

**Managed Risk Medical Insurance Board  
March 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: Ed Heidig representing the Business,  
Transportation and Housing Agency; and  
Katie Marcellus representing the California  
Health and Human Services Agency

Staff Present: Janette Casillas, Chief Deputy Director;  
Laura Rosenthal, Chief Counsel;  
Shelley Rouillard, Deputy Director for Benefits  
and Quality Monitoring;  
Terresa Krum, Deputy Director for  
Administration Division;  
Jeanie Esajian, Deputy Director Legislative  
and External Affairs  
Ernesto Sanchez, Deputy Director Eligibility,  
Enrollment & Marketing Division  
Seth Brunner, Senior Staff Counsel  
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;  
Lilia Coleman, Manager in the Benefits  
and Quality Monitoring Division;  
Maria Angel, Acting Executive Assistant to the  
Board and the Executive Director; and  
Tara Alcione, 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 11:30 a.m.

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

Chairman Allenby asked for a motion to approve the February 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\\_031710/Public\\_2-17-10\\_Final.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_031710/Public_2-17-10_Final.pdf)

## **FEDERAL BUDGET, LEGISLATION AND EXECUTIVE BRANCH ACTIVITY (INCLUDING HEALTHCARE REFORM, ECONOMIC STIMULUS & BUDGET)**

Jeanie Esajian reported that the federal health care reform legislation would be voted on later in the week. Some members of the House of Representatives have announced position changes.

Ms. Esajian noted that today UCLA had released data from the CHIS survey which estimated the number of uninsured in California in 2007. The estimate has grown to 8.2 million, up 2 million from previous reports. The study found the ranks of uninsured children rose to 1.5 million, of whom an estimated 180,000 were eligible for Healthy Families.

She pointed out that the board's packet contained three items of interest: A Washington Post listing of online transcripts of each speaker at the President's Healthcare Reform Summit on February 28; a transcript of the President's address of March 3, announcing he was going to ask Congress for an up or down vote on health care reform; and the President's health care reform proposal released just prior to the Summit.

Board Member Figueroa said he just returned from a National Governor's Association meeting on national health care reform. The meeting was remarkably well attended, 48 out of 50 states came. There was much of discussion of high-risk pools and exchanges with conversation focused on short-term reform deliverables. He said if federal health care reform passes, the Board and staff would have a relatively short period of time to complete a lot of work, particularly regarding the federal high risk pool provisions.

The documents on health care reform can be found at:

[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_031710/Agenda\\_Item\\_4\\_Fed\\_Budget\\_Legislation.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_031710/Agenda_Item_4_Fed_Budget_Legislation.pdf)

## **STATE BUDGET UPDATE**

Terresa Krum reported that there are several upcoming hearings: Assembly Subcommittee Budget hearings on March 24 and April 19, and a Senate Subcommittee hearing on March 25.

She also informed the Board that a state Appellate Court ruled March 2 that the Governor does have line item veto authority, so his vetoes will stand.

## **STATE LEGISLATION**

Ms. Esajian presented a report on bills of interest to the Board, paying particular attention to four bills added to the Board's priority list since the previous month's report, AB 1887 (Villines), AB 2470 (De La Torre), SB 1063 (Cox) and SB 1109 (Cox)

The legislative summary can be found at:

[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_031710/Agenda\\_Item\\_6a\\_Legislative\\_Summary\\_regular\\_session.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_031710/Agenda_Item_6a_Legislative_Summary_regular_session.pdf)

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

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

Thien Lam reported that at the end of February, there were more than 873,000 children enrolled in the program. More than 22,600 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. An analysis of enrollment data showed that February is typically one of the lowest months in the year for new subscribers.

Ms. Lam reported that Single Point of Entry processed more than 21,800 applications, reaching levels nearly equal to when CAA applicant assistance funding was available. In comparing the period of October 2008 through February 2009, with the same period a year later, the volume of Single Point of Entry applications processed showed a decline of roughly 7,600 applications per month. Staff is focusing on increasing outreach to potentially eligible families through social media, such as Facebook and Twitter, in the absence of outreach funding availability. The administrative vendor will continue school-based outreach, even without grant funding, and staff will continue to work with plan partners, as well as EE/CAA communities. Staff also is collaborating with the Department of Health Care Services to find ways to piggyback on materials they send to families. The roll out of the electronic application will be accompanied by an outreach campaign and a link to the First Lady's We Connect outreach effort.

Chairman Allenby asked if there were any questions or comments.

Board Member Crowell expressed appreciation for staff efforts to continue outreach efforts. She said the drop in enrollment was distressing. She also expressed appreciation for health plans' efforts in helping with outreach.

Board Member Chang said public access through schools and libraries is a great source of outreach because that is where many low income families get availability of computer access.

The Enrollment Report can be found at:

[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_031710/Agenda\\_Item\\_7.a\\_HFP\\_Enrollment\\_Report.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_031710/Agenda_Item_7.a_HFP_Enrollment_Report.pdf)

## Administrative Vendor Performance Report

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

The Administrator Vendor Performance Report can be found at:

[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_031710/Agenda\\_Item\\_7.b\\_HFP\\_Adm\\_Vendor\\_Perf\\_February\\_2010\\_Summary.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_031710/Agenda_Item_7.b_HFP_Adm_Vendor_Perf_February_2010_Summary.pdf)

## Review of Emergency Regulations Modifying Mental Health Benefits, Clarifying Plan Responsibilities for Children with Severe Emotional Disturbance and California Children's Services Eligible Conditions, Modifying the Definition of Benefit Year and Prorating Benefits Related to the Modification of the Definition of Benefit Year (ER 1-10)

Lilia Coleman reviewed proposed emergency regulation changes to comply with the Children's Health Insurance Program Reauthorization Act for mental health and substance abuse parity and extend the 2009-10 benefit year by three months. The regulation modifies limits or maximums for certain services and prorates the dental cap for the 2009-10 benefit year from \$1,500 to \$1,875. The regulation also eliminates limits for mental health or substance abuse services beginning October 1, 2010, and requires health plans to provide care until it is authorized and provided by county mental health departments or California Children's Services.

Laura Rosenthal noted a letter in the Board packet provided by the California Association of Health Plans (CAHP), requesting that the Board wait for further Center for Medicare and Medicaid Services (CMS) guidance before adopting the emergency regulations. Ms. Rosenthal said staff is not asking the Board to take action today - this is a first viewing - and is continuing to encourage public comment and continuing a dialogue with CAHP. She said the regulations concerning mental health and substance abuse are doing the minimum necessary to comply with CHIPRA, such as eliminating differences in benefit caps and clarifying the rules of the SED carve-out. Staff will ask for Board approval of the regulations at the April meeting. Staff will continue to look at any further CMS guidance that may be available before final adoption of the regulations or that may require additional regulations later.

Board Member Figueroa asked if staff was aware of what form the federal guidance would take.

Ms. Rosenthal said guidance provided to date was on the requirement for parity in employer based plans. CMS issued interim final regulations. She indicated that she doesn't know if CMS will issue additional regulations or provide some form of non-regulatory guidance. Dr. Chang concurred that the regulations staff propose seem very clear with the face reading of the parity legislation.

Chairman Allenby asked for any additional questions or comments from the Board. There were none. He asked for any public comment. There was none.

The proposed regulations can be found at:

[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_031710/Agenda\\_Item\\_7.c\\_HFP\\_Emergency\\_Regulations\\_ER-1-10.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_031710/Agenda_Item_7.c_HFP_Emergency_Regulations_ER-1-10.pdf)

### Assessment of Vision Options

Terresa Krum reported that in response to the Governor's budget proposal to eliminate vision coverage for the Healthy Families Program, Vision Service Plan (VSP) provided several alternatives that preserve a level of vision benefit. These included a reduced benefit providing for an annual eye exam and \$75 for materials (frames and lenses, etc.). Based on input from plan partners, Ms. Krum reported the VSP proposal would save between \$1.5 million and \$1.8 million total funds and \$541,000 to \$642,000 in General Funds. Elimination of the benefit is calculated to save \$18.1 million total and \$8.9 million General Fund.

Chairman Allenby asked Ms. Krum to continue working on alternatives. He asked for any additional questions or comments from the Board. There were none. He asked for any public comment. There was none.

The analysis can be found at:

[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_031710/Agenda\\_Item\\_7.d.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_031710/Agenda_Item_7.d.pdf)

### Update on Benefits Review

Janette Casillas reminded the Board that the California Health Care Foundation contracted with Deborah Kelch, from Kelch and Associates, and Mercer, to assess possible benefit savings to the program. Ms. Kelch has prepared a preliminary report and will brief the Board on findings to date.

Deborah Kelch emphasized that the report should definitely be viewed as preliminary and is intended to begin a conversation with the Board. The Board requested the review because of the state's fiscal crisis, one that is so severe that policy makers are considering options that previously seemed untenable. She acknowledged the staff at Mercer, indicating that they could not be at the meeting but have provided invaluable input to the project. The scope of the project is to develop a framework for analysis of the benefit options, identify options for cost savings consistent with federal CHIP law, and review the benefit designs used in other states, including Secretary-approved plans. Mercer is doing an actuarial analysis of selected benefit designs. Mercer's analysis will include an evaluation of pharmacy costs and family cost sharing. To date, she and Mercer have developed a decision framework and identified some specific areas they will research further. That framework includes assessing the impact of benefit changes on subscribers, reviewing what is possible under federal law, identifying what changes are doable, what their implementation costs are, how long it would take to generate any savings, impact on providers, and try to assess any unintended costs or consequences. She is hoping to get guidance from the Board to sharpen the focus for continued work and report back at the Board's April 21 meeting. Dr. Crowell commented that the approach is very thorough.

Ms. Kelch remarked that her review is of the program's medical benefits. She presented her Powerpoint and asked the Board for questions.

Dr. Chang complimented Ms. Kelch on having done a very thorough job in a very short time period. She noted that the options are painful, but it is important to identify them. What are the potential tradeoffs required to continue to insure children in California? Ms. Kelch has identified the main questions, including whether there is the stomach to bypass Knox-Keene regulations or set prices.

Ms. Kelch noted that the managed care model of the program means that plans are using utilization management. There could be room to increase cost-sharing – an issue Mercer is examining. MRMIB staff has cautioned that CMS might force the program to assess cost sharing on a family by family basis if cost sharing is increased above a certain level.

Chairman Allenby reiterated that in the case of Healthy Families, the term “richness” basically means the cost-sharing ratio, not the benefits, which are essentially the same as other comparative plans.

Board Member Figueroa asked Ms. Kelch to clarify if a reduction in Healthy Families benefits plus the current cost-sharing formula would keep the plan within the federal limits on family cost-sharing. She said that was correct.

Board Member Crowell asked about the cost, implementation and probability of approval of California becoming a Secretary-approved plan and if this would allow for differential cost sharing for benefits that go beyond that bare minimum.

Ms. Kelch said there also is the option of the benchmark equivalent plan. She said she would request that Mercer model the benchmark equivalent plan option, an approach Dr. Crowell characterized as minimum plus. Dr. Chang suggested that Mercer model the minimum plus option, noting that it is one extreme of the lowest benefits allowed.

Board Member Figueroa asked if there were any options that allowed for caps on specific benefits, such as physician office visits or prescription drugs?

Ms. Kelch said that some states had received such approvals in the past. Wyoming, for example, has a \$200,000 annual and a million dollar lifetime limit. However, it may be more difficult now to gain federal approval to reduce benefits to children and if approvals were granted, they would likely be very different in limitations from those granted in the past. Ms. Kelch indicated that she would research the benefit designs in other states to see if there are examples of limited benefits, for example, 30 hospital days of set numbers of physician visits.

Board Member Figueroa noted that if health care reform is approved in the Congress, with its ban on lifetime limits in commercial plans, that would likely change in public plans as well.

Chairman Allenby said that with the current fiscal situation, the Board has an obligation to look at options that make sense for the program. He expressed interest in an analysis of out-of-network utilization and ideas to reduce that.

Board Member Figueroa said that this process also would clarify what flexibility the Board has and what the minimum federal requirements are, particularly in the areas of cost sharing and benefits. He remarked that the analysis of the minimum federal requirements might show that the Board has less flexibility than people expect. Chairman Allenby and Doctor Chang concurred.

Ms. Rosenthal restated that the federal minimum consists of more than one component, and the specific benefits highlighted in Ms. Kelch's presentation are minimum benefits. Additional components of the federal minimum include meeting the standard of complying with either a benchmark, a benchmark equivalent, or a Secretary-approved plan, which by law includes a finding by the Secretary that it is appropriate for the population.

Board Member Chang clarified to the audience that the Board is not currently proposing any benefit changes at this time, but is analyzing options to save the program. She said the Board was doing due diligence and understanding what the trade-offs are.

Chairman Allenby asked if there were comments from the public.

Crystal Moreno, Children Now and the 100% Campaign, said Healthy Families is not just a program, it is a principle. She said rolling back eligibility and scaling back benefits must be opposed. She said going below Knox-Keene and reducing vision benefits will put children in jeopardy and compromise principles. Ms. Moreno acknowledged the tremendous work of the Board and staff, advocates, plans, everybody around the table and urged all to continue to find solutions.

Board Member Figueroa said the Board must continue its due diligence and show a responsible review of the program and options. Policymakers need to know what it takes to run the program

The preliminary report, HFP Benefit Design Options for Achieving Cost Savings, can be found at:

[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_031710/Agenda\\_Item\\_7.e\\_HFP\\_Benefits\\_Review.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_031710/Agenda_Item_7.e_HFP_Benefits_Review.pdf)

Deborah Kelch's, of Kelch & Associates, Powerpoint Slideshow can be found at:

[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_031710/Agenda\\_Item\\_7.e\\_Kelch\\_Aso\\_Benefits\\_Review\\_Powerpoint\\_Slides.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_031710/Agenda_Item_7.e_Kelch_Aso_Benefits_Review_Powerpoint_Slides.pdf)

#### Update on Premium Discount Project

Shelley Rouillard noted that about a year ago staff reported to the Board on the community provider plan (CPP) designation process, and the problems with the data and the process. With the passage of CHIPRA and an increased emphasis on quality performance, staff began discussing how quality performance could be incorporated into the designation of the plan in each county that gets the premium discount award.

A project consultant funded by the California HealthCare Foundation has been working with staff over the last six months on a way to redesign the premium discount award is granted.

Between October 2009 and March 2010, staff and the project consultant conducted a thorough review of the CPP process without discovering any definitive answers at this point. Most of the plans, particularly the smaller local ones, consider the CPP designation very important to them and believe it gives them a competitive edge over some of the larger plans that have more money for marketing and outreach. Of the 17 small local plans that MRMIB contracts with, 13 currently are designated the CPP in their counties.

Another finding was that while plans strongly support clinical quality improvement, many expressed reservations about including that in the premium discount process and felt there may be inherent unfairness in comparing smaller and statewide plans.

Overall, the plans indicated they want to keep the process the way it is. The advocacy groups consulted expressed the opinion that quality elements must be included. Given this situation, the current CPP review process is going to continue for at least another year. Ms. Rouillard said staff will continue work on this with the plans to develop a methodology for accurate and fair comparison of data, addressing fears about incorporating quality into the formula, and identifying priority areas for quality improvement and selecting those measures accordingly.

The Chairman asked for any additional questions or comments from the Board. There were none. He asked for any public comment. There was none.

Mrs. Casillas commented that the current system doesn't work well. The project is a challenging one, but the program is at a point where a quality measure of benefits is needed. She said staff will be reaching out to plans to continue the discussion.

#### CHIP Reauthorization Implementation - Workplan

Mrs. Casillas provided an update of the CHIPRA implementation workplan. She reported that pages 1-6 are now completed tasks, and those listed from pages 8 to 27 are those needing legislation, regulation, staffing or major systems changes with fiscal impacts that are in various stages of progress.

On page 2, Mrs. Casillas noted that the Legal Immigrant Children and Pregnant Women provision has already been absorbed in the MRMIB budget for a \$12.2 million General Fund savings. There are additional savings to the Medi-Cal program, she said. The provision was already implemented by the program's administrative vendor, Maximus, without an additional cost. Additionally, Maximus implemented related documentation requirements at no additional cost to the state. The services are valued at \$282,000.

On page 7, Mrs. Casillas noted that tasks related to implementation of Internet-based dental provider lists have also been completed pending receipt from CMS of clarifying information.

Beginning on page 8 are provisions where the program will need either legislative change, regulation change, or some type of modifications to infrastructure.

The provision on page 9 under the Managed Care Standards requires states to have a second choice option in each county to accommodate a subscriber who wants to disenroll from a managed care plan and enter either a second managed care plan or another type of delivery system. Mrs. Casillas noted that program staff has concluded that using the Medi-Cal fee-for-service delivery system is the best option for these situations. While Medi-Cal is agreeable to this arrangement, there will be infrastructure costs incurred for start-up, as well as ongoing administration and benefit costs. Legislation is needed to allow for this use of Medi-Cal fee-for-service and must be effective by January of 2011. However, Mrs. Casillas noted an additional barrier is that Medi-Cal is in the midst of changing its fiscal intermediary, which will likely cause a delay in implementation for MRMIB. She provided a rough estimate from \$90,000 to \$95,000 in the budget year for MRMIB staffing needs. Going into budget year +1, costs for implementing this provision could be approximately \$500,000 to \$2 million just to create the infrastructure changes.

On page 10, the encounter and claims data system component, Mrs. Casillas said a rough estimate to implement this provision, including additional costs to the administrative vendor and MRMIB staff needed guide the data analysis, would be approximately \$1 million.

On page 11, Mrs. Casillas said in the budget year, implementation of the quality standards would cost roughly \$500,000, then going to \$2 million to \$3 million in budget year +1. She noted that pricing in this area is based on Medi-Cal's similar experiences.

On page 14, for the CAPHS survey, Mrs. Casillas provided a budget year rough estimate of \$620,000 for contracted consultants and staff. Budget year +1, and also budget year +2, costs would be somewhere around \$1.5 to \$1.6 million, respectively, to continue that activity.

Page 16 is a placeholder for the orthodontia component of the dental coverage requirements. Mrs. Casillas reported that if MRMIB has to offer orthodontia in the same manner offered by CalPERS, the estimated cost provided by Price Waterhouse Coopers for budget year is approximately \$3 million to \$3.5 million. Budget year +1 costs are estimated at \$6 million to \$7 million and budget year +2 costs at more than \$7 million.

On page 19, Mrs. Casillas noted that CMS is going to award up to \$5 million in grants to CHIP states to help them build the infrastructure necessary to pay the prospective payment rates to federally-qualified health centers and rural health centers. The funding will help MRMIB pay for infrastructure costs to the Department of Health Care Services. She said staff was preparing an application for this funding.

The document on quality measures can be found at:  
[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_031710/Agenda\\_Item\\_7.g.1\\_MRMIB\\_Comments\\_on\\_CHIPRA\\_Core\\_Quality\\_Measures.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_031710/Agenda_Item_7.g.1_MRMIB_Comments_on_CHIPRA_Core_Quality_Measures.pdf)

The Workplan chart can be found at:

[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_031710/Agenda\\_Item\\_7.g.Workplan\\_CHIPRA\\_Chart.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_031710/Agenda_Item_7.g.Workplan_CHIPRA_Chart.pdf)

### Final Adoption of MRMIP Regulations: ER-2-09 Guaranteed Issue Pilot Program (GIP) Reconciliation

Chairman Allenby indicated that he would take up the GIP regulations out of order because it is an action item and he was losing a quorum. Ms. Rosenthal noted that the Board had a resolution in its packet, labeled 9.e.1, that was substituted for the resolution previously in the packets. The correct resolution refers to the “Major Risk Medical Insurance Program,” not “Managed Risk.” Ms. Rosenthal noted that the action before the Board is final adoption of emergency regulations that became effective in December on the Guaranteed Issue Pilot Project Reconciliation Program. She said there were no public comments and that the regulations before the Board are the same as the ones the Board adopted as emergency regulations last year. They are currently in effect. She asked the Board for a motion to adopt the resolution labeled Agenda Item 9.e.1, approving final adoption of Major Risk Medical Insurance Program regulation changes concerning the Guaranteed Issue Pilot Program.

The Chairman asked for a motion. A motion was made and seconded. The Board unanimously approved the regulations.

The regulation package can be found at:

[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_031710/Agenda\\_Item\\_9.e\\_Final\\_Adoption\\_of\\_MRMIP\\_Regulations\\_ER-2-09.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_031710/Agenda_Item_9.e_Final_Adoption_of_MRMIP_Regulations_ER-2-09.pdf)

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

With consent from Chairman Allenby, the AIM Enrollment Report was not presented orally.

The AIM Enrollment Report can be found at:

[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_031710/Agenda\\_Item\\_8.a\\_AIM\\_Enrollment\\_Report.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_031710/Agenda_Item_8.a_AIM_Enrollment_Report.pdf)

With consent from Chairman Allenby, the AIM Administrative Vendor Performance Report was not presented orally.

The Administrative Vendor Performance Report can be found at:

[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_031710/Agenda\\_Item\\_8.b\\_AIM\\_Admin\\_Vendor\\_Perf\\_February\\_2010\\_Summary.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_031710/Agenda_Item_8.b_AIM_Admin_Vendor_Perf_February_2010_Summary.pdf)

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

With consent from Chairman Allenby, the MRMIP Enrollment Report was not presented orally.

The MRMIP Enrollment Report can be found at:

[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_031710/Agenda\\_Item\\_9.a\\_MRMIP\\_Enrollment\\_Report.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_031710/Agenda_Item_9.a_MRMIP_Enrollment_Report.pdf)

With consent from Chairman Allenby, the MRMIP Enrollment Cap and Waiting List Report was not presented orally.

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

[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_031710/Agenda\\_Item\\_9.b\\_MRMIP\\_Enrollment\\_Cap\\_Waiting\\_List.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_031710/Agenda_Item_9.b_MRMIP_Enrollment_Cap_Waiting_List.pdf)

With consent from Chairman Allenby, the Administrative Vendor Performance Report was not presented orally.

The Administrative Vendor Performance Report can be found at:

[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_031710/Agenda\\_Item\\_9.c\\_MRMIP\\_Adm\\_Vendor\\_Perf\\_for\\_February\\_2010.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_031710/Agenda_Item_9.c_MRMIP_Adm_Vendor_Perf_for_February_2010.pdf)

#### Survey of Individuals Declining Coverage

Anjonette Dillard reported on the survey of individuals who declined enrollment on the wait list. This was a non-standard telephone survey of individuals to whom offers were made and who then declined the coverage. The survey was conducted by the administrative vendor, Anthem Blue Cross, and modeled after the questions used in the annual enrollment survey.

There were 558 spaces offered for February 1 effective dates. A total of 485 of those individuals, or 86 percent, accepted the offer. The remaining 73 individuals were the ones surveyed to determine why they did not accept the offer. Of those individuals surveyed, 49 or 67.12% responded to the survey. The most frequently provided reason for declining MRMIP coverage was that they obtained other health coverage. A total of 33 persons or 67 percent responded in this manner.

The second most frequent reason for declining the offer, provided by 8 individuals or 16 percent of those surveyed, was that they couldn't afford the contribution of cost toward the program. These two most frequent responses are consistent with MRMIB's annual disenrollment survey.

The 2010 Survey of Individuals Declining Coverage can be found at:

[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_031710/Agenda\\_Item\\_9.d\\_2010\\_MRMIP\\_Survey\\_Decline\\_Offers\\_for\\_Enrollment.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_031710/Agenda_Item_9.d_2010_MRMIP_Survey_Decline_Offers_for_Enrollment.pdf)

Chairman Allenby asked if there was any further business to bring before the Board. Hearing none, he adjourned the meeting at 1:11 p.m.