

ABX 1-1 2016 Q2 Stakeholder Comments/Questions
As of 04-06-2017

Reporting Quarter	Assigned Reference Number	Organization	Date Initiated	Page	Stakeholder Question	Response
2016 Q2	1	National Health Law Program	1/06/2017	6	Of the 973,946 of individuals on applications submitted in Q2 2016, only 31% selected a QHP or enrolled into Medi-Cal [41,899 + 13,056 = selected QHP; 258,075 = Medi-Cal eligible]. What is happening to the other 69% of applicants? That number seems way too high for duplicates or abandoned applications.	DHCS 02/02/2017: The number of "Individuals Included on Applications" is composed of data collected from CalHEERS, HPE, Express Lane, APTC to Medi-Cal, and MCAP program applications. Eligibility outcomes for applications is not relative to the number of individuals on applications on this report because the processing time for eligibility determinations either overlap or are outside of the reporting timeframe.
2016 Q2	2	National Health Law Program	1/06/2017	6	Only 63% of those found eligible for enrollment in a Covered CA QHP selected a plan. Can you break down whether the remaining 37% of those individuals eligible for APTCs or not?	Covered CA 02/01/2017: Given the structure of our query for the ABX1-1 report, coupled with the protean nature of Covered CA's data warehouse, we are not able to examine this exact subpopulation in terms of their subsidy-eligible status. We can, however, look at a more recent snapshot. As of 1/20/17, approximately 56 percent of those who were eligible for Covered CA did not pick a plan but were eligible for financial assistance.
2016 Q2	3	National Health Law Program	1/06/2017	9, 10	The number of applications through county human services offices is down only 31% whereas CalHEERS applications are down by 62% from Q1 to Q2 2016. Is there any plan to increase public awareness and utilization of coveredca.com?	Covered CA 02/01/2017: 2016 Q1 includes Open Enrollment where as 2016 Q2 does not, so the decrease in web activity is not unexpected. Covered CA's Marketing Division is continually working to increase levels of awareness and utilization of coveredca.com. Here are few of the approaches Covered CA has employed during the current open enrollment period. The lead subscription effort is new, while the others are part of our normal outreach activity: <ul style="list-style-type: none"> - Lead subscriptions – email signups on the coveredca.com website. - Email outreach to previously canceled, terminated and non-plan selected accounts. - Advertising efforts (tv, radio, online ads). - Online presence (Facebook, Twitter, Instagram), paid and organic posts. - Online search using key words to place ads.
2016 Q2	4	National Health Law Program	1/06/2017	11	Why are the MCAP applications listed as 2,328 on page 11 and MCAP eligibles are listed as 1,700 on pages 6 and 21. Does that mean that 628 of the MCAP applicants were not eligible for MCAP? Were they found eligible for another IAP? Is that tracked?	DHCS 02/02/2017: Yes, 628 of the applications were determined not eligible for MCAP. MCAP applicants can be found ineligible for MCAP due to income too low, income too high, has coverage with copay of \$500 or less or incomplete application not completed with 20 days (application might have missing information). MAXIMUS does not track if an individual is not eligible for MCAP but found eligible for another Insurance Affordability Program (IAP).
2016 Q2	5	National Health Law Program	1/06/2017	11	Will future ABx1_1 reports include the number of individuals transitioned from Medi-Cal to APTCs?	DHCS 02/02/2017: DHCS is researching and validating the transition to APTC data and do not have an ETA on when this data will be published in the ABx1_1.
2016 Q2	6	National Health Law Program	1/06/2017	12	Why is the number assisted by a County Eligible Worker only 556 on page 12, but the number of in-person applications at the County Human Services agencies on page 10 is 114,891? Why are these 556 applications different? Is it that the application or application procedure is different? Or is it that a different type of CEW handles those 556 cases? How are these different than the 13,064 applications filed by "Outreach" (p. 10)?	DHCS 02/01/2017: The difference is due to two different data sources. Page 10 in-person data (applications received by in-person at the county office or an out-station) is obtained from SAWS. The Page 12 data concerning County Eligible Worker assistance is provided by CalHEERS and represents CEW assistance provided to applicants who contacted Covered California. The outreach data on page 10 is provided by SAWS and represents applications provided to counties by CBOs conducting outreach activities.
2016 Q2	7	National Health Law Program	1/06/2017	18, 25	Why are Mandarin and Cantonese given as alternate choices for written language? Are those choices on the coveredca.com application?	Covered CA 03/01/2017: This was the result of a defect, which was identified and is in a queue to be fixed in an upcoming release.
2016 Q2	8	National Health Law Program	1/06/2017	35	Silver 70 is the basic Silver metal tier plan that does not get CSRs so it shouldn't be considered an Enhanced Silver plan. The charts should reflect this.	Covered CA 02/01/2017: Thank you for this helpful observation. The above description is correct—to wit, there are three categories of Enhanced Silver, which vary insofar as whether they pay 73, 87 or 94 percent of expenses. We will work to ensure subsequent reports reflect this in the Q4 report. In 2016 Q3 report, we indicated the Silver 70 plan is "not enhanced" and have included the footnote "Silver 70 is the basic silver metal tier plan that does not get cost-sharing reduction" on page 35

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2016 Q2	9	National Health Law Program	1/06/2017	36	As we noted in the Q1 comments there is a gap in the number eligible for CSRs (i.e. income below 250%; which is 30,480 for Q2) and the number who enroll in an Enhanced Silver plan with CSRs (only 23,293 from page 35). That likely means that 7187 individuals are eligible for an Enhanced Silver plan but did not select it. Could we see a breakdown of FPL levels within each metal tier? E.g., within the bronze plan, the number of individuals in each FPL bracket.	Covered CA 02/01/2017: If a consumer is eligible for a CSR plan, and if said consumer picks a Silver plan, they get automatically placed into the Enhanced plan for which they are eligible. Given the structure of our query for the ABX1-1 report, we are not able to examine this exact subpopulation. The table of FPL by metal tier data can be found in the 2016 June Membership profile under the Active Member Profiles heading on the right pane: http://hbex.coveredca.com/data-research/
2016 Q2	10	National Health Law Program	1/06/2017	40	Does footnote 33 mean the entire pre-2013 population (i.e. 8.5 Million people) or only people still in pre-ACA aid codes?	DHCS 02/01/2017: Q2 renewals due data excludes renewals due for original applications that were received prior to ACA first open enrollment in 2013. The renewals due data for post ACA applications may include ACA related aid codes and pre-ACA aid codes, such as those coverage groups that are not subject to MAGI determinations (SSI/SSP, etc.).
2016 Q2	11	National Health Law Program	1/06/2017	40	How many of the 26% renewal resulted in discontinued Medi-Cal coverage were over-income/Covered CA eligible? How many were for failures to respond?	DHCS 02/01/2017: This data is not available for the Q2. We have requested this data from the SAWS and anticipate providing this data in the Q4 report.
2016 Q2	12	National Health Law Program	1/06/2017	42	Why was there such a dramatic increase in hearings filed? There were 2.25 as many hearings filed for denial of coverage; 3 times as many eligibility determinations; and 4.5 times as many discontinuance hearings.	DHCS 02/14/2017: There was an error in the Eligibility Actions Appealed data for the January 2016 – March 2016 report. The tables attached represent the corrected information for Page 43 of the 2016 Q1 report and page 42 of 2016 Q2 report. There was an increase in hearings filed that we always see in the first 2 quarters of the calendar year, due to open enrollment and end of the year coverage changes
2016 Q2	13	National Health Law Program	1/06/2017	42	6,728 appeals were filed in this time period, but only 2,764 cases had a hearing result of any kind. I understand there would be a lag time between appeal filing and hearing decision (e.g. an appeal filed on June 20 would not have a hearing result in time for this report). But the Q1 2016 appeals-to-results ratio was much smaller (Q1 had 2,758 appeals filed and 2,733 hearing results). How many of the remaining 3,964 Q2 2016 appeals cases are past the hearing decision deadline?	DHCS 02/04/2017: There was an increase in hearings filed that we always see in the first 2 quarters of the calendar year, due to open enrollment and end of the year coverage changes. In regard to the number of cases not accounted for, there were a large number of withdrawals prior to hearing during reporting and those numbers do not appear on current ABx1-1 reporting. As withdrawals prior to hearing do not result in a decision, they will appear on the filing data, but not on the outcome data.
2016 Q2	14	Maternal and Child Health Access	1/12/2017	5	Similar to comment #5, will future ABx1_1 reports include the number of individuals transitioned from APTCs to MCAP?	DHCS 02/02/2017: DHCS is researching and validating the transition to APTC data and do not have an ETA on when this data will be published in the ABx1_1.
2016 Q2	15	Maternal and Child Health Access	1/12/2017	8	MCAP - Thank you for including, for the first time, the number of MCAP applications received.	You are welcome and thank you for the collaboration.
2016 Q2	16	Maternal and Child Health Access	1/12/2017	11	Table 1.3 lists ten times as many transitions from APTC to Medi-Cal in Jan-March as in April-June. The other categories remained fairly constant. Is there a reason for this increase in Jan-Mar or decrease in April-June?	DHCS 02/02/2017: There is an increase in cases transitioning from APTC to Medi-Cal in the 2016 Q1 due to Covered California Renewals.
2016 Q2	17	Maternal and Child Health Access	1/12/2017	11	Hospital PE (HPE) - is it possible to get a breakdown in age groups, or know at least if newborns are being included (unnecessarily) in this application process? Is the number of HPE applications resulting in ongoing Medi-Cal tracked?	DHCS 02/01/2017: DHCS is researching this request to determine if this data can be added in future reports
2016 Q2	18	Maternal and Child Health Access	1/12/2017	15	Is it possible to get a better breakdown of ages for children, or at least the numbers under 1 year old, then 1-17? Newborn applications are/should be treated so differently, it would be good to know if flags and information included on CalHEERS is having any effect.	Covered CA 02/01/2017: DHCS and CC is researching this request to determine if this data can be added in future reports
2016 Q2	19	The Children's Partnership	1/12/2017	27	Is there further breakdown of children 0-17 who are Medi-Cal eligible? For example, 0-6 years old?	DHCS 02/01/2017: DHCS is researching this request to determine if this data can be added in future reports

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2016 Q2	20	The Children's Partnership	1/12/2017	40	there seems to be a large decrease in the medi-cal renewal rate, based on looking back at the previous quarter report and comparing to this quarter. individual renewal rate was 83% in the first quarter 2016 and 74% in the second quarter 2016. What is a possible explanation for this? could future reports include that comparison of the previous renewal rate to the current reported renewal rate?	DHCS 02/02/2017: There was a decrease in the Medi-Cal renewal rate in 2016 Q2 due to delayed renewals, back log of renewals not completed affect the number of renewals scheduled, and Discontinuance and/or the processing of the back log of Negative Action cases.
2016 Q2	21	Maternal and Child Health Access	1/12/2017	41	MCAP - appeals are not included in this report. When is it anticipated that MCAP appeals will be included?	DHCS 02/02/2017: DHCS is researching this request to determine if this data can be added in future reports.
2016 Q2	22	The Children's Partnership	1/12/2017	46	there seems to be a massive increase in the number of magi enrolled children in this quarter compared to the previous quarter both in number (more than doubling from 77K to 177K, 100K more) and as a percentage of MAGI enrollees 27 % to 48%. is this a factor of MAGI eligibility versus non MAGI or an influx of children enrollees?	DHCS 02/02/2017: DHCS is attributing the increase to two separate efforts, annual renewal processing and implementation of SB-75 (Full Scope for All Children). April-June 2016 renewals processing transitions children from pre-ACA aid codes to MAGI aid codes at annual renewal, while in May of 2016, DHCS implemented SB-75 (Full Scope for All Children) whereas SAWS transitioned a large number of children from pre-ACA restricted scope aid codes to MAGI full-scope aid codes.
2016	23	Western Center on Law & Poverty	3/30/2017	11	MAXIMUS does not track if an individual is not eligible for MCAP but found eligible for another IAP. If MAXIMUS receives an application that is not eligible for MCAP, what does it do? If the application is in the Medi-Cal income range, will it refer the application to Medi-Cal/DHCS or will it making a finding of Medi-Cal eligibility? What about over MCAP income limit, will it refer to Covered CA or making a finding of APTC eligibility?	DHCS: 04/06/2017: CalHEERS does not send MCAP applications that are not MCAP eligible or pending eligible. Pending eligible applications are cases that could not be administratively verified through the federal hub but based on self-attested information appeared to be MCAP eligible. For pending eligible that need to have their income administratively verified through other sources than the federal hub, submitted income verification is entered into CalHEERS to make a final eligibility determination. CalHEERS then sends it to the appropriate program as an eligible case and if it is not an MCAP case, it will not come back to MCAP. If the final determination of the application is Medi-Cal eligible it is forwarded to the county and the appropriate NODO1 is sent to the applicant by CalHEERS. If the final eligibility determination is APTC it is forwarded to CC and the appropriate NODO1 is sent to the applicant by CalHEERS. The CalHEERS is the system of record for eligibility determinations and the NODO1 notices for MCAP and Covered CA.

**Table 6.1. Eligibility Actions Appealed
January 1, 2016 – March 30, 2016**

Programs	Denial of Coverage	Eligibility Determination	Discontinuance
Covered CA QHPs	2,886	404	477
Covered CA & Medi-Cal	1,473	563	171
Medi-Cal	1,078	530	142
Total During January - March 2016	5,437	1,497	790
Prior Reporting Period October - December 2016	3,248	708	563
Source: CDSS			

**Table 6.1. Eligibility Actions Appealed
April 1, 2016 – June 30, 2016**

Programs	Denial of Coverage	Eligibility Determination	Discontinuance
Covered CA QHPs	2,230	280	555
Covered CA & Medi-Cal	872	515	221
Medi-Cal	932	549	574
Total During January - March 2016	4,034	1,344	1,350
Prior Reporting Period October - December 2016	5,437	1,497	790
Net Change	(1,403)	(153)	560
Percent Change	(26)	(10)	71
Source: CDSS			