

**ABX 1 -1 2015 Q4 Stakeholder Comments/Questions**  
As of 08/19/2016

Reporting QTR	Assigned Reference Number	Organization	Date Initiated	Document Reference (Section)	Page	Stakeholder Question	Assigned	Response	Response Date
Q4 2015	4	Western Center on Law & Poverty (WCLP)	6/20/2016		48	Are the decreases in the SSI and CalWORKS categories consistent with pre-ACA numbers?	DHCS	Pre-ACA enrollment analysis is beyond the scope of this report.	8/5/2016
Q4 2015	5	Western Center on Law & Poverty (WCLP)	6/20/2016	Renewals		1st bullet point is the 81% from the last reporting period the total number then as all Medi-Cal renewals were not processed in the previous report? If so, very helpful update and please do the same going forward.	DHCS	The 81% represents the percentage of processed renewals that resulted in continued Medi-Cal.	8/5/2016
Q4 2015	6	National Health Law Program (NHeLP)	6/20/2016	Renewals		Can future reports breakout how many Medi-Cal beneficiaries were renewed via ex parte review?	DHCS	This is currently a data limitation. We are reviewing the potential to include this information in future reports.	8/5/2016
Q4 2015		Multiforum Advocacy Solutions (MAS)		Applicant Demographics	44	Since "Through HPE" means just the PE screening form, these "non-applications" should be deleted from the counts of IAP "applications/applicants" throughout all related portions of the report.	DHCS	Post Q1, 2016 reports will note HPE is not an IAP.	8/5/2016
Q4 2015		Multiforum Advocacy Solutions (MAS)		Applicant Demographics	44	Instead, HPE screens for presumptive eligibility should be reported separately, as temporary PE enrollments, along with the counts for other temporary PE enrollments: • for children "Through the CHDP Gateway"; and • "Through PE for Pregnant Women".	DHCS	Post Q1, 2016 reports will note that presumptive eligibility for pregnant women is not included. DHCS will consider adding more HPE detail to future reports.	8/5/2016
Q4 2015		Multiforum Advocacy Solutions (MAS)		Applicant Demographics	44	In addition, the PE for Pregnant Women counts should breakout the number of screening forms submitted "Through a Prenatal Care Provider" or "Through HPE." (It is also important to note that, while HPE enrolls children and non-pregnant adults into full-scope Medi-Cal, pregnant women going through HPE are not enrolled into full-scope; instead, HPE enrolls pregnant women into Pregnancy-Related Medi-	DHCS	DHCS Response: PE for pregnant women program eligibility is paper based and not automated and not feasible to include in the report at this time.	8/5/2016
Q4 2015		Maternal and Child Health Access (MCHA)		Applications Received		List data sources and methods described and in related sections throughout the report, please add "Transitions from Medi-Cal to APTCs".	DHCS	MC to APTC will be included when the data becomes available.	8/5/2016
Q4 2015		Maternal and Child Health Access (MCHA)		Eligible Individuals Demographics		The count of applications includes transition from APTC to Medi-Cal - why isn't transition from Medi-Cal to APTC included? Can it be in the future?	DHCS	MC to APTC will be included when the data becomes available.	8/5/2016
Q4 2015		Maternal and Child Health Access (MCHA)				Please add appeals data for cases involving MCAP, however originated, e.g., as a Cov CA appeal by a pregnant applicant.	DHCS	DHCS is researching volume of MCAP appeal escalations from all venues. Once data is collected, DHCS will add findings to future reports.	8/5/2016
Q4 2015	3	Unknown	6/20/2016		40	Doesn't DHCS know how many cases are due for renewal regardless of SAWS renewal procedures or capacity? Shouldn't the number of cases due for renewal in the reporting period be close to 50% of the Medi-Cal population (minus the mega-mandatory aid codes that do not have to do the same Medi-Cal renewal process)?	DHCS	SAWS is the source for renewal data for this report. The next report will include individual level renewals in addition to case level. The number of individuals due for renewal will illustrate approximately one-quarter of the Medi-Cal population.	8/12/2016
Q4 2015	8	National Health Law Program (NHeLP)	6/20/2016	Overview		The number defaulted into a Medi-Cal managed care plan is decreased dramatically in the last year (particularly from Q4 2014) - why is this?	DHCS	Default enrollment into a MCP occurs when a beneficiary does not make an active plan choice (i.e. send in paperwork selecting a plan or calling in to choose a plan). With MCP enrollment continuing to grow through various transitions and expansion of eligibility, a drop in the rate of default enrollment means that more beneficiaries are making an active plan choice or continuing on in their same plan after their redetermination period. DHCS has been consistent in its messaging and outreach on informing beneficiaries of their plan choices and how to make that choice. As previously transitioned beneficiaries become more familiar with managed care and their options they are better able to make active plan choices.	8/12/2016