

**Managed Risk Medical Insurance Board  
December 15, 2010, Public Session**

Board Members Present: Cliff Allenby (Chairman)  
Samuel Garrison  
Richard Figueroa  
Sophia Chang, MD, MPH

Ex Officio Members Present: Ed Heidig, Representing Dale Bonner;  
Jack Campana, Chairman of the Healthy Families  
Advisory Panel

Staff Present: Lesley Cummings, Executive Director;  
Janette Casillas, Chief Deputy Director;  
Laura Rosenthal, Chief Counsel;  
Terresa Krum, Deputy Director Administration;  
Shelley Rouillard, Deputy Director Benefits &  
Quality Monitoring;  
Jeanie Esajian, Deputy Director Legislative &  
External Affairs;  
Seth Brunner, Senior Staff Counsel;  
Thien Lam, Operations Manager for Eligibility,  
Enrollment & Marketing;  
John Symkowick, Legislative & External Affairs;  
Larry Lucero, EE/CAA Services Manager;  
Kathi Dobrinen, Contract Compliance & Marketing  
Manager;  
Darryl Lewis, Eligibility & Enrollment Manager  
Anjonette Dillard, Policy Manager  
Muhammad Nawaz, Research Manager Benefits &  
Quality Monitoring;  
Marlene Ricigliano, Manager, Administration;  
Amanda Evans, Manager, Administration;  
Amy Kuo, Manager, Administration;  
Tony Lee, Manager, Administration;  
Loressa Hon, Manager, Administration Division;  
Brian Warren, Manager, Benefits & Quality  
Monitoring;  
Rachelle Weiss, Research Program Specialist, Benefits &  
Quality Monitoring;  
Jennifer Davis, Senior Staff Counsel;  
Gabriel Ravel, Staff Counsel;  
Elva Sutton, Administration;  
Jose Gomez, Administration;  
Maria Angel, Executive Assistant to the  
Board and the Executive Director;  
Olivia Almaraz, Board Assistant.

Chairman Cliff Allenby called the meeting to order at 10:02 a.m., and then convened the Executive Session. The Public items resumed at 10:40 a.m. The Executive Session reconvened at 11:30 a.m.

## **REVIEW AND APPROVAL OF MINUTES OF NOVEMBER 17, 2010 PUBLIC SESSION**

The minutes of the November 17, 2010 Board Meeting were moved, seconded and unanimously approved.

The November 17, 2010 Public Minutes can be found at:

[http://mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_121510/Agenda\\_Item\\_3\\_11-17-10\\_Public\\_Minutes.pdf](http://mrmib.ca.gov/MRMIB/Agenda_Minutes_121510/Agenda_Item_3_11-17-10_Public_Minutes.pdf)

## **EXECUTIVE DIRECTOR REMARKS**

The Board acknowledged that this was the last meeting Ms. Lesley Cummings would attend as MRMIB's Executive Director. Chairman Allenby expressed gratitude for Ms. Cummings' exemplary 36 years of state service to California and presented a letter from the Governor who thanked Ms. Cummings for her many years of commitment and dedication. Chairman Allenby stated that she will be missed dearly.

Ms. Cummings opened her Director remarks by reminding the Board that MRMIB's Holiday Open House would be held after the Board Meeting. She explained that, as she was working with staff to decorate the event, staff used decorations that were recycled from the past. The staff person mentioned that "*we make do with what we have.*" Ms. Cummings reflected that, in the past twenty years, the Board had to "*make do with what they had,*" using whatever resources available to them in order to address our challenged health care system.

Ms. Cummings reflected on major events during her years as Executive Director. During her first year as Executive Director, MRMIB experienced fiscal and budget constraints and the State of California continues to have fiscal challenges as she is leaving. However, despite the fiscal challenges that MRMIB faced, staff and the Board always worked hard to accomplish the Board's mission and goals. She remarked that the Board has always been open, transparent, accountable and has continuously supported MRMIB staff. It is because of the Board's great leadership that many people acknowledge the work and success of MRMIB.

## **FEDERAL BUDGET, LEGISLATION AND EXECUTIVE BRANCH ACTIVITY (Including Healthcare Reform, Economic Stimulus & Budget)**

Ms. Cummings noted that there were news articles in the Board packet which covered a recent U.S. District Court ruling, regarding the individual mandate under federal health care reform. She also explained that, in the past, two other courts ruled differently regarding the individual mandate federal requirement.

Chairman Allenby asked if there were any questions or comments from the Board. Hearing none, he asked if there were questions or comments from the audience. There were none.

The documents for the Federal Budget, Legislation & Executive Branch Activity update are located at:

[http://mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_121510/Agenda\\_Item\\_5\\_Federal%20Budget\\_Legislation\\_etc.pdf](http://mrmib.ca.gov/MRMIB/Agenda_Minutes_121510/Agenda_Item_5_Federal%20Budget_Legislation_etc.pdf)

## **STATE BUDGET UPDATE**

Ms. Loessa Hon, Chief of Fiscal Services, reported that the Governor declared a fiscal emergency and called a special session of the Legislature to consider budget reduction proposals. She explained that the State of California has a \$6 billion shortfall. Proposed program reductions are identified for the Healthy Families Program (HFP) only and not any other MRMIB programs. HFP proposed program reductions included eliminating vision benefits, increasing monthly premiums for families in income categories B and C, as well as increasing copays for emergency room visits and inpatient services. These were the same program reductions previously proposed by the Governor, which were rejected by the Legislature. There were no proposed program reductions for the Access for Infants & Mothers (AIM) Program and the Major Risk Medical Insurance Program (MRMIP).

Chairman Allenby asked if there were any questions or comments from the Board. Hearing none, he asked if there were questions or comments from the audience. There were none.

## **EXTERNAL AFFAIRS UPDATE**

Ms. Jeanie Esajian, Deputy Director for Legislation and External Affairs, provided an update to the Board, regarding media coverage related to the Pre-Existing Condition Insurance Plan (PCIP). Two PCIP subscribers were recently interviewed by the media and shared their experiences about the difficulties they experienced in obtaining health insurance coverage due to a pre-existing condition. The PCIP subscribers indicated that PCIP has significantly changed their lives and has given them hope now that they have access to health care benefits.

She also reported to the Board that four reporters representing a radio station, newspaper, magazine and web news contacted MRMIB regarding PCIP.

Chairman Allenby asked if there were any questions or comments from the Board. Hearing none, he asked if there were questions or comments from the audience. There were none.

The document for the External Affairs Update is located at:

[http://mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_121510/agenda\\_item\\_7\\_MRMIB\\_Media\\_Rept\\_121010.pdf](http://mrmib.ca.gov/MRMIB/Agenda_Minutes_121510/agenda_item_7_MRMIB_Media_Rept_121010.pdf)

## **PRE-EXISTING CONDITION INSURANCE PLAN (PCIP)**

### **Enrollment Report**

Ms. Thien Lam, Operations Division Manager, reported that enrollment in the PCIP program was growing. As of the end of November, PCIP enrollment increased over 63 percent from the prior month. As of the end of November, over 800 individuals enrolled

in PCIP. Close to 300 were new subscribers in that month. As of December 14<sup>th</sup>, however, there were over 930 individuals enrolled. The majority of subscribers continue to be Caucasian, which is consistent with October's data and remained comparable with the Major Risk Medical Insurance Program (MRMIP). Ms. Lam noted that there was a 2 percent increase of the number of Asian/Pacific Islanders subscribers enrolled and a 2 percent increase in the number of African American subscribers.

About three quarters, or 74.7 percent of subscribers, were between the ages of 30 to 64. About 24 percent of individuals enrolled in the program were up to age 29. This reflected a 6 percent increase for this specific age group. There were no notable changes to the spoken language of subscribers and no significant changes to enrollment in the top ten counties.

The Administrative Vendor processed more than 790 applications in November. Close to 20 percent of the applicants received assistance from insurance agents and brokers, which reflected a 6 percent increase compared to October. During the November 17<sup>th</sup> Board Meeting, MRMIB staff reported that the \$50 reimbursement payment process to insurance agent and brokers who successfully enroll an applicant into PCIP would occur sometime in December. Ms. Lam reported that the \$50 payment was implemented in late-November. More than 80 insurance agents and brokers received the \$50 reimbursement payment.

In the month of November alone, there were over 440,000 website hits on the PCIP website. The Administrative Vendor mailed out over 1,500 applications and received over 530 applications. There were more than 3,700 calls through the PCIP call center's toll-free line.

Ms. Lam indicated that MRMIB staff continues to conduct program analysis and evaluation regarding the application process and noted that the information will be presented to the Board in early-2011.

Regarding outreach activities, since the last Board Meeting, staff conducted targeted outreach, via e-mail mass mailing, to more than 3,500 insurance agents and brokers. The outreach effort announced that PCIP was open to enrollment, encouraged insurance agents and brokers to promote and assist individuals to apply for PCIP, with the incentive to receive the \$50 reimbursement payment for each successfully enrolled applicant. In addition, the PCIP website now has an "Outreach Materials" tab, which promotes the use and accessibility of PCIP outreach materials. Various entities and organizations are able to download any of the outreach materials on an "as-needed-basis." Furthermore, MRMIB staff is currently developing a "PCIP 101" webinar, which will be conducted sometime in January. The webinar will also be available on the PCIP website, so that it is easily accessible to any organization, entity, insurance agent, broker or individual at any time.

Chairman Allenby asked if there were any questions or comments from the Board. Hearing none, he asked if there were questions or comments from the audience. There were none.

The PCIP Enrollment Report is located at:

[http://mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_121510/Agenda\\_Item\\_8.a\\_PCIP\\_Board\\_Report\\_for\\_Oct\\_2010\\_rev\\_11-16-10.pdf](http://mrmib.ca.gov/MRMIB/Agenda_Minutes_121510/Agenda_Item_8.a_PCIP_Board_Report_for_Oct_2010_rev_11-16-10.pdf)

## Administrative Vendor Performance Report

Chairman Allenby stated that the PCIP Administrative Vendor Report would be presented at the next meeting.

## TPA Vendor Performance Report

Mr. Brian Warren, PCIP Benefits Manager, presented the first Third Party Administrator (TPA) Vendor Report for the month of November. He explained that the TPA Vendor Report measures the TPA's monthly performance in various categories based on specific contract requirements. The TPA Vendor Report identifies the contracted level of performance required and performance level actually met and was grouped by subject area. As a result of November being the first reporting month, there are certain performance categories where data was not available. For example, no claims were disputed, so the performance level was shown as "N/A."

Mr. Warren explained that the "Pharmacy Dispensing" performance standards will be reported to the Board on a quarterly basis. Data pertaining to the TPA's performance in October through December will be available in January. Therefore, the performance standards will be reported to the Board in February. In future Board reports, the "Pharmacy Dispensing" performance standards will be included in the TPA Performance Report, on a quarterly basis, when data is available.

Overall, the TPA met or exceeded the performance standards. However, there were two areas where the TPA did not meet the contracted level; specifically, calls received through the subscriber customer service and provider technical support toll-free line. The call answered time measures the amount of time it took a customer service representative to answer a call, once the caller indicated that they wanted to speak to a customer service representative. While 74 percent of subscriber calls and 75 percent of provider technical calls were answered within 30 seconds, the TPA did not meet the contractual performance standards of 85 percent for both. However, overall, the TPA's average time to answer subscriber customer service calls was 26 seconds and 25 seconds for provider technical support calls.

MRMIB staff addressed the issue with the TPA and noted that this was likely a temporary situation. Staff acknowledged that during the first month of program implementation, the TPA experienced a disproportionately large number of calls from subscribers and providers who were unclear about which providers were part of the PCIP PPO network. Therefore, when addressing the callers' concerns and questions, the TPA had to make additional outgoing calls to the providers and subscribers, which required much time and effort. The PPO Network Administrator conducted outreach to the in-network providers and provided more information about PCIP covered benefits and the structure of the PPO network. Since this outreach effort, the volume of incoming calls received through the toll-free line has significantly decreased. When analyzing the performance standards for the second-half of November, the TPA's average time to answer subscriber customer service calls decreased to 18 seconds and decreased to 19 seconds for provider technical support calls.

During the month of November, sixteen subscribers completed a comprehensive wellness exam. These subscribers will receive the one-time \$50 premium discount which will be applied towards a future month's premium.

Chairman Allenby asked if there were any questions or comments from the Board. Hearing none, he asked if there were questions or comments from the audience. There were none.

The PCIP TPA Vendor Report is located at:

[http://mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_121510/Agenda\\_Item\\_8.c\\_PCIP\\_TPA\\_Performance\\_Report.pdf](http://mrmib.ca.gov/MRMIB/Agenda_Minutes_121510/Agenda_Item_8.c_PCIP_TPA_Performance_Report.pdf)

### Other Implementation Issues

Ms. Hon provided an update regarding revised estimates on the number of individuals that may be covered under the PCIP. The analysis was based on October through December actual PCIP enrollment figures, as well as the age dispersion for PCIP enrollees which was modeled from the Major Risk Medical Insurance Program. In 2011, the average monthly premium for PCIP subscribers was projected to be \$415. The average claim cost was estimated to be \$1,100 per month for each enrollee and assumed a 10% claim cost increase per year. Based on this recent analysis, the revised enrollment estimate increased from 23,100 to 24,300 starting in January 2011.

Chairman Allenby asked if there were any questions or comments from the Board. Hearing none, he asked if there were questions or comments from the audience. There were none.

The document for Other Implementation Issues is located at:

[http://mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_121510/agenda\\_item\\_8.d\\_PCIP\\_funded\\_enrollment\\_estimate\\_12-14-10.pdf](http://mrmib.ca.gov/MRMIB/Agenda_Minutes_121510/agenda_item_8.d_PCIP_funded_enrollment_estimate_12-14-10.pdf)

## **HEALTHY FAMILIES PROGRAM (HFP) UPDATE**

### Enrollment and Single Point of Entry Report

Mr. Darryl Lewis, Eligibility and Enrollment Manager, noted that at the end of November, there were more than 879,000 children enrolled in the program. More than 26,000 of these children were new subscribers. There were no notable changes of subscribers enrolled in the top five (5) counties and no significant changes to subscribers' demographic information. The vast majority of applicants' spoken language continues to be English and Spanish, which represents more than 91 percent of HFP families. Single Point of Entry processed more than 23,600 applications, where more than 27 percent of the applications were assisted by Certified Application Assistants (CAAs). More than 70 percent of the applications received at Single Point of Entry were forward to the Healthy Families Program.

Chairman Allenby asked if there were any questions or comments from the Board. Hearing none, he asked if there were questions or comments from the audience. There were none.

The HFP Enrollment and Single Entry Report is located at:  
[http://mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_121510/Agenda\\_Item\\_9.a\\_HFP\\_Enrollment\\_Summary.pdf](http://mrmib.ca.gov/MRMIB/Agenda_Minutes_121510/Agenda_Item_9.a_HFP_Enrollment_Summary.pdf)

#### Administrative Vendor Performance Report

Mr. Lewis reported that the Administrative Vendor continued to meet all eighteen areas of performance, quality and accuracy standards.

Chairman Allenby asked if there were any questions or comments from the Board. Hearing none, he asked if there were questions or comments from the audience. There were none.

The HFP Administrative Vendor Report is located at:  
[http://mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_121510/Agenda\\_Item\\_9.b\\_HFP\\_Adm\\_Vendor\\_Perf\\_November\\_2010\\_Summary.pdf](http://mrmib.ca.gov/MRMIB/Agenda_Minutes_121510/Agenda_Item_9.b_HFP_Adm_Vendor_Perf_November_2010_Summary.pdf)

#### CHIP Reauthorization Implementation

Ms. Cummings noted that there was nothing new to report to the Board.

#### Adoption of 2011 Rulemaking Calendar

Chairman Allenby stated that the Adoption of the 2011 Rulemaking Calendar would be presented at the next meeting.

#### Updated 2011-12 Community Provider Plan (CPP) Timeline

Mr. Muhammad Nawaz, Research Manager, presented the updated 2011-12 Community Provider Timeline. As a result of the changes to the current benefit year timeline (October 1–September 30), MRMIB staff has revised the timeline for the CPP designation process. On November 19, 2010, staff released the preliminary lists of hospital, clinic and CHDP providers to the plans. In the past, plans were only given one month to submit appeals to add other T&SN providers to the lists. However, the new timeline now gives plans two months to appeal with the deadline date being January 18, 2011. The Board will announce the CPP designations at the May 18, 2011, Board Meeting.

Chairman Allenby asked if there were any questions or comments from the Board. Hearing none, he asked if there were questions or comments from the audience. There were none.

The Updated 2011-12 Community Provider Plan Timeline is located at:  
[http://mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_121510/Agenda\\_Item\\_9.e\\_Updated\\_2011-12\\_Community\\_Provider\\_Plan\\_\(CPP\)\\_Timeline.pdf](http://mrmib.ca.gov/MRMIB/Agenda_Minutes_121510/Agenda_Item_9.e_Updated_2011-12_Community_Provider_Plan_(CPP)_Timeline.pdf)

#### 2011-12 Model Plan Contract Amendments

Chairman Allenby stated that the 2011-12 Model Plan Contract Amendment Language would be presented at the next meeting.

## 2008 and 2009 Healthcare Effectiveness Data and Information Set (HEDIS) Report

Ms. Rachele Weiss, Research Program Specialist, presented the HEDIS Report for services provided in 2008 and 2009. The report contains weighted averages for the HFP overall, as well as individual plan rates. MRMIB staff compared HFP weighted averages against the national Medicaid HMO averages and the national commercial HMO plan averages. Individual plan rates were compared against the national commercial HMO 90<sup>th</sup> and 10<sup>th</sup> percentiles.

The high performing plans were those that had five or more rates above the national commercial 90<sup>th</sup> percentile. For 2009, high performing plans were Kaiser Foundation Health Plan North and South, San Francisco Health Plan and Alameda Alliance for Health.

Lower performing plans were those that had seven or more rates below the national commercial 10<sup>th</sup> percentile. For 2009, the lower performing plans were Blue Shield EPO and Community Health Plan.

At the January Board Meeting, MRMIB staff will publicly recognize the high performing plans in 2008 and 2009. In addition, staff will also acknowledge plans that most improved their performance between 2007 and 2009.

The HEDIS Report included an analysis of the HFP over the past three years (from 2007 to 2009). Overall, the HFP weighted averages consistently increased during this timeframe. Nine of the sixteen HEDIS rates reported for 2009 were above the national commercial and Medicaid averages.

Ms. Weiss reviewed the results for each of the HEDIS measures. The vast majority of HFP children were seen by their primary care practitioner at least once a year. Staff also noted that there were six measures where the HFP weighted averages significantly increased between 2007 and 2009, specifically, in the areas of child immunization, treatment for upper respiratory infection, adolescent well care visits, well child visits in the 3<sup>rd</sup> through 6<sup>th</sup> years of life, testing for pharyngitis, and chlamydia screening in teens. In addition, from 2008 to 2009, lead screening in children increased by 10 percent.

While there has been noticeable improvements on the HFP weighted averages, there were a few measures where the HFP weighted averages continued to be low compared the national commercial and Medicaid averages. These include appropriate testing for pharyngitis, well child visits in the first 15 months of life, chlamydia screening and adolescent well care visits. In addition, Ms. Weiss noted the low utilization rates for mental health and identification of alcohol and other drugs services. She noted these results are consistent with the findings from the recent evaluation of plan provided mental health and substance abuse services.

Ms. Weiss informed the Board that, for the 2011 report, MRMIB staff will be collecting and analyzing data for new measures in the areas of childhood immunizations (combination 10) and immunizations in adolescents.

Board Member Richard Figueroa raised a question about the pharyngitis measure and questioned whether the low rate of testing was unique to California because of how the health care delivery system is organized. He wondered if this was an anomaly compared to national averages.

Board Member Sophia Chang suggested MRMIB staff look at the HFP pharyngitis measures compared to the Integrated Healthcare Association (IHA) to get a sense of health care in California. She also stated that there may be certain types of services provided at clinics and doctors offices which are not coded in the system. Therefore, these services may not be identified as being performed in the HEDIS measures.

Chairman Allenby inquired about what strategies MRMIB staff is considering to help improve the HFP performance measures. Ms. Cummings explained that MRMIB staff is committed and works with the plans on how to improve their performance. However, it has been difficult to provide monetary incentives to the plans due to the state budget deficit. MRMIB staff looked at proposals to use the Community Provider Plan (CPP) designation process to award the CPP to higher performing plans as an incentive.

Ms. Shelley Rouillard, Deputy Director of the Benefits and Quality Monitoring Division, explained that MRMIB will be contracting with an External Quality Review Organization (EQRO) to implement CHIPRA quality assurance standards. One goal of the project will be to establish minimum performance standards for HFP plan contracts and identify approaches to improve plan performance. MRMIB staff will discuss the focus of the EQRO project at future Board Meetings. Last year, staff worked closely with higher performing plans to learn more about their experiences and best practices around adolescent care. The information was shared with the lower performing plans. At least one plan undertook significant activities to increase adolescent well care visits. MRMIB staff has already identified strategies for dental plan improvements, which will be shared with the Board at the next meeting.

Chairman Allenby asked if there were any additional questions or comments from the Board. Hearing none, he asked if there were questions or comments from the audience. There were none.

The 2008 and 2009 HEDIS Report is located at:  
[http://mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_121510/Agenda\\_Item\\_9.g\\_2008\\_and\\_2009\\_Healthcare\\_Effectiveness\\_Data\\_and\\_Information\\_Set\\_\(HEDIS\)\\_Report.pdf](http://mrmib.ca.gov/MRMIB/Agenda_Minutes_121510/Agenda_Item_9.g_2008_and_2009_Healthcare_Effectiveness_Data_and_Information_Set_(HEDIS)_Report.pdf)

## **ACCESS FOR INFANTS AND MOTHERS (AIM) UPDATE**

### **Enrollment Report**

Ms. Kathi Dobrinen, Contract Compliance & Marketing Manager, reported that in November, there were 911 new subscribers enrolled in the AIM program, for a total enrollment of 7,036 members. The majority of subscribers continue to be Latina. The percentage of enrollment in specific counties did not experience notable changes. Los Angeles, San Diego and Orange Counties were the top three (3) counties, representing approximately 48 percent of the AIM population. The health plans subscribers were enrolled in did not significantly change compared to the last month.

Chairman Allenby asked if there were any questions or comments from the Board. Hearing none, he asked if there were questions or comments from the audience. There were none.

The AIM Enrollment Report is located at:

[http://mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_121510/Agenda\\_Item\\_10.a\\_AIM\\_Enrollment\\_Summary.pdf](http://mrmib.ca.gov/MRMIB/Agenda_Minutes_121510/Agenda_Item_10.a_AIM_Enrollment_Summary.pdf)

#### Administrative Vendor Performance Report

Ms. Dobrinen reported that the administrative vendor continued to meet all of the seven areas of performance, quality and accuracy standards.

Chairman Allenby asked if there were any questions or comments from the Board. Hearing none, he asked if there were questions or comments from the audience. There were none.

The AIM Administrative Vendor Performance Report is located at:

[http://mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_121510/Agenda\\_Item\\_10.b\\_AIM\\_Adm\\_Vendor\\_Perf\\_November\\_2010\\_Summary.pdf](http://mrmib.ca.gov/MRMIB/Agenda_Minutes_121510/Agenda_Item_10.b_AIM_Adm_Vendor_Perf_November_2010_Summary.pdf)

#### Financial Report

Ms. Amanda Evans, Financial Operations Manager, presented the AIM Financial Report. At the end of the state fiscal year 2009-10 (ending on June 30, 2010), the beginning balance for the AIM program was \$6.1 million. Revenues received during fiscal year 09-10 were \$37.3 million and actual program expenditures were \$26.1 million, leaving an ending balance of \$11.2 million. She reported that \$3.9 million would be used and reserved for 2009-10 expenditures and \$7.3 million of the remaining balance will be carried over and allocated for state fiscal 2010-11.

Chairman Allenby asked if there were any questions or comments from the Board. Hearing none, he asked if there were questions or comments from the audience. There were none.

The AIM Financial Report is located at:

[http://mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_121510/Agenda\\_Item\\_10.c\\_AIM\\_Financial\\_Statement.pdf](http://mrmib.ca.gov/MRMIB/Agenda_Minutes_121510/Agenda_Item_10.c_AIM_Financial_Statement.pdf)

## **MAJOR RISK MEDICAL INSURANCE PROGRAM (MRMIP) UPDATE**

### **Enrollment Report**

Ms. Anjonette Dillard presented the Major Risk Medical Insurance Program enrollment report. As of December 1, there were 6,962 subscribers enrolled in the program. The wait list total was at 38 individuals. She explained that the MRMIP was open for enrollment; however, these individuals were placed on the wait list as a result of deferred enrollment. There were no notable changes to the subscribers' demographic information.

Board Member Richard Figueroa stated that since all MRMIP applications are now forwarded to PCIP for application screening and eligibility determinations, it will be interesting to monitor the enrollment trends for the MRMIP. He indicated that it will take some time before the MRMIP enrollment trends were normalized.

Ms. Dillard indicated that staff is closely monitoring and evaluating the impacts that PCIP has on the MRMIP enrollment numbers.

Chairman Allenby asked if there were any additional questions or comments from the Board. Hearing none, he asked if there were questions or comments from the audience. There were none.

The MRMIP Enrollment Report is located at:

[http://mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_121510/Agenda\\_Item\\_11.a\\_MRMIP\\_Enrollment\\_Summary.pdf](http://mrmib.ca.gov/MRMIB/Agenda_Minutes_121510/Agenda_Item_11.a_MRMIP_Enrollment_Summary.pdf)

### **Update on Enrollment Cap and Waiting List**

Ms. Dillard noted that, as of this week, there were a total of 40 individuals placed on the waiting list due to deferred enrollment.

Chairman Allenby asked if there were any questions or comments from the Board. Hearing none, he asked if there were questions or comments from the audience. There were none.

The MRMIP Update on Enrollment Cap and Waiting List report is located at:

[http://mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_121510/Agenda\\_Item\\_11.b\\_MRMIP\\_Enrollment\\_Cap\\_Waiting\\_List\\_Report.pdf](http://mrmib.ca.gov/MRMIB/Agenda_Minutes_121510/Agenda_Item_11.b_MRMIP_Enrollment_Cap_Waiting_List_Report.pdf)

### **Administrative Vendor Report**

Ms. Dillard noted that the administrative vendor continued to meet all performance standards. The reported noted that there were 5,247 calls received by the MRMIP call center.

Chairman Allenby asked if there were any questions or comments from the Board. Hearing none, he asked if there were questions or comments from the audience. There were none.

The MRMIP Administrative Vendor Report is located at:  
[http://mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_121510/Agenda\\_Item\\_11.c\\_MRMIP\\_Adm\\_Vendor\\_Perf\\_for\\_November\\_2010.pdf](http://mrmib.ca.gov/MRMIB/Agenda_Minutes_121510/Agenda_Item_11.c_MRMIP_Adm_Vendor_Perf_for_November_2010.pdf)

### Financial Report

Ms. Evans presented the MRMIP Financial Report. At the end of the state fiscal year 2009-10, the beginning balance for the MRMIP was \$34.1 million. Revenues received during year 09-10 (ending June 30, 2010) was \$66.9 million and actual program expenditures were close to \$46.5 million. She reported that the ending balance of \$20.4 million will be allocated towards MRMIP and the Guaranteed Issue Pilot Program (GIP) costs incurred in 2009-10, which would be paid out in fiscal year 2010-2011.

Chairman Allenby asked if there were any questions or comments from the Board. Hearing none, he asked if there were questions or comments from the audience. There were none.

The MRMIP Financial Report is located at:  
[http://mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_121510/Agenda\\_Item\\_11.d\\_MIP\\_Financial\\_Statement.pdf](http://mrmib.ca.gov/MRMIB/Agenda_Minutes_121510/Agenda_Item_11.d_MIP_Financial_Statement.pdf)

### 2011 Health Plan and Administrative Vendor Contract Extensions

Chairman Allenby asked for a motion to approve the resolution included in Agenda Item 11.e for the MRMIP Plan Service and Administrative Vendor contract extensions, specifically for Anthem Blue Cross, Contra Costa Health Plan and Kaiser Foundation Health Plan. The motion was made and seconded. Chairman Allenby asked if there were any comments. There were none. The Board voted unanimously to approve the motion.

The resolution for the 2011 Health Plan and Administrative Vendor Contract Extensions is located at:  
[http://mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_121510/agenda\\_item\\_11.e.pdf](http://mrmib.ca.gov/MRMIB/Agenda_Minutes_121510/agenda_item_11.e.pdf)

Chairman Allenby asked if there was any further business to come before the Board. Ms. Cummings said there was not.

The meeting was adjourned at 11:24 a.m.