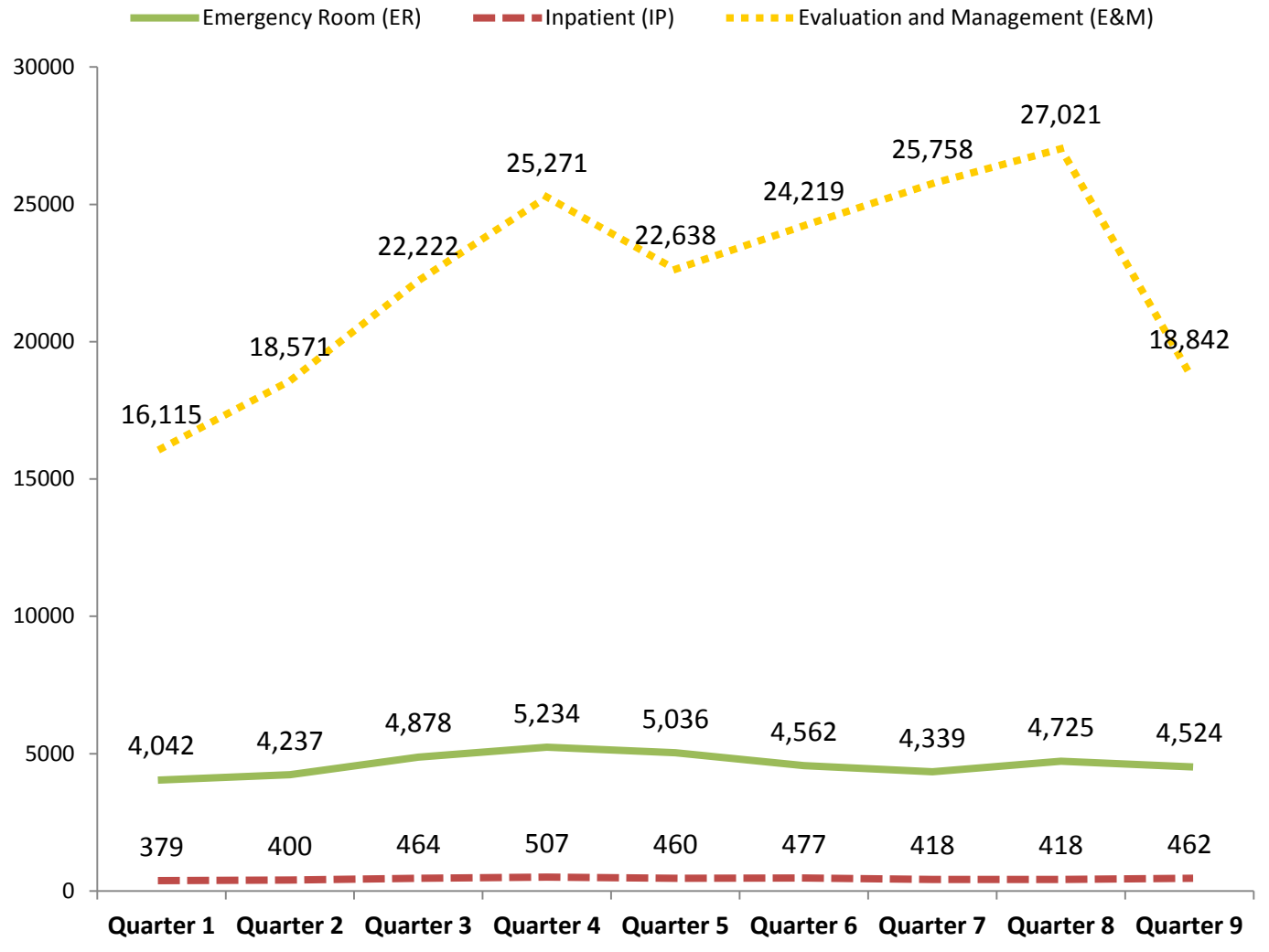
The proportion of enrollees who are "active users" is an important indicator of the demand for care and access to care. However, it may not fully represent utilization by enrollees. There may be unknown gaps in data completeness.

Total Enrolled
Quarter 1: 26,533
Quarter 2: 30,252
Quarter 3: 39,057
Quarter 4: 43,918
Quarter 5: 47,364
Quarter 6: 49,464
Quarter 7: 51,402
Quarter 8: 52,198
Quarter 9: 52,711

Note: There is a one quarter delay in reporting utilization metrics to allow sufficient time for claims processing. Additionally, claims data for latter quarters may be incomplete and retroactively adjusted in the following quarter's dashboards as new data becomes available. Out-of-network ER benefits are a new benefit covered under LIHP and are included in ER utilization, which may result in ER use increases across quarters.

Volume of Utilization – Emergency Room Visits, Inpatient Admissions and Evaluation & Management Visits

July 1, 2011 - September 30, 2013



The total volumes of emergency room (ER), inpatient (IP) admissions, and outpatient evaluation and management (EM) visits represent the total number of services paid for by LIHP. These measures are valuable as assessments of total activity and proxy for expenditures.

Total volumes of services and admissions are influenced by the number of enrollees and their characteristics and health seeking behaviors.

As enrollment increases, total volumes of utilization are expected to grow.

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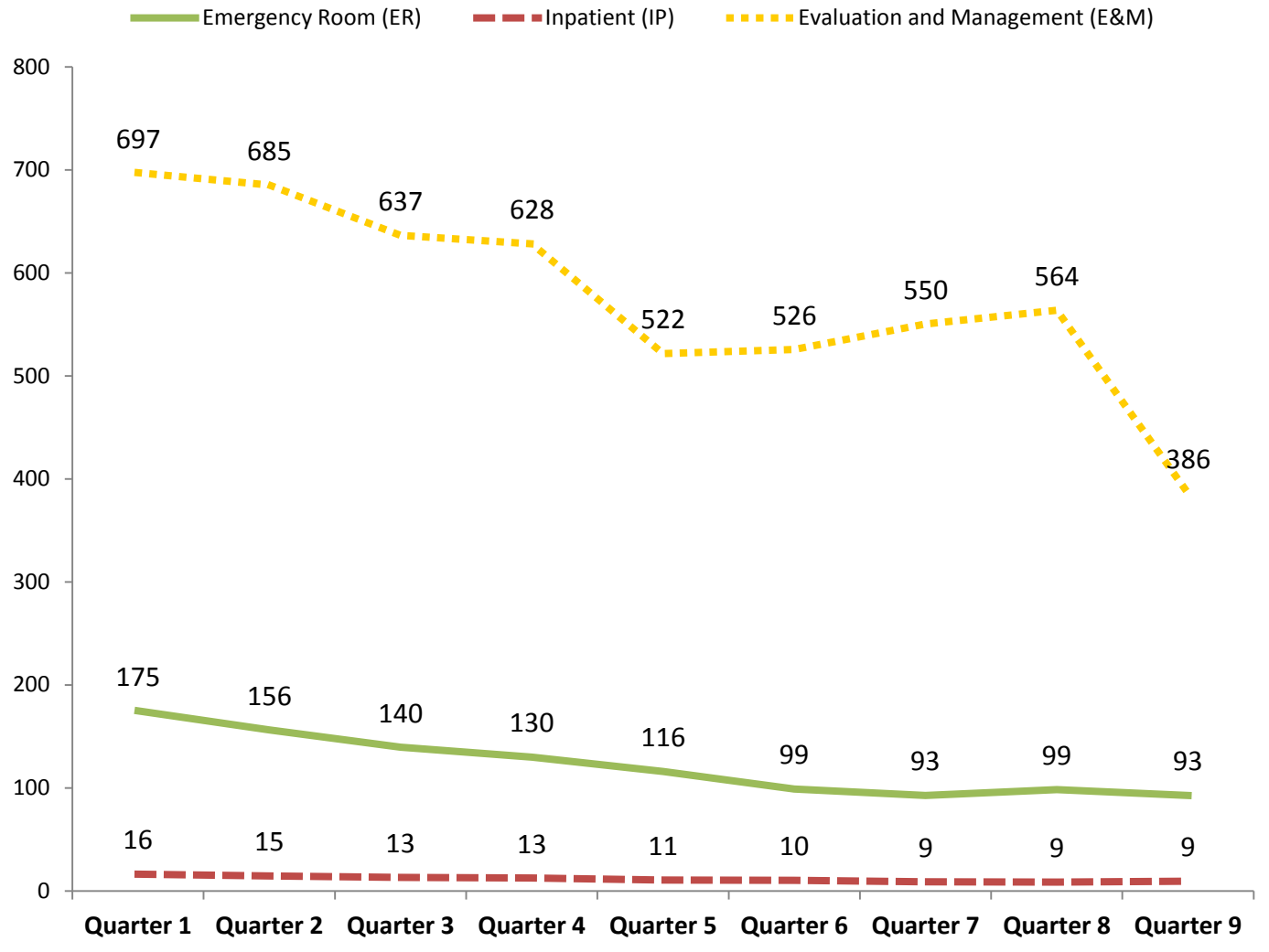
Rate of Utilization per 1,000 Enrollees – Inpatient Admissions, Emergency Room and Evaluation & Management Visits

July 1, 2011 - September 30, 2013



The rates of emergency room (ER), inpatient (IP), and outpatient evaluation and management (EM) utilization per 1,000 enrollees per quarter represent standardized measures of utilization.

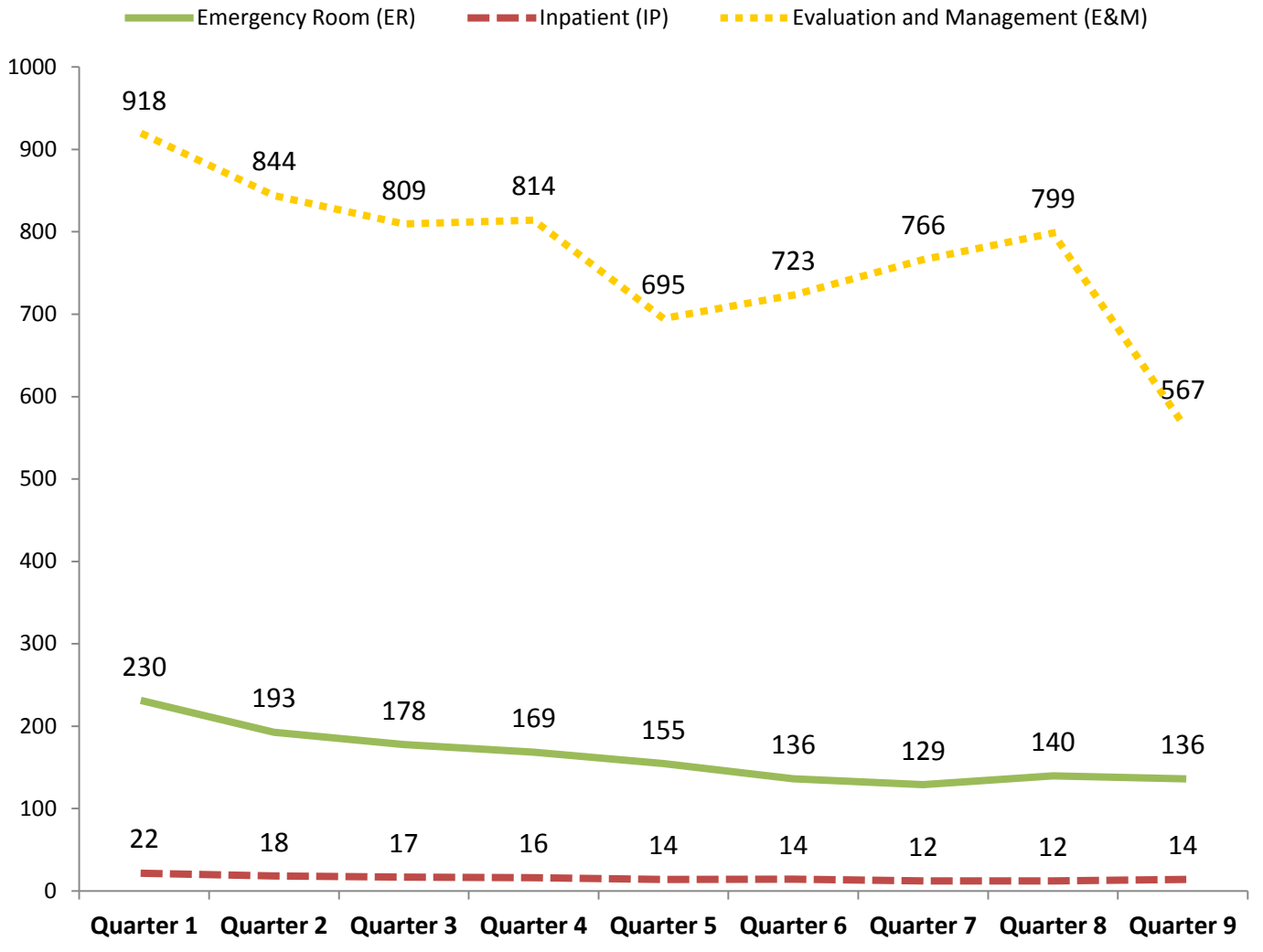
Rates are adjusted for the level of enrollment in each quarter. Initial increases in rates of utilization may be due to pent-up demand.

Total Member Months
Quarter 1: 69,335
Quarter 2: 81,283
Quarter 3: 104,729
Quarter 4: 120,679
Quarter 5: 130,152
Quarter 6: 138,176
Quarter 7: 140,401
Quarter 8: 143,770
Quarter 9: 146,291

Note: There is a one quarter delay in reporting utilization metrics to allow sufficient time for claims processing. Additionally, claims data for latter quarters may be incomplete and retroactively adjusted in the following quarter's dashboards as new data becomes available. Out-of-network ER benefits are a new benefit covered under LIHP and are included in ER utilization, which may result in ER use increases across quarters.

Rate of Utilization per 1,000 Active Enrollees – Inpatient Admissions, Emergency Room and Evaluation & Management Visits

July 1, 2011 - September 30, 2013



The rates of emergency room (ER), inpatient (IP) and outpatient evaluation and management (EM) utilization per 1,000 active enrollees per quarter represent standardized measures of utilization.

Rates are adjusted for the level of enrollment in each quarter amongst "active users." Initial increases in rates of utilization may be due to pent-up demand.

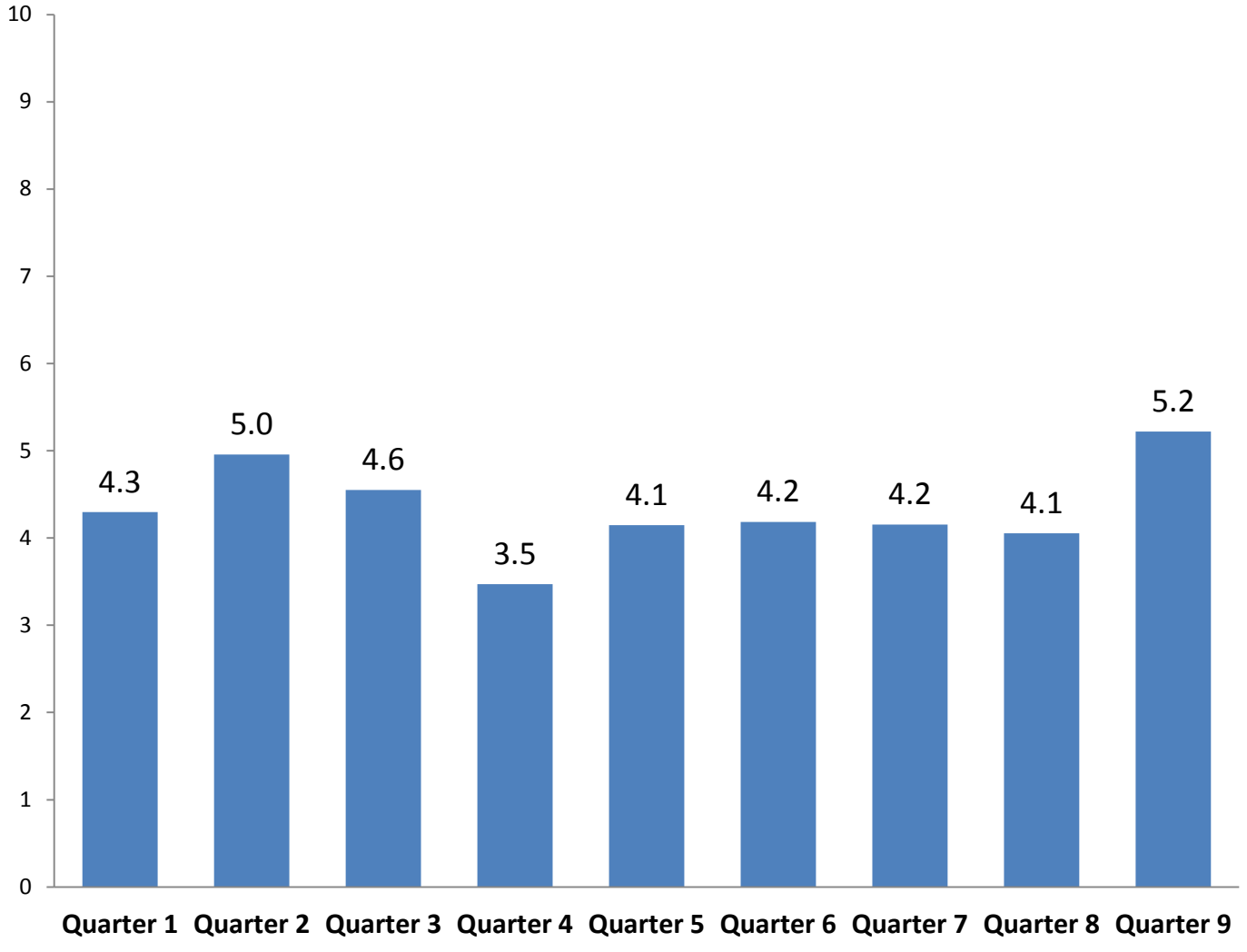
Active User Member Months

Quarter 1: 52,676
Quarter 2: 66,004
Quarter 3: 82,360
Quarter 4: 93,116
Quarter 5: 97,722
Quarter 6: 100,475
Quarter 7: 100,850
Quarter 8: 101,493
Quarter 9: 99,609

Note: There is a one quarter delay in reporting utilization metrics to allow sufficient time for claims processing. Additionally, claims data for latter quarters may be incomplete and retroactively adjusted in the following quarter's dashboards as new data becomes available. Out-of-network ER benefits are a new benefit covered under LIHP and are included in ER utilization, which may result in ER use increases across quarters.

Average Length of Inpatient Stay

July 1, 2011 - September 30, 2013



The average number of inpatient (IP) days per admission, or "average length of stay" is the total number of IP days divided by the total number of IP visits, per quarter.

Total Number of IP Days
Quarter 1: 1,628
Quarter 2: 1,983
Quarter 3: 2,112
Quarter 4: 1,760
Quarter 5: 1,908
Quarter 6: 1,996
Quarter 7: 1,736
Quarter 8: 1,694
Quarter 9: 2,411

Note: There is a one quarter delay in reporting utilization metrics to allow sufficient time for claims processing. Additionally, claims data for latter quarters may be incomplete and retroactively adjusted in the following quarter's dashboards as new data becomes available.

Data Source:

The data sources for the LIHP Performance Dashboard are from quarterly enrollment, encounter and claims data. These data are provided to UCLA by the participating LIHPs as part of the Low Income Health Program Evaluation.

Data Analysts:

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UCLA Center for Health Policy Research

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