

**Managed Risk Medical Insurance Board  
May 13, 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

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  
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;  
Kathi Dobrinen, Manager in the Eligibility, Enrollment  
and Marketing Division;  
Randi Turner, Manager in the Administration Division;  
Amanda Evans, Manager in the Administration  
Division;  
Muhammed Nawaz, Manager in the Benefits  
and Quality Monitoring Division;  
Sarah Swaney, Manager in the Benefits  
and Quality Monitoring Division;  
Lilia Coleman, Policy & Operations Manager,  
Benefits and Quality Monitoring Division;  
Darryl Lewis, Manager in the Eligibility, Enrollment  
and Marketing Division;  
Anjonette Dillard, Manager in the Eligibility,  
Enrollment, and Marketing Division;  
Juanita Vaca, Research Analyst II;  
Maria Angel, Acting Executive Assistant to the  
Board and the Executive Director; and  
Theresa Gomez, Board Assistant.

Chairman Allenby called the meeting to order at 10:03 a.m. The Board then went into Executive Session. It reconvened for public items at 11:04 a.m.

## **REVIEW AND APPROVAL OF MINUTES OF APRIL 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\\_051310/Agenda\\_Item\\_3\\_Public\\_4-21-10\\_Final.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_051310/Agenda_Item_3_Public_4-21-10_Final.pdf)

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

Ms. Cummings reported that the Board's packet contains a letter from the Governor to the federal government, expressing his intention to contract with them for operation of a temporary high risk pool. The Administration is looking to this Board to manifest that on the physical plane, so that's in your packet. She also noted that additional Board meetings may be needed to make decisions on implementation of the temporary federal high risk pool. Time for these additional meetings has been reserved on Board members' calendars for the dates of June 2, June 30 and July 7. She noted that the Board's next regular meeting is May 27, then possibly June 2. Following that, the next regular meeting is June 16, then possibly followed by a meeting on June 30. If needed, a meeting may be held on July 7, then followed by the Board's regular meeting of July 21. If additional meetings are needed beyond July, they will be scheduled at a later time, Ms. Cummings said.

So told the Board that their packets contain a copy of the solicitation document that the federal government released on May 10, which MRMIB staff is reviewing to determine if additional information is needed from CMS to assist in the state's response. Ms. Cummings noted the solicitation is not based on a managed care model but a claims-based approach. She also said there is considerably more reporting required by the solicitation than anticipated, which is requiring an additional review of staffing needs.

Ms. Cummings said Pete Davidson of PriceWaterhouseCoopers was present to provide an estimate of what rates may be for the new risk pool. She also noted the federal law left open the option of a rate base of less than 100 percent of standard commercial rate.

Chairman Allenby said a standard rate base could be used, but with a limit on how much of the subscriber's income would go toward premiums.

Ms. Cummings also noted that instead of adopting pre-existing conditions, the Board may want to consider using the current MRIMP criteria of demonstrating

rejection by a carrier instead of establishing a list of pre-existing conditions. She said that would be preferred by staff.

Chairman Allenby asked if staff would try to fold in the current existing subscribers of the state high risk pool, the Major Risk Medical Insurance Program. Ms. Cummins said staff would like to do that, but it appeared the federal government was not going to allow that merger. Chairman Allenby pointed out the inequity of having two pools with different benefits and premiums and Ms. Cummings noted the issue was the six-months without coverage provision prior to coverage in the federal pool and that subscribers in the state pool could not meet that provision.

Ms Cummings said the U.S. Department of Health and Human Services (HHS) has said that states who submit their responses to the solicitation document by June 1 would receive their funding by July 1. She said the Administration has spoken with Foundation Partners and the California Healthcare Foundation and these foundations are considering providing assistance to MRMIB in completing the solicitation document as quickly as possible.

Chairman Allenby asked staff to work with the federal Administration to determine how much flexibility they are willing to provide so California can pursue the options it deems necessary to implement the temporary federal high risk pool.

Ms. Cummings asked the Board's Chief Counsel, Laura Rosenthal, to describe the legislation that she has been drafting, that has been circulated to stakeholders but is not yet in print.

Ms. Rosenthal said the draft legislation would authorize MRMIB contract with HHS on behalf of California to run the Federal High Risk Pool. The draft creates a new program called the California Federal Temporary High Risk Pool. This would be a separate pool and a separate program from MRMIP, in a separate statute within the Insurance Code. As drafted, MRMIB could coordinate administration of the new pool with MRMIP to the extent permitted by the federal government, in the interest of efficiency. The draft statute is patterned on the MRMIB statute in terms of the basic powers and obligations of the Board and structure of the law, with differences to account for the idea that this is California running a separate federal program.

Under the draft, Ms. Rosenthal said MRMIB would be able to offer coverage to medically uninsurable individuals through health plans or through a TPA (third-party insurer), and would be able to contract with the plans on a capitated or risk-sharing basis. Eligibility and benefits in the program would be in accordance with federal standards and would be spelled out in the agreement with the federal government. She said the pool would be required in the aggregate to spend only federal funds and to manage enrollment within those funds.

Ms. Rosenthal said that under both the federal law and this draft state legislation, the pool would cease to exist at the end of 2013, and MRMIB would be obligated

to develop procedures for transitioning subscribers into the Exchange in January 2014. She said the federal law has transition language requiring the federal government to develop a transition plan. This would essentially be California working as part of that in consultation with the federal government to help do that. However, she added that while the federal high risk pool sunsets at the end of 2013, the program would continue to pay for claims and administration until subscribers' transitioned out of the plan.

Chairman Allenby asked how the adverse risk in the federal pool and, for MRMIP for that matter, would be allocated to the Exchange. Ms. Rosenthal said the law has three mechanisms to deal with the issue of maldistribution of risk, beginning in 2014. These are a temporary state reinsurance program, a temporary federal risk adjustment program and a permanent state risk adjustment program.

Ms. Cummings added that the intent is for the bill to be an urgency statute because of the timeframes previously discussed to establish the new federal pool.

Chairman Allenby asked if there were any questions or comments from the Board. Hearing none, he asked Ms. Cummings to continue.

Ms. Cummings introduced Pete Davidson of PriceWaterhouseCoopers (PWC), who was engaged to provide an actuarial assessment of how the premiums under the federal high risk pool might compare to premiums in MRMIP.

Mr. Davidson said there were still many unanswered questions in terms of what are the benefits going to look like and how will rates be determined. He said MRMIP had four plans that submitted rates for 2010, that made adjustments to using flexibility in their base plan and equivalent actuarial adjustments to what the MRMIP benefit offering. Those adjustments in 2010 were fairly wide, ranging from a negative 7.5 adjustment to get down from their level which was, you know, at least a million dollar annual coverage to a 22 percent reduction. And the reason that there are wide ranges in that is a tremendous amount of judgment that the plan actuaries can apply in deciding what information they're going to use to develop those, including information based on their own plan data. So, we have a wide range, but within those four plans, on an average basis, there was around a 16 percent reduction to go from their coverage levels to the MIP levels.

Ms. Cummings clarified that Mr. Davidson was speaking of the \$75,000 annual benefit cap and \$750,000 lifetime cap in the MRMIP plan.

Mr. Davidson said that to go from the MIP level of benefits back to something that's close to unlimited is something around a 19 or 20 percent increase, so, as a reciprocal of that 16 percent reduction. Further, Mr. Davidson noted that the federal pool rates are going to be offered at 100 percent of standard rates; whereas in MRMIP it's between 125 and 137 percent. He said currently, MRMIP plans are being offered at 125 percent of standard average, but there's that differential.

Based on the average adjustment for the limits, Mr. Davidson said the federal high risk plan would be somewhere around five percent cheaper than the rates that are being offered in MRMIP currently, on average. Using the range of those adjustment values, it may be anywhere between a 14 percent reduction to a three percent increase in relation to current MIP rates. He said not having an annual or lifetime cap such as in MRMIP has a significant impact in the rates for the federal pool.

Ms. Cummings said the assumptions made by Mr. Davidson were without the benefit of knowing what the benefit requirements would be for the federal high risk pool. Mr. Davidson said his cost assessment was based on readily available information and should be interpreted as a high level idea of what the premiums might be for the federal high risk pool.

Board Member Crowell asked what would become of the benefit cap on MRMIP between now and 2014.

Chief Counsel Rosenthal said current thinking, subject to CMS guidance, is that the prohibition on unreasonable annual caps, as determined by the secretary, between now and 2014 probably doesn't apply to existing high risk pools because the market rules that limit annual caps don't apply to grandfathering plans until 2014. So the preliminary assumption is that MRMIP be a grandfathered plan and the rule only applies to newly issued plans.

Ms. Cummings added that she thought it was very unlikely that the federal high risk pool product would have a cap.

Board Member Crowell agreed and said that she was thinking in terms of how potential enrollees would choose between the existing state high risk pool (MRMIP) and the new temporary federal high risk pool. She thought enrollment in MRMIP might decline. Ms. Cummings noted the federal pool requirement that enrollees must be without health coverage for six months to be eligible and noted that 40 percent of MRMIP subscribers had not had health coverage for six months prior to their enrollment.

Ms. Cummings said the affordability of the federal product is not going to be much less than MRMIP and that may surprise people. She also noted that the Board could opt to propose coverage at less than a hundred percent of the standard risk, which would lower the cost. Additionally, benefit designs could be used to help lower the cost, through higher deductibles. She said PWC has been asked to make assumptions about what the benefits are and what prices would be like with a \$1,500 deductible and with an HSA compatible deductible. That work is not yet available.

Board Member Figueroa said he thinks people had expected the premiums would be substantially cheaper than MRMIP premiums. He said he was not yet aware of what variations may be part of the federal program that could impact cost.

Ms. Cummings noted that the federal government is expected to release regulations for the program the first week of June.

Board Member Figueroa suggested that Mercer provide some assumptions on variations that would affect premiums, like deductibles and copays.

Ms. Rosenthal also noted the cost-sharing required by the federal provisions.

Board Member Figueroa said states would be pretty far into their process in responding to the federal solicitation when the regulations come out and that will require some fast response by states if the regulations include provisions that were not expected.

Ms. Cummings said the solicitation document spoke to the fact that states may have to amend their proposals based on release of the regulations.

Chairman Allenby asked if it is yet known how many states submitted letters of intent. Ms. Cummings said there are 30 states that have done so.

Board Chairman Allenby said the federal government is likely to be somewhat flexible if they want states to step up and take on the responsibility of operating the temporary federal high risk pool.

Board Member Figueroa asked Mr. Davidson if in addition to looking at deductible variations, if he would be looking at other potential variables to reduce premium costs.

Mr. Davidson said higher copays are another area that was worth looking in to. Additionally, he said assumptions also could be made regarding the program operations as well, such as the network used and network discounts.

Board Member Figueroa also noted that the Board has always worked to match the programs offered to the needs of the population and cost-sharing for preventative services may cause a barrier to care. Mr. Davidson noted that preventative care concepts don't necessarily apply to the federal high risk pool at this point.

Ms. Cummings noted that for people with chronic conditions, the issue is they're not having barriers to accessing treatment for their conditions and that's a whole different level of exemption from deductible. She noted that contrary to the natural deduction that a pool of high risk subscribers would have high service usage, the vast bulk of claims to MRMIP were under \$5,000 annually, basically paying for themselves and subsidizing the outliers.

Ex-Officio Member Campana asked if states could provide prior input on regulations before they were issued. He asked if the state could provide input that in addition to having a medical condition, could age be a factor for admission to the pool. He noted that many people in their early 60s are finding themselves

unemployed and are having trouble finding affordable health insurance.

Ms. Cummings noted that one of the items in the Board's packet is a study by Families USA that found that by the age of 55, most people do have pre-existing conditions, so those people Ex-Officio Board Member Campana referred to could likely be rejected by a carrier. However, she said she didn't believe just reaching a certain age would qualify someone for entry into the temporary federal high risk pool.

Board Member Allenby asked if there were any further comments or questions on this issue. Hearing none, he asked Ms. Cummings to continue.

Ms. Cummings said MRMIB staff has been researching what it will take to implement the temporary federal high risk pool. She said Deputy Director Ernesto Sanchez, with assistance from Chief Deputy Janette Casillas, has prepared a presentation on, to the extent known from the solicitation document, what is required and what MRMIP's existing vendor contract contains for medically uninsurable people.

Deputy Director Sanchez called the Board's attention to an issue paper in their packet entitled Temporary Federal and State High Risk Pool Administrative Services and Administrative Options Comparison. He said the dates targeted in the solicitation are responses due before June 1 and contracts issued on July 1. He said the issue paper looks at the operational frameworks that we have and what are the options that we have. He said the Board's programs currently use a couple of different administrative models and staff has other existing experience levels for certain types of functionalities. He said the second part of the issue paper looks at what we currently do under our state high risk pool. Mr. Sanchez said that buying services of an administrative vendor to operate the state high risk pool takes funds away from serving people. Because of this sensitivity, MRMIB has always operated with a lean staff to put as much funding toward subscriber services as possible.

He said the report lays out the required administrative vendor functionalities. Mr. Sanchez said one of the first and most important points for MRMIB is the scalability of existing program functions used in the state high risk pool. This is because of estimates that there may be anywhere from 400,000 to 600,000 or even up to 800,000 medically uninsurable people in California. He noted the Families USA report says there are 6.5 million people with some type of pre-existing condition, but the study provides their insurance status.

Mr. Sanchez noted that at one time, MRMIP covered 22,000 people in 1998, but now the program is capped at 7,100. He pointed out that the Healthy Families Program currently serves nearly 900,000 children. He said while MRMIP does not have experience with citizen immigration eligibility status verification, it is done in Healthy Families. While MRMIP has not used pre-existing condition as a basis for eligibility, denial by an insurance carrier which is used, would be pursued through the solicitation response. Other aspects of the solicitation that

would require strategy and response that are not currently done in MRMIP, but that the MRMIB staff has experience in through the Healthy Families Program include: verification of uninsurance eligibility, an appeals process that complies with federal requirements, use of multi-lingual applications and correspondence; monthly enrollment reconciliation; and development and administration of a program website. Both MRMIP and Healthy Families provide premium and billing collections, call center management with multi-lingual services, case management, updating address changes and case information, submitting electronic data transmissions to the plans, invoicing and capitation payments and administering insurance or payments to insurance brokers and agents.

Ms. Cummings called the Board's attention to three items in their packet: The Families USA survey on pre-existing conditions; an updated letter from one provided at the last meeting from Health Access about opinions about the federal high risk program; and an updated chart now on the MRMIB website that provides consumer information about the temporary federal high risk pool.

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

Beth Abbott from Health Access said she appreciated inclusion of the letter to Mr. Villines in the Board's package so they can see some of the concerns in more detail that we submitted. She said Health Access believes a strong public education and outreach program should be incorporated into the temporary federal high risk pool. She noted the testimony yesterday of John Kingsdale of Massachusetts at the Joint Assembly and Senate Hearing on Health Care Reform and how robust the Massachusetts outreach activities were to combat misinformation and wrong assumptions.

Board Chairman Allenby noted that brokers and agents are fairly knowledgeable about MRMIP, although they don't do that many sales.

Ms. Abbott said Health Access also urges the Board to be alert to enrollment versus available funds calculation, because although it's not entirely clear in the federal legislation, it looks as if more money could be allocated to this high risk pool if petitioned from states. She said Health Access' calculations indicate that the federal allocation of \$761 million would cover about 9 percent of the people they calculate are eligible in California.

Board Member Figueroa said the solicitation is very clear that contractors (states) must live within the allocation provided by the federal government and that the federal government is telling states that is the amount of money they get although there could be more at some point.

Ms. Abbott said Health Access also feels that the state should run its own call center and not contract with an outside vendor for that service. She said a state-run call center could provide staff that is more knowledgeable about the program

and deliver a higher level of service. Ms. Abbott also urged that the application process for the temporary federal high risk pool have “no wrong door,” and that people deemed not eligible be redirected to the proper program.

Board Chairman Allenby asked if there were further comments from the audience. Hearing none, he concluded discussion on the item.

The documents on health care reform can be found at:

[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_051310/agenda\\_Item\\_4.a\\_high\\_risk\\_pool.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_051310/agenda_Item_4.a_high_risk_pool.pdf)

Deputy Director Esajian reported on another item included in the Board's packet. She called the Board's attention the last piece of correspondence in your packet, a letter dated May 6 to Secretary Sebelius from Senators Reid, Baucus and Rockefeller and from Representatives Pelosi, Waxman and Pallone. Ms. Esajian said in the letter, the Senators and Representatives expressed concerns that states may try to scale back on CHIP coverage for children based on state plans that allow states to cap or freeze enrollment in certain circumstances. In the letter, they urge Secretary Sebelius to issue guidelines to clarify to states that the maintenance of effort or eligibility provisions in the Patient Protection and Affordable Care Act bar implementation of enrollment caps or freezes, or other restrictive eligibility procedures that were not in place at the time that the President signed the legislation on March 23.

The documents on health care reform can be found at:

[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_051310/Agenda\\_Item\\_4.b\\_Letter\\_050610\\_from\\_Gov\\_to\\_Sebelius.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_051310/Agenda_Item_4.b_Letter_050610_from_Gov_to_Sebelius.pdf)

## **HEALTHY FAMILIES PROGRAM**

### **Retention Reports**

Mr. Sanchez said this annual report show a marked difference from the last few years, with a 6 percent decrease. He said the report tracks children that were enrolled in the calendar year of 2008 and tracks them all the way through December 31<sup>st</sup>, 2009. He said the retention rate for these children dipped from our prior year, 79 percent to 73 percent.

Mr. Sanchez said more children leaving Healthy Families and there was also a 3 percent increase in nonpayment of premiums. He said that probably corresponds not only with the impact of the economic down turn nationally and in California, and also the impact of two premium increases in 2009 within the Healthy Families Program.

The report also showed a 1 percent increase in applicant requested disenrollments. He said one reason for the disenrollment requests is that if a family becomes eligible for Medi-Cal, they must first disenroll from Healthy Families to access the Medi-Cal services.

He said a 1 percent increase was also seen in the number of applicants that needed additional documentation to either re-verify family size or give us new income documentation during the AER process.

Finally, Mr. Sanchez also noted a 1 percent increase at annual eligibility review, finding more children already enrolled in no-cost Medi-Cal and, therefore, no longer eligible for Healthy Families.

Regarding retention rates, Mr. Sanchez said retention rates for one year have stayed fairly consistent, almost 80 percent, for the average of two-year retention around 69 percent. For three years, the rate is around 61. He said of the subscribers in the program, about 72 percent of them have been continuously reenrolled, representing about 1 percent decrease from the prior two years.

Board 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. Hearing none, he concluded the agenda item.

The Retention Reports can be found at:

[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_051310/Agenda\\_Item\\_5.a\\_Retention\\_and\\_Disenrollment\\_Report.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_051310/Agenda_Item_5.a_Retention_and_Disenrollment_Report.pdf)

#### 2009 Open Enrollment Report

Darryl Lewis, MRMIB Eligibility Enrollment Manager, reported on the results of the 2009-2010 open enrollment. He said open enrollment was held from April 15 to May 31, with plan tracks taking affect July 1.

He said this benefit year, the Healthy Families Program sent customized packets to applicants that were required to change their health, dental and vision plans, and/or their premiums were changing due to CPP changes in their area. If Healthy Families health, dental and vision plans were available and/or premiums were not changing, the HFP sent families postcards to inform them of the open enrollment period. He said the packets included a transfer request form, a customer satisfactory survey, personal fact sheet, plan comparison guide and individual plan information.

Mr. Lewis said just over 444,000 postcards and a little more than 69,000 packets were sent to applicants. Of the 514,000 total packets and postcards sent, just under 32,000 applicants requested an open enrollment transfer. This represents a 6 percent return rate, a 1 percent decrease from the previous year.

A total of 26,000 applicants were forced into another plan because their plan was no longer available and they did not return their open enrollment packet. Applicants had 30 days to request a new plan, after they have been forced into a plan. Only 160 applicants, which is 0.6 percent of those forced to transfer, requested to a change to another plan. Therefore, although a large percentage of

applicants were forced into another plan, it seems that they were satisfied with the plan they were forced into.

Mr. Lewis said that overall, just over 90,000 children were transferred, more than 19,000 less than the previous year, representing a 17.4 decrease in children transferred. Of those children, almost 2 percent transferred to a new plan voluntarily, a decrease of 2 percent from the previous year. He said slightly more than 8 percent of subscribers transferred were required to transfer to a new plan; a decrease of 1 percent from the previous year.

Ms. Cummings noted that the statistics showed that there has been an increase in subscribers switching plans over the past two years.

Mr. Lewis reported that just under 71,000 subscribers changed their health plan, representing 8 percent of all children enrolled in Healthy Families. He said Anthem/Blue Cross EPO exited three large counties, Orange, Riverside and San Bernardino, causing a 40 percent decrease in subscribers for the health plan.

He said nearly 14,000 subscribers transferred to a new dental plan, representing nearly 1.5 percent 1.5 of the children enrolled in the Healthy Families. Lastly, he noted that more than 4,000 subscribers transferred to a new vision plan, representing about 0.5 percent of the children enrolled in Healthy Families.

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

The 2009 Open Enrollment Report can be found at:

[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_051310/Agenda\\_Item\\_5.b\\_O\\_E\\_Report.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_051310/Agenda_Item_5.b_O_E_Report.pdf)

#### Advisory Panel Summary from February 9, 2010 Meeting

Ex-Officio Member Campana expressed the panel's appreciation for MRMIB staff, with a special thanks to Deputy Directors Ernesto Sanchez and Shelley Rouillard.

He said the panel represents a broad cross-section of constituencies, including two parents, a parent with a child enrolled in Healthy Families, as well as a parent with a special needs child. Because of the broad representation, the panel is able to discuss positives and challenges from the field.

He said the staff report on the premium discount project generated a great deal of excitement from panel members, who commented that quality should be expanded beyond just HFP, for example, to a broader initiative on quality across state programs. One panel member spoke of developing outcome measures for premium discounts. Mr. Campana said the panel has a focus on quality and if they see visits declining, wonder how that affects many things, including rates.

He said a recent successful motion was to urge the Board to be cautious about potential savings and making changes to the HFP benefit estimates, because sometimes a change could affect others, and physicians were concerned that we could increase emergency room cost, and any change in reduction of the program would also magnify a loss in federal funds.

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

The Advisory Panel Summary can be located at:

[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_051310/Agenda\\_Item\\_5.c\\_Advisory\\_Panel\\_Summary.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_051310/Agenda_Item_5.c_Advisory_Panel_Summary.pdf)

### 2008-09 California Children's Services (CCS) Report

Chairman Allenby said this agenda item would not be taken up at the meeting today.

### Notice of HFP Advisory Panel Vacancies

Mr. Sanchez reported that four slots are open on the Healthy Families Advisory Panel with four members terming out as of July 1. He said the vacancies have been posted for one Healthy Families subscriber representative, one family practice physician representative, one disproportionate share hospital representative and one county public health representative.

He also noted that current members have been asked if they would like to continue on the panel and to notify staff if they wish to do so. He said applications must include a resume and must be submitted to Mr. Sanchez's attention at MRMIB by June 1.

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

The Notice of HFP Advisory Panel Vacancies can be found at:

[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_051310/Agenda\\_Item\\_5.e\\_Advisory\\_Panel\\_Vacancies.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_051310/Agenda_Item_5.e_Advisory_Panel_Vacancies.pdf)

### **COUNTY HEALTH INITIATIVE MATCHING FUND**

Board Member Allenby noted that there were three 2010-2011 contract amendments before the Board and a motion was needed to approve all three resolutions authorizing one or more extensions to the existing agreements with San Mateo, Santa Clara, San Francisco City and County.

Mr. Sanchez said the resolutions were to extend contracts to allow the three counties to continue the funding they receive through MRMIB.

A motion was made and seconded to approve the resolutions. The vote was unanimous and the resolutions adopted.

The Contract Resolutions can be located at:

[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_051310/Agenda\\_Item\\_6.a\\_Approval\\_of\\_2010-11\\_Contract\\_Amendments.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_051310/Agenda_Item_6.a_Approval_of_2010-11_Contract_Amendments.pdf)

### **ACCESS FOR INFANTS AND MOTHERS**

Board Chairman Allenby said this agenda item would not be brought before the Board in the interest of time. He asked if there was anything else to come before the Board. Ms. Cummings said there was not.

Board Chairman Allenby adjourned the meeting at 12:25 p.m.

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