Title 10. Investment

Chapter 5.6. Access for Infants and Mothers Program
Article 2. Eligibility, Application, and Enrollment
Sections 2699.200 and 2699.207

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2699.200. Basis of Eligibility.

(a) All eligibility requirements contained herein shall be applied without regard to race, creed, color, sexual orientation, health status, national origin, occupation, or occupational history of the individual applying for the program.

(b) To be eligible for the program, an individual shall meet the requirements of either (1) or (2):

(1) Meet all of the following requirements:

(A) Be certified as pregnant by a staff person authorized by the Planned Parenthood Organization or a licensed or certified healthcare professional, including, but not limited to a medical doctor, doctor of osteopathy, registered nurse, physician's assistant, nurse midwife, vocational nurse, or medical assistant, and have a reasonable good faith belief that the pregnancy is not beyond the 30th week of gestation as of the application date; and

(B) Be a resident of the state of California; and

(C) 1. For eligibility that takes effect before January 1, 2014, have ~~Have~~ a monthly household income after income deductions that is above 200 percent of the federal poverty level but does not exceed 300 percent of the federal poverty level at the time of application; ~~and~~ or

2. For eligibility that takes effect on or after January 1, 2014, have a monthly household income, calculated in accordance with the requirements of Section 1397bb(b)(1)(B) of Title 42 of the United States Code as added by the federal Patient Protection and Affordable Care Act (Public Law 111-148) and as amended by the federal Health Care and

Education Reconciliation Act of 2010 (Public Law 111-152) and any subsequent amendments, that is above 200 percent of the federal poverty level but does not exceed 300 percent of the federal poverty level at the time of application.

(D) Pay the first portion of the subscriber contribution, which shall be fifty dollars ($50), and agree to the payment of the complete subscriber contribution; and

(E) Not be reimbursed by any health care provider or any state or local governmental entity for payment of the subscriber contribution and not have any health care provider or state or local governmental entity pay the subscriber contribution; and

(F) Not be a beneficiary of either no-cost Medi-Cal or Medicare Part A and Part B as of the application date; and

(G) Not be covered for maternity benefits in a private insurance arrangement as of the application date. A pregnant woman in a private insurance arrangement with a separate maternity only deductible or copayment greater than $500 shall be deemed not covered for maternity benefits for purposes of determining eligibility.

(2) Be an infant of less than two (2) years of age born to a program subscriber who was enrolled prior to July 1, 2004, and reside in California.

Note: Authority cited: Section 12696.05, Insurance Code. Reference: Sections 12696.05, 12698(b), 12698(c), 12698.05, 12698(c) and 12698.06, Insurance Code; and Maternal and Child Health Access, Petitioner, vs. Managed Risk Medical Insurance Board, et al, Respondents (Superior Court of the State of California, City and County of San Francisco, Case No. CPF-08-508296).

2699.207. Disenrollment.

(a) A subscriber shall be disenrolled from the program and from the program's participating health plan when any of the following occur:

(1) The subscriber so requests in writing.

(2) The subscriber becomes ineligible because:

(A) The subscriber fails to meet the residency requirement; or

(B) The subscriber has committed an act of fraud to circumvent the statutes or regulations of the program,

(C) The subscriber is no longer pregnant on her effective date of coverage. If notification to the program is received after the effective date, documentation by a licensed or certified healthcare professional must be submitted indicating the date of the miscarriage.

(D) More than 60 days have elapsed since the end of the pregnancy for which the subscriber enrolled in the program. Notwithstanding the previous sentence, beginning January 1, 2014, the program shall provide coverage through the last day of the month in which the 60th day following the end of the pregnancy occurs. As a condition of receiving the premium reduction described in Section 2699.400(a)(5), documentation by a licensed or certified healthcare professional must be submitted to the program indicating the date the pregnancy ended.

(b) When a subscriber is disenrolled pursuant to subsection (a) of this section, the program shall notify the subscriber of the disenrollment. The notice shall be in writing and include the following information:

(1) The reason for the disenrollment.

(2) The effective date of the disenrollment.

(3) An explanation of the appeals process.

(c) Disenrollment pursuant to (a)(1), shall take effect at the end of the calendar month in which the request was received or at the end of a future calendar month as requested by the subscriber.

(d) Disenrollment pursuant to (a)(2)(A), shall take effect as follows:

1. If the program provides notification to the subscriber on or before the 10th of the month, disenrollment shall take effect at the end of the calendar month.

2. If the program provides notification to the subscriber after the 10th of the month, disenrollment shall take effect at the end of the following calendar month.

(e) Disenrollment pursuant to (a)(2)(B), shall take effect as follows:

1. If the program provides notification to the subscriber on or before the 10th of the month, disenrollment shall take effect at the end of the calendar month.

2. If the program provides notification to the subscriber after the 10th of the month, disenrollment shall take effect at the end of the following calendar month.

(f) Disenrollment pursuant to (a)(2)(C), shall take effect upon the date that would have been the effective date of coverage.

(g) Disenrollment pursuant to (a)(2)(D), shall take effect on the 61st day following the date the subscriber's pregnancy ended.

(h) Once a subscriber is disenrolled pursuant to Section 2699.207(a), the subscriber cannot be re-enrolled for the same pregnancy.

Note: Authority cited: Section 12696.05, Insurance Code. Reference: Sections 12696.05 and 12698, Insurance Code.

MANAGED RISK MEDICAL INSURANCE BOARD
FINDING OF EMERGENCY AND ADOPTION OF EMERGENCY REGULATIONS

Section 77 of AB 82 (Chapter 23, Statutes of 2013) reads in part:

> "The adoption and readoption of regulations implementing portions of this act by the Managed Risk Medical Insurance Board shall be deemed an emergency and necessary to avoid serious harm to the public peace, health, safety, or general welfare for purposes of Sections 11346.1 and 11349.6 of the Government Code..."

Paragraph (2) of subdivision (h) of Section 12696.05 of the Insurance Code reads in part:

> "During the 2011-12, 2012-13, and 2013-14 fiscal years, the adoption and readoption of regulations pursuant to this part shall be deemed to be an emergency that calls for immediate action to avoid serious harm to the public peace, health, safety or general welfare for purposes of Sections 11346.1 and 11349.6 of the Government Code..."

The Board confirms that the modification to Title 10 California Code of Regulations Section 2699.200 included in the attached amendment to the regulations implements the statutory requirement concerning modified adjusted gross income in the Access for Infants and Mothers program consistent with the provisions of AB 82. The Board further confirms that all provisions of the attached amendment to the regulations modify Part 6.3 of Division 2 of the Insurance Code.

The Board hereby adopts the attached amendment to the Access for Infants and Mothers Program regulations.

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CERTIFICATION

I, Janette Casillas, Executive Director of the Managed Risk Medical Insurance Board, do hereby certify that the foregoing finding was duly adopted by the Managed Risk Medical Insurance Board at an official meeting thereof on August 21, 2013.

Dated this 21st day of August, 2013.

Janette Casillas, Executive Director
Managed Risk Medical Insurance Boar