

**ABX 1-1 2016 Q1 Stakeholder Comments/Questions
As of 10-31-2016**

Reporting Quarter	Assigned Reference Number	Organization	Date Initiated	Page	Stakeholder Question	Response
2016 Q1	1	The Children's Partnership	9/14/2016	5	Clarification: the enrollment number comparison on page 1 is to the previous quarter (Q4 2015), showing increases? While the summary comparison of enrollment showing decrease is clearly indicated as a comparison to the previous year Q1 2015, yes?	DHCS 10/20/2016: Yes, however, the 2015 report data element capture methodology has improved/changed.
2016 Q1	2	The Children's Partnership	9/14/2016	6	The increase of seven percent in QHP enrollment in q1 2016 (from Q4 2015) does not seem to be 109K if the total enrollment in Q1 2016 is 194K...	Covered CA 10/26/2016: 194,000 are California residents who applied, were determined eligible, and selected QHPs offered through Covered CA in January - March 2016. 109,000 represents an increase in total effectuated QHP enrollment during the reporting period.
2016 Q1	3	The Children's Partnership	9/14/2016	6	It appears that there was a huge percentage increase in enrollees on FFS compared to a year prior, why? In q1 2015, FFS only made up 25% of MC enrollees while q4 2015 FFS was 52% of mc enrollees and Q1 2016 is 63%. If this is just the regular process of putting them on FFS upon enrollment and prior to selecting a plan, why the massive change over the prior year? is this due to an increase in restricted scope enrollment during these last 2 quarters (perhaps in anticipation of SB 75 implementation?)	DHCS 10/20/2016: The 2015 report data element capture methodology has improved/changed. The data for the 2015 Q1 was gathered at a later point in time as compared to the 2016 Q1 report. When the data is pulled at a later point, more FFS enrollees have already transitioned to managed care coverage.
2016 Q1	4	The Children's Partnership	9/14/2016	12	Could DHCS provide a breakout of the type of assistance provided to MC enrollees. The report notes 6% got assistance from agents/CECs. Is that of all MC enrollees or of those that received assistance? Where did the remaining MC enrollees get assistance?	DHCS 10/20/2016: DHCS is reviewing the methodology to ensure the information is available.
2016 Q1	5	The Children's Partnership	9/14/2016	48	How did children account for the increase in MAGI conversions when they represent a far smaller percentage (particularly compared to q1 2015) of the total MAGI conversions over time?	DHCS 10/20/2016: The data referenced is net enrollment and the MAGI enrollment includes new enrollments and transitioned.
2016 Q1	6	National Health Law Program	9/14/2016	6	Elements (I) and (J) show individuals who selected MCPs during the reporting period. Why weren't more people who received FFS during that time defaulted? Did their default timeline not align with the reporting period?	DHCS 10/20/2016: The default timeline is contingent on the reporting period and the month of enrollment. For example, if individuals applied late during open enrollment they would stay in FFS until they defaulted which may be after the reporting period.

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2016 Q1	7	National Health Law Program	9/14/2016	6	The number of people found eligible for enrollment is about 70,000 more than those that actually effectuated enrollment. Does this means that the application was completed and there was a finding of eligibility (i.e. <i>not</i> an abandoned application)? Is there any study of why people do not enroll? Are they subsidy eligible (i.e. is it a cost factor)? Is there a demographic trend (e.g. language, age, etc.)? Does Covered CA do or plan to do any outreach to increase conversion from eligibility to enrollment?	Covered CA 10/27/2016: Covered California sends surveys throughout the year to various groups including those who canceled their application when selecting a plan. Through these surveys, Covered California hopes to identify barriers to enrollment. Currently, no demographic trend has been identified. Covered California consistently engages in outreach to consumers throughout Open Enrollment and to those who have not yet plan selected as well as sending reminder emails to consumers to pay their premiums.
2016 Q1	8	National Health Law Program	9/14/2016	9	Are the application numbers de-duplicated?	Covered CA 10/20/2016: The count of applications are only counted once since we are only counting applications that were submitted for the first time between the Q1 2016 period.
2016 Q1	9	National Health Law Program	9/14/2016	11	Do you have any sense of why there is a decline in hospital presumptive eligibility?	DHCS 10/27/2016: The decline in HPE applications may be due to HPE enrollees moving on to Medi-Cal from HPE and/or could be due to the policy change indicated in MEDIL 15-26 implemented on July 31, 2015. MEDIL 15-26 is based on the Centers for Medicare & Medicaid Services State Plan Amendment (SPA) CA 13-0027 where PE enrollment is limited for all PE Programs (HPE, Child Health and Disability Prevention Program (CHDP) Gateway, Breast and Cervical Cancer Treatment Program (BCCTP) and PE for Pregnant Women). Prior to this SPA, HPE enrollment was not limited to all PE programs.
2016 Q1	10	National Health Law Program	9/14/2016	18	Shouldn't there be an "other" option? Does CalHEERS not allow an "other" option in the language selection field? Does "Not Reported" include other languages? The MEDS language data on page 29 has languages beyond the threshold languages. If CalHEERS or other applications or portals do not allow an answer beyond the threshold languages there are two problems (1) people who speak a non-threshold language will not be known to the agencies and counties and will have a harder time accessing language assistance (besides translations); and (2) if CalHEERS or other portals or applications do not collect the full range of language options we will not have reliable data to assess and reevaluate which languages meet the numeric thresholds in the future.	Covered CA 10/20/2016: This is an optional question regarding language provides consumers with the following language options: English, Arabic, Farsi, Cambodian, Traditional Chinese Character, Hmong, Korean, Russian, Spanish, Tagalog, Vietnamese, Cantonese and Mandarin. The online application does not provide the "other" option for languages. Although the paper application does not have "other," it does allow a person to write in languages. The consumer should write in language in order for Covered California to let us know what language they prefer we communicate with them. Since this is an optional question in the application, this question is not always answered. We appreciate your feedback regarding the need for an "other" option in the language question of the application and will look into our options in the future.
2016 Q1	11	National Health Law Program	9/14/2016	26	Related to my question for page 6 about eligible-but-not-enrolled Covered CA applicants, is language a factor in not selecting a plan.	Covered CA 10/20/2016: There is not sufficient data to show this comparison.

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2016 Q1	12	National Health Law Program	9/14/2016	35	Thank you SO MUCH for including the Enhanced Silver Plan enrollment numbers. Incredibly helpful. Comparing the enrollment by CSR level to the FPL chart on page 36, it looks like there are about 16,000 people who are somewhere below 250% FPL but not enrolled in an enhanced Silver plan. Do you know what plans these people selected? Is there any effort to outreach and educate these consumers about the benefits of CSRs and Enhanced Silver plans?	Covered CA 10/20/2016: Covered California understands the importance of informing consumers of their options to choose plans with the best value. That is why we recently outreached to minimum coverage, Bronze, Gold and Platinum members who would be eligible and benefit by enrolling in Enhanced Silver. These messages were distributed on 10/5 to a combined total of 160k members.