

**Managed Risk Medical Insurance Board
March 16, 2011, Public Session**

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

Ex Officio Members Present: Katie Marcellus, Designee for the Secretary of
the California Health and Human Services
Agency
Tim LeBas, Designee for the Secretary of
the Business, Transportation and Housing Agency

Staff Present: Janette Casillas, Executive Director
Laura Rosenthal, Chief Counsel
Shelley Rouillard, Deputy Director, Benefits &
Quality Monitoring
Ernesto Sanchez, Deputy Director, Eligibility,
Enrollment & Marketing
Jeanie Esajian, Deputy Director, Legislative &
External Affairs
Terresa Krum, Deputy Director, Administration
Loressa Hon, Manager, Administration
Thien Lam, Manager, Eligibility, Enrollment &
Marketing
John Symkowick, Legislative Coordinator,
Legislative & External Affairs
Sarah Soto-Taylor, Supervisory Manager, Special
Projects Eligibility, Enrollment & Marketing
Brian Warren, Manager, Benefits & Quality
Monitoring
Muhammad Nawaz, Manager, Benefits
& Quality Monitoring
Seth Brunner, Senior Staff Counsel, Legal
Heather Wallace, Senior Staff Counsel, Legal
Koy Lee, Staff Services Analyst, Legal
Maria Angel, Executive Assistant to the
Board and the Executive Director
Olivia Almaraz, Student Assistant

Speakers: Beth Abbott, Director of Administrative Advocacy,
Health Access

Chairman Allenby called the meeting to order at 10:05 a.m., and then convened the Executive Session. The Public items resumed at 11:43 a.m.

REVIEW AND APPROVAL OF MINUTES OF JANUARY 19, 2011 AND FEBRUARY 16, 2011 PUBLIC SESSIONS

The minutes were unanimously approved as submitted.

The January 19, 2011 Public Session Minutes are located at:

http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_031611/Agenda_Item_3_Public_Minutes_1-19-11_Final.pdf

The February 16, 2011 Public Session Minutes are located at:

http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_031611/Agenda_Item_3_Public_Minutes_2-16-11_Final.pdf

FEDERAL BUDGET, LEGISLATION AND EXECUTIVE BRANCH ACTIVITY (INCLUDING HEALTH CARE REFORM, ECONOMIC STIMULUS & BUDGET)

Jeanie Esajian, Deputy Director for Legislation and External Affairs, reported on Agenda Item 4, Federal Budget, Legislation and Executive Branch Activity.

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

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

http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_031611/Agenda_Item_4_March_16_2011.pdf.

STATE BUDGET UPDATE

Terresa Krum, Deputy Director for Administration, reported on Agenda Item 5, State Budget Update. Since the last Board meeting, the Legislature approved the MRMIB budget items that reduced the cost of the Healthy Families Program vision benefit, premium and ER co-pay increases, and a new copayment for inpatient hospitalization. The budget is not finalized and may be voted on today. The reduced cost vision benefit was a proposal described at the Board's last meeting by Vision Service Plan.

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

EXTERNAL AFFAIRS UPDATE

Ms. Esajian reported on Agenda Item 6, the External Affairs Update. The last 30 days included significant coverage on legislative budget actions, including those associated with the Governor's three Healthy Families proposals. There were also numerous requests for updates on the Pre-Existing Condition Insurance Plan, and some

lingering coverage of the Health-e-App launch publicized in the previous month. Staff worked with the Sacramento Business Journal to provide information for its annual Healthcare Directory to be released March 31. The directory will provide information on the four programs administered by MRMIB. Yesterday, MRMIB Executive Director Janette Casillas was interviewed by the Sacramento Business Journal on her perspectives on PCIP for an overview of national health care reform implementation in California and for the directory.

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

The document for the External Affairs Update can be located at:
http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_031611/Agenda_Item_6_External_Affairs_Update_3-16-11.pdf

STATE LEGISLATION

John Symkowick, Legislative Coordinator, presented Agenda Item 7, the State Legislation report.

Several bills have been introduced since the last report and those thought to be of interest to the Board were added to the summary.

AB 1296 by Assembly Member Bonilla would require the Health and Human Services Agency to establish a standardized application form and procedures for Medi-Cal, Healthy Families, the Exchange and county programs. SB 635 by Senator Hernandez would shift managed care administrative fine and penalty funding from the Major Risk Medical Insurance Program to workforce training for health workers beginning in 2014. SB 703 by Senator Hernandez has just been introduced and would require the Board to establish the basic health plan allowed for in federal health care reform. Another bill regarding new requirements for insurance agents and brokers will be reviewed for next month's meeting.

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

The State Legislative Report is located at:
http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_031611/Agenda_Item_7_Legislative_Report.pdf

PRE-EXISTING CONDITION INSURANCE PLAN (PCIP)

Enrollment Report

Ernesto Sanchez, Deputy Director for Eligibility, Enrollment & Marketing, reported on Agenda Item 8.a., the PCIP Enrollment Report. As of March 14, there were 1,857 enrollees in the PCIP program. No major change was reported in demographics or ethnicity. Applications assisted by insurance agents and brokers have increased by 8 percent in the past month. The current enrollment of 1,857 ranks California second

after Pennsylvania's 2,600 enrollees for PCIP enrollment. However, California began its program approximately one month after Pennsylvania. Year-end enrollment by state, published by the federal government, showed a growth of 600 new subscribers in the Pennsylvania program, while California showed a growth of 1,100 subscribers. The Enrollment Report also provides a chart showing enrollment growth, new subscribers, total subscribers and disenrollments by month.

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

The PCIP Enrollment Report is located at:

http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_031611/Agenda_Item_8.a_PCIP_Enrollment_Summary.pdf

Administrative Vendor Performance Report

Mr. Sanchez reported on Agenda Item 8.b., the Administrative Vendor Performance Report. The administrative vendor met or exceeded all performance standards. No second level benefit appeals have been received to date, so there was nothing to report for that category of performance.

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

The PCIP Administrative Vendor Performance Report is located at:

http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_031611/Agenda_Item_8.b_PCIP_Adm_Vendor_Board_Report_Feb_2011FINAL.pdf

Third Party Administrator (TPA) Performance Report

Brian Warren, PCIP Benefits Manager, reported on Agenda Item 8.c., the TPA Performance Report. For the month of February, all performance standards were met or exceeded.

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

The PCIP TPA Performance Report is located at:

http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_031611/Agenda_Item_8.c_TPA_Performance_Report.pdf

Other Implementation Issues

Mr. Sanchez reported on Agenda Item 8.c., Other Implementation Issues.

Mr. Sanchez first reported on 8.d.ii., 2011 Subscriber Premiums. Based on guidance from the federal Centers for Medicare and Medicaid Services, new premiums have been issued for PCIP. The change in premiums was the outcome of two CMS

directives: a child-only rate and a four-to-one age band applied over all age groups. These changes resulted in lower premiums for children aged 15-18, and for persons aged 60 and above. The 15-18 age group will see a 27 to 30 percent premium reduction and the 60 and above group will see reductions ranging from 18 to 37 percent. Overall, the new rates affect 12 percent of California's PCIP subscriber population. The new rates will take effect May 1. MRMIB also will lower premiums for subscribers enrolled since January.

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

Mrs. Casillas added that individuals who paid higher premiums from January through April will receive a credit on a future statement or a refund, whichever is applicable.

The document on new PCIP Premium Rates can be found at:

[http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_031611/Agenda_Item_8.d.\(ii\)_PCIP_Monthly_Premium_Rates.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_031611/Agenda_Item_8.d.(ii)_PCIP_Monthly_Premium_Rates.pdf)

Mr. Sanchez reported on Agenda Item 8.d.i., Outreach Budget. The Board has indicated that staff may begin a paid media campaign of \$1.5 million in addition to outreach efforts conducted by the administrative vendor. The latter includes outreach to disease-specific groups, insurance agents and brokers, and support for educational webinars for insurance agents and brokers.

The media campaign will include a contact campaign, establishing an outreach coordinator and developing printed materials, such as tri-fold brochures. It also will include enhancement of the website to provide an insurance broker and agent locator. Other outreach components include live webinars, a media component, online ads for the internet and provider publications, a targeted radio campaign, outdoor advertising and pharmacy-based ads.

After getting the program started, staff is moving to the next level and beginning outreach.

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

Beth Abbot, from Health Access, congratulated the Board at reaching this point and looks forward to the enhanced outreach effort to increase enrollment. California should congratulate itself on having such good raw numbers to begin with. The paid media campaign is a smart move. In a recent meeting with federal partners, California was reassured that money could be reallocated from other states if the cost of caring for PCIP subscribers proved to be more expensive than other subscribers served by the Board, as some data sources suggest, or if the state wanted to expand outreach or eligibility levels. She said this sentiment was expressed by Richard Popper and Eliza Bangit, both senior officials of the Department of Health and Human Services.

The list of community-based organizations and local government agencies may need to be refined to determine what audiences they serve and whether the list provides good coverage without gaps in a geographic region.

Board Member Richard Figueroa expressed pleasure with the process outlined for outreach and subscriber growth. This month enrollment figures showed that while 380 people enrolled in PCIP, 200 still enrolled in MRMIP. Had the latter group been eligible for PCIP, membership in PCIP would be much higher. The fact that a significant number of Californians do not qualify for PCIP is vexing.

Mr. Warren reported that a revised Summary Plan Description was released with an effective date of March 1, 2011. The revised SPD replaces the temporary SPD, which was effective from October 25, 2010 to February 28, 2011. The revised SPD is available from download at www.pcip.ca.gov.

Beginning with the April Board meeting, MRMIB staff will present a quarterly PCIP utilization report to the Board. This report will provide a high-level summary of payment information; medical utilization, such as inpatient admissions per 1,000; top five diagnoses; and pharmacy utilization, such as generic versus brand-name drug use and the top ten drug classes.

MAJOR RISK MEDICAL INSURANCE PROGRAM (MRMIP) UPDATE

Enrollment Report

Thien Lam, Manager, Eligibility, Enrollment & Marketing Division, reported on Agenda Item 9.a., the MRMIP Enrollment Report. As of March 1, there were more than 6,670 subscribers enrolled in MRMIP, almost 200 of whom were new subscribers. In the month of February, 390 individuals disenrolled from the program; this was higher than usual. Because of the higher disenrollments in February, February disenrollments will be used for this year's disenrollment survey. Overall, the subscribers' demographic information for February remained comparable to the information for previous months.

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

The MRMIP Enrollment Report can be found at:
http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_031611/Agenda_Item_9.a_MRMIP_Enrollment_Summary.pdf

Update on Enrollment Cap and Waiting List

Ms. Lam reported on Agenda Item 9.b., the Update on Enrollment Cap and Waiting List, and indicated that, as of March 12, there are 27 people on the MRMIP waiting list, all solely because of deferred enrollment.

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

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

http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_031611/Agenda_Item_9.b_MRMIP_Enrollment_Cap_Wait_List_Report.pdf

Administrative Vendor Performance Report

Ms. Lam reported on Agenda Item 9.c., the Administrative Vendor Performance Report. She indicated that the administrative vendor met all four areas of performance standards.

Chairman Allenby asked if there were any questions or comments from the Board. Hearing none, he asked if there were any questions or 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_031611/Agenda_Item_9.c_MRMIP_Adm_Vendor_Perf_for_February_2011.pdf

HEALTHY FAMILIES PROGRAM (HFP) UPDATE

Enrollment and Single Point of Entry Report

Ms. Lam reported on Agenda Item 10.a., the Healthy Families Enrollment and Single Point of Entry Report. At the end of February, there were more than 865,400 children enrolled in the program. More than 24,100 were new subscribers, a 13.5 percent increase from January. There were no notable changes to the percentage of subscribers enrolled in the top five counties or to demographic information. Single Point of Entry processed more than 25,200 applications. Thirty-two percent, or more than 7,370, were through Health-e-App received at single point of entry. The percentage of CAAs using Health-e-App in the month of February increased six percent compared to the month of January. In February, 790 Spanish applications were submitted electronically. As of March 13, more than 23,700 applications had been submitted through Health-e-App from the time the Health-e-App was implemented.

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

The HFP Enrollment and Single Point of Entry Report is located at:
http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_031611/Agenda_Item_10.a_HFP_Enrollment_Summary.pdf

Administrative Vendor Performance Report

Ms. Lam reported on Agenda Item 10.b. She indicated that the administrative vendor met all 18 areas of performance, quality and accuracy standards.

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

The HFP Administrative Vendor Performance Report can be found at:
http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_031611/Agenda_Item_10.b_HFP_Adm_Vendor_QA_2011-02.pdf

2010 Open Enrollment Report

Ms. Lam reported on Agenda Item 10.c., the 2010 Open Enrollment Report. In past years, the HFP open enrollment was held April 15 - May 31, with plan transfer beginning effective July 1. In 2010, the timeframe of the open enrollment process changed from the state fiscal year to the federal fiscal year. Open enrollment was held from July 15 - August 3, with plan transfer on October 1.

Healthy Families sent customized packets to applicants who were required to change health, dental or vision plans, or to families who had a premium change as a result of changes related to the Community Provider Plan. The OE packet identified all the different plans that were available and included a customer satisfaction survey. Families who were not required to change plans or who had a premium change received an open enrollment postcard.

The summary report shows that more than 427,000 families received OE postcards and more than 83,600 OE packets were sent to families. This included families who originally received an OE postcard but later contacted the program and requested an open enrollment packet. A total of 3.5 percent responded to the open enrollment process and requested plan changes. This response rate was nearly 3 percent lower than the prior year. However, more than 40,000 families were automatically enrolled in other plans because of lack of availability of a plan. This was a 2 percent decrease in forced transfers of families compared to 2009.

Mr. Figueroa noted that the forced transfer number was still very high. Mrs. Casillas indicated that this was going to be the case during times when MRMIB does not have dollars for rate increases. The auto-assignments are due to lack of response to open enrollment, however, those individuals are also provided with a chance to switch plans within the first 30 days after auto-assignment. Ms. Lam said the number of families using this option was very small at only 0.16 percent.

Overall, more than 85,000 children transferred plans during the OE process. More than 2 percent voluntarily transferred and nearly 8 percent were required to transfer, which is a slight decrease compared to the previous year. The majority of the transfers took place because subscribers wanted to change only health plans. Survey responses were received from families who voluntarily changed plans and those who were required to change plans. Each family used a scale from one to five to rate satisfaction, with five being extremely satisfied and one being not satisfied at all.

A total of 1.5 percent of families responded to the health plan survey, with an average satisfaction score of 4.1, consistent with the prior year's score. A total of 0.5 percent of families responded to the dental plan survey, with an average satisfaction score of 2.8, slightly above the prior year's 2.7. A total of 0.7 percent of families responded to the vision plan survey, with the average satisfaction score of 4.0, up from the prior

year's 3.6.

In the survey, families were asked to list the reasons for changing their plans. The top reason for the health, dental and vision plans was that appointments to see the doctor had to be made too far in advance. A total of more than 39,500 children, representing 4.7 percent of HFP enrollment, changed health plans during open enrollment. More than 20,100 subscribers, representing 2.4 percent of total enrollment, changed their dental plan and more than 25,500 subscribers, representing approximately 3 percent, changed their vision plan.

For comparison purposes, in 2008 and 2009, the health plan transfer rate was high due to a five percent health plan rate reduction, as well as the health plan rate freeze. In 2006, Universal Care Dental withdrew as a participating dental plan, and this required families to change their plan. Therefore, the dental plan transfer percentage rate was higher in 2006.

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

The HFP 2010 Open Enrollment Report can be found at:
http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_031611/Agenda_Item_10.c_2010_OE_Report.pdf

Authorization of MAXIMUS, Inc., Contract Amendment for Health-e-App Public Access Outreach

Sarah Soto-Taylor, Special Projects Supervising Manager, reported on Agenda Item 10.d., the Authorization of a MAXIMUS, Inc., Contract Amendment for Health-e-App Public Access Outreach. Ms. Soto-Taylor requested the Board approve the staff proposal to amend the MAXIMUS contract. The additional funding will support the design and implementation of the outreach campaign, specifically to promote Health-e-App public access.

Chairman Allenby asked if there were any questions or comments from the Board. Mr. Figueroa said he needed to be shown as an abstention on the vote because of the project funding source.

Chairman Allenby asked if there were any questions or comments from the audience. There were none. The contract amendment authorization was moved, seconded and approved three to zero by the Board.

The approved Resolution to the MAXIMUS, Inc., Contract Amendment for Health-e-App Public Access Outreach is located at:
http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_031611/Agenda_Item_10.d_Approval_of_Standard_Contract_Maximus.pdf.

Update on Encounter Data Project

Muhammed Nawaz, Manager, Benefits & Quality Monitoring Division, reported on Agenda Item 10.e., the Update on Encounter Data Project. BQM has been actively working with the plans to sign an agreement with MAXIMUS, to allow for the transfer of plan data to MAXIMUS. At this point, 21 of the health plans have signed third party agreements; two are in the process of signature, which could be done any day; and two additional plans remain. Five of the six dental plans have signed the agreements and the remaining plan is in process.

The plans that have signed the agreements have already begun submitting data; some plans have completed data submission. Three plans have been regularly submitting monthly data. Staff expects the majority of plans will be submitting data beginning in June.

Chairman Allenby asked if there were any questions or comments from the Board. Board Member Sophia Chang, M.D., congratulated staff on completion of the project. Chairman Allenby asked if there were any questions or comments from the audience. There were none.

Solicitation for External Quality Review Organization

Shelley Rouillard, Deputy Director for Benefits & Quality Monitoring, reported on Agenda Item 10.f., Solicitation for External Quality Review Organization.

The Children's Health Insurance Program Reauthorization Act requires states to contract with an external quality review organization. Staff is developing a solicitation for an EQRO to validate at least two performance measures (HEDIS measures) currently collected. The contracted EQRO will review requirements for health plan performance measurement and monitoring, conduct on-site assessments of plan information systems and other activities. The EQRO will also validate the performance improvement projects, which will be renamed quality improvement projects (QIPs). Two projects will be conducted: possibly a statewide project in which all plans would participate and one that each plan would choose, based on a self-identified area of need. The EQRO's role would be to assess the study methodology, verify study findings and evaluate the overall validity and reliability of the QIPs.

The EQRO will also review plan compliance with state standards, that is, standards included in contracts, regulations, and statutes. It will review how the plans provide access to care; review plans' structure and operations, quality measurement and improvement standards, grievance systems, other aspects of the internal working of the plans, and look at how these features comply with state requirements.

This will be a three-year contract. The three-year cycle will include a full compliance review for each plan in the first year. Identified areas of non-compliance will be the focus of corrective action plans developed by the plans with the assistance of the EQRO. During the second year of the cycle, there will be a review of the implementation and monitoring of the corrective action plans and an evaluation of how well the plans are achieving compliance. The third year will include a complete review of all of the contract activities and will conclude with recommendations to MRMIB about what other activities staff should require the plans to undertake.

Ms. Rouillard indicated that there are optional EQRO activities, based on what the

state needs. Staff will seek separate pricing for activities such as calculating performance measures, and conducting quality improvement projects and focused quality studies. The EQRO also could potentially administer the CAHP surveys, now conducted through a contract with DataStat, as well as provide technical assistance to plans.

Ms. Rouillard outlined the anticipated time line that would allow the EQRO contract to coincide with the start of the next benefit year, on October 1.

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

CHIP Reauthorization Implementation

Ms. Soto-Taylor reported on Agenda Item 10.g., CHIP Reauthorization Implementation, and informed the Board of an opportunity to apply for CHIPRA outreach and enrollment grants in cycle two, funded through the Centers for Medicare and Medicaid Services.

CMS is offering \$40 million in grant funds to be made available for a two-year cycle. The proposals must focus on one of five areas: 1) using technology to facilitate enrollment and renewal; 2) focusing on retention; 3) engaging schools in outreach; 4) reaching out to groups of children who are more likely to experience gaps in coverage; or 5) insuring eligible teens. The grants will range in size from \$200,000 up to one \$1 million for all but the first category, which has a grant range of \$200,000 to \$2.5 million.

The grant proposal is due April 18 to the federal government. Awarded grants will cover the period of July 30, 2011 through July 29, 2013. MRMIB will submit a grant proposal in the first focus area and apply for the maximum of \$2.5 million. The proposal will focus on adding functionality and an income calculation to the existing Health-e-App public access project. This will create an interface with the Internal Revenue Service and allow MRMIB to ascertain the family's income immediately rather than having the family submit documents to verify income.

Contingent on sufficient funding, MRMIB will propose additional Health-e-App functionality for the mid-year reevaluation form, which allows families, at any time during the 12-month eligibility period, to submit changes in their income. This submission allows staff to determine whether the premiums will be adjusted or whether the child now qualifies for no-cost Medi-Cal. Staff believe the proposal is consistent with the principles outlined in the Affordable Care Act, which includes the proposed use of data matching using tax records as evidence of eligibility instead of the paper documentation. Another ACA principle is that consumers should be able to apply, renew, and edit their eligibility information online. Staff will update the Board on the progress of the grant application.

Chairman Allenby asked if there were any comments or questions from the Board. Mr. Figueroa asked for further clarification of how the online IRS query would work. Ms. Soto-Taylor said the exact process must still be worked out; however, it could be on a real-time basis and it would be based on the Social Security number.

Mrs. Casillas said staff needs to look into this further to understand the possibilities. Chairman Allenby said this process could be very helpful to the Health Insurance Exchange.

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

The CHIPRA Outreach & Enrollment Grants document is located at:
http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_031611/AGenda_Item_10.g_CHIPRA_Outreach_Enrollment_Grants_Cycle_II.pdf

ACCESS FOR INFANTS AND MOTHERS (AIM) UPDATE

Enrollment Report

Ms. Soto-Taylor reported on Agenda Item 11.a., the AIM Enrollment Report for February 2011. There were 948 women enrolled in the program that month with no significant changes from the previous month regarding eligibility information or other demographic information. Latinas continue to represent about 38 percent of the population. Los Angeles County has the highest enrollment in the program. Anthem Blue Cross continues to have the highest enrollment of any of the participating health plans.

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

The AIM Enrollment Report is located at:
http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_031611/Agenda_Item_11.a_AIM_Enrollment_Summary.pdf

Administrative Vendor Performance Report

Ms. Soto-Taylor reported on Agenda Item 11.b., the Administrative Vendor Performance Report. For February, the administrative vendor met all performance standards in the areas of eligibility determination, data transmission and toll-free line customer service. The administrative vendor also met all quality and assurance performance standards for January.

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

The AIM Administrative Vendor Performance Report is located at:
http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_031611/Agenda_Item_11.b_AIM_Adm_Vendor_Perf_February_2011_Summary.pdf

Chairman Allenby asked Mrs. Casillas if there was anything further to bring before the Board. Mrs. Casillas said there was not. The meeting was adjourned at 12:27 p.m.