FINDING OF EMERGENCY AND ADOPTION OF REGULATIONS

The Board finds that the State's fiscal crisis calls for the immediate action of adopting the modified proposed amendments to the Healthy Families Program regulations concerning applicant choice of participating dental plans; the action is necessary to avoid serious harm to the public, peace, health, safety, or general welfare; and the foregoing constitutes an emergency under Government Code section 11342.545.

Therefore, the Board hereby adopts the proposed amendments, which are attached hereto, clarifying, correcting and modifying the regulations adopted at the Board's August 27, 2009 which were identified at that meeting as Agenda Item 7.C.iv.

* * * * * * * * * * *

CERTIFICATION

I, Lesley Cummings, Executive Director of the Managed Risk Medical Insurance Board, do hereby certify that the foregoing action was duly passed and adopted by the Managed Risk Medical Insurance Board at an official meeting thereof on September 16, 2009.

Dated this 16th day of September, 2009.

_____

Lesley Cummings, Executive Director
Managed Risk Medical Insurance Board

TITLE 10. INVESTMENT
CHAPTER 5.8. MANAGED RISK MEDICAL INSURANCE BOARD
HEALTHY FAMILIES PROGRAM
ARTICLE 2. ELIGIBILITY, APPLICATION, AND ENROLLMENT
Amend Sections 2699.6600, 2699.6607, 2699.6619, and 2699.6621.

Text proposed to be added is displayed in underline type.
Text proposed to be deleted is displayed in ~~strikeout type.~~
Text proposed to be added since the August 27, 2009 Board Meeting is displayed in **bold double underline** type.
Text proposed to be deleted since the August 27, 2009 Board Meeting is displayed in ~~**bold double strikeout type.**~~

Section 2699.6600 is amended to read:

Section 2699.6600. Application.

*** * ***

(c) The application shall contain the following:

*** * ***

(BB) The applicant may provide the following optional information:

1. The applicant's choice of participating health, dental and/or vision plans.

(a) The program may designate one or more participating dental plans as the only available dental plans for households where ~~**no**~~ subscriber**s** ~~**has been**~~ **are** enrolled in the program ~~**for two consecutive years or more.**~~ **on or after November 1, 2009. This subparagraph shall not apply if:**

(1) A subscriber was previously enrolled in the program for two (2) consecutive years, or

(2) There is a subscriber in the household currently enrolled in a participating dental plan which is not a designated dental plan.

(b) The designated dental plans shall be those with the lowest per-subscriber cost to the program.

2. The applicant's choice of primary care provider/clinic and provider/clinic code, and dentist/clinic and dentist/clinic code for the person(s) for whom application is being made.

3. An indication of whether there is more than one car in the children's household.

4. An indication of whether there is more than $3,150 cash in bank accounts in the children's household.

5. An indication if the applicant does not want the application reviewed for eligibility for Medi-Cal or the Program.

*** * ***

Note: Authority cited: Sections 12693.21, 12693.75 and 12693.755, Insurance Code; and Section 14005.41, Welfare and Institutions Code. Reference: Sections 12693.02, 12693.21, 12693.43, 12693.46, 12693.70, 12693.71, 12693.73, 12693.74, 12693.75 and 12693.755, Insurance Code.

Section 2699.6607 is amended to read:

Section 2699.6607. Determination of Eligibility.

*** * ***

(f) If the applicant does not select a health, dental and/or vision plan and the person being applied for is eligible for the program, the program shall assign the health, dental and/or vision plan as follows:

(1) Automatic assignment of the health plan to the community provider plan. If the community provider plan is not available, alternate assignment to an available health plan; and/or

(2) Alternate assignment of the dental and/or vision plan.

(3) Assignment of the dental plan shall be made pursuant to Section 2699.6600(c)(1)(BB)(1).

*** * ***

Note: Authority cited: Sections 12693.21 and 12693.755, Insurance Code. Reference: Sections 12693.21, 12693.70, 12693.71, 12693.73 and 12693.755, Insurance Code.

Section 2699.6619 is amended to read:

Section 2699.6619. Transfer of Enrollment.

*** * ***

(b) ~~A subscriber shall be transferred from one participating health, dental, or vision plan to another if the applicant so requests in writing once within the first three (3) months from the original effective date of coverage in the program, or the applicant so requests in writing once within the first thirty (30) days from the effective date of coverage in a new plan following open enrollment, for any reason.~~ A subscriber shall be transferred from one participating health, dental, or vision plan to another once for any reason upon the applicant's request as follows:

(i) Within the first three (3) months from the effective date of coverage after original enrollment into the program or re-enrollment into the program after a period of disenrollment.

(ii) Within the first thirty (30) days from the effective date of coverage in a new plan following open enrollment.

*** * ***

(f) The transfers of enrollment shall comply with Sections 2699.6600(c)(1)(BB)(1) and 2699.6623.

Note: Authority cited: Section 12693.21, Insurance Code. Reference: Sections 12693.21, 12693.326 and 12693.51 Insurance Code.

Section 2699.6621 is amended to read:

Section 2699.6621. Open Enrollment Period.

(a) The program shall provide for an annual open enrollment period of at least forty-five (45) calendar days. During this period, applicants may for any reason request that subscribers be transferred from one participating health, dental, or vision plan to another. **Open enrollment** ~~P~~**p**lan selection ~~rules set forth in~~ shall

comply with Sections 2699.6600(c)(1)(BB)(1) and 2699.6623 apply for open enrollment.

* * *

Note: Authority cited: Section 12693.21, Insurance Code. Reference: Sections 12693.21 and 12693.51 Insurance Code.