

**Managed Risk Medical Insurance Board  
May 20, 2009, Public Session**

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

Ex Officio Members Present: Tim LeBas, Bob Sands, Jack Campana

Staff Present: Lesley Cummings, Executive Director; Janette Lopez, Chief Deputy Director; Laura Rosenthal, Chief Counsel; Ernesto Sanchez, Deputy Director for Eligibility, Enrollment, and Marketing; Shelley Rouillard, Deputy Director for Benefits and Quality Monitoring; Teresa Krum, Deputy Director of Administration, Ginny Puddefoot, Deputy Director of Office of Health Policy and Legislative and External Affairs; Ruth Jacobs, Assistant Deputy Director of Benefits and Quality Monitoring; Seth Brunner, Senior Staff Counsel; Tony Lee, Chief of Fiscal Services; Will Turner, Legislation; Anjonette Dillard, Policy Manager, Eligibility Division; Thien Lam, Manager, Eligibility, Enrollment and Marketing Division; Darryl Lewis, Analyst, Eligibility, Enrollment and Marketing Division; Loressa Hon, Manager in the Fiscal Services Unit; Dana Durham, Assistant for Benefits and Quality Monitoring Division; and Stacey Sappington, Executive Assistant to the Board and the Executive Director.

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.

Chairman Allenby began by noting that the Board had just completed a very long and arduous executive session deliberating on plan contracting strategy in light of recent budget developments. The Governor and the Legislature will be developing additional budget reductions given the results of the election yesterday and it is not possible to know how the budget will turn out at this juncture. That having been said, the Board has decided that staff should sign the Healthy Families Program plan contracts with the rate increases previously negotiated.

There remains considerable work to do to address funding shortfalls in the program. Staff should be looking for any and all opportunities for alternative funding. If things continue to sour—and it appears that they will – the Board will likely have to establish enrollment caps. The Governor’s May Revise proposes lowering the income eligibility for Healthy Families from 250 percent to 200 percent of Federal Poverty Level. The proposal requires action by the Legislature. Only time will tell how things turn out in the end and in the meantime the Board will take things day to day.

## **REVIEW AND APPROVAL OF APRIL 22, 2009 PUBLIC SESSION MINUTES**

The Board approved the minutes of the April 22, 2009 meeting.

The document is located at

[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_042209/Public\\_4-22-09\\_draft.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_042209/Public_4-22-09_draft.pdf)

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

Ms. Puddefoot reviewed two reports recently released by the U.S. Senate Finance Committee on approaches for federal health reform. The first concerns Medicare. The second, “Expanding Health Care Coverage: Proposals to Provide Affordable Coverage to All Americans” identifies various options for achieving universal coverage. She also provided the Board with a summary of the same report that was produced by the National Governor’s Association.

Chairman Allenby asked if there were any questions or comments.

Mr. Figueroa commented that the work California did last year in developing its approach for health reform has gained federal attention, particularly the elements requiring an individual mandate and requiring guarantee issuance of coverage.

The reports can be found at

[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_052009/Agenda\\_Item\\_4.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_052009/Agenda_Item_4.pdf)

## **STATE BUDGET UPDATE**

Ms. Krum reported that MRMIB has had two budget hearings, one in the Senate on April 23 and one in the Assembly on May 4. The members did not take any actions at the hearings. Hearing topics included basic information on MRMIB’s programs and the Children’s Health Insurance Program Reauthorization Act of 2009 (CHIPRA). Assembly Member Beall was particularly concerned that carrier withdrawals in the Healthy Families Program resulted in the transfer of 81,000 children.

The Governor released two May Revision plans, one presuming the initiatives in the special election would be approved by the voters and one presuming that they would not. As the initiatives did not pass yesterday, the proposal on the table is the one that includes additional reductions to make up for the lost revenue.

Staff's understanding of how the May Revision affects MRMIB is as follows:

It proposes to reduce Healthy Families eligibility from 250 percent of the Federal Poverty Level (FPL) to 200 percent with a corresponding reduction of \$54 million in the General Fund.

Funding for HFP plan rate increases has not been included.

Funding for Certified Application Assistant fees in the HFP would be eliminated.

Proposition 99 funds for the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey and the Rural Health Demonstration Projects in HFP would be eliminated.

Proposition 99 funding for AIM and MRMIP would be reduced.

The Department of Health Care Services and MRMIB will file state plan amendments to obtain federal CHIP funding for legal immigrant children. Healthy Families Program General Fund support budget would be reduced by \$12 million and replaced with Title XXI funds..

Separately from the budget, the Governor has also asked for a reduction of five percent of all general fund positions -- which equates to four positions at MRMIB. Per Administration direction, layoff notices have been provided. Three positions funded by special funds run out of funding on July 31<sup>st</sup> and will be eliminated. MRMIB may be down by a total of eight positions. And since the legislature has not yet adopted the proposed union contracts, all staff continue to be furloughed two days a month.

Chairman Allenby asked if there were any questions or comments.

Dr. Crowell emphasized that it is important for the Board and the public to understand how many children would be affected by the proposals. She estimated that a quarter of a million children would lose coverage if eligibility were reduced to 200 percent. Ms. Krum confirmed the number.

Dr. Crowell then asked how many additional children would be affected by the budget shortfall. Ms. Krum replied that around 271,000 children would lose coverage.

Dr. Crowell observed that the two reductions would constitute half of the enrollment in the entire program. A reduction of this size would result in a devastating impact on the health of California's children.

Chairman Allenby concurred.

## **STATE LEGISLATION**

Mr. Turner highlighted bills of interest to the Board from the regular and special sessions.

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

The legislative summaries can be found at:

[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_052009/Agenda\\_Item\\_6.a\\_State\\_Legislation\\_Regular\\_Session.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_052009/Agenda_Item_6.a_State_Legislation_Regular_Session.pdf)

[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_052009/Agenda\\_Item\\_6.b\\_State\\_Legislation\\_Special\\_Session.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_052009/Agenda_Item_6.b_State_Legislation_Special_Session.pdf)

## **HEALTHY FAMILIES PROGRAM**

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

Ms. Lam reported that as of the end of April, the Healthy Families Program had over 910,100 children enrolled. There were 31,800 new enrollees during the month, representing more than a ten percent increase over last year's April enrollment. The majority of subscribers are Latino and 59 percent of the enrolled population reside in Southern California.

The Single Point of Entry screened over 34,400 applications, 69 percent of which were forwarded to the Healthy Families Program.

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

The report can be found at:

[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_052009/Agenda\\_Item\\_7.a\\_HFP\\_Enrollment\\_Report.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_052009/Agenda_Item_7.a_HFP_Enrollment_Report.pdf)

### **Administrative Vendor Performance Report**

Ms. Lam reported that the administrative vendor continued to meet all performance standards in processing applications and all quality standards for

screening applications, eligibility determinations, and sending records to the plans.

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

The report can be found at:

[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_052009/Agenda\\_Item\\_7.b\\_HFP\\_Adms\\_Vendor\\_Perf\\_April\\_2009\\_Summary.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_052009/Agenda_Item_7.b_HFP_Adms_Vendor_Perf_April_2009_Summary.pdf)

#### 2008 Open Enrollment Report

Mr. Lewis reported on the HFP Open Enrollment (OE) period for 2008-09. Due to the delayed state budget, OE was conducted from November 15<sup>th</sup> to December 31, 2008, with coverage changes effective February 1, 2009. Due to major changes in plan service areas and premium changes, full customized packets were sent to all subscribers rather than postcards and smaller packets. Typically packets are only sent to families that must change their plans because of coverage area changes, or are affected by a premium change or change in Community Provider Plan (CPP) designations. The 2008-09 packet included a customer satisfaction survey, a plan change request form, fact sheets listing available plans and a comparison guide providing an overview of the performance of each of the plans available in the subscribers area.

The vendor mailed 527,000 packets. Seven percent were returned, five percent higher than the prior year. Of the 80,000 packets sent to subscribers that had to make plan changes, 25 percent returned them designating a new plan. The vendor defaulted 37 percent of subscribers into the CPP in their area because they did not return their packets.

The vendor transferred over 109,000 children, an increase of 96,000 over the prior year.

Chairman Allenby asked if there were any questions or comments.

Ms. Cummings commented that the report detailed the significant consequences of the plan service areas changes that occurred beginning in February.

Dr. Gil Simon, a pediatrician who is a provider for Healthy Families children and the medical director of a Sacramento medical clinic addressed the Board to express concerns about continuity of care during the open enrollment process. His clinic provides Medi-Cal, Healthy Families and Medicare subscriber services and is the largest privately owned Sacramento County provider.

Dr. Simon was dismayed that when HFP moved 11,000 children out of Blue Cross and Blue Shield in Sacramento, it did not inform the children's new plans of the identity of the children's primary care physician (PCP). A number of the

PCP's were also providers under the new plans. However, families were not aware of this and 87 percent chose new PCP's. Dr. Simon said that dozens of the children in his clinic were being seen for chronic disorders and experienced disruption in care. He requested the Board to direct Anthem Blue Cross and Blue Shield to disclose primary care physician names to the new plans and have the plans contact subscribers so that they can return to their PCP.

Ms. Lopez asked to make a couple of points. She indicated that she had worked with the new plans in the Sacramento area to assist families who called about retaining their PCP. The plans allowed families calling or even presenting themselves at Dr. Simon's clinic to designate the clinic as their PCP over the phone. She noted that families are allowed to change their PCP at any time, so there is no barrier preventing a family from returning to the clinic if they choose. The new plans would get information on a subscriber's PCP if the subscriber filled out that portion of the open enrollment form that asks for identification of their primary care physician. However, many do not respond to the question.

Chairman Allenby expressed his hope that the Board would not have to reckon again with the large number of plan transfers that resulted from carrier withdrawals in the current year. He noted that the Board and Dr. Simon both want continuity of care and choice. He asked staff to review processes to see if there are additional ways to facilitate that in the future.

Dr. Chang emphasized that the Board is committed to continuity of care for its subscribers and would be happy to work with providers to avoid this type of disruption in the unhappy event that there are large scale plan transfers in the future.

Dr. Simon indicated that he had contacted MRMIB but had been told that MRMIB's relationship is with the plan, not the provider. When he contacted the plans, they were not responsive.

Ms. Rosenthal clarified that state and federal privacy laws limit the information a plan can provide to a provider. However, providers themselves can contact their subscribers and let them know of their availability in another plan. Dr. Chang opined that this approach would be the most direct and helpful to the subscriber.

Dr. Simon asked that MRMIB educate the health plans on the problem and encourage them to contact subscribers .

Chairman Allenby thanked Dr. Simon for bringing the issue to the Board's attention and expressed his hope that positive changes will result.

The open enrollment report can be found at:

[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_052009/Agenda\\_Item\\_7.c\\_2\\_008\\_Open\\_Enrollment\\_Results.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_052009/Agenda_Item_7.c_2_008_Open_Enrollment_Results.pdf)

### HFP Current Year Expenditures

Ms. Hon reported that costs for the Healthy Families Program in the current year remain within levels budgeted. Staff believes that there is sufficient funding for the current year. Staff will continue to update the Board each month on current year expenditures.

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

### 2009-10 Rural Health Demonstration Project Solicitation

Ms. Cummings announced that the item agendaized for the 2009-10 Rural Health Demonstration Project Solicitation was not being heard as the May Revisé proposes to eliminate funding for the projects.

Chairman Allenby expressed regret, noting that the projects were very interesting and valuable. Dr. Crowell agreed.

### Serving Children With Serious Emotional Disturbances

Ms. Cummings remarked that staff believe that it is time to re-assess way the mental health benefit is structured in HFP. Presently, health plans provide some mental health services but refer children with serious mental illnesses to counties for a determination of whether the child is seriously emotionally disturbed (SED). If the county determines that a child is SED, the plan relies on the county to provide treatment of the SED. This is referred to as "the SED carve out".

The Board has spent considerable time discussing the carve out. Most recently, staff presented a report at the April 22, 2009 meeting providing data on plan and county provided mental health services.

Given the number of problems identified with the carve-out and the fact that the Board must comply with newly enacted requirements in CHIPRA for full mental health and substance abuse parity, staff suggest that the Board review the structure of mental health benefit. Staff intend the discussion today to be a beginning and plan to schedule discussions at future Board meetings to provide stakeholders and the public the opportunity to comment.

Ms. Jacobs then presented a discussion paper to the Board on serving Children with Serious Emotional Disturbances (SED).

The low rate of mental health and substance abuse related services provided to Healthy Families subscribers by plans and counties as well as the lack of

comprehensive information of services received have been of great concern to the Board.

The Board has observed a number of limitations associated with the carve out. These include: a decline in county acceptance of plan referrals; a lack of utilization of SED services; a lack of integration of care between health and mental health services; a lack of communication between plans and counties; a complex referral system that is confusing to families; a significant percentage of Parent/Guardian refusal to seek county services; no infrastructure that allows counties to claim for prescription drugs; and a lack of reporting accountability to MRMIB.

The newly enacted CHIPRA provisions require states that provide mental health services to refrain from treatment limitations and financial requirements that are more restrictive than medical or surgical services.

Ms. Jacobs then reviewed options. For further discussion, virtually all would require regulatory, legislative and state plan changes. The options she presented were:

1. Do not provide mental health or substance abuse services in HFP as they are not a required benefit.
2. Provide mental health and substance abuse services through the EPSDT program.
3. Provide all mental health and substance abuse services through Healthy Families plans.
4. Carve in prescription drug costs to the plans. The county mental health departments would continue to provide other services.
5. Maintain and work to improve the current structure.

Chairman Allenby asked if MRMIB would be eligible to pull down the federal funding for SED services provided by plans. Ms. Cummings confirmed that it would as long as the state would be able to provide the match of \$1 for \$2 federal funding. The counties are currently using realignment funds to pull down the federal match. Dr. Crowell asked whether there would be increased state costs under Option 3 as the state's share of cost is presently funded by the counties. Ms. Cummings agreed that there would be.

Ms. Rosenthal asked to clarify the effective date of the CHIPRA mental health requirements. If no state law changes were needed, the provision would take effect in the next benefit year beginning after October 4, 2009. If state legislation changes were needed, the effective date would be January 2011.

She also pointed out that CalPERS, the HFP benchmark plan, will be aligning their benefits to comply with the federal parity law as it applies to employer groups in January 2010.

Dr. Crowell thanked staff for its work on what is a complex policy issue. She agreed that it is appropriate for the Board to deliberate on the matter and looked forward to the dialogue. She noted that she could take issue with some of the points made in the paper, but that the main issue is figuring out how to improve the system. She thanked staff for a job well done.

Ms. Cummings asked that if anyone had any disagreements with the report as written or would like to make comment to please contact Ms. Jacobs at MRMIB. Dr. Crowell stated that she would like to work with staff on some of the comments.

Dr. Chang and Chairman Allenby also commended staff on a job well done. Ms. Cummings added that Ms. Jacobs put a lot of work into it and it wasn't an easy subject. Dr. Chang added that the issues with which the Board is struggling are not unique to HFP.

This report can be found at:

[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_052009/Agenda\\_Item\\_7.f\\_SERIOUS\\_EMOTIONAL\\_DISTURBANCE\\_Report.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_052009/Agenda_Item_7.f_SERIOUS_EMOTIONAL_DISTURBANCE_Report.pdf)

#### Advisory Committee on Quality Update

Ms. Rouillard provided an update on the last meeting that was held on March 9, 2009. The agendas and notes from the meetings are posted on MRMIB's website.

Staff conducted calls with plans that performed well in the Adolescent Well-Care and YAHCS surveys to discuss successful strategies for getting children in to see their doctors and how they could share that information with lower rated plans to increase their results as well. Staff will discuss the results with the committee.

Staff still intend to meet with plans to review quality improvement goals and expectations. This meeting will be scheduled once the budget has been decided.

Staff do want to add performance improvement language into the next round of HFP plan contracts and will bring a draft to the Board in the Fall. The Advisory Committee will review and recommend on the issue prior to a discussion with the Board. Overlaying any improvement plans will be a focus on health care disparity by race and ethnicity.

Chairman Allenby asked if there were any questions or comments.

Adoption of Final Regulations, ER-05-08, that Implement AB1183 Trailer Bill to Increase Subscriber Premiums, Establish a Dental Cap, and Modify Vision Benefits

Ms. Rouillard reported that MRMIB held a public hearing on the regulations April 20, 2009. MRMIB received one comment from the National Health Law Program. It requested that MRMIB not implement premium increases or cap dental benefits and were concerned about broad statement in the regulations around medical necessity for photochromatic or tinted lenses. She reviewed a document detailing MRMIB's responses to the comments and asked the Board to adopt the regulations as proposed.

Mr. Figueroa commented that even though the imposition of a dental cap was discretionary in the 2009 Trailer Bill, the enacted budget assumed savings from a cap. Ms. Rosenthal concurred noting that the trailer bill language was written to provide the Board with discretion to keep options open for future years.

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

Chairman Allenby asked for a motion to adopt the resolution included as Agenda Item 7-H3, to approve final adoption of regulations to implement AB 1183, the 2008 Health Care Bill. A motion was made and seconded and passed unanimously.

The regulations can be found at:

[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_052009/Agenda\\_Item\\_7.h.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_052009/Agenda_Item_7.h.pdf)

#### Adoption of Final Regulations, ER-1-09, Community Provider Plan Designation Process

This item was moved to the June 17, 2009 Board meeting.

#### CHIP Reauthorization Implementation – Work Plan Update

Ms. Puddefoot presented an updated implementation work plan for CHIPRA that includes updates from both MRMIB and the Department of Health Care Services (DHCS). Staff continue to participate in weekly all-state calls with the federal Centers for Medicaid and Medicare Services (CMS), but these calls continue to be a vehicle for CMS to listen to state questions rather than one for CMS to provide answers to questions. As states discuss the issues on the calls, however, it is becoming increasingly apparent that some of the provisions will result in significant increased costs to the states.

Ms. Puddefoot then reviewed the updates made to the document.

During the discussion of the prospective payment system (PPS) provisions for clinics, Mr. Figueroa asked if DHCS currently processes payments from the plans

and then makes up the difference with the clinics. Ms. Puddefoot replied that this is the case. She indicated that staff would be providing an issue paper on the PPS issue at the next Board meeting. One option is to piggyback on the Medi-Cal approach and staff has been meeting with DHCS to discuss how it would work. Plans pay clinics a rate that is similar to what they pay similar providers. DHCS pays clinics an interim rate which approximates what the PPS rate would be. Then, annually, DHCS conducts a reconciliation audit with each clinic and finalizes the payments. Dr. Crowell asked if this then becomes a fee-for-service payment option. Mr. Figueroa answered that there is initially a cap involved but that payment is actually cost based. Dr. Crowell asked if the clinic could be part of a plan's network. Ms. Puddefoot confirmed that they could.

Chairman Allenby asked if there were any questions or comments.

Ms. Elia Gallardo from the California Primary Care Association thanked MRMIB for working with the Association and DHCS on the issue of the prospective payment systems. The Association is in support of modeling the payment plan on the current Medi-Cal Managed Care system. The Association has also been trying to get direction from CMS, particularly on the issue of when the PPS system takes effect. This is an area in which the Association's view differs from MRMIB staff.

Chairman Allenby thanked Ms. Gallardo for her comments.

HFP Advisory Committee Chair, Mr. Campana, reported that at its last meeting the Advisory Panel had passed a motion encouraging the Board to include performance on quality measures when considering which plan should get to use the premium discount. Presently, the premium discount is solely related to contracting with traditional and safety net providers.

The work plan can be found at:

[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_052009/Agenda\\_Item\\_7.i.C\\_HIPRA\\_Impacts\\_and\\_Implementation\\_MRMIB\\_and\\_DHCS.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_052009/Agenda_Item_7.i.C_HIPRA_Impacts_and_Implementation_MRMIB_and_DHCS.pdf)

#### County Health Initiative Matching Fund – Approval of 2009-10 Contract Amendments

Chairman Allenby asked for a motion to approve the resolution included with Item 8.a authorizing the Executive Director to extend the existing agreements with San Mateo, San Francisco, and Santa Clara for the provision of county-based children's health services in the County Health Initiative Program. A motion was made and seconded and the motion passed unanimously.

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

##### Enrollment Report

Ms. Dobrinen reported on AIM enrollment. In April there were 967 new subscribers enrolled in the program. The program has 6,959 subscribers currently enrolled. The majority of subscribers are Latina and the top three counties, Los Angeles, San Diego and Orange represent 49 percent of the AIM population.

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

This report can be found at:

[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_052009/Agenda\\_Item\\_9.a\\_AIM\\_Enrollment\\_Report.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_052009/Agenda_Item_9.a_AIM_Enrollment_Report.pdf)

#### Administrative Vendor Report

Ms. Dobrinen reported that the administrative vendor continues to meet all performance and quality standards.

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

This report can be found at:

[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_052009/Agenda\\_Item\\_9.b\\_AIM\\_Adm\\_Vendor\\_Perf\\_April\\_2009\\_Summary.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_052009/Agenda_Item_9.b_AIM_Adm_Vendor_Perf_April_2009_Summary.pdf)

#### Approval of 2009-10 Plan Contract Language

Ms. Cummings reviewed language that will be included in AIM plan contracts which clarifies the revised payment provisions to be implemented in the AIM contracts that were approved at the April meeting.

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

#### Financial Report

Ms. Hon reported that staff estimate that there is sufficient funding for AIM caseload through the end of the year.

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

#### Enrollment Report

Ms. Dillard reported that MRMIP had an enrollment of 6,897 as of May 1. Current enrollment has fallen below the enrollment cap of 7,100 and the wait list total was 412 on that date.

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

The report can be found at:

[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_052009/Agenda\\_Item\\_10.a\\_MRMIP\\_Enrollment\\_Report.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_052009/Agenda_Item_10.a_MRMIP_Enrollment_Report.pdf)

#### Update on Enrollment Cap and Waiting List

Ms. Dillard reported that there were 357 people on the wait list as of this time. There were 153 enrollment slots offered to begin July 1<sup>st</sup> and 57 subscribers were offered enrollment with the start date of May 1<sup>st</sup>.

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

This report can be found at:

[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_052009/Agenda\\_Item\\_10.b\\_MRMIP\\_Enrollment\\_Cap\\_Waiting\\_List.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_052009/Agenda_Item_10.b_MRMIP_Enrollment_Cap_Waiting_List.pdf)

#### Administrative Vendor Report

Ms. Dillard reported that the administrative vendor continues to meet performance standards.

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

This report can be found at:

[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_052009/Agenda\\_Item\\_10.c\\_MRMIP\\_Adm\\_Vendor\\_Perf\\_for\\_April\\_2009.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_052009/Agenda_Item_10.c_MRMIP_Adm_Vendor_Perf_for_April_2009.pdf)

#### 2008 Enrollment Report

Ms. Dillard reported that 7,228 open enrollment packets were mailed out to subscribers. These packets also included a satisfaction survey. There were 106 transfer requests of which 81 requested transferring into Kaiser.

Approximately 8 percent responded to the satisfaction survey. Around 92 percent of those who responded indicated they were satisfied with their health plan service and 96 percent were satisfied with their provider service level.

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

This report can be found at:

[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_052009/Agenda\\_Item\\_10.d\\_MRMIP\\_2009\\_OE\\_Results\\_Survey.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_052009/Agenda_Item_10.d_MRMIP_2009_OE_Results_Survey.pdf)

#### Semi-Annual Enrollment Estimate

Ms. Cummings noted that it is customary to do a MRMIP enrollment estimate, by which the Board sets the cap for enrollment twice a year. However, it is not clear at this time what level of Proposition 99 funding will be made available for the program in the budget year. Staff's recommendation is to stay with the cap that is already in existence, 7,100, until the budget numbers are known.

There being no further business to come before the Board, Chairman Allenby duly adjourned the meeting at 12:52 p.m.