

**Managed Risk Medical Insurance Board  
February 17, 2010, Public Session**

Board Members Present: Cliff Allenby (Chairman);  
Areta Crowell, Ph.D.;  
Sophia Chang, M.D., M.P.H.; and  
Richard Figueroa

Ex Officio Members Present: Jack Campana, Chair, HFP Advisory Panel;  
Ed Heidig representing the Business,  
Transportation and Housing Agency; and  
Katie Marcellus representing the California  
Health and Human Services Agency

Staff Present: Lesley Cummings, Executive Director;  
Janette Casillas, Chief Deputy Director;  
Laura Rosenthal, Chief Counsel;  
Shelley Rouillard, Deputy Director for Benefits  
and Quality Monitoring;  
Teresa Krum, Deputy Director for  
Administration Division;  
Jeanie Esajian, Deputy Director Legislative  
and External Affairs  
Loressa Hon, Manager in the Administration  
Division;  
Thien Lam, Manager for Eligibility, Enrollment,  
and Marketing Division;  
Kathy Dobrinen, Manager in the Eligibility,  
Enrollment and Marketing Division;  
Anjonette Dillard, Manager in the Eligibility,  
Enrollment, and Marketing Division;  
Tony Lee, Chief of Financial Operations, Rate  
Development and Contract Branch  
Muhammed Nawaz, Manager in the Benefits  
and Quality Monitoring Division;  
Maria Angel, Acting Executive Assistant to the  
Board and the Executive Director; and  
Theresa Skewes, Board Assistant.

Chairman Allenby called the meeting to order at 10:00 a.m. The Board then went into Executive Session. It reconvened for public items at 11:00 a.m.

## **REVIEW AND APPROVAL OF MINUTES OF JANUARY 21, 2010 PUBLIC SESSION**

Chairman Allenby asked for a motion to approve the January minutes. A motion was made and seconded. Chairman Allenby asked for any discussion. There was none. The Board unanimously approved the minutes.

The minutes can be found at:

[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_012110/012110\\_Minutes.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_012110/012110_Minutes.pdf)

## **FEDERAL BUDGET, LEGISLATION AND EXECUTIVE BRANCH ACTIVITY**

Jeanie Esajian noted that with enactment of federal health care reform a question mark after the Massachusetts election last month, the President is hosting a televised bipartisan health care summit next Thursday to invigorate discussion on the need for passage of reform this year. She indicated that the White House hinted yesterday that the President might unveil his own version of a health care reform bill prior to the summit.

Concerned about the failure to enact national health care reform, the National Association of State Comprehensive Health Insurance Plans (NASCHIP), the association of state high risk pool directors yesterday began urging members of Congress to appropriate funding for the old high-risk grants pool program.

Ms. Esajian pointed out that the board's packet contained two items of interest: A Washington Post article summarizing results of a Washington Post, Kaiser Family Foundation, and Harvard University poll of voters in the Massachusetts senatorial election and a Kaiser Family Foundation tracking poll on health care public opinion conducted last month.

Ms. Cummings said NASCHIP is working to get funding for the high risk pool grant process through the federal budget. She has communicated California's desire to get funding despite the fact that MRMIP has not qualified for the grants in the past and would not qualify under existing federal law. She reported that she will be seeking Administration support to address the problem and would work with the California Congressional Delegation on the matter. Ms. Cummings indicated that she has been working with PricewaterhouseCoopers PwC) to generate an estimate of the cost of removing MRMIP's \$75,000 annual benefit cap, which is the program feature that has disqualified MRMIP. She is presently reviewing PwC's estimate.

The documents on health care reform can be found at:

[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_021710/Agenda\\_Item\\_4.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_021710/Agenda_Item_4.pdf)

## **STATE BUDGET UPDATE**

Teressa Krum provided a budget update on two recent subcommittee hearings on special session items, one on the Senate side and one on the Assembly side. The

proposals include reducing eligibility for HFP to 200 percent of the federal poverty level, increasing HFP premiums and eliminating vision as an HFP benefit. She reported that testimony was taken and the committees asked questions, however no vote was taken.

Ms. Cummings asked Ms. Lam to review the operational timeframes for implementing to proposal to reduce eligibility to 200 percent.

Ms. Lam presented the Board with a document that detailed the key milestones and tasks needed to implement the proposal if the proposal to reduce the program down to 200 percent of the FPL was enacted. She reported that the document was consistent with the timeframes provided to the Board verbally at the last meeting. She asked the Chairman if he would like her to review the operational milestones again. Chairman Allenby replied that she did not need to do so, but he wanted to ensure that the public is aware that implementation is complex and not instantaneous. Dr. Crowell added that the proposal is not her choice. The Chairman commented that notwithstanding the Board's discomfort, it would do what needs to be done.

In response to the Board's question at the last meeting on the demographics of the population between 200-250% FPL, Ms. Lam reported that approximately 21 percent of the HFP enrolled population would lose eligibility and that the demographics are consistent with those of the program overall.

Chairman Allenby called for any questions or comments from the Board. There were none. He called for comments from the audience.

Lucinda Ward, representing Vision Service Plan (VSP), informed the Board that VSP is opposed to the elimination of the vision benefit and is working diligently to educate policymakers that few vision benefits that would remain through health plans are inadequate. Requiring parents to pay for vision correction would place a huge financial burden on parents.

She indicated that VSP is aware of the state's fiscal situation and asked the Board to direct staff to work with VSP to develop other options for cost savings. VSP testified before the Assembly budget subcommittee on a proposal that would save about \$3.6 million.

Chairman Allenby remarked that it is appropriate for staff to develop options. While the Governor has proposed elimination of the benefit and the budget is stark, the Legislature must act on the proposal and it is advisable to have as many arrows in the quiver as possible. The Board, and its staff, must be open to alternatives that produce program savings. The Chairman asked if the other members concurred with this view. They affirmed that they did.

The document detailing operational milestones for implementation of the HFP eligibility reduction can be found at:

[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_021710/Agenda\\_Item\\_5\\_2010\\_State\\_Budget\\_Initiative\\_HFP.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_021710/Agenda_Item_5_2010_State_Budget_Initiative_HFP.pdf)

### **STATE LEGISLATION**

Jeanie Esajian presented a report on bills of interest to the Board, paying particular attention to four bills that she had added to the priority list.

The legislative summary can be found at:

[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_021710/Agenda\\_Item\\_6.a\\_2009-2010\\_Regular\\_Session\\_State\\_Legislative\\_Report.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_021710/Agenda_Item_6.a_2009-2010_Regular_Session_State_Legislative_Report.pdf)

### **APPROVAL OF UNIVERSITY ENTERPRISES CONTRACT**

Ms. Krum requested approval from the Board for a new three-year contract with University Enterprises for up to \$205,000 to provide student assistance to MRMIB. The student assistance provides flexibility in ensuring that appeals are handled within the time frames and help with county and other work. Payment is in arrears on an hourly basis so staff will not necessarily spend the full amount. The Chairman asked for a motion to adopt the resolution included in Agenda Item 7. A motion was made and seconded Chairman Allenby asked if there was discussion. There was none. The Board voted unanimously to approve.

The resolution can be found at:

[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_021710/Agenda\\_Item\\_7\\_University\\_Enterprises\\_Board\\_Summary\\_and\\_Resolution.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_021710/Agenda_Item_7_University_Enterprises_Board_Summary_and_Resolution.pdf)

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

#### **Enrollment and Single Point of Entry Report**

Thien Lam reported that as of the end of January, there were more than 878,000 children enrolled in the program. More than 22,700 children were new subscribers, and the majority of subscribers continue to be Latino. She said there were no notable changes in the percentage of subscribers enrolled in the top five counties, nor were there notable changes to the applicants' spoken language.

Ms. Lam also reported that Single Point of Entry processed more than 17,200 applications, with a slight increase in the numbers of applications received who were assisted by CAAs. In January, more than 27 percent of the applications were assisted, a slight increase of 3 percent compared to the prior month. More than 67 percent of the applications received at Single Point of Entry were forwarded over to the Healthy Families program, Ms. Lam reported.

The Enrollment Report can be found at:

[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_021710/Agenda\\_Item\\_8.a\\_HFP\\_Enrollment\\_Report.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_021710/Agenda_Item_8.a_HFP_Enrollment_Report.pdf)

#### Administrative Vendor Performance Report

Ms. Lam continued with the report on the administrative vendor performance standards. The program's administrative vendor continued to meet all of the 18 areas of performance, quality, and accuracy standards.

Chairman Allenby asked if there were any questions or comments.

Mr. Figueroa asked for the total number of enrollees the program was supposed to have by the end of the current fiscal year. He wondered if enrollment trend had declined. Ms. Cummings reminded the Board that enrollment numbers would be updated for the May Revision, but an 'apples to apples' comparison may be difficult because of the legibility changes the Governor has proposed.

Ms. Krum reported the enacted budget for the current year assumed 928,658 at the end of the fiscal year.

The Administrative Vendor Performance report can be found at:

[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_021710/Agenda\\_Item\\_8.b\\_HFP\\_Admin\\_Vendor\\_Perf\\_January\\_2010\\_Summary.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_021710/Agenda_Item_8.b_HFP_Admin_Vendor_Perf_January_2010_Summary.pdf)

#### Final Adoption of Regulations to Modify Health, Vision and Dental Services and Choice of Dental Plan (ER-6-09)

Anjonette Dillard requested that the Board approve a resolution providing for final adoption of regulations increasing co-payments for health, vision and dental benefits, and limiting choice of dental plan. The board adopted the same regulations on October 15, 2009 and they became effective November 1, 2009. The changes provided some of the program savings that helped HFP achieve fiscal solvency in the current year. Since the Board adopted the regulations, they have been going through the Office of Administrative Law (OAL) process. Pursuant to that process, staff held a public hearing on the regulations on January 20, 2010. There was one set of comments received from the 100% Campaign. These are included with the documents associated with the agenda item together with MRMIB's response to the comments. The 100% Campaign expressed concern about the effect that limiting dental choice might have on access and recommended that MRMIB publicly report on the impact of the policy change. MRMIB rejected the comment as it constituted neither objections nor recommendations to the actual amendment.

Chairman Allenby asked for a motion to approve the resolution included in Agenda Item 8.c.3 approving the final adoption of regulation package ER-6-09. A motion was

made and seconded. Chairman Allenby asked for any discussion. There was none. The Board unanimously approved the resolution.

The regulation package can be found at:

[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_021710/Agenda\\_Item\\_8.c.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_021710/Agenda_Item_8.c.pdf)

Final Adoption of Regulations -- AB1422 Subscriber Premium Increase (ER-07-09)

Anjonette Dillard requested that the Board approve a resolution providing for final adoption of regulations implementing the increase in subscriber premiums enacted by Assembly Bill 1422. The board adopted the same regulations on October 15, 2009 and they became effective November 1, 2009. The premium increases authorized in the regulations provided some of the program savings that helped HFP achieve fiscal solvency in the current year. Since the Board adopted the regulations, they have been going through the Office of Administrative Law (OAL) process. Pursuant to that process, staff held a public hearing on the regulations on January 19, 2010. There was one set of comments received from the 100% Campaign. These are included with the documents associated with the agenda item together with MRMIB's response to the comments. The 100% Campaign suggested that MRMIB publicly report on the impact of the policy change MRMIB rejected the comment as it constituted neither objections nor recommendations to the actual amendment.

Chairman Allenby asked for a motion to adopt the resolution included as Agenda Item 8.d.3 approving final adoption of regulation package ER 7-09. A motion was made and seconded. Dr. Crowell then commented that while the Board was officially rejecting the public comment, it does want to understand the impact of policy changes and inform the public and Legislature of any impact. Other Board members concurred, noting that the rejection was technical. The Board voted unanimously to approve the resolution.

The regulation package can be found at:

[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_021710/Agenda\\_Item\\_8.d.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_021710/Agenda_Item_8.d.pdf)

Contract Solicitation: Consulting Services for Implementation of CHIPRA Quality Assurance Standards

Shelley Rouillard reported that MRMIB is developing a solicitation for a consultant to help develop a quality assessment and improvement strategy and a solicitation for an external quality review organization, both of which are required under CHIPRA. These result from the requirement that certain Medicaid managed care standards be applied to CHIP. The David and Lucile Packard Foundation has generously provided \$47,094 to support the consultant, an amount that will be matched with federal funds. The total amount available is approximately \$134,000 for the project with both foundation and federal funds. The project will occur over a 12-month period beginning June 1st of 2010. Staff intend to present the EQRO solicitation to the Board during the first quarter of 2011 and the quality strategy the following June.

Chairman Allenby noted that CHIPRA established a number of new requirements for states, some of which will affect the costs of HFP plan partners. The Board needs to understand the fiscal impact of these requirements. Chairman Allenby asked staff to report to the Board on the fiscal impacts at a future Board meeting. The program will be pressed for dollars in the upcoming budget and the Board needs to figure out what needs to happen when to assure that federal funding will not be in jeopardy.

Ms. Cummings noted that later in the agenda Ms. Esajian would be providing a verbal update on recent CHIPRA implementation developments. She will provide a written update at the March meeting. Staff will attempt to include some estimated fiscals. She noted there were some costs to the health plans, and also costs to the state.

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

The solicitation description can be found at:

[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_021710/Agenda\\_Item\\_8.e\\_Contract\\_Solicitation\\_Consulting\\_Services\\_for\\_Implementation\\_of\\_CHIPRA\\_Quality\\_Standards.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_021710/Agenda_Item_8.e_Contract_Solicitation_Consulting_Services_for_Implementation_of_CHIPRA_Quality_Standards.pdf)

#### Update on Advisory Panel Committee on Quality

Ms. Rouillard briefed the Board on the January 28<sup>th</sup> meeting of the Advisory Committee on Quality. The focus of the meeting was on the child health quality measures that CMS has proposed for Medicaid and CHIPs.

The Committee offered substantive comments about many of the measures which will be incorporated into comments MRMIB will be providing by the March 1<sup>st</sup> due date. Staff also provided the committee updates on the Governor's budget proposal, the final model contract language sent to plans, the premium discount project, and the encounter data project.

Ms. Rouillard reported that the Committee expressed disappointment about having to pull out the quality performance measures and HEDIS reporting by geographic area from the plan contracts, but understood the state's financial situation. Members hope to see more quality improvement activity in the future. Staff will post meeting notes on the MRMIB website.

The Committee has agreed to continue meeting. Originally it was to meet for one year, but due to CMS activities related to development of a quality strategy, members have decided to continue meeting. The Committee's next meeting is scheduled for March 25th.

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

### Update on Dental Quality Improvement Project

Shelley Rouillard reported that staff has been discussing with the California HealthCare Foundation the possibility of funding a project on dental quality improvement, particularly focused on quality in capitated plans. She expressed hope that she could inform the Board at the March meeting that CHCF funded the project.

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

### Update on Benefits Research Project

Shelley Rouillard reported on the Board's request for a review of the HFP benefit design to assess opportunities for program savings. The California HealthCare Foundation (CHCF) has contracted with a consultant to develop a framework for assessing various options, including a state-designed option allowed under CHIPRA. CHCF has also contracted with Mercer to provide actuarial support for the analysis.

Federal CHIP law allows for three different benefit benchmarks as well as a state-designed option. The report will review these various options looking at the plan designs selected by other states and assessing the various options for factors such as feasibility, impact on families, and cost implications. It will also review certain specific ideas such as prescription drug carve-outs or prescription drug rebates. The consultants will review any additional flexibility there might be regarding HFP cost sharing requirements (co-payments and premiums) but in the context of CHIP's limitations on family cost sharing.

The project timeline calls for a first draft of a report early in March, so some initial findings will be available for presentation next month, with a final report possible in late April. Ms. Rouillard indicated that staff had established this aggressive timeline mindful of the fact that the Board is looking for cost savings ideas for the budget year.

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

### CHIP Reauthorization Implementation

Jeanie Esajian reviewed recent developments regarding implementation of CHIPRA requirements and options.

Citizenship Documentation: At the end of last year MRMIB began verifying citizenship by obtaining birth certificate data from the state's vital statistics data base.

Application of Medicaid Managed care Rules to Separate CHIP Programs:

- Second coverage option in every area. MRMIB continues to work with the Department of Health Care Services to develop a Medi-Cal fee-for-service approach to comply with the requirement to provide subscribers dissatisfied with their plan another option for coverage. Presently there are eight counties in HFP with only one CHIP plan available; however, that number may change for the next budget year.
- Encounter and claims data. CHIPRA requires states to collect encounter and claims data from the plans. The authority to do so under CHIPRA begins June 1st of 2009. However, given the lag time for complete encounter/claims data (about 18 months), MRMIB needs data back to 2007 for the information to be useable. This requires state legislation.
- Dental coverage. As reported last month, CMS is talking to states already providing dental coverage to determine whether they find states' existing coverage compliant with CHIPRA requirements. Staff has had one discussion with CMS so far, and will report back as the discussion moves forward.
- Listing of dental providers. CMS has now indicated that states can provide links to their provider lists on CMS's the Insure Kids Now website. Previously, CMS was insisting that states submit the provider data directly.

Mental Health and Substance Abuse Parity: Staff will be proposing regulation changes at the March and April meetings to bring the benefits into compliance with federal law. The model health plan contract sent to the plans for the next benefit year also includes clarifying language on responsibility for treatment that was also in response to the parity provisions. CMS has recently issued regulations on mental health parity which staff are reviewing. Ms. Rosenthal said the proposed regulations still have to go through a comment process.

Prospective Payment for Federally Qualified Health Centers and Rural Health Centers: MRMIB plans to piggyback on the Department of Health Care Services process for paying federally qualified health clinics and rural health clinics the prospective payment rate. This will require state legislation.

Performance Bonus: California met the eligibility qualifications for the bonus which provides funds to Medicaid for enrollment achievements in CHIP and Medicaid. DHCS applied for the bonus but California did not receive a bonus payment due to the formula CMS uses to determine bonus amounts.

Quality Initiative: CHIPRA provides grant funds for quality demonstration project initiatives. The Department of Health Care Services submitted an application for a project on CCS. MRMIB explored applying for funding, but found that a condition of

participation was that health plans report all 24 proposed quality measures. Staff concluded that this would not be feasible.

Chairman Allenby asked if there were any comments or questions. Ms. Cummings indicated that staff still wanted to report on another CHIPRA implementation issue.

CHIPRA Core Quality Measures: Shelley Rouillard reported that on December 29<sup>th</sup> CMS issued regulations on 24 proposed quality measures for children for states to voluntarily report. CMS is taking comments on the regulations document. States vary in their ability to collect any HEDIS data.

Ms. Rouillard reviewed a chart that compares the proposed measures to those that MRMIB collects. MRMIB plans presently report 11 of the measures. It would be possible for plans to report on six of the remaining measures, but doing so would increase plan costs because some measures, such as the BMI documentation, require medical chart reviews which are expensive. The remaining seven measures, in particular the prenatal and birth measures, would not involve many children in Healthy Families. The handout also shows other measures, such as dental measures, that MRMIB collects but are not called for in the CMS proposed measure set.

Ms. Rouillard reported that she has been participating in a NASHP-sponsored workgroup on quality. This group has synthesized comments from state directors to provide to CMS. In general, CHIP directors support improving quality. However, states, including California, are concerned about the cost of reporting and collecting the data. They also argue for more federal funding support for infrastructure. A number of states do not have managed care organizations and operate more on a fee-for-service or primary-care case management system. These states do not collect HEDIS data. States felt that it would be good to move to more outcome-based measures as opposed to process measures. And those states that contract with health plans, as California does, wanted measures that are focused on plan performance rather than provider performance.

Ms. Rouillard reported that the measures, when adopted, will apply not only to CHIP but to Medicaid and indicated that she is coordinating with DHCS on California's comments to CMS on the proposed core measures. Comments are due by the end of the month.

Dr. Crowell asked how many of the data elements are now collected by Medi-Cal. Ms. Rouillard replied that she didn't have the detail with her. She knows that Medi-Cal collects data on immunizations, well-child visits and well-adolescent care. Generally, the Medi-Cal measures have some overlap with HFP measures, but there are some differences.

Chairman Allenby asked if there were any comments or questions. Ms. Cummings noted that DHCS submitted a proposal for a CHIPRA demonstration quality grant to

try some different ideas about the delivery of services to children in CCS. DHCS is also exploring changes to that delivery system as part of the 1115 waiver renewal. Obviously, any changes DHCS makes to CCS would affect HFP fundamentally.

The chart on quality measures can be found at:

[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_021710/Agenda\\_Item\\_8.i\\_Analyses\\_of\\_CHIPRA\\_Core\\_Measures.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_021710/Agenda_Item_8.i_Analyses_of_CHIPRA_Core_Measures.pdf)

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

### **Enrollment Report**

Kathi Dobrinen reported that in January there were 734 new subscribers enrolled in the AIM program, and the program had 6,527 subscribers total. AIM has also experienced a dip in enrollment for January. In reviewing the past four years, January has just always been the lowest enrollment month each year. She also reported on enrollment demographics.

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

The AIM Enrollment report can be found at:

[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_021710/Agenda\\_Item\\_9.a\\_AIM\\_Enrollment\\_Report.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_021710/Agenda_Item_9.a_AIM_Enrollment_Report.pdf)

### **Administrative Vendor Performance Report**

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

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

The Administrative Vendor Performance report can be found at:

[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_021710/Agenda\\_Item\\_9.b\\_AIM\\_Admin\\_Vendor\\_Perf\\_January\\_2010\\_Summary.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_021710/Agenda_Item_9.b_AIM_Admin_Vendor_Perf_January_2010_Summary.pdf)

### **Financial Report**

Tony Lee, reviewed the AIM financial report reporting that the projections for the current year show that the program has sufficient funds to remain in operation through the rest of the current year.

The Financial Report can be found at:

[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_021710/Agenda\\_Item\\_9.c\\_AIM\\_Financial\\_Statement.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_021710/Agenda_Item_9.c_AIM_Financial_Statement.pdf)

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

### **Enrollment Report**

Anjonette Dillard presented the MRMIP Enrollment Report, noting that there were 7,027 subscribers enrolled as of February 1st. Staff has been revising procedures to ensure that enrollment is closer to the enrollment cap and fewer people are placed on the waiting list. As of February 1st, the wait list total was 65. Demographics of the enrolled population are unchanged.

She also reported that the vendor is undertaking a survey of those who decline coverage when it is offered to ascertain why coverage is not accepted. Staff will present survey results to the board in March.

The MRMIP Enrollment Report can be found at:

[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_021710/Agenda\\_Item\\_10.a\\_MRMIP\\_Enrollment\\_Report.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_021710/Agenda_Item_10.a_MRMIP_Enrollment_Report.pdf)

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

Ms. Dillard reported that as of this week a total of 160 people are on the waiting list.

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

The MRMIP Enrollment Cap and Wait List report can be found at:

[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_021710/Agenda\\_Item\\_10.b\\_AIM\\_Enrollment\\_Cap\\_Waiting\\_List\\_Report.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_021710/Agenda_Item_10.b_AIM_Enrollment_Cap_Waiting_List_Report.pdf)

### **Administrative Vendor Performance Report**

Ms. Dillard reported that the vendor met the required performance standards.

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

The MRMIP Administrative Vendor Performance report can be found at:

[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_021710/Agenda\\_Item\\_10.c\\_MRMIP\\_Adm\\_Vendor\\_Perf\\_for\\_January\\_2010.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_021710/Agenda_Item_10.c_MRMIP_Adm_Vendor_Perf_for_January_2010.pdf)

Financial Report

Tony Lee presented the financial report.

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

The report can be found at:

[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_021710/Agenda\\_Item\\_10.d\\_MIP\\_Financial\\_Statement.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_021710/Agenda_Item_10.d_MIP_Financial_Statement.pdf)

Chairman Allenby asked if there was anything else to bring before the Board. When no one brought any issue forward, he adjourned the meeting. Public session concluded at 11.54 a.m.