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2016 Q3	1	The Children's Partnership	8/18/2017	1	Could the report include a comparison between the year to year comparison or at least a quarter to similar quarter of previous year comparison, as well as a quarter to last quarter comparison?	DHCS 09/27/2017: Yes, the data sets provided in the Open Data Portal will provide the opportunity to compare reporting periods.
2016 Q3	2	National Health Law Program	8/18/2017	7	Can DHCS further break down the Medi-Cal presumptive eligibility data? It would be illuminating to see how many of the PE cases are for expansion population vs. pregnant women, etc.	DHCS 09/27/2017: Hospital PE data is available at http://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/HospitalPE.aspx and RASD http://www.dhcs.ca.gov/dataandstats/statistics/Pages/Medi-Cal-Certified-EligiblesRecentTrends.aspx
2016 Q3	3	National Health Law Program	8/18/2017	8	Are there other means of capturing people enrolled in Medi-Cal for reproductive care/reproductive age?	DHCS 08/28/2017: This data is not captured for this report.

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2016 Q3	4	Disability Rights Education and Defense Fund	8/18/2017		How do CalHEERS, Covered CA, DHCS and the counties collect and report information about the functional impairments of those who apply or are eligible for QHP enrollment or Medi-Cal enrollment (including Medi-Cal expansion). DREDF has raised this before and when we wrote to the DHCS contact we received no answer. Even if it is DHCS' position that it is impossible to add voluntary questions about functional impairments to the application at this point or ever, DHCS STILL has the existing questions on whether someone has a disability, uses HCBS, or institutional care (or something like that) which are mandated by the feds. I have never seen any attempt to analyze or even compile the responses to these questions.	DHCS 08/28/2017: This data is not captured for this report.

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2016 Q3	5	The Children's Partnership	8/18/2017	2	Why in the summary table on page 6 is the portion of eligible individuals so small relative to the number of individuals applying? 915,000 individuals applying while only 80,000 found eligible for QHP, 287,000 found eligible for Medi-Cal and 2,000 found eligible for MCAP. What happened to the remaining 500,000 plus applying individuals? Are their applications still pending in this three months? How many applying individuals were found ineligible in that time period? Could ineligible and pending applying individuals also be reported so the full number of applying individuals is accounted for?	DHCS 09/27/2017: 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.

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2016 Q3	6	National Health Law Program	8/18/2017	5	P. 6 - Does DHCS have any speculation as to why the MCAP enrollment went down from the April-June to July-Sept. reporting period? At that point MCAP had been integrated into the Covered California portal so you'd think that would have made the program more broadly available to potential enrollees, but instead it seems like the numbers went down.	DHCS 08/28/2017: Historically, MCAP has certain seasonality to higher new enrollment periods which have occurred in April to June period and also again in the August to October period. It is not unusual to see a decrease during the summer months. In addition, MCAP coverage is time limited coverage through the pregnant woman's post-partum period.
2016 Q3	7	National Health Law Program	8/18/2017	6	P. 6 – Is there any data that indicates why Medi-Cal FFS enrollment increased (11%) while COHS enrollment decreased (22%)? Is this tied to MERs? Since Medi-Cal FFS data includes individuals who may not have yet chosen a Medi-Cal MCP is there data on how long MCP enrollment is taking on average?	DHCS 09/27/2017: DHCS is researching this question. DHCS 04/27/2018: This data is not available for this report.

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2016 Q3	8	National Health Law Program	8/18/2017	10	P. 10 – What comprises the “other” submission channel of applications? It increased by 262% between the April-June to July-Sept. reporting period.	DHCS 09/27/2017: The other submission channel of applications consisits of all other applications received that cannot be classified as online, mail, in-person, or phone applications. For example, applications that are received by IHSS and CBO(s) referrals. DHCS improved the data collection method for the 2016 Q3 (July - September 2016) and is related to accounting for applications from the "unknown" submission channel to the "other" submission channel which we arttributing to this increase.
2016 Q3	9	National Health Law Program	8/18/2017	10	P. 10 – Is there data that breaks down online enrollments by CalWIN, C-4 and Your Benefits Now?	DHCS 09/27/2017: DHCS is determining the feasability of providing this level of detail in future reports. DHCS 11/28/2017: DHCS does not plan to provide this level of detail to the report.
2016 Q3	10	Western Center on Law & Poverty	8/18/2017	10	There is a dramatic increase in the number of applications taken through the county HSA offices submission channel -- a 40% overall increase over Q2, whereas the number of applications taken via CalHEERS was around the same as the prior quarter (3% decrease from Q2). What explains this increase?	DHCS 09/27/2017: The increase can be attributed to L.A. County's transition to a new system between these two reporting periods, artificially deflating application totals for Q2. The Q3 application total is an accurate reflection of the total number of applications received by counties.

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2016 Q3	11	National Health Law Program	8/18/2017	11	P. 11 – Is there data on the length of time it took to transitions cases from APTCs to Medi-Cal?	DHCS 09/27/2017: DHCS is researching this request to determine if this data can be added in future reports. DHCS 11/28/2017: DHCS does not plan to add this level of detail to the report.
2016 Q3	12	Western Center on Law & Poverty	8/18/2017	11	From past CFSW meetings and Abx1_1 reports, DHCS said that they expected Hospital Presumptive Eligibility applications to go down, but there was a 58% increase in HPE applications from Q2 to Q3. What accounts for this dramatic increase? How will this affect DHCS' policy on HPE?	DHCS 08/28/2017: DHCS does not recall the expectation that Hospital PE applications would be going down being articulated at the CFSW meeting. We have seen the number of hospitals participating as approved HPE providers continue to increase over time and also would not be surprised to see more uninsured individuals applying through the hospital pathway as injuries that require hospital visits tend to occur during the summer months when families are more active. It may be a combination of both reasons, more hospitals being able to provide HPE for uninsured individuals and more hospital visits during the summer time frame.

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2016 Q3	13	Maternal and Child Health Access	8/18/2017	11	(Reasking question 17 from Q2 2016) - Is there an update to this question from Q2 2016: "is it possible to get a breakdown in age groups, or know at least if newborns are being included (unnecessarily) in this HPE application process? Is the number of HPE applications resulting in ongoing Medi-Cal tracked?" The response we got was "DHCS 02/01/2017: DHCS is researching this request to determine if this data can be added in future reports" -- is there an update?	DHCS 09/27/2017: DHCS is researching this request to determine if this data can be added in future reports. DHCS 11/28/2017: DHCS does not plan to add this level of detail to the report.

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2016 Q3	14	Western Center on Law & Poverty	8/18/2017	12	Is there a correlation between the 40% rise in county applications (from page 10) and the 11% decrease in applications filed with the help of assisters?	DHCS 09/27/2017: The two data elements are different 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 Eligibility Worker (CEW) assistance is provided by CalHEERS and represents 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 Q3	15	National Health Law Program	8/18/2017	15	P. 15, Section 2.2 & P. 22, Section 3.2: Is it possible to break down enrollment of children further than ages 0 to 17? A breakdown of at least 0-1 year olds would be helpful.	DHCS and Covered CA 09/27/2017: DHCS and CC are researching this request to determine if this data can be added in future reports. DHCS 11/28/2017: DHCS does not plan to add this level of detail to the report.

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2016 Q3	16	Maternal and Child Health Access	8/18/2017	15	In response to our Q2 question 18 ["Is it possible to get a better breakdown of ages for children, or at least the nunbers 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 responded "Covered CA 02/01/2017: DHCS and CC is researching this request to determine if this data can be added in future reports." Is there any update on that?	DHCS and Covered CA 09/27/2017: DHCS and CC are researching this request to determine if this data can be added in future reports. DHCS 11/28/2017: DHCS does not plan to add this level of detail to the report
2016 Q3	17	National Health Law Program	8/18/2017	16	P. 16, Section 2.3: Does the data capture when individuals report more than 1 race?	Covered CA 09/20/2017: Yes, mixed race denotes those individuals who report more than one race. This derived category (not an actual option on the application) is utilized for reporting so that the race reporting categories in this table are mutually exclusive, such that no person who reports more than 1 race is counted more than 1 time.

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2016 Q3	18	National Health Law Program	8/18/2017	17	P. 17, Section 2.4: There was a 38% decline in “Hispanic – ethnic origin not reported” enrollment. Is this because more individuals reported “Hispanic – ethnic origin reported” or because less Hispanics enrolled?	Covered CA 09/20/2017: As a share total applicants, the share of “Hispanic – ethnic origin reported” was approximately 4 percentage points higher in Q3 compared to Q2. In addition, it appears more applicants who report being Hispanic are not selecting a sub-category, as evidenced by the increase (~5 percentage points) in the share of individuals checking the “Other” box.

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2016 Q3	19	Western Center on Law & Poverty	8/18/2017	18, 25	(Tables 2.5 and 3.5) The response to our Q2 2016 comment about written Chinese languages was: "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." Table 2.5 now shows all three options: Traditional Chinese Character, Cantonese, and Mandarin. Is that the result of a CalHEERS release to fix that? When did that go in? What future fixes, if any, are scheduled? Does the information reflected in the Q3 report mean that consumers are given all three options on the appliciation? Will furture ABx1_1 reports include all three as written language choices.?	Covered CA 09/20/2017: The defect related to language inconsistencies on the application was linked to CR# 79504, release 17.8. With respect to future releases, AB 1296 on the DHCS website hosts a 24-month roadmap on upcoming changes: http://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/StakeholderMeeting082417.aspx. Covered California's data submission to DHCS for the Q4 2016, Q1 2017 and Q2 2017 ABX1-1 includes Traditional Chinese Character, Cantonese, and Mandarin.

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2016 Q3	20	National Health Law Program	8/18/2017	21	P. 21, Section 3.1: Individuals who selected a subsidy eligible QHP declined by 15% while individuals enrolled in unsubsidized QHPs increased. Is there a break down on why this is occurring? Does it have to do with consumers not being aware of requirement to attest to file taxes in order to receive subsidies?	Covered CA 09/20/2017: While the count of individuals who enrolled in unsubsidized QHPs was higher in Q3, as a share of the total, it remains virtually identical to Q2 at approximately 4 percent.

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2016 Q3	21	Western Center on Law & Poverty	8/18/2017	22	Is there additional messaging to the 346 people who are 65+ and selecting a QHP to adivse/ask about Medicare eligibility? Are the 65+ year-olds picking unsubsidized QHPs?	Covered CA 09/20/2017: Covered California sends a monthly notice to Medicare-eligible individuals. The notices are sent to any individual within 3 months of their 65th birthday and all those over 65 who selected a plan in the previous 30 days. The letter is informational, advising consumers to contact the Social Security Administration for more information about their Medicare eligibility. Covered California also sent a Medicare Equitable Relief notice to consumers advising of the equitable relief being offered by the Centers for Medicare and Medicaid Services (CMS). The notice advised that until September 30th 2017, CMS will allow some consumers to enroll in Medicare Part B (Medical Insurance) with zero or reduced late enrollment penalties. The letter advised consumers to contact the Social Security Administration for more information.
2016 Q3	22	The Children's Partnership	8/18/2017	27	Table 3.7 shows a tremendous increase in new Medi-Cal eligible children (23 percent increase) over the previous quarter. How much of this is due to SB 75? Is there a way to get a break out of the SB 75 for this period?	DHCS 09/27/2017: Yes, the increase in new Medi-Cal eligible is due to SB 75. TheSB 75 transition and new enrolles by county report is available at DHC SB 75 website: http://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/SB75_Enroll_Co.aspx

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2016 Q3	23	Disability Rights Education and Defense Fund	8/18/2017	29	In the chart on p. 29, which details the primary language demographics of eligible individuals, how is that "primary language" determined? I don't remember whether there is a 3rd question on the streamlined app that asks for "primary" language in addition to primary spoken and primary written languages, but I have no recollection of that.	DHCS 09/27/2017: On page 6 of Medi-Cal Single Streamlined Application, there are questions for "what language should we write to this person in and what language does this person want us to speak to him or her in". http://www.dhcs.ca.gov/services/medi-cal/eligibility/Documents/2014_CoveredCA_Applications/ENG-CASingleStreamApp.pdf). At this time, only preferred written and preferred spoken are captured through the SSApp process. There is no question for “primary language.” In looking at the list, it appears to include spoken languages (Mandarin and Cantonese are spoken, not written), however it also includes far more potential responses than what we can capture in the SSApp. As the source for this chart is MEDS, would EITS be able to provide more detail on how this field is populated in MEDS?

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2016 Q3	24	Disability Rights Education and Defense Fund	8/18/2017	29	For those folks who have a primary language of ASL or another sign language, how are written communications conveyed to them? Ideally it *should* be in sign, but if they don't report a primary written language (because they don't have one), are they defaulted to English?	DHCS 09/28/2017: The SSApp captures preferred written language (out of 12 threshold written languages) and preferred spoken language (out of 13 threshold spoken languages). ASL is not captured in the SSApp process. For written languages, the applicant would identify whichever language they prefer to read in. If no language is chosen it is defaulted to English. Additionally, a person who uses ASL is able to provide that information to the county to obtain assistance in-person or telephone access through TTY or video or other relay service.
2016 Q3	25	Disability Rights Education and Defense Fund	8/18/2017	29	On that same p. 29 chart, how is "unknown" distinguished from "not reported"? Is it that someone wrote in or said something but it couldn't be matched to any known language?	DHCS 09/27/2017: "Not reported" means the individual declined to provide any information to the state and "unknow" means no information was available or missing information.
2016 Q3	26	National Health Law Program	8/18/2017	32	P. 32, Section 4.1: Is there data that indicates enrollment trends (enrollment/disenrollment) by Region over time?	Covered CA 09/20/2017: As part of ABX1-1 quarterly reporting, we provide enrollment data disaggregated by region. In addition, under the Active Member Profiles heading on Covered California's website, quarterly enrollment data by region is available: http://hbex.coveredca.com/data-research/

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2016 Q3	27	National Health Law Program	8/18/2017	34	P. 34, Section 4.3: Is it possible to break down the date on unsubsidized silver?	Covered CA 9/20/2017: Covered CA is requesting cla
2016 Q3	28	Western Center on Law & Poverty	8/18/2017	35	Thank you for the footnote 31 reflecting that Silver 70 is not eligible for CSR. Is it a correct assumption that anyone who chooses a Silver 70 is not CSR-eligible? Or put another way, if a person is CSR eligible and they pick a silver plan they will be put into the correct enhanced silver plan (73, 87, 94).	Covered CA 09/20/2017: Yes, that is correct. If a person is CSR eligible and they pick a silver plan they will be put into the correct enhanced silver plan.
2016 Q3	29	National Health Law Program	8/18/2017	37	P. 37, Section 4.6: Are there any updates to the 1,400 beneficiaries whose enrollment into managed care was not recorded as a selection or default?	DHCS 10/04/2017: DHCS is researching this request. DHCS 05/04/2018: This data is not available at this time.

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2016 Q3	30	The Children's Partnership	8/18/2017	40	In Figure 5.1, what portion of the 25% who are not found eligible for Medi-Cal are eligible for QHP? And enroll in a QHP? Of the 16% that are not processed yet in this time period, is there ever a look back to see what in fact is the overall renewal rate after all our processed in that time period. Overall it looks like the renewal rate is not very high something less than 75% (depending how many of the not processed yet are renewed). What are the main reasons for not renewing?	DHCS 10/04/2017: DHCS is researching this question. DHCS 1/30/2018: This information is not available for this report. A PRA request is recommended.
2016 Q3	31	National Health Law Program	8/18/2017	40	P. 40, Section 5.1: For the 16% of renewals not processed during the reporting period, does this mean that they were eventually processed just after the reporting period? What is the source of the delay?	DHCS 10/04/2017: DHCS is researching this question. DHCS 01/05/2018: DHCS is unable to identify when these were processed. New renewals reporting allows us to track renewals processed during a four month reporting timeframe.

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2016 Q3	32	Western Center on Law & Poverty	8/18/2017	40	For the "less than 1% of renewals were due to individuals reinstated uring the 90-day period"--does that number seem appropriate to DHCS, or would DHCS expect more people to be reinstated during the 90-day cure period? Is more and better public education and outreach needed? Is there a way to track number of people who failed to renew but then submitted a new appliction more than 90 days after their Medi-Cal was terminated?	DHCS 10/04/2017: DHCS has improved the data collection of renewals processing to more accurately reflect reinstatement data and can be found on the CHHS Open Data Portal.
2016 Q3	33	National Health Law Program	8/18/2017	42	P. 42, Section 6.1: Is it possible to see the MCAP eligibility appeals data once it becomes available in future reports?	DHCS 08/28/2017: DHCS is working on providing MCAP eligibility appeals data and will include it once available in future reports. DHCS 04/26/2018: This data is not available at this time.
2016 Q3	34	Western Center on Law & Poverty	8/18/2017	42	Why are there so many more appeals (more than double) of Covered CA denials over Medi-Cal denials? Can we add findings of *ineligibility* to the reports? Income relates to a spectrum of eligibility, but someone could be found ineligible for a variety of reasons.	DHCS 09/27/2017: DHCS is currently working with CDSS in researching this request to determine if this data can be added in future reports

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2016 Q3	35	National Health Law Program	8/18/2017	46	P. 46, Section 7.3: Is there any indication why pregnant women enrolled in MAGI declined by 5,431 from June-Sept.? Are pregnant individuals switching to other plans or disenrolling entirely?	DHCS 08/28/2017: The tracking is of pregnant women to apply for Medi-Cal coverage and pregnancy coverage is a time limited coverage period, so it is not surprising to see pregnant women leaving pregnancy coverage at the end of their post-partum period. Those leaving will be evaluated for eligibility in the Insurance Affordability Programs at the end of their post-partum period and will be enrolled into the program for which they qualify (it could be Medi-Cal or Covered California coverage). Also, if a woman was on MAGI Medi-Cal and later became pregnant she would not be counted in the tracking system because she would still be listed under the MAGI Medi-Cal aid code and don't believe the tracking mechanism is looking at pregnancy related claims.
2016 Q3	36	Western Center on Law & Poverty	8/18/2017	46	Related to NHeLP's question -- I don't see reports of applications for pregnant women. Is the decrease in enrolled pregnant women related to a decrease in applications of pregnant women? Can this decrease be solely attributed to post-partum/pregnancy termination patterns?	DHCS 10/04/2017: DHCS is researching this question. DHCS 11/28/2017: DHCS does not find a correlation between the number of pregnant women included on applications and individuals enrolled in the Medi-Cal pregnant women eligibility groups.

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2016 Q3	37	Western Center on Law & Poverty	8/18/2017	47	Is the decrease in the Aged, Blind & Disabled programs consistent with other program attrition, both in this quarter and historically?	DHCS 10/04/2017: DHCS is researching this question. DHCS 05/09/2018: DHCS recognizes this trend but is not able to correlate with any one factor.