

Low-Income Health Program Evaluation

Frequently Asked Questions & Appendix: Proposed Evaluation Publications and Products

Version 14
April 16, 2012



Version Notes

This version was released April 16, 2012.

Summary of changes and updates:

Version Number	Description of Changes / Updates
V12	<p>Removed “Data Specification” appendix from this document. All detailed discussion of data elements is now contained with the “Technical Specification Manual” available online from www.coverageinitiative.ucla.edu.</p> <p>Reorganized FAQs into groups by content area.</p> <p>Added additional FAQs in several content areas. New or updated FAQs are marked as NEW-V12!</p>
V13	<p>Added additional FAQs. New or updated FAQs are marked as NEW-V13!</p>
V14	<p>Updated UCLA contact information in FAQ 34.</p> <p>Added new FAQs. New or updated FAQs are marked as NEW-V14! or UPDATED-V14!</p>

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Low-Income Health Program (LIHP) Evaluation

Frequently Asked Questions (FAQs)

About the Evaluation:

Q 1: Why is an evaluation necessary?

A: An evaluation of the §1115 Medicaid Waiver “A Bridge to Reform” is required by the Centers for Medicare and Medicaid Services (CMS), as specified in the Waiver [Special Terms and Conditions](#) (STCs) (Section IV. 25), as well as the authorizing legislation passed by the California Legislature ([AB 342](#)). As a part of the Bridge to Reform, the Low Income Health Program (LIHP) must be evaluated.

LIHP “[Program Requirements](#)” published by the California Department of Health Care Services (DHCS) include a general description of the data required for evaluation as a condition of program participation. This “frequently asked questions” (FAQs) document provides additional information on details of the evaluation and data requirements for LIHP. Further modification to these requirements may occur after CMS review of the final evaluation design.

Q 2: What are the goals of the LIHP evaluation?

A: The LIHP evaluation will monitor the progress of the demonstration in 4 critical areas:

1. outreach, enrollment retention, and transition strategies;
2. coverage expansion;
3. access to and quality of care ; and,
4. care delivery system redesign in anticipation of 2014.

The primary goal of the evaluation is to provide information to various stakeholders on the impacts of LIHP in each of these areas. The stakeholders who participated in the development of the evaluation plan during an iterative comment period include:

1. CMS, which is funding the LIHP through matching funds under the §1115 waiver;
2. DHCS, which will assume responsibility for MCE enrollees in 2014 as they transition into Medi-Cal;
3. the California Health Benefit Exchange, where HCCI enrollees will be eligible for subsidies in 2014;

4. LIHP participating providers of services (i.e., FQHCs, public hospitals, etc.), which are likely to be the providers of choice for LIHP enrollees in 2014 and beyond after they transition into Medi-Cal or the Exchange; and,
5. Counties and governmental entities with LIHPs, who will be involved in eligibility determination and enrollment of Medi-Cal beneficiaries and maintaining existing public programs for Californians who do not participate in Medi-Cal, the Exchange, or other sources of insurance.

Q 3: Who will evaluate LIHP?

A: The UCLA Center for Health Policy Research (UCLA) conducted the evaluation of the Health Care Coverage Initiative (HCCI) under the previous §1115 Medicaid Waiver and will evaluate LIHP. The evaluation will be conducted as part of a comprehensive evaluation of §1115 Medicaid Waiver programs being negotiated with DHCS and several foundations under the auspices of the California Medicaid Research Institute (CaMRI). CaMRI represents a collaboration of several University of California campuses.

UCLA will lead the LIHP evaluation, assisted by UC Berkeley's Center for Labor Research and Education on several tasks. The evaluation is funded by the generous support of Blue Shield of California Foundation.

UCLA and CaMRI researchers have worked in conjunction with the State to operationalize a plan to meet the evaluation responsibilities the State has as a part of the waiver approval conditions it received from CMS. As part of this process, CaMRI and UCLA have advised the State regarding what data elements are required for evaluation of the program. UCLA will collect data for the evaluation on behalf of the State.

Q 4: When will the LIHP evaluation begin, and what will be the products of the evaluation?

A: UCLA will provide Technical Assistance to the LIHPs beginning on July 1, 2011. The evaluation activities will begin on September 1, 2011 (**Table 1**). Data collection for the evaluation will be continuous throughout the program period, and will begin for each LIHP at the time the local program begins implementation. Final data collection will be completed by June 2014, and the evaluation will end in December 2014.

The LIHP evaluation will focus on providing near-time reporting and rapid feedback to LIHPs and other stakeholders throughout the program implementation period. UCLA will prepare and release findings on a regular basis, beginning in the fall of 2011. Further discussion of the specific publications and reports that will be produced during the evaluation can be found in the attached document entitled "**Evaluation Publications and Products**".

Table 1: Timing of the LIHP Evaluation

LIHP Program Year	Major Evaluation Activities
First LIHP Program Year: 11/1/ 2010 – 6/30/2011	
Second LIHP Program Year: 7/1/2011 – 6/30/2012	<ul style="list-style-type: none"> - Begin data collection (start September 1, 2011 and phase in data collection from each LIHP as it is implemented) - Evaluation publications <ul style="list-style-type: none"> o Brief 1 o Quarterly Performance Dashboard Reports - Convening Meetings and Webinars
Third LIHP Program Year: 7/1/2012 – 6/30/2013	<ul style="list-style-type: none"> - Ongoing data collection - Evaluation publications <ul style="list-style-type: none"> o Briefs 2 and 3 o System Redesign Innovation Report o Quarterly Performance Dashboard Reports o Interim Evaluation Report (if required) - Convening Meetings and Webinars
Fourth LIHP Program Year: 7/1/2013 – 12/31/2013	<ul style="list-style-type: none"> - Ongoing data collection - Evaluation publications <ul style="list-style-type: none"> o Brief 4 o Quarterly Performance Dashboard Reports - Convening Meetings and Webinars
Final Evaluation Period: 1/1/2014 – 12/31/2014	<ul style="list-style-type: none"> - Final data collection ending in June 2014 - Evaluation publications <ul style="list-style-type: none"> o Final Quarterly Performance Dashboard Report o Final Evaluation Report

Q 5: How will the evaluation communicate feedback to the LIHPs?

A: The evaluation will focus on providing near-time feedback to the LIHPs and other stakeholders. UCLA will prepare and release findings throughout the evaluation period. More detail regarding specific publications and reports that will be produced during the evaluation can be found in the attached document entitled “**Evaluation Publications and Products**”.

In addition to an interim evaluation report (if required by the State), a final evaluation report, and the proposed policy briefs produced under the evaluation, UCLA will communicate feedback via the California Coverage Expansion Website, www.coverageinitiative.ucla.edu. This website was developed during the original HCCI evaluation. The Coverage Expansion website will serve as a resource and repository of information for the LIHP evaluation, and as a platform

for communication between LIHPs, UCLA, and other stakeholders. This website has some general, informational content that is publicly available. However, the majority of the website is accessible only to registered users via a password-protected log-in. At this time, the website user group is restricted to LIHPs and their designated personnel. All evaluation findings and program materials are accessible only to registered site users.

Q 6: How do LIHPs request secure log-in accounts to UCLA's evaluation website?

A: To request a secure log-in account for UCLA's Coverage Expansion website, please contact the UCLA evaluation team at CHPR_LIHP@em.ucla.edu. LIHPs may request as many accounts for their program personnel as desired.

By requesting a Coverage Expansion website account, registered users will also be added to UCLA's LIHP evaluation email listserv, and will receive automatic email notification of important evaluation updates including release of new documentation or findings.

Q 7: NEW-V14! What documentation has UCLA released for the LIHPs? Do I have everything I need?

A: In addition to these Frequently Asked Questions, LIHP personnel should ensure that they have the most current versions of UCLA's technical documentation:

- Monthly Aggregate Reporting Instructions (see [FAQ 9 through FAQ 11](#))
- Technical Specifications Manual (see [FAQ 12 through FAQ 20](#))

These materials are accessible on UCLA's evaluation website (see [Q 6](#)).

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Data Collection and Reporting Requirements:

Q 8: What are the methods of data collection and what data will be required?

A: The evaluation will use a combination of quantitative and qualitative data gathered during the program period. DHCS and UCLA will coordinate and streamline reporting to collect all information required for the evaluation, and most data required by CMS and the State. LIHPs will submit data and information through multiple mechanisms:

- A. [Monthly Aggregate Reporting – FAQ 9 through FAQ 11](#)
- B. [Quarterly Evaluation Data Submissions – FAQ 12 through FAQ 20](#)
- C. [Program Progress Reports – FAQ 21 through FAQ 23](#)
- D. [LIHP Convening Meetings - FAQ 24](#)
- E. [Qualitative Data - FAQ 25](#)

Further description of each of these data collection methods and requirements is provided below, with FAQs grouped by data type.

A. [Monthly Aggregate Reporting – FAQ 9 through FAQ 11](#)

Q 9: **NEW-V12! Why are Monthly Aggregate Reports required?**

A: In the STCs, CMS established requirements for monthly reports from DHCS. These reports will help CMS monitor the progress of the waiver. LIHPs must provide limited summary information to inform these reports to CMS.

Q 10: **NEW-V12! What data will be required for Monthly Aggregate Reporting? When will reporting be due?**

A: DHCS and UCLA have worked together to define the specific data elements required by the STCs to meet CMS reporting requirements, which include the unduplicated number of enrollees and data on applications and application processing.

Reporting will be completed for every month in which the local LIHP was operational, and will be lagged by one month such that July reporting will be required in September. LIHPs will begin reporting after their program implementation start date. Deadlines have been established for monthly aggregate reporting. LIHPs that do not submit data on time will not be represented in the corresponding reports to DHCS and CMS for the month in question.

Please see UCLA's "**Monthly Aggregate Reporting Portal Instructions**" (available to registered website users online from UCLA's Coverage Expansion Website, www.coverageinitiative.ucla.edu) for more information about the specific reporting requirements, including reporting due dates.

It is recognized that data reported in aggregate on a monthly basis may be inaccurate; these data are for rapid monitoring, and are not considered a final record of LIHP implementation/activities. The aggregate reports will be corrected at a later time based on the Quarterly Evaluation Data.

Q 11: NEW-V12! How will Monthly Aggregate Reports be submitted?

A: UCLA has created a web-based data reporting portal for LIHPs to easily submit Monthly Aggregate Reports. The reporting portal is located within UCLA's Coverage Expansion Website, www.coverageinitiative.ucla.edu. A website user account is needed in order to access the reporting portal, which is in the password protected area of the website. To learn how to request a website user account, please see FAQ 6.

Please see UCLA's "**Monthly Aggregate Reporting Portal Instructions**" (available to registered website users online from UCLA's Coverage Expansion Website, www.coverageinitiative.ucla.edu) for more information about how to conduct Monthly Aggregate Reporting.

B. Quarterly Evaluation Data Submissions – FAQ 12 through FAQ 20

Q 12: What are the "Quarterly Evaluation Data" that LIHPs will need to submit for the evaluation?

A: UCLA requires two major categories of confidential data for the LIHP evaluation, which UCLA has termed the "**Quarterly Evaluation Data**"

1. **Enrollment data**, i.e., individual-level enrollment records for each enrolled participant containing data collected upon enrollment/application and recertification;
2. **Utilization data**, i.e., claims/encounter data for all services provided to LIHP enrollees and paid for by the LIHP, *to the extent available to the LIHP*. Utilization data must be submitted for services including:
 - a. inpatient (IP) admissions, including all IP care paid for by the LIHP;

- b. outpatient visits, *including mental health and substance use services*, broken down by visit type (outpatient hospital, clinic, physician, non-physician);
 - c. emergency room (ER) visits, including out-of-network ER visits paid for by the LIHP; and,
 - d. ancillary services including drugs prescribed and laboratory/diagnostic tests ordered.
3. UCLA also requests, but does not require, ***Laboratory-reported test Result data***, (e.g., HgA1C test values) for common lab procedures rendered to individuals with selected chronic conditions.

These data types are routinely collected during enrollment and care delivery. By working with counties involved in the HCCI program, UCLA has identified which data elements are generally feasible for LIHPs to report and are necessary for assessing program impact, including the best formats for reporting such data. UCLA has used this experience to identify data elements required for the LIHP evaluation.

Q 13: NEW-V13! What specific data elements are required for each category of Quarterly Evaluation Data?

A: The specific data elements within each category of confidential data may vary between LIHPs based on their data systems, the availability of data, and the method of storing and processing data. However, UCLA has established a standardized data set request for each type of Quarterly Evaluation Data, to promote consistency between LIHPs to the extent possible.

1. ***Enrollment data*** consist of individual enrollment and demographic records for each recipient ever enrolled into the Low Income Health Program. These data may include a random unique patient ID number, months and category (aid code) of enrollment, date of birth, income and family size or federal poverty level, gender, race/ethnicity, language, citizenship status, disenrollment month, reason for disenrollment, insurance coverage, and self-rated health status (optional).
2. ***Utilization data*** consist of claims/encounter data for all services paid for by the Low Income Health Program. These data include a random unique patient ID number, unique claim identification codes, date of service, place of service, billing, procedure, diagnostic and medication codes, rendering provider identification number, assigned patient centered medical home service indicator, and primary and secondary payer codes.

3. If provided by the LIHP, **Laboratory test results** data consist of laboratory records for specific laboratory services provided to enrollees in the Low Income Health Program. These data may include a random unique patient ID number, laboratory service date, laboratory test name and/or service code, and laboratory result value. Data for specific lab procedures for individuals with diabetes and similar chronic conditions are requested.

The specific data elements to be transmitted by each LIHP will be determined by the LIHP in collaboration with the UCLA Center for Health Policy Research and with DHCS.

For more information regarding the specific data elements requested, please see UCLA's **Technical Specifications Manual ("TSM")**, available to registered website users online from UCLA's Coverage Expansion Website, www.coverageinitiative.ucla.edu.

Q 14: How will the Quarterly Evaluation Data be used to address the goals of the evaluation?

A: Each of the major types of Quarterly Evaluation Data will play an important role in addressing the goals of the evaluation.

1. **Enrollment data** is essential for determining number of enrollees, months of enrollment, retention of enrollees, and the number of LIHP enrollees who are eligible for successful transition into Medi-Cal or the Exchange in 2014. These data will include information gathered at the time of enrollment/application, and will include basic demographic information about enrollees. Combined with county-level population data from the 2009 and 2011 California Health Interview Survey, UCLA will also be able to estimate the percentage of each county's eligible population enrolled in LIHP.
2. **Utilization data** is essential for determining access to care and levels of utilization per enrollee. UCLA will use the claims/encounter data provided by LIHPs to generate data summarizing the utilization history for each individual enrollee, and will then compute measures of utilization such as number of inpatient days per 1,000 enrollees. This information will be essential to the state and to the Exchange in determining the expected cost and the demographic and clinical risk profile of LIHP enrollees as they transition into Medi-Cal or the Exchange in 2014. Utilization is an important measure of the extent to which coverage expansion allows enrollees access to a broad spectrum of health care services.

3. If provided by LIHPs, **Laboratory test results** will permit assessment of the extent to which selected chronic illnesses are appropriately managed based on clinically accepted guidelines and benchmarks.

To the extent possible, the data collected by UCLA will be analyzed to meet DHCS' reporting requirements to CMS. DHCS must submit quarterly aggregate reports to CMS as a condition of the §1115 Medicaid waiver.

Q 15: NEW-V12! Where can LIHPs find more detailed information about the Quarterly Evaluation Data?

A: UCLA has released a detailed **Technical Specifications Manual (TSM)** to assist LIHP personnel in preparing and submitting the requested **Quarterly Evaluation Data**. The **TSM** includes full discussion of the methods, content, format, and timing of the Quarterly Evaluation Data. Therefore, detailed discussion of the Quarterly Evaluation Data is no longer included in this FAQ document. For more information regarding the specific data elements requested, please see the **TSM**, available to registered website users online from UCLA's Coverage Expansion Website, www.coverageinitiative.ucla.edu.

During the summer and fall of 2011, UCLA will conduct one-on-one teleconferences with each LIHP to discuss the evaluation data requirements, and can offer technical assistance as needed by the LIHP. UCLA's experience indicates that in most cases detailed specifications will need to be tailored to the individual LIHP. UCLA intends to standardize data between LIHPs to the extent possible, while maintaining a flexible approach to accommodate the individual LIHPs.

To request Technical Assistance, please contact the UCLA Evaluation Team (See FAQ 34).

Q 16: The STCs state that LIHPs are required to report encounter data. Why is UCLA requesting utilization data at either the claims or encounter level? Doesn't this request increase the data reporting burden on LIHPs?

A: As specified in the STCs and as a requirement of LIHP contracts with DHCS, LIHPs may submit *utilization data* for the evaluation at the claim-level or encounter-level. The level of data submitted by the LIHP will depend on how the data are collected and stored within their existing billing/administrative systems. The specific utilization data elements requested are described in the **TSM**, described in FAQ 15.

UCLA requests that LIHPs provide sufficient detail for each requested data element to ensure maximum accuracy of the evaluation. The success of the LIHP evaluation depends on both the content and quality of the data submitted by LIHPs.

Q 17: For what time period will Quarterly Evaluation Data be required? Why are “Baseline” data required?

A: Data from both the period of LIHP implementation and the year prior to the start of each LIHP will be included in the evaluation. The “pre-“ data for the period before program implementation is used to compare each individual’s health care use before and during LIHP, and is essential in understanding the impact of LIHP on program enrollees. UCLA acknowledges that major differences exist between the existing programs and the LIHPs in each participating program, and will account for these differences in all analyses.

The specific dates of data reporting will vary for each LIHP, depending on the date of local program implementation. For more information, please see the **TSM**, described in FAQ 15.

Q 18: When will each LIHP begin reporting Quarterly Evaluation Data?

A: Quarterly Evaluation Data collection will begin in September 2011, and will phase in for each LIHP as it is implemented. Each LIHP will begin submitting data after the date of local program implementation. If the LIHP was active for any of the months within a given quarter, data will be submitted for that quarter on the corresponding reporting date, regardless of how many months of implementation occurred within the quarter.

Final data collection for all LIHPs will occur in mid 2014, in order to ensure complete utilization data are available for the final evaluation report. For more information, please see the **TSM**, described in FAQ 15.

Q 19: How frequently will Quarterly Evaluation Data submission be required? Why are LIHPs required to comply with data submission deadlines?

A: In response to concern from LIHPs regarding frequency of evaluation reporting, evaluation data will be reported quarterly, and will be reported approximately one month after the close of each quarter. For example, data for the first quarter of the year (January through March) will be due April 31.

Quarterly Evaluation Data, including enrollment and utilization data, will be reported on a regular schedule by all LIHPs that were operational during the reporting quarter. UCLA has recommended Quarterly Evaluation Data deliveries in response to interest in ongoing and timely evaluation reporting. The LIHP evaluation will focus on providing near-time results throughout the program period.

It is important that all LIHPs report data on time to UCLA. On-time reporting is essential because UCLA has adopted responsibility for several types of reporting required by the STCs, to

reduce duplication and reporting burden. UCLA must use the data submitted by LIHPs for rapid reporting to DHCS and CMS. By complying with UCLA's reporting deadlines, LIHPs will ensure accurate and complete reporting to CMS while maintaining efficiency. LIHPs that do not submit data on time will not be represented in the corresponding reporting completed by UCLA during the period in question.

For more information, including reporting due dates, please see the **TSM**, described in FAQ 15.

Q 20: Will LIHPs be required to collect any new data for the Quarterly Evaluation Data reporting that they are not already collecting?

A: Data elements requested for the evaluation reflect UCLA's recommended minimum dataset in order to carry out a complete and rigorous evaluation, and include some data elements that are required for DHCS and CMS reporting.

It is expected that most of the requested data elements will be available in all LIHPs. If a LIHP does not collect one or more of the requested data elements, or collects data in a manner that differs from the method specified by UCLA, it will consult with UCLA and DHCS to determine if the data element is *required*. If a required data element is not collected by a LIHP, UCLA will provide technical consulting to the LIHP to identify any comparable data elements available. LIHPs will not be required to begin collecting new data they are not currently collecting, unless those data elements are required for DHCS or CMS reporting.

C. Program Progress Reports – FAQ 21 through FAQ 23

Q 21: Why will LIHPs be required to complete Program Progress Reports (PPRs)?

A: DHCS must provide regular progress reports to CMS, and will require LIHPs to complete **Program Progress Reports (PPRs)** on a *quarterly* basis to provide information and data required by CMS but not otherwise collected.

DHCS will create the PPR form, and will work with UCLA to distribute and collect them from LIHPs.

Q 22: NEW-V12! Will UCLA evaluation data be used to reduce the requirements for PPRs?

A: Every effort will be made to streamline reporting requirements in order to minimize the burden on LIHPs. UCLA will assume any portions DHCS and CMS reporting requirements that can be fulfilled based on data submitted for the evaluation. However, UCLA's ability to report

on behalf of the LIHP is dependent on the quality and timeliness of LIHP data submission. Therefore, UCLA will work with DHCS and the LIHPs to assess which reporting requirements can be met using evaluation data.

Q 23: UPDATED-V14! How will PPRs be collected, and what data are going to be required?

A: PPRs will be downloaded from and submitted via the evaluation website. These reports will include quantitative and qualitative information that is not collected elsewhere, including:

- a. Recurring quantitative and qualitative reporting items, such as tracking of consumer appeals and grievances, estimates of expenditures and utilization, narrative of program milestones, and description of outreach activities.
- b. Ad hoc questions from DHCS and UCLA for targeted information gathering on specific, time-sensitive topics

The specific form/template that will be used for quarterly program progress reports will be developed by UCLA with guidance from DHCS and CMS. DHCS has finalized the *Appeals and Grievances* portion of the PPRs, and has already distributed this template to the LIHPs. After the remaining PPR content has been finalized, the Appeals and Grievances template will be combined with other PPR components. The specific qualitative and quantitative data that will be required by DHCS and CMS have not yet been finalized. Attachment I “Quarterly Report Guidelines” of the STCs provides a summary of the topics required in quarterly reports from DHCS to CMS, and will guide the template construction for quarterly PPRs.

D. LIHP Convening Meetings - FAQ 24

Q 24: NEW-V12! Who will host LIHP Convening Meetings, and what is the purpose?

A: UCLA will host **convening meetings** to allow LIHPs to learn about evaluation results, share information on their own successes, and learn from the practices of their peer-LIHPs. These annual in-person convening meetings will be held in sites in either northern or southern California locations. In addition, an annual webinar-based convening will be developed for LIHPs to share successes and best practices around specific topics remotely. The evaluation will pay for travel expenses for in-person convening meetings, but UCLA will establish a cap on the number of attendees and the total amount of reimbursement available per program.

At intervals throughout the program implementation period, DHCS will also hold LIHP meetings to provide information, assistance and guidance to LIHPs on administrative topics such as

claiming mechanisms. Evaluation convening meetings and DHCS LIHP meetings may be coordinated to reduce travel burden on LIHPs.

E. Qualitative Data - FAQ 25

Q 25: What qualitative data will be collected, and what is the purpose?

A: LIHPs will be asked to participate in **qualitative data** collection by UCLA and DHCS, in order to enable reporting to CMS, and to provide context and descriptive information regarding program implementation. In the previous HCCI evaluation, each county participated in one to two key informant interviews per year and the UCLA evaluation team held site visits in each county. In the LIHP evaluation, a combination of key informant interviews and web-based surveys will be used to gather this information in the most efficient and minimally burdensome method possible.

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Data Security:

Q 26: NEW-V12! Is UCLA allowed to receive protected or confidential data for the evaluation?

A: Yes. LIHP data will be protected by a Business Associate Agreement (BAA) set out by DHCS. This BAA will authorize UCLA to receive protected data related to the LIHP program. Each LIHP will receive a copy of this BAA so that they understand the reporting requirements and level of security UCLA will be using to protect the LIHP data. UCLA will ask each LIHP to identify one contact person who is in charge of data security and HIPAA issues within their organization to serve as a liaison to UCLA for data security.

Q 27: How will Quarterly Evaluation Data be safely transmitted to UCLA?

A: UCLA has established a protocol for secure transmission of data with each of the ten existing HCCI counties. This protocol will be shared with the 17 new LIHPs, including the 14 new counties, the County Medical Services Program (CMSP), the California Rural Indian Health Board (CRIHB), and the Pasadena Health Authority.

Secure transmission of data is conducted through a “secure file transfer protocol” (SFTP) connection with UCLA. UCLA will provide technical assistance to the LIHPs to establish this SFTP connectivity. The form to request an SFTP account with UCLA is available within the **TSM**, which can be accessed online at UCLA’s Coverage Expansion website, www.coverageinitiative.ucla.edu.

A detailed description of the data security policies and procedures in place at UCLA is available upon request. To request a copy, please contact the [UCLA evaluation team](#).

Q 28: How will data security be maintained by UCLA?

A: LIHP Protected Health Information (PHI) will be stored in a HIPAA-compliant secure environment already established at UCLA. DHCS has found UCLA’s security protocols to be exemplary, and they have been used in research and evaluation projects approved by the state Committee for the Protection of Human Subjects (CPHS) and the UCLA Institutional Review Board (IRB).

A detailed description of the data security policies and procedures in place at UCLA is available upon request. To request a copy, please contact the [UCLA evaluation team](#).

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General Questions and Concerns:

Q 29: NEW-V12! Will UCLA collect cost claiming data (CPEs or IGTs) from the LIHPs?

A: No. LIHPs will submit claims for health care expenditures to DHCS, using their selected claiming mechanism (CPE or IGT). This data will be submitted directly to DHCS. The evaluation will only analyze aggregate expenditure data based on this cost claiming, which UCLA will obtain from DHCS. No other expenditure data will be collected by UCLA from the LIHPs.

Q 30: Will data reporting requirements for DHCS and UCLA be duplicative?

A: No. DHCS and UCLA will streamline data reporting requirements to avoid duplication. DHCS is in the process of reviewing reporting requirements to CMS, and will work with UCLA to determine what information can be reported to DHCS by UCLA using quarterly enrollment and utilization data provided by LIHPs and what information may not be captured in this process. This will streamline and reduce the number of data reporting requests and the number of people involved in reporting required by CMS, DHCS, and UCLA.

Q 31: NEW-V12! Are there any further data or reporting requirements that have not yet been specified?

A: The Monthly Aggregate Reporting requirements have been fully specified. Please see UCLA's "**Monthly Aggregate Reporting Portal Instructions**" (available to registered website users online from UCLA's Coverage Expansion Website, www.coverageinitiative.ucla.edu) for more information.

The quarterly quantitative data required for the evaluation have been fully specified. Barring changes in program design or program requirements, the list of specific data elements requested is final. Please see UCLA's **TSM**, available to registered website users online from UCLA's Coverage Expansion Website, www.coverageinitiative.ucla.edu, for a full description of the Quarterly Evaluation Data.

The requirements for the Program Progress Reports have not yet been finalized. See FAQ 23 for more information.

In addition to the data described above (Monthly Aggregate Reporting, Quarterly Evaluation Data) monitoring of LIHP contractual compliance may be required. This may include reporting on compliance with elements of the LIHP contract. The specific reporting requirements and method of reporting have not yet been finalized. UCLA will coordinate with DHCS to streamline

collection of these data where applicable. However, monitoring of LIHP contractual compliance is not within the scope of the evaluation.

Q 32: Are all of the data elements previously requested under HCCI also requested for LIHP?

A: No. The goals of the HCCI evaluation were more comprehensive than the goals of the LIHP evaluation, because when the HCCI evaluation was developed, health reform was not on the political horizon at the state or federal level. As a result, more information was requested from HCCI counties to determine best practices across a number of organizational, clinical, and utilization measures.

Because the scope of the LIHP evaluation is focused on issues important to transitioning LIHP enrollees into Medi-Cal or the Exchange in 2014, many data elements previously requested of HCCI counties are not necessary for the LIHP evaluation.

Q 33: Is technical assistance for data delivery available to LIHPs?

A: Yes. UCLA will provide technical assistance to LIHPs, including provision of detailed data file specifications and assistance in developing secure data transfer connections. In addition, UCLA will consult on a case-by-case basis as needed to assist LIHPs in preparation of the requested data files. To request Technical Assistance, please contact the evaluation team.

Q 34: Who can I contact with questions or concerns, or to request technical assistance?

A: UCLA will provide technical assistance to LIHPs, including provision of detailed specifications and instructions for each aspect of the evaluation. In addition, UCLA will consult on a case-by-case basis as needed to assist LIHPs in meeting the evaluation requirements.

Contact Us

For general information about the evaluation, please contact the project team:

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Low-Income Health Program (LIHP) Evaluation

Appendix A: Proposed Evaluation Publications and Products

The LIHP evaluation will focus on providing near-time reporting and rapid feedback to LIHPs and other stakeholders throughout the program implementation period. UCLA will prepare and release findings on a regular basis, beginning in the fall of 2011, through a series of focused Policy Briefs and Reports. These documents will present lessons learned in implementing the LIHPs, best practices in enrollment, quality, access, or other issues as determined by the stakeholders. While some of the documents will focus on opportunities for improvement in the LIHPs, others may focus on the implementation of health care reform and how LIHPs can contribute to or inform that transition in 2014 and beyond. The evaluation will begin on September 1, 2011, during the “Second Program Year” of the LIHP demonstration.

The evaluation will produce 3 major types of publications, during the three years of the evaluation from September 2011 and June 2014:

- Currently, four Policy Briefs and one Policy Report have been proposed based on input from foundations, LIHPs, DHCS, and advocates. **Table 2** presents the timing of the proposed Policy Briefs and Report. **Table 3** illustrates details of the proposed Policy Briefs and Report, including the research questions and data sources for each publication.
- In addition, the evaluation will disseminate program-specific “performance dashboard reports” presenting standardized metrics for each participating LIHP. These reports will be regularly updated throughout the evaluation period and released via the password-protected portion of the evaluation website. **Table 4** presents details of the performance dashboard reports to be produced each quarter throughout the evaluation period.
- Finally, UCLA will complete waiver evaluation reports for DHCS and CMS. This will include an interim evaluation report (fall 2012, if required by the State) and a final evaluation report (December 2014) summarizing the overall impact of LIHP on the low-income uninsured population in California under the “Bridge to Reform” §1115 waiver. Evaluation reports will be submitted to CMS by DHCS.

Other reports and briefs may be added, or changes to the brief topics proposed below may be developed, in response to the needs of stakeholders, including LIHP officials, DHCS staff, the Exchange Board, and funders of the evaluation activities.

Table 2: Timing of Evaluation Policy Briefs

LIHP Program Year	Tentative Evaluation Policy Briefs
First LIHP Program Year: 11/1/ 2010 – 6/30/2011	--
Second LIHP Program Year: 7/1/2011 – 6/30/2012	Brief 1. Increasing Take-Up in Public Programs: Successful Strategies in California’s Low Income Health Program
Third LIHP Program Year: 7/1/2012 – 6/30/2013	Brief 2. How California’s Low Income Health Program is Preparing the State to Enroll Individuals into the Medi-Cal Expansion in 2014 (with UCB) Brief 3. How California’s Low Income Health Program is Preparing the State for Implementation of the Health Benefit Exchange in 2014 (with UCB) Policy Report. Low Income Health Program Care Delivery System Innovation Report
Fourth LIHP Program Year: 7/1/2013 – 12/31/2013	Brief 4. How has the Low Income Health Program Bridged the Way to Health Care Reform? Characteristics and Use Patterns of Eligible Medi-Cal and Health Benefit Exchange Enrollees in 2014.

Note: Additional briefs or changes to the proposed brief topics may be incorporated, based on stakeholder feedback.

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Proposed Evaluation Policy Briefs and Reports

Currently, six Policy Briefs have been proposed based on input from foundations, LIHPs, the state, and advocates. These briefs are intended to effectively use LIHP data to plan for the expansion of Medi-Cal and the creation of the California Health Benefit Exchange and/or Basic Health Plan. **Table 3** illustrates details of the six proposed Policy Briefs, including the research questions and data sources for each publication.

Table 3: Description of Proposed Evaluation Policy Briefs

Title	Release Date	Evaluation Questions	Products and Methods
<p>Brief 1. Increasing Take-Up in Public Programs: Successful Strategies in California’s Low Income Health Program</p>	<p>June 2012</p>	<p>1) What strategies for recruitment have been successful in LIHP to increase enrollment of eligible patients?</p> <p>2) What percent of the overall enrollment target has been met by each LIHP?</p> <p>3) What proportion of LIHP enrollees are new patients?</p> <p>4) What retention and recertification practices are effective in LIHP?</p> <p>5) What does actual LIHP take-up mean for expected take-up under ACA?</p>	<p>This Policy Brief will focus on the in-reach and outreach activities used to recruit and enroll LIHP enrollees in both MCE and CI. In addition, this Brief will present data on the numbers and characteristics of individuals enrolled in LIHP, the pace of enrollment ramp-up, and the retention and recertification strategies implemented by the LIHPs.</p> <p>Information will be collected through electronic surveys, key informant interviews, and the quarterly enrollment data submitted by LIHPs. The survey and interview data collection will enable the research team to link program details and characteristics to the change over time in enrollment each month.</p>
<p>Brief 2.</p>	<p>November</p>	<p>1) Do the eligibility processes in each</p>	<p>This Policy Brief will describe the systems that are</p>

Title	Release Date	Evaluation Questions	Products and Methods
<p>How California’s Low Income Health Program is Preparing the State to Enroll Individuals into the Medi-Cal Expansion in 2014</p>	<p>2012</p>	<p>program allow for transition of the LIHP-MCE enrollees into Medi-Cal eligibility systems used by county departments of social services?</p> <p>2) Do LIHPs have the enrollment and eligibility infrastructure needed to carry out this transition?</p> <p>3) What decisions and policies must be considered in ensuring a smooth transition from LIHP to Medi-Cal?</p>	<p>deployed in participating programs for eligibility determination and enrollment in LIHP and Medi-Cal. It will determine to what extent resources are currently shared between departments of health and social services, and what steps should be taken to allow transition and data sharing if not already in place.</p> <p>Data will be collected through key informant interviews with county, LIHP, and state officials, as well as local stakeholders, and experts on MEDS, One-E-App, and other enrollment systems currently in use in counties.</p>
<p>Brief 3.</p> <p>How California’s Low Income Health Program is Preparing the State for Implementation of the Health Benefit Exchange in 2014</p>	<p>January 2013</p>	<p>1) How are participating programs preparing to refer LIHP-CI enrollees to the Exchange (or Basic Health Plan) in 2014?</p> <p>2) What outreach and education practices have programs developed to inform enrollees of the transition?</p> <p>3) Have programs begun using navigators or other educators to facilitate this process? If so, how?</p> <p>4) What are the remaining gaps in planning and preparation that should</p>	<p>This Policy Brief will describe the preparations undertaken by participating programs and their community partners to prepare for transition of LIHP-CI enrollees to the HBE or Basic Health Plan, in LIHPs that have implemented an HCCI program. It will describe the innovative practices that can be used to facilitate this transition in 2014, and suggest best practices for enrollment and transition. It will also discuss policy considerations for transitioning the exchange-eligible population that was <i>not</i> enrolled in LIHP, including the strategies used to prepare for transition in LIHPs that did <i>not</i> implement an HCCI program.</p> <p>Data will be collected through key informant interviews</p>

Title	Release Date	Evaluation Questions	Products and Methods
		be addressed?	with county, LIHP, and state officials, as well as local stakeholders. A robust analysis of the available literature suggesting approaches in other states or geographic locations will be included, as well as recommendations made in existing reports.
<p>Policy Report.</p> <p>Low Income Health Program Delivery System Innovation Report</p>	May 2013	<ol style="list-style-type: none"> 1) How have LIHPs successfully promoted care coordination and engagement in care among enrolled populations with varied experience navigating the health care system? 2) What tools are most effective in encouraging use of primary care and appropriate care-seeking behaviors? 3) What best practices exist in provider networks and network support systems (appointment, referral and utilization management)? 4) What barriers exist to providing care coordination in county systems, networks and facilities? 5) Are care delivery systems changing significantly as a result of LIHP? What additional recommended steps should 	<p>The report will assess how LIHP is re-shaping the local healthcare environment and experience, including providing care coordination, changing care-seeking behaviors, and redesigning the care delivery system in anticipation of health care reform. The report will present case studies and data from specific LIHPs that have implemented innovative and effective methods to improve positive health care behaviors among enrollees and increase care efficiency. Methods of chronic illness management implemented by LIHPs, including coordination of care for mental/substance use and physical health co-morbidities will also be assessed, to provide lessons learned between LIHPs and from safety net providers nationally.</p> <p>Information on the innovations implemented by LIHPs will be collected through key informant interviews and details reported in the program progress reports' open-ended questions. Additional data drawn from enrollment and claims/encounter data on medical home adherence,</p>

Title	Release Date	Evaluation Questions	Products and Methods
		be implemented in preparation for health reform?	enrollment, and health care utilization will be included to evaluate the impact of innovations
<p>Brief 4.</p> <p>How has the Low Income Health Program Bridged the Way to Health Care Reform? Characteristics and Use Patterns of Eligible Medi-Cal and Health Benefit Exchange Enrollees in 2014.</p>	September 2013	<p>1) What proportion of eligible individuals were enrolled in LIHPs, and what are the characteristics of the enrolled compared to those who are eligible but not enrolled?</p> <p>2) To what extent have LIHPs reduced “pent-up” demand for care and improved health status among the enrolled?</p> <p>3) What is the size and profile of the remaining uninsured population?</p>	<p>This Policy Brief will focus on how the LIHP has impacted the profile of Medi-Cal expansion and California Health Benefit Exchange eligible population. Data from the California Health Interview Survey, LIHP enrollment data, and administrative claims data from the LIHPs will be used to generate this Policy Brief. The Brief will compare the LIHP-enrolled population (LIHP enrollment and claims data) to the overall eligible population (using the latest California Health Interview Survey data) to report on the characteristics including race/ethnicity, age, gender, chronic illness, and health care use.</p>

Note: Additional briefs or changes to the proposed brief topics may be incorporated, based on stakeholder feedback.

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Performance Dashboard Reports

The evaluation will disseminate program-specific “performance dashboard reports” presenting standardized metrics for each participating LIHP. These reports will be regularly updated throughout the evaluation period and released via the password-protected portion of the evaluation website, www.coverageinitiative.ucla.edu. **Table 4** presents details of the performance dashboard reports to be produced regularly throughout the evaluation period, and is followed by a list of possible standard metrics to be included in the dashboard reports.

Table 4: Description of Low Income Health Program Performance Dashboard Reports

Title	Release Date	Evaluation Questions	Products and Methods
Low Income Health Program Performance Dashboard Reports	Every 3 months, starting in December 2011	1) What are the trends in enrollment and retention within the LIHPs? 2) What changes in utilization and quality of care have been achieved by participating programs? 3) To what extent have LIHPs reduced utilization of services over time by addressing “pent-up” demand? 4) How has care coordination improved? 5) What are the ongoing opportunities for improvement in care quality and care utilization?	Regularly updated program-by-program “Dashboard” reports on key enrollment, health status, utilization, and expenditure measures, <i>to be selected in collaboration with the LIHPs</i> . Reports will incorporate point-in-time and monthly or quarterly trend analyses, in order to present current outcomes, as well as changes from the baseline period to the current quarter. Measures will be based on data collected from baseline and project period LIHP-provided claims/encounter data, enrollment data, and laboratory result data (if submitted by the LIHP). Reports will be released to LIHP stakeholders only, via the password protected Evaluation website, www.coverageinitiative.ucla.edu .

Note: Changes to the proposed quality reports may be made based on stakeholder feedback.

Possible Measures to be Included in Performance Dashboard Reports:

Dashboard reports will provide monthly and quarterly metrics for each LIHP and for the statewide program as a whole. Possible measures to include in the dashboard reports are listed below. LIHPs will collaborate with UCLA and DHCS to select a final list of standardized measures that will be useful for local program planning and implementation.

Enrollment (1) and Descriptive (2) measures will be generated for each LIHP within 3 months of receiving the first complete data delivery from the LIHP. Utilization (3) and Quality of Care (4) measures will be generated within 6 months of receiving the first complete data delivery from the LIHP. Each measure will be generated for LIHPs that provide the necessary source variables for that measure. Measures can be added to or removed from the reports throughout the program period, based on data availability and according to interest of stakeholders.

1) Enrollment Measures:

- Total count of current enrollees, by enrollee type (MCE vs. HCCI, new vs. existing)
- Cumulative count of individuals served by the LIHP to date
- Percent of target enrollment achieved
- Enrollment measures may be stratified by descriptive characteristics, such as percent federal poverty level

2) Descriptive Measures:

- Demographic characteristics of enrollees, by enrollee type
- Proportion of enrollees with chronic conditions

3) Utilization Measures:

- Total count of services provided, by service type, including emergency room, inpatient, and outpatient visits (ER, IP, and OP respectively)
- Rate of service utilization per 1,000 members, by service type (ER, IP, OP)
- Percent of inpatient visits that were for an ambulatory care sensitive condition
- Average length of stay of inpatient visits
- Rate of 30-day hospital re-admission among those enrollees with an inpatient stay during the prior month
- Proportion of non-urgent outpatient primary care visits that were provided at the enrollee's assigned medical home

4) Quality of Care Measures:

- Provision of (selected) guideline concordant services within the applicable enrollee population
 - May include measures based on laboratory data, and claims/encounter data including pharmacy. Measures will focus on process measures of quality (provision of recommended services). If LIHPs opt to provide laboratory-reported test results data to UCLA, the dashboard reports may also include outcome measures of quality (change in health status or clinical outcome).

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