DHCS would like to acknowledge the numerous comments received from stakeholders regarding the elements in AB X1-1 Q1 Reporting. **Comments sent in via email or provided within the body of the draft report are compiled below.**

California Pan-Ethnic Health Network

Email Comments Received: 4/7/2014

We appreciate DHCS reaching out to us for our recommendations with regards to reporting of demographic data for all health coverage programs in California per AB x 1 1. In reviewing DHCS' specific proposal and questions, we thought it might be most helpful to provide you with a list of the overarching principles we recommend DHCS follow in deciding how to report on the specific data fields. Thanks again for reaching out to us! If you have any questions or would like further clarification regarding our recommendations below, please do not hesitate to call!

Our recommendations are as follows:

- **Report on the most inclusive list of granular data categories that exist:**
    - We recommend you do a comparison of the data categories between the two systems (MEDS and CalHEERs) and the data portals (online versus paper) and compile a report that includes the most granular data available. The report on race for example, should include all 18 of the "Ethnic code" options collected through MEDS plus the additional "race" option "Hmong" which is now being collected through CalHEERs (see Appendix A as an example).
    - Similarly the report on ethnicity should include the four options for ethnicity provided in CalHEERs: Cuban, Mexican/American American/Chicano, Other and Cuban, as well as the additional options of Salvadoran and Guatemalan on the paper application. The Hispanic option in MEDS could be reported as part of this same report.
    - Because you are pulling data from multiple databases there needs to an analysis of what data may be lost as you migrate between databases and systems and how you intend to capture that data. The ethnicity example above is an illustrative one, as some applicants have four options while others have six options for answering ethnicity depending on whether they apply online or by paper. Because these differences exist, we urge you to provide some narrative regarding how you decide to reconcile the two reports so that the numbers can be more easily retraced. As part of that narrative, it would be helpful to know at what point you are pulling data on

race, ethnicity and primary language in cases where the data migrates between CalHEERs and SAWS. It would also be helpful to know for example, how many Medi-Cal applicants are coming through CalHEERs versus MEDS.

- **Use Numbers Instead of Percentages:**
  - AB x 1 1 requires DHCS and Covered California to provide quarterly reports on the number of Californians enrolled in health coverage options by race, ethnicity and primary language. We would discourage DHCS from calculating percentages for these reports as the denominator is unstable and constantly in flux due to various circumstances such as pending application backlogs and individuals cycling in and out of health coverage programs.
  - Additionally, in order to encourage proper data analysis, ***each demographic report should incorporate the number of non-respondents and/or "decline to state"*** so there is a standard denominator from which to calculate percentages and make comparisons.

- **Reporting on Language:**
  - Your report should distinguish between responses to preferred spoken and preferred written language through the inclusion of separate tables for each question. As with all the other demographic categories the number of non-respondents should be included in the table for each question.
  - Additionally, we urge you not to collapse the language categories into the five categories in the draft report: English, Spanish, Asian and Pacific Islander, Indo-European, Other. Rather the number of enrolled should be reported for each language for which you are collecting data.
  - Additionally, we urge you to ***report even the smallest "N" greater than 1*** for race, ethnicity or primary language. There should be no need to suppress even the smallest of numbers for fear of personally identifiable information because knowing that even just one person speaks a particular language (without identifying where in the state) would not violate any confidentially or privacy concerns.

- **Multiple Race Category:** The category "mixed race" should be renamed to "multiple races" to reflect the conventional name for this category. If the "multiple races" category is as large as we think it is, we would urge you to provide further disaggregated reporting of the data in this category. For example, if a large number of individuals in the "multiple races" category are selecting Latino and

White, those analyzing the data may appropriately count such individuals as Latinos for some purposes.

- **Other data being reported should be stratified by race, ethnicity, and language:** In order for ABX 1 1 data reporting to most useful, Covered California and DHCS should stratify the following other data being reported by race, ethnicity, and language:
    - Quarterly enrollment
    - Types of applicants (ie. Medi-Cal, subsidy eligible, non-subsidy eligible)
    - Appeals
    - Geographic region
    - Gender/Age
    - Enrollment by venue

APPENDIX A

(Healthy Families Application/MEDs Data Categories for Race "ethnicity")

- Alaska Native
- Amerasian
- Asian Indian
- Black/African American
- Cambodian
- Chinese
- Filipino
- Guamanian
- Hawaiian
- Hispanic
- Japanese
- Korean
- Laotian
- Native American Indian
- Other Asian
- Samoan
- Vietnamese
- White

(CalHEERs Application Data Categories for Race)

- White
- Black or African American
- American Indian or Alaska Native
- Asian Indian
- Cambodian
- Chinese
- Filipino
- Hmong
- Japanese
- Korean
- Laotian
- Vietnamese
- Native Hawaiian Guamanian or Chamorro
- Samoan
- Other _____

California Primary Care Association

Email Comments Received: 4/9/2014

OVERVIEW

- The * at the bottom is helpful. We might suggest you explicitly state what applications this # does not include. For example, "it does not include non-MAGI applications or applications received directly by the county during this period"

- Additionally, will a later slide breakdown Medi-Cal applications that are still processing (pending) and those where final eligibility determination have been made, persons have been assigned an aid-code in MEDS, and been formerly deemed eligible.

- Lastly, an additional level of Medi-Cal detail would be helpful for future reports. This could include, by county, #of Medi-Cal eligible applications, # of pending application, # of persons enrolled, # of persons sent Welcome Packet, # of persons that have selected a Medi-Cal Managed Care Plan. To this end, we suggest this report is seen as an opportunity to merge together new data being collected as well as data historically collected by RASD on Medi-Cal enrollment

APPLICATIONS RECEIVED

- As advocates stated in Friday's meeting, it is important that we are defining "In-Person Application Assister" – Do we mean applications touched by CEC only or applications that were touched by Certified Agents. These two groups should be distinguished in the data and seen as unique "venues."

- With regards to "mail," are we just counting the single streamlined paper application or are we also counting county paper applications. Please clarify.

- How are we defining "filed with assistance?" In many cases the CEC supported the applicant through the full process (and the CEC badge and CEE number is indicated in the application). There are other cases were the consumer came to a CEC for a particular question, but submitted on their own. Would those touches get captured here? If not, could you please define either here or in the appendix "applications filed with help."

- Additionally, for later reports, we would ask that a further breakdown be done of # applications by CEE type. When applying, all CEEs had to identify what type of institution there were (ex. clinic). This information could be particularly important for determining future funding for in-person assistance.

APPLICANT DEMOGRAPHICS

- Please add the 65+ category
- Do we have data on applications that ended in a CHIP program eligibility determination?

- ELIGIBLE INDIVIDUALS

- Similar to our comments on Pg 3, can you please more fully describe who is (and is not) included in the Medi-Cal category. For example, are non-MAGI determinations included here?

ENROLLMENT BY HEALTH PLAN (QHPs)

- Additionally, we second the comments made by other advocates that this data must be viewed with a regional lens too. We suggest providing a parallel chart for each of the 19 rating regions.

ENROLLMENT BY HEALTH PLAN (MEDI-CAL)

- Similar to our comment on QHP enrollment, we ask that we look at Medi-Cal Managed Care Plan with a county by county lens. In addition to this chart, we would ask for a chart for each county. It may also be of interest to see a chart that highlights the local plans/COHS.

- Additionally, as the Managed Care Plan selection process is integrated into CoveredCA.com it would also be meaningful to see data/charts on the following:

1. How/Where consumers are selecting their plans (online, using the paper form, call into county, etc.)

2. What % of consumers are selecting their Plan?

3. What % of consumers are choosing PCPs?