



CALIFORNIA ELIGIBILITY AND ENROLLMENT REPORT: INSURANCE AFFORDABILITY PROGRAMS

ASSEMBLY BILL X1 1 (J. PEREZ, CHAPTER 3, FIRST EXTRAORDINARY
SESSION, STATUTES OF 2013), WELFARE & INSTITUTIONS CODE 14102.5(a)

For the Reporting Period
October 2013 through September 2014

TABLE OF CONTENTS

Topic	Page Number
Background	3
Highlights	4
Data Sources	5
Overview.....	6
Applications Received	8
Individuals Included on Applications and Applicant Demographics	12
Eligible Individuals	18
Health Plan Enrollment.....	21
Appeals	27

BACKGROUND

With the launch of Covered California¹ in 2013 and the expansion of Medicaid in 2014, Californians have access to a range of affordable health insurance choices. This report responds to California Assembly Bill x1 1 (J. Perez) Chapter 3, Statutes of 2013, Welfare and Institutions (W&I) Code Section 14102.5, which requires quarterly reporting on eligibility and enrollment processes for all California insurance affordability programs, including Medi-Cal, the Medi-Cal Access Program (formerly the Access for Infants and Mothers Program, or AIM), and Qualified Health Plans (QHPs) available through Covered California.

This initial report presents eligibility and enrollment data covering the period from October 1, 2013 through September 30, 2014, to provide a full picture of activity since the start of the first Covered California open enrollment period. The report focuses on the initial steps and outcomes of the enrollment process for new applicants,² including the venues through which applications were received, consumer assistance in filing applications, applicant demographics, resulting eligibility determinations, plan enrollment choices, and the volume and outcome of eligibility appeals. Future reports will be available on a quarterly basis and will incorporate additional measures – such as trends in redeterminations and disenrollment among current enrollees - as data become available.

¹ Covered California is California's Health Benefit Exchange and serves as its marketplace for insurance affordability programs. Tax credits and subsidies are available to Californians with incomes between 133 and 400% of the federal poverty level who enroll in QHPs offered by Covered California. This report does not include data on the Small Business Health Options Program, which is also operated by Covered California.

² Because this report focuses on applicants, it does not include data on individuals who became eligible for Medi-Cal automatically as a result of their receipt of CalWORKs or eligibility determination for supplemental security income (SSI).

HIGHLIGHTS

How Many Californians Have Applied for and Enrolled in Health Insurance?

- From October 1, 2013 through September 30, 2014, 2.7 million³ California residents applied and were determined eligible for Medi-Cal, and another 1.7 million residents applied and were determined eligible for enrollment⁴ in QHPs offered through Covered California.

Which Californians Applied for and Enrolled in Health Insurance?

- Nearly 2 million children (ages 0 to 17) and 1.2 million young adults (ages 18 to 25) applied for health insurance from October 2013 through September 2014.
- Of about 2.1 million individuals determined eligible for Medi-Cal using the Modified Adjusted Gross Income (MAGI) eligibility rules, almost 60% are newly eligible adults.
- Among all QHP enrollees who enrolled since October 2013, 83% are receiving advance premium tax credits and/or cost-sharing reductions that reduce their costs of becoming insured and obtaining care. More than half of subsidized QHP enrollees have household incomes at or below 200% of the federal poverty level (FPL).

How Did Californians Apply for Coverage?

- Approximately 56% of applications determined eligible for Covered California QHPs since October 2013 were filed with assistance from an Agent, Certified Enrollment Counselor, Plan-Based Enroller, County Eligibility Worker, or Service Center Representative.
- Approximately 66% of all applications submitted through the California Healthcare Eligibility, Enrollment, and Retention System (CalHEERS)⁵ since October 2013 were initiated online (with and without assistance).

³ 2.7 million includes 662,445 individuals who transitioned to Medi-Cal coverage from the Low Income Health Program (LIHP), and were not required to submit a new application. The LIHP ended in 2013.

⁴ Individuals and families eligible for QHPs must pay their monthly premiums in order to begin and maintain coverage.

⁵ CalHEERS supports enrollments submitted through CoveredCA.com and is jointly sponsored by Covered California and the California Department of Health Care Services. CalHEERS is both an enrollment portal and the “rules engine” for determining Medi-Cal eligibility using MAGI eligibility rules. Consumers can apply online through the Covered CA portal to shop for, compare, and purchase affordable QHPs, or determine if they qualify for no-cost or low-cost Medi-Cal coverage. The tools available at CoveredCA.com are designed to help consumers understand if they are eligible for financial help and, for QHP coverage, pick the right plan and design for their benefits package.

DATA SOURCES

The following data sources were used to produce this report. Additional details on the data sources and methods used to produce specific figures are presented at the beginning of each section in this report.

- CalHEERS is the online platform that runs the single-streamlined application for Medi-Cal, California’s Medicaid program, as well as Covered California’s QHP enrollments. Medi-Cal eligibility on the basis of Modified Adjusted Gross Income (MAGI) is initially determined through the CalHEERS rules engine.⁶
- The Medi-Cal Eligibility Data System (MEDS) stores vital and confidential client information such as Medi-Cal eligibility and demographics. Each month the Medi-Cal eligibility system is updated with information which indicates whether a client is eligible for Medi-Cal, the scope of Medi-Cal benefits (full-scope or restricted/limited scope), if the person is enrolled in a Medi-Cal Managed Care Plan, or the status of a person’s share-of-cost and whether or not it has been met.
- The Statewide Automated Welfare Systems (SAWS) are the county-based systems used to determine eligibility and conduct ongoing case management for MAGI and Non-MAGI Medi-Cal, CalWORKs (cash assistance for needy families), CalFresh (California’s Supplemental Nutrition Assistance Program) and other programs. The SAWS are comprised of the following three eligibility determination systems which have been developed by three separate county consortia:
 - California Work Opportunity and Responsibility to Kids Information Network (CalWIN) which supports 18 counties;
 - Consortium IV (C-IV) which supports 39 counties; and
 - Los Angeles Eligibility, Automated Determination, Evaluation and Reporting (LEADER) which supports Los Angeles County.
- Application and enrollment data for the Medi-Cal Access Program (formerly the Access for Infants and Mothers Program, or AIM) are maintained by MAXIMUS.
- Appeals data are from the California Department of Social Services (CDSS). Appeals for both Covered California and Medi-Cal are processed and adjudicated by Administrative Law Judges and staff at CDSS.

⁶ Once eligibility for MAGI Medi-Cal is established by CalHEERS, the eligibility determination information is imported from CalHEERS into SAWS and MEDS via an electronic transfer, known as the Electronic Health Information Exchange (eHIT). CalHEERS is not used for the determination process for Non-MAGI Medi-Cal. Final processing of Medi-Cal eligibility determinations is made by county eligibility workers. The information on the final determination is sent electronically from the SAWS to CalHEERS and MEDS. MEDS is the state system of record for capturing eligibility determinations for all beneficiaries enrolled in Medi-Cal.

OVERVIEW

Data Sources and Methods (in reference to the overview figure, next page)

The count of applications received through all venues (blue box, top row of the overview figure on the next page) includes applications submitted in one of four ways: through CalHEERS, directly to County Human Services Agency offices, through the use of Express Lane Eligibility, or through the use of Hospital Presumptive Eligibility.

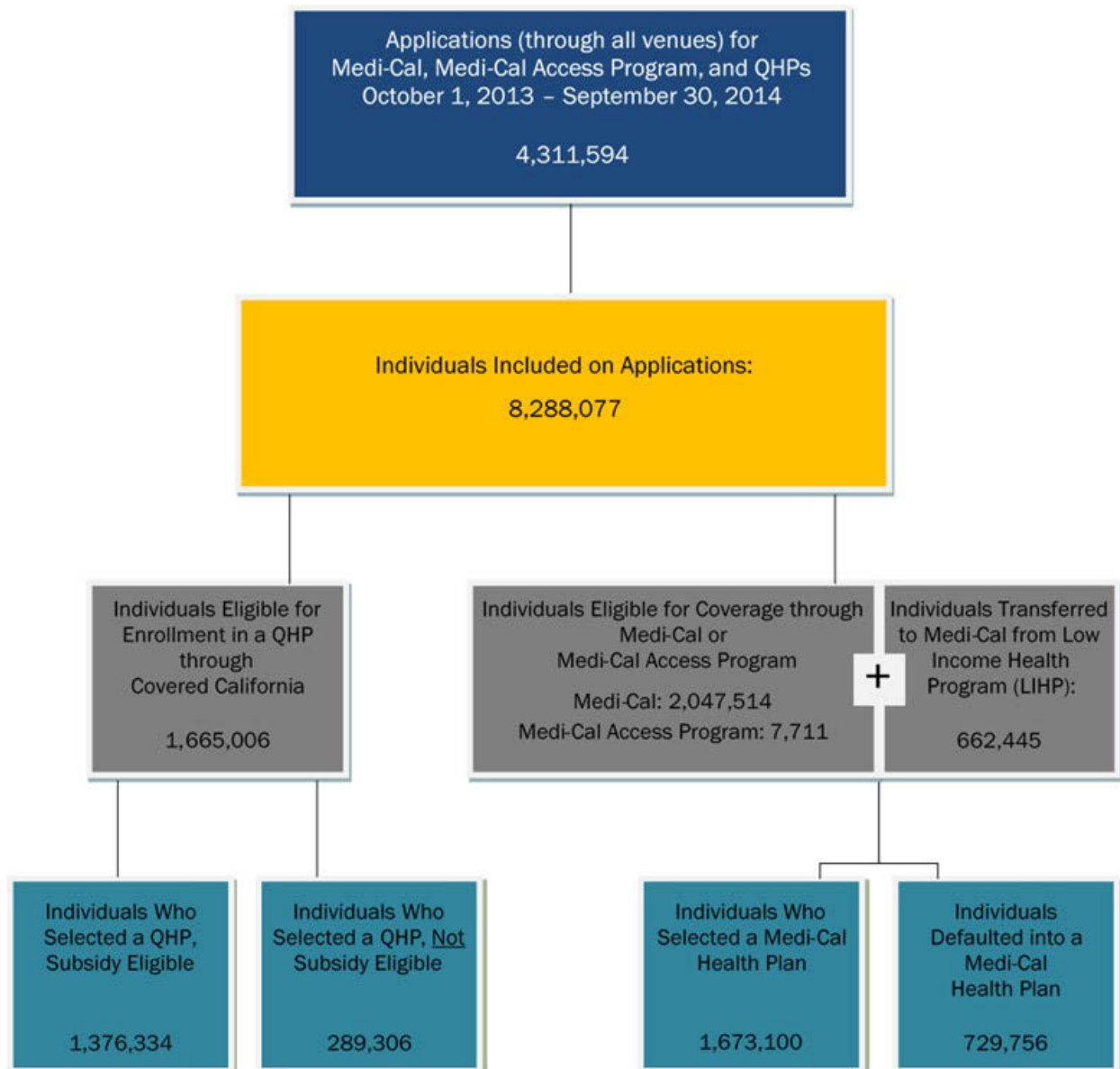
The count of individuals on applications (yellow box, second row of the overview figure) includes individuals on applications submitted in one of three ways: through CalHEERS, through Express Lane Eligibility, or through hospital presumptive eligibility. Data are not currently available on the number of individuals represented on applications submitted to County Human Services Agency offices. Individuals may be included in this count more than once if they submitted multiple applications.

The counts of eligible individuals (grey boxes, third row of the overview figure) include all individuals who applied and were determined eligible for QHPs or Medi-Cal coverage (under both MAGI and non-MAGI rules). They are a subset of the individuals on applications counted in the top box of the overview figure and include individuals who applied through CalHEERS, directly to County Human Services Agency offices, via Express Lane Eligibility, or via Hospital Presumptive Eligibility. Individuals who were automatically transferred from the Low Income Health Program (LIHP) are reported separately. Eligibility data include individuals who became eligible due to their status as Former Foster Youth, but do not include individuals who became eligible for Medi-Cal automatically as a result of their receipt of CalWORKs or eligibility determination for supplemental security income (SSI) because these pathways do not require an application process.

Plan selection data are presented for individuals who are eligible for QHPs through Covered California and Medi-Cal enrollees (teal boxes, bottom row of the overview figure). This report refers to QHP enrollments with advance premium tax credits and/or cost-sharing reductions as subsidized QHP coverage. Note that QHP applicants are not fully enrolled until they submit their first premium payment. The difference between the sum of individuals eligible for Medi-Cal (grey boxes) and the sum of individuals who selected or defaulted into Medi-Cal health plans (teal boxes) is due to Medi-Cal beneficiaries enrolled in County Organized Health Systems (COHS) plans. The sum of individuals who selected a subsidized or unsubsidized QHP (teal boxes) is greater than the total number of individuals eligible for QHPs because individuals' subsidy status may have changed during the reporting period.

OVERVIEW

This report presents California eligibility and enrollment data from October 1, 2013 through September 30, 2014. The report responds to California Assembly Bill x1 1 (J. Perez) Chapter 3, Statutes of 2013, Welfare and Institutions (W&I) Code Section 14102.5, which requires quarterly reporting on eligibility and enrollment processes for all California insurance affordability programs, including Medi-Cal, the Medi-Cal Access Program (formerly the Access for Infants and Mothers Program, or AIM), and QHPs available through Covered California.



APPLICATIONS RECEIVED

Data Sources and Methods

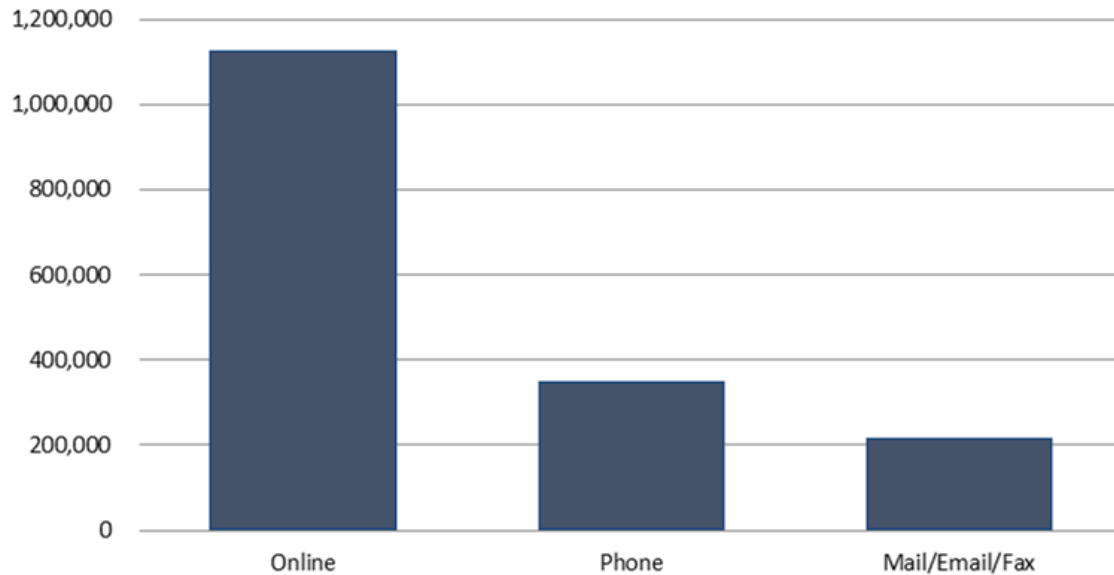
Data on application volume and venue include all applications received for Medi-Cal or QHP coverage during the reporting period of October 2013 through September 2014. Applications through CalHEERS include those that were submitted online, or by phone, mail, e-mail or fax. The counts displayed sum to more than the total number of applications because applicants may choose to use more than one submission venue to complete their application. The data field containing information about the application venue was not completed for roughly 42% of applications via CalHEERS. As the majority of these applicants had online accounts, they are grouped in the online category. Applications to County Human Services Agency offices include those submitted via Benefitscal.org, phone, mail/e-mail/fax, in-person, or via outreach efforts (i.e. eligibility workers stationed outside of county offices). Application data include individuals who became eligible due to their status as Former Foster Youth, but do not include individuals who became eligible for Medi-Cal automatically as a result of their receipt of CalWORKs or eligibility determination for SSI.

Applicants via Express Lane Eligibility, an expedited enrollment process for beneficiaries in CalFresh, and applicants via Hospital Presumptive Eligibility are tabulated separately. These policies became effective in January 2014; therefore, reported data cover the period from January 2014 through September 2014.

Applications could be filed with several forms of assistance. *Agents* are licensed insurance agents, brokers, or web brokers who are trained and certified by Covered California to sell products in the individual marketplace. Agents are reimbursed by QHPs. *Certified Enrollment Counselors* (CECs) are in-person assistants employed by Certified Enrollment Entities, including community-based organizations, faith-based organizations, school districts, and tax preparers. Covered California trains and certifies CECs, and reimburses them on a per-application basis. *Service Center Representatives* are staff members at the Covered California call center. *Plan-Based Enrollers* are health plan employees authorized to assist with individual marketplace enrollments.

APPLICATIONS RECEIVED

Applications Received through CalHEERS by Venue, October 1, 2013 – September 30, 2014



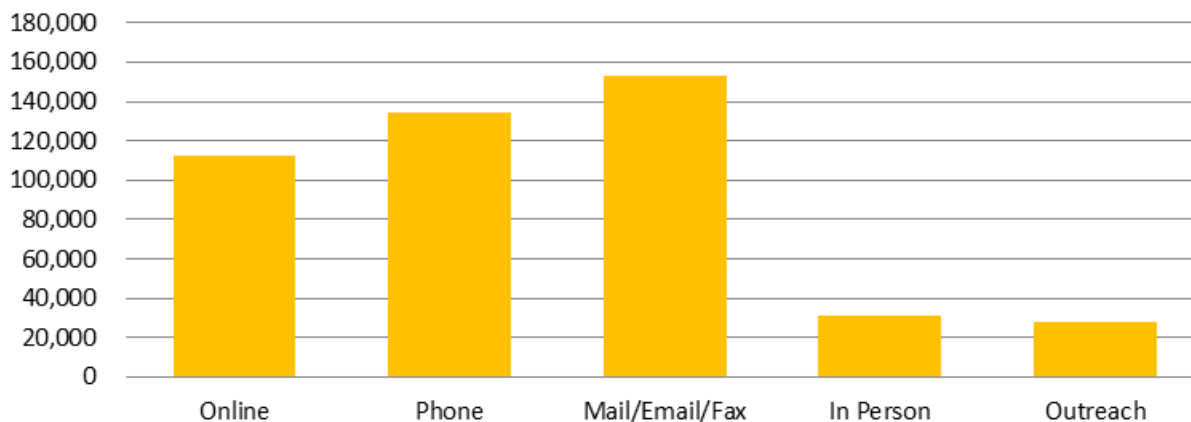
Source: CalHEERS

Note: Applicants may choose to use more than one submission venue to complete their application. In CalHEERS, the data field containing information about application venue was not completed for roughly 42% of applications. As the majority of these applicants had online accounts, they are grouped in the online category.

- About 66% of all applications received through CalHEERS since October 2013 were initiated online (with and without assistance).

APPLICATIONS RECEIVED

Applications Received through County Human Services Agency Offices by Venue, July 1, 2014 – September 30, 2014



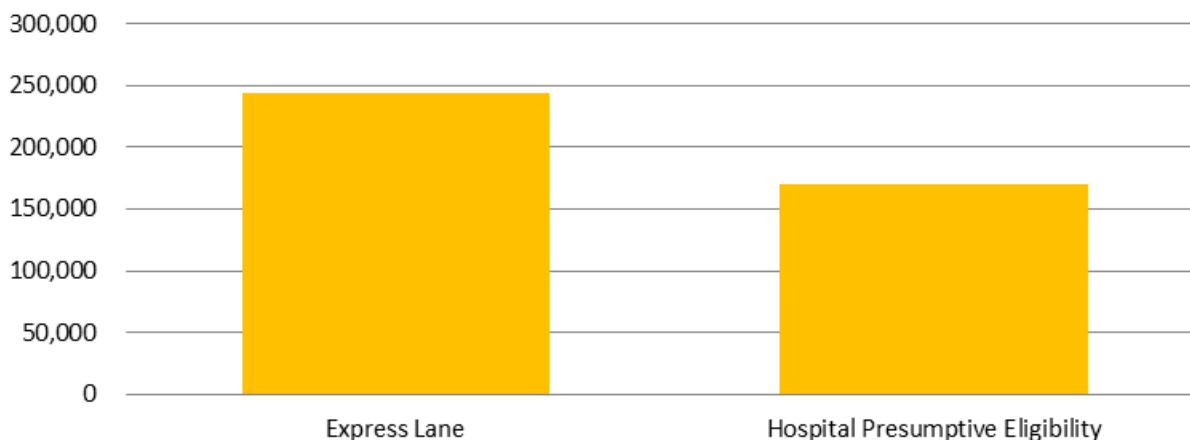
Source: SAWS

Note: Application data by venue for applications received through County Human Services Agency offices are not available from October 2013 – June 2014.

- Of applications received through County Human Services Agency offices, roughly 33% were submitted by mail, email, or fax; 29% were submitted on the phone; 25% were submitted online; 7% were submitted in person; and 6% were submitted via outreach efforts (eligibility workers stationed outside of county offices).

APPLICATIONS RECEIVED

Medi-Cal Applications Processed through Other Eligibility Pathways January 1, 2014 – September 30, 2014



Source: MEDS

Note: Express Lane Eligibility and Hospital Presumptive Eligibility policies went into effect in January 2014.

- Roughly 415,000 individuals applied for Medi-Cal through alternative channels that are intended to expedite enrollment.

Applications Filed with the Help of an Assister or Navigator

- Approximately 56% of applications determined eligible for Covered California QHPs were filed with the help of an Agent (36%), Certified Enrollment Counselor (8%), Service Center Representative (10%), Plan-Based Enroller (3%), or County Eligibility Worker (<1%).
- Roughly 12% of applications determined eligible for Medi-Cal were filed with the help of an Agent or Certified Enrollment Counselor.
- All Medi-Cal applications received through the County Human Services Agency offices are handled by a County Eligibility Worker.

INDIVIDUALS INCLUDED ON APPLICATIONS AND APPLICANT DEMOGRAPHICS

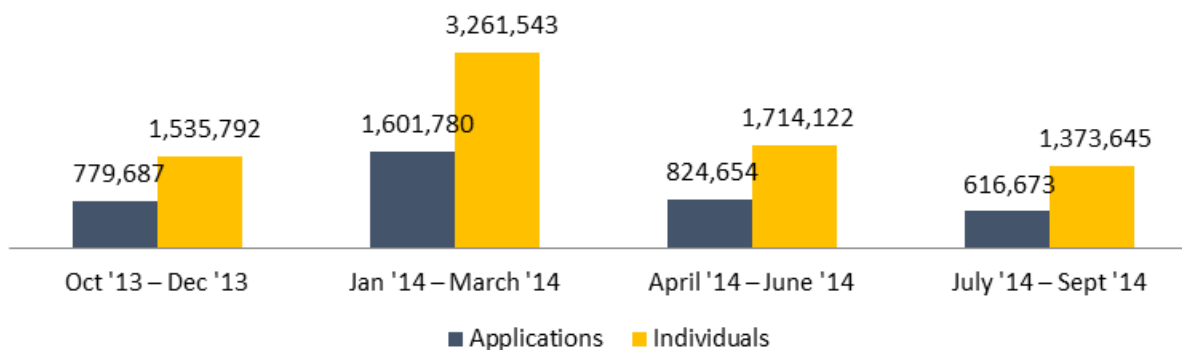
Data Sources and Methods

Demographic data (age, gender, race, ethnicity, and language preferences) include all applicants for Medi-Cal or QHP coverage that were processed through CalHEERS during the reporting period of October 2013 through September 2014. No race, ethnicity, or language categories that were available in the CalHEERS system have been omitted or aggregated. Comparable demographic data on individuals who applied for non-MAGI Medi-Cal coverage⁷, or through expedited enrollment channels (Express Lane Eligibility and Hospital Presumptive Eligibility) are not currently available.

⁷ Some applicants may be eligible for Medi-Cal on the basis of their household income and assets, as well as other characteristics, such as their age. The combination of income and other criteria is commonly referred to as non-MAGI Medi-Cal eligibility.

INDIVIDUALS INCLUDED ON APPLICATIONS

Number of Applications and Individuals Included on Applications October 1, 2013 – September 30, 2014



Source: CalHEERS

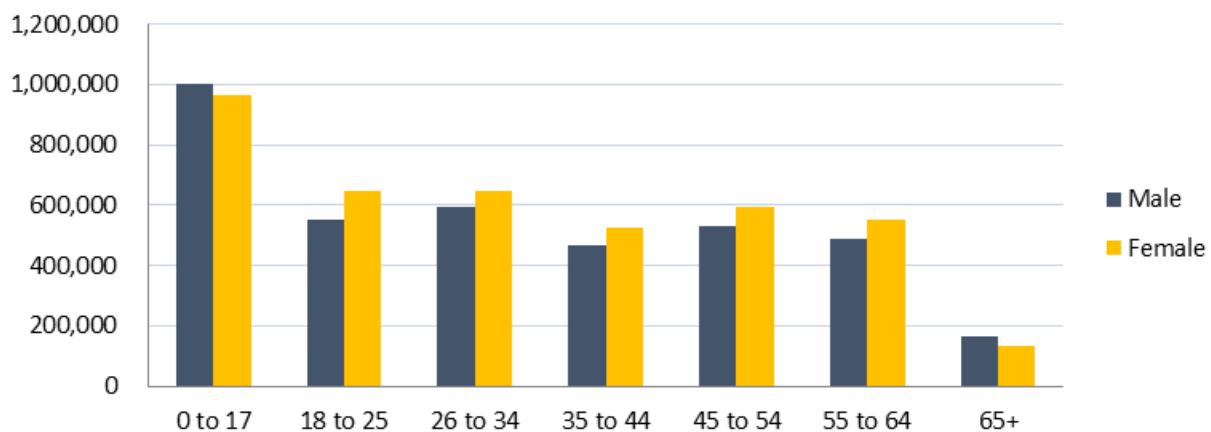
Note: The sum of the quarterly counts exceeds the stated total number of applications and individuals on applications during the year due to instances of duplication.

Average Number of Individuals per Application: 2.0

- The 3,810,784 total applications received through CalHEERS from October 1, 2013 – September 30, 2014 represented 7,873,006 individuals.
- 62% of total applications were submitted during the open enrollment period of October 1, 2013 through March 31, 2014. Applications for Medi-Cal coverage are accepted throughout the calendar year.

APPLICANT DEMOGRAPHICS (GENDER, AGE)

Age and Gender of Applicants October 1, 2013 – September 30, 2014



Source: CalHEERS

Note: Individuals may be included more than once if they submitted multiple applications.

- Nearly 2 million children (ages 0 to 17) and 1.2 million young adults (ages 18 to 25) applied for health insurance.

APPLICANT DEMOGRAPHICS (RACE)

Race of Applicants Included on Applications October 1, 2013 – September 30, 2014

Race	Number of Individual Applicants	Percent of Individual Applicants Who Reported Race
White	2,405,234	50%
Black or African American	396,413	8%
Mixed Race	282,823	6%
Chinese	275,932	6%
Vietnamese	191,826	4%
Filipino	176,406	4%
Korean	111,211	2%
Asian Indian	108,223	2%
Other Asian	102,907	2%
American Indian and/or Alaska Native	43,452	1%
Japanese	22,503	>1%
Other Pacific Islander	13,324	>1%
Samoan	7,358	>1%
Native Hawaiian	4,481	>1%
Guamanian or Chamorro	3,259	>1%
Other	626,133	13%
Not Reported	3,101,521	N/A
Total	7,873,006	N/A

Source: CalHEERS

Note: Individuals may be included more than once if they submitted multiple applications. Percentages are calculated as a proportion of the total applicants who reported their race.

- Nearly two-thirds of applicants received through CalHEERS indicated their race. Applicants are not required to indicate their race.

APPLICANT DEMOGRAPHICS (ETHNICITY)

Ethnicity of Applicants October 1, 2013 – September 30, 2014

Ethnicity	Number of Individual Applicants	Percent of Individual Applicants Who Reported Ethnicity
Mexican/Mexican American/Chicano	1,373,228	81%
Puerto Rican	270,169	16%
Mixed Ethnicity	32,323	2%
Cuban	7,835	>1%
Other	17,159	1%
Ethnic Origin Not Given	6,172,292	N/A
Total	7,873,006	N/A

Source: CalHEERS

Note: Individuals may be included more than once if they submitted multiple applications. Percentages are calculated as a proportion of the total applicants who reported their ethnicity.

- A total of 1,700,714 applicants received through CalHEERS (22%) reported their ethnicity. Applicants are not required to indicate their ethnicity.

APPLICANT DEMOGRAPHICS (LANGUAGE)

Primary Language of Applicants Included on Applications October 1, 2013 – September 30, 2014

Primary Language	Written		Spoken	
	Number of Applicants	Percent of Applicants Who Reported Language	Number of Applicants	Percent of Applicants Who Reported Language
English	5,345,802	76%	5,513,919	74%
Spanish	1,361,111	19%	1,520,123	20%
Traditional Chinese Character	114,516	2%	N/A	N/A
Vietnamese	81,405	1%	104,771	1%
Korean	55,265	1%	60,414	1%
Mandarin	14,303	>1%	79,504	1%
Farsi	9,952	>1%	14,976	>1%
Tagalog	9,531	>1%	18,706	>1%
Russian	8,065	>1%	12,628	>1%
Arabic	7,645	>1%	13,918	>1%
Armenian	6,179	>1%	10,547	>1%
Cambodian	2,973	>1%	6,061	>1%
Hmong	2,685	>1%	8,550	>1%
Cantonese	286	>1%	84,490	1%
Not Reported	853,288	N/A	424,397	N/A
Total	7,873,006	N/A	7,873,006	N/A

Source: CalHEERS

Note: Individuals may be included more than once if they submitted multiple applications. Percentages are calculated as a proportion of the total applicants who reported their language.

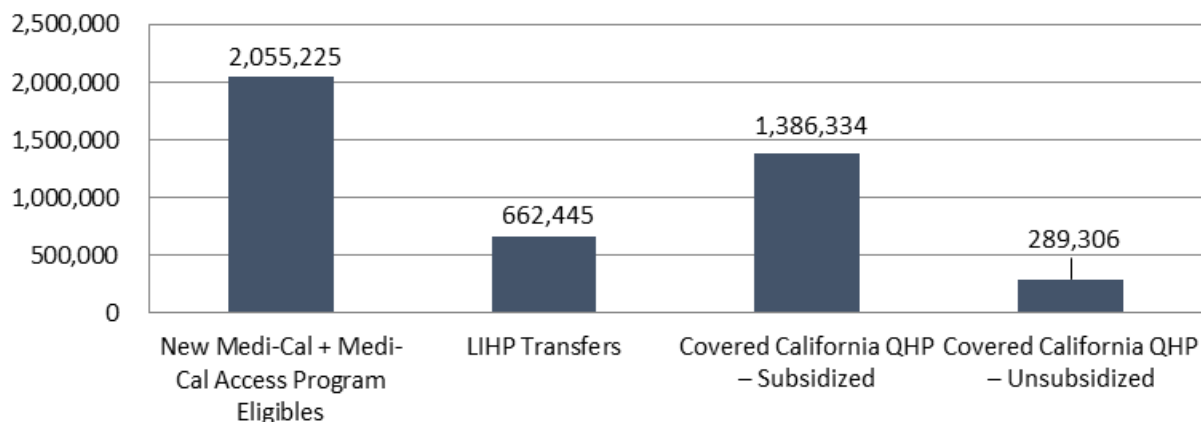
ELIGIBLE INDIVIDUALS

Data Sources and Methods

Data on eligible individuals are a subset of the individuals on applications included in this report. They include individuals who applied through CalHEERS, directly to County Human Services Agency offices, via Express Lane Eligibility, or via hospital presumptive eligibility. Individuals who were automatically transferred from the LIHP are reported separately. Eligibility data include individuals who became eligible due to their status as Former Foster Youth, but do not include individuals who became eligible for Medi-Cal automatically as a result of their receipt of CalWORKs or eligibility determination for SSI. Subsidized QHP coverage includes QHP enrollments with advance premium tax credits and/or cost-sharing reductions.

ELIGIBLE INDIVIDUALS

Distribution of Eligible Individuals Across Insurance Affordability Programs October 1, 2013 – September 30, 2014



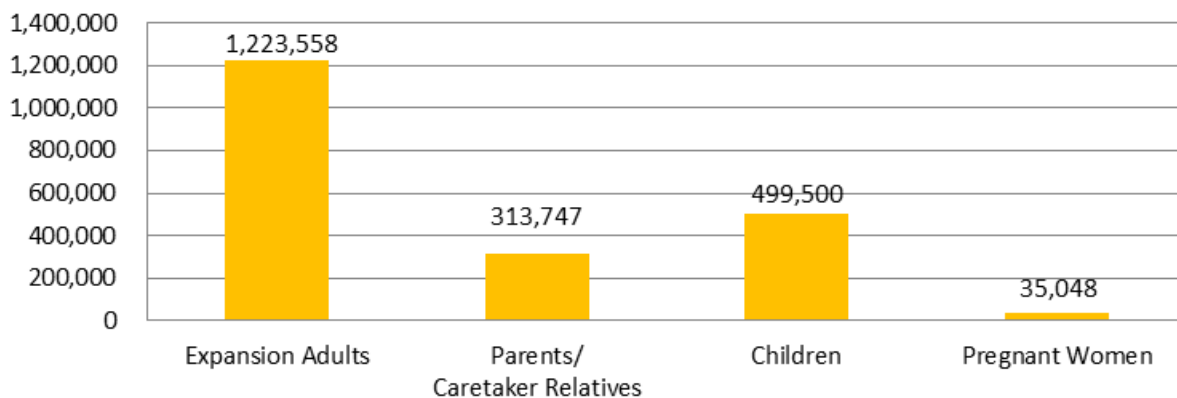
Source: CalHEERS and Medi-Cal Access Program

Note: During the reporting period, 7,711 individuals were determined eligible for the Medi-Cal Access Program.

- Overall, 92% of eligible individuals qualified for Medi-Cal, the Medi-Cal Access Program, or subsidized QHPs. The remainder qualified for unsubsidized QHPs.
- 93% of individuals who were eligible for QHPs submitted applications during the open enrollment period of October 1, 2013 through March 31, 2014, and 83% of individuals who were eligible for QHPs qualified for subsidies.
- Individuals enrolled in the LIHP were automatically transferred into Medi-Cal and did not file separate applications.

ELIGIBLE INDIVIDUALS

Distribution of Individuals Determined MAGI Medi-Cal Eligible October 1, 2013 – September 30, 2014



Source: MIS-DSS Data Warehouse-MEDS

Note: Individuals transferred from the LIHP are included in this figure. The number for the Pregnant Women category does not include pregnant women who were enrolled through the Medi-Cal Access Program, formerly AIM.

- Of about 2.1 million individuals determined eligible for MAGI Medi-Cal, almost 60% are newly eligible adults and nearly 25% are children.

HEALTH PLAN ENROLLMENT

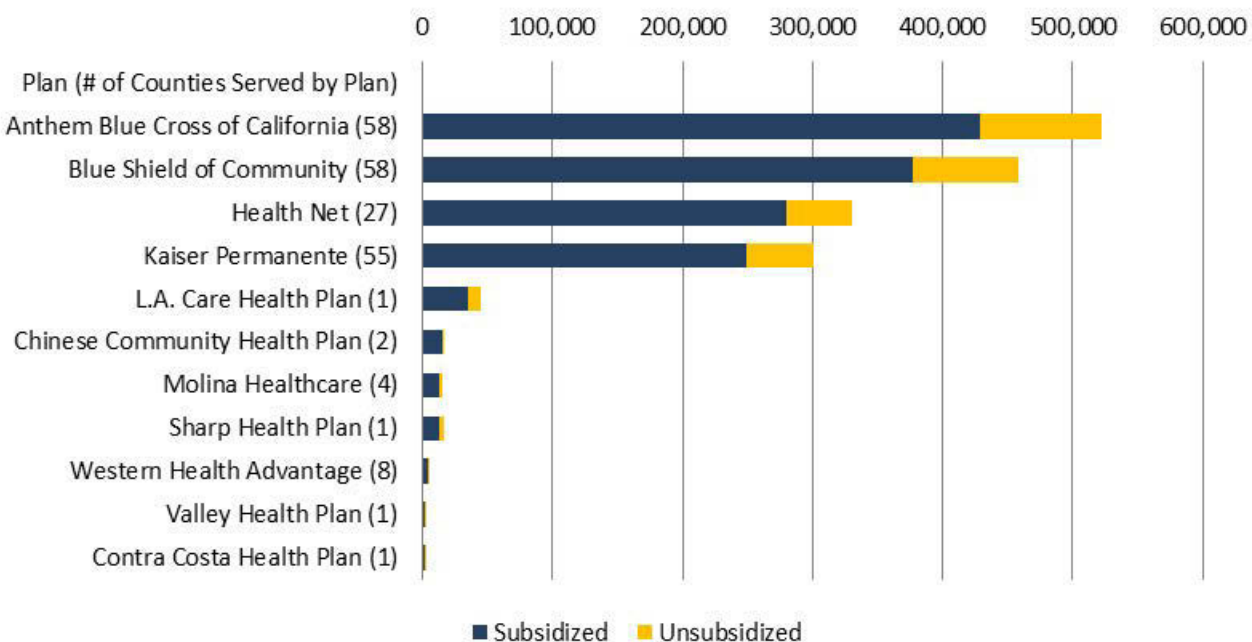
Data Sources and Methods

Plan selection data are presented for individuals who are eligible for QHPs through Covered California. QHP applicants are not fully enrolled until they submit their first premium payment. Individuals in the health plan selection figures may be included in more than one subcategory due to changes in their residence, plan selection, and/or household income during the reporting period.

Medi-Cal beneficiaries are enrolled in either a contracted managed care plan, or in fee-for-service Medi-Cal. For beneficiaries who do not select their managed care plan within 30-45 days, and after repeated efforts (a letter, followed by 2 phone calls) to encourage choice, the State will identify individuals' claims and data to make a default selection into a plan based on known sources of care, including previous providers and utilization history. Individuals enrolled in County Organized Health Systems (COHS) plans are not included in Medi-Cal health plan enrollment data in this report.

HEALTH PLAN ENROLLMENT (COVERED CALIFORNIA HEALTH PLANS)

QHPs Selected by Covered California Enrollees October 1, 2013 – September 30, 2014



Source: CalHEERS

Note: This figure represents health plans selected by applicants; applicants are not fully enrolled until they submit their first premium payment. Individuals may be included in more than one health plan due to changes in plan selections throughout the year; this affects fewer than 3% of enrollees.

- Individuals who were subsidy eligible and those who were not subsidy eligible made similar health plan selections.

HEALTH PLAN ENROLLMENT (COVERED CALIFORNIA HEALTH PLANS)

Covered California QHP Enrollment by Rating Region October 1, 2013 – September 30, 2014

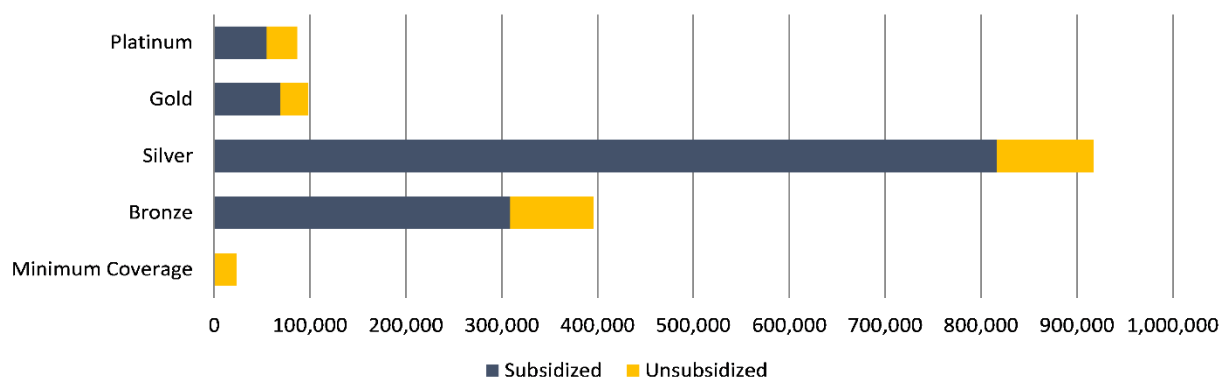


Source: CalHEERS

Note: Individuals may be included in more than one rating region due to changes in residence throughout the year; this affects less than 1% of enrollees. Los Angeles County includes both regions 15 and 16. A list of the counties and plans included in each rating region is available online at <http://hbex.coveredca.com/data-research/2014-Open-Enrollment-Data-Book/regions-counties-plans.pdf>.

HEALTH PLAN ENROLLMENT (COVERED CALIFORNIA)

Covered California QHP Enrollment by Metal Tier, October 1, 2013 – September 30, 2014

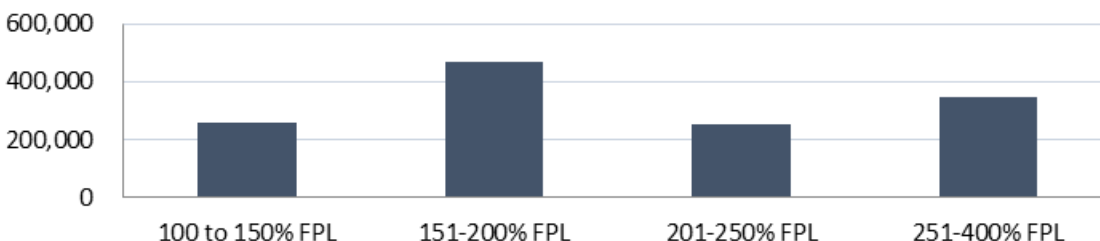


Source: CalHEERS

Note: Individuals may be included in more than one metal level due to changes in metal level selections throughout the year; this affects fewer than 3% of enrollees.

- Fewer than 10% of unsubsidized enrollees selected minimum coverage.
- Silver plans were most popular among both subsidized and unsubsidized enrollees.

Covered California Subsidized QHP Enrollees by Percentage of the Federal Poverty Level (FPL) October 1, 2013 – September 30, 2014



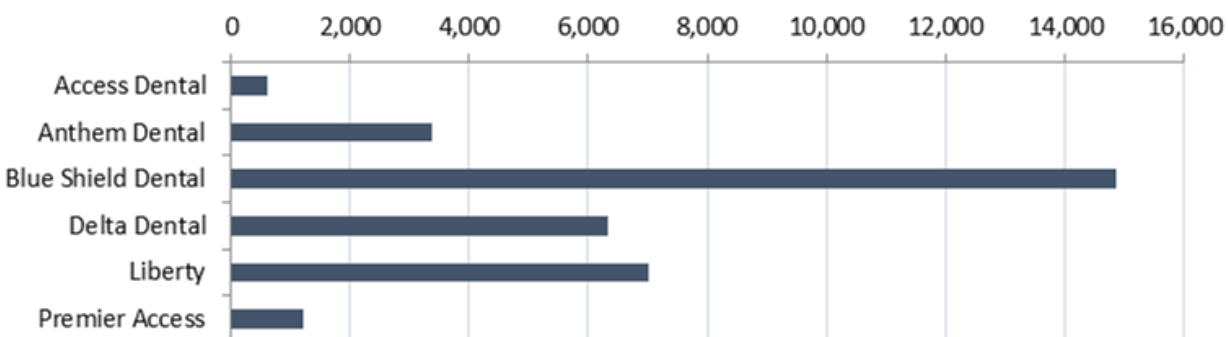
Source: CalHEERS

Note: Not shown are 3,897 Medi-Cal ineligible enrollees with incomes <100% FPL or American Indian/Alaska Native enrollees with no income test. QHP enrollees who do not receive subsidies either completed the unsubsidized application, which does not have an income section, or have incomes over 400% FPL. Individuals may be included in more than one category due to changes in FPL status throughout the year; this affects fewer than 1% of enrollees.

- More than half of subsidized QHP enrollees have household income below 201% FPL.

PEDIATRIC DENTAL PLAN ENROLLMENT (COVERED CALIFORNIA)

Pediatric Dental Plans Selected by Covered California Enrollees (Ages 0 – 18), October 1, 2013 – September 30, 2014

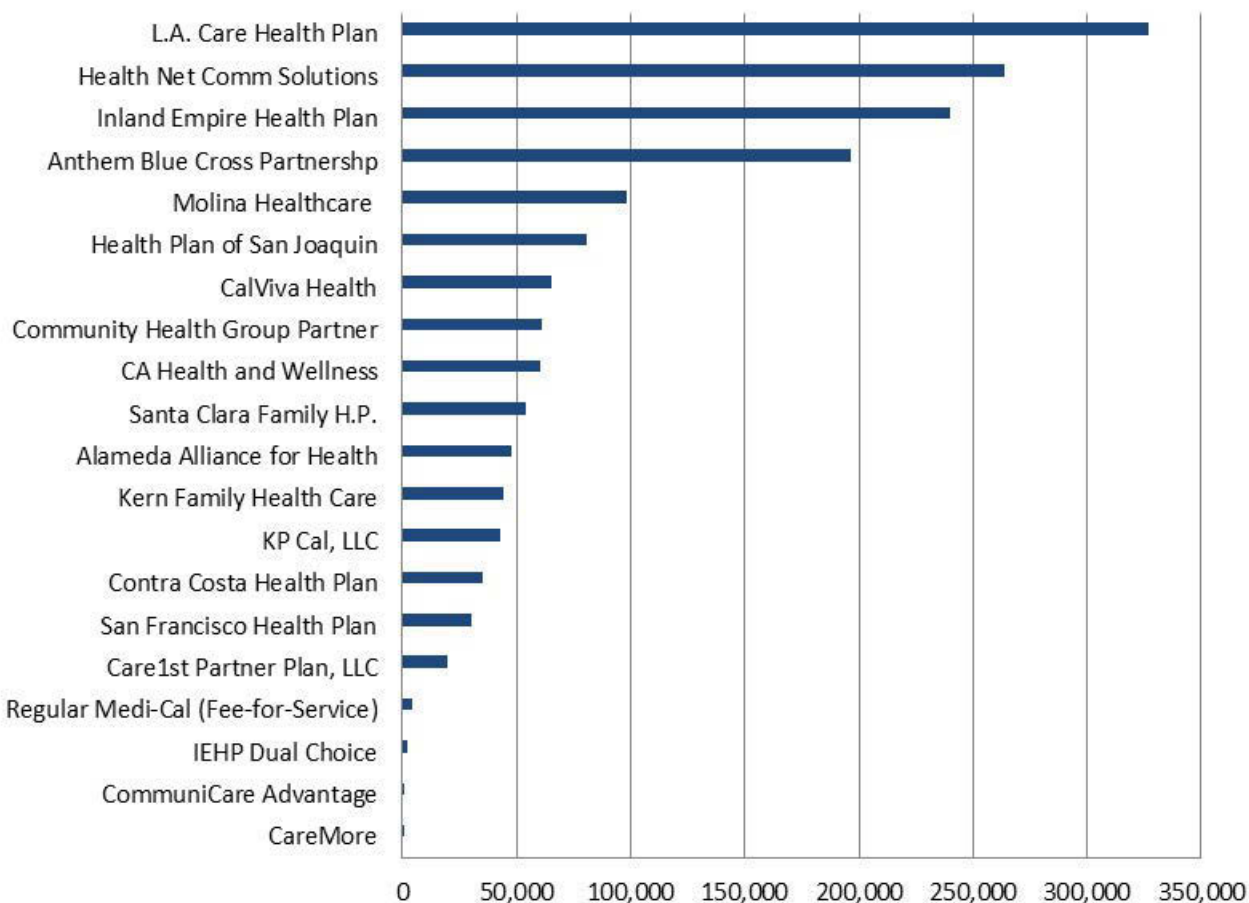


Source: CalHEERS

- Dental plans are available through Covered California for children ages 0 to 18. Children who are eligible for Medi-Cal receive dental coverage through Medi-Cal.

HEALTH PLAN ENROLLMENT (MEDI-CAL HEALTH PLANS)

Health Plans Selected by Medi-Cal Beneficiaries October 1, 2013 – September 30, 2014



Source: CalHEERS

Note: Individuals enrolled in County Organized Health Systems (COHS) plans are not reflected in this figure.

- An additional 729,756 Medi-Cal beneficiaries did not select, but were instead enrolled by default into a health plan.

APPEALS

Data Sources and Methods

Eligibility appeals for both Covered California and Medi-Cal are processed and adjudicated by Administrative Law Judges and staff at the California Department of Social Services (CDSS). This report shows data for appeals regarding eligibility for Covered California QHPs; appeals regarding eligibility for Medi-Cal; and appeals for cases that involved both Covered California and Medi-Cal. Appeals that involved both programs refer to applications whose household members applied for and/or had eligibility determinations made for the two programs (i.e. parents were eligible for Covered California and the child(ren) were eligible for Medi-Cal).

Data are presented for appeals that were filed and appeals that were adjudicated between October 2013 and September 2014. The sum of hearing results is greater than the sum of actions appealed because the hearing results include the outcome of some appeals filed before October 2013 that were decided between October 2013 and September 2014.

APPEALS

Actions Appealed October 1, 2013 – September 30, 2014

Program	Denial	Eligibility Determination	Discontinuance
Covered California QHPs	2,879	51	288
Covered California & Medi-Cal	537	5	267
Medi-Cal	400	11	175
Total	3,816	67	730

Source: California Department of Social Services

- Between October 1, 2013, and September 30, 2014, a total of 4,613 appeals were filed by Covered California and Medi-Cal applicants.
- Of these, 83% were appeals regarding denials, 16% were regarding discontinuances, and less than 2% were regarding eligibility determinations.

Hearing Results October 1, 2013 – September 30, 2014

Program	Granted	Granted in Part	Denied	Withdrawals/Dismissals
Covered California QHPs	548	86	241	2,382
Covered California & Medi-Cal	98	56	36	646
Medi-Cal	50	8	16	532
Total	696	150	293	3,560

Source: California Department of Social Services

Note: The sum of hearing results is greater than the sum of actions appealed because the hearing results include the outcome of appeals filed before October 2013 that were decided between October 2013 and September 2014.

- Between October 1, 2013 and September 30, 2014, 18% of appeals were granted or granted in part and 6% were denied. The remaining 75% were withdrawn or dismissed.