

Regulations

Responding to Public Comments

Please answer the following questions:

1. Was the comment(s) received during a public comment period? (If not, no response required. MRMIB may respond if it wishes to do so.)

Yes, they were received during a public comment period.

2. Is the comment(s) direct at the proposed action or the rulemaking procedures followed? (If not, no response required.)

Yes, the comments are directed at the proposed action.

3. How does MRMIB wish to respond?

- a) Reject the comments:

- Summarize the comments, and
- Explain the reason for making no change to accommodate the comments.

Two public comments were received in writing regarding the proposed regulation:

- California Academy of Family Physicians, Tom Riley
- California Medical Association, David T. Ford

One oral comment was made by:

- California Medical Association, David T. Ford

Comments:

Both Tom Riley and David T. Ford, suggested the addition of a new section to 2699.6611 which would require the program to notify the subscriber's plan in writing and, in turn, require the plan to notify the subscriber's primary care physician in writing that the child was found by the program to be eligible for Medi-Cal coverage. Both parties provided suggested language.

Response:

The purpose of the regulation is, consistent with Assembly Bill 203 (Chapter 188, Statutes of 2007), to provide with the Managed Risk Medical Insurance Board (MRMIB) authority to discontinue bridge benefits to children during the annual

eligibility review process if it is determined that the child's family income is below Healthy Families Program (HFP) eligibility requirements and appears to be eligible for no-cost Medi-Cal.

The comment is rejected because MRMIB would not know if the disenrolled child is ultimately enrolled in full-scope no-cost Medi-Cal. MRMIB administers only HFP. The Department of Health Care Services administers Medi-Cal. Being disenrolled from the HFP does not guarantee Medi-Cal coverage. In addition, Medi-Cal does not inform HFP if the disenrolled subscriber maintains enrollment in Medi-Cal.

Comment:

David T. Ford, expressed concern that, due to budget cuts, there will be a 10 percent provider rate cut from Medi-Cal, which may impact disenrolled subscribers ability to locate a provider.

Response:

As previously stated, MRMIB is not the administering agency over the Medi-Cal program. As the commenter acknowledged in his letter, MRMIB has no jurisdiction over Medi-Cal including budget cuts to the program or provider availability in the program. Therefore, MRMIB is rejecting the comment.

4. What is the nature of a proposed change?

The Board does not propose to make any changes to the proposed regulations.

- Is the change nonsubstantial or substantial?
n/a

A change is nonsubstantial if it clarifies without materially altering the requirements, rights, responsibilities, conditions, or prescriptions contained in the original text. (CCR, Title 1, Section 40) (See attached).

5. Is the change sufficiently related or not-sufficiently related?
n/a

A proposed change is sufficiently related to the original proposal if a reasonable member of the directly affected public could have determined from the notice that the proposed change could have resulted. (CCR, Title 1, Section 42) (See attached).