

**Managed Risk Medical Insurance Board
November 20, Public Session**

Board Members Present: Clifford Allenby, Chairperson
Ellen Wu
Samuel Garrison

Ex Officio Members Present: Jack Campana, Chairman of the Healthy
Families Advisory Panel
Robert Ducay, Designee for California Health
and Human Services Agency

Staff Present: Janette Casillas, Executive Director
Terresa Krum, Chief Deputy Director
Laura Rosenthal, Chief Counsel, Legal
Tony Lee, Deputy Director, Administration
Ernesto Sanchez, Deputy Director, Eligibility,
Enrollment & Marketing
Ellen Badley, Deputy Director, Benefits & Quality
Monitoring
Morgan Staines, Senior Counsel, Legal
Rebecca Dietzen, Senior Counsel, Legal
Jordan Espey, Manager, Legislative & External Affairs
Larry Lucero, Manager, Eligibility, Enrollment &
Marketing
Loressa Hon, Manager, Administration
Maria Angel Garcia, Executive Assistant to the Board
and the Executive Director
Elva Sutton, Board Assistant

Public Comment: Lucy Quacinella, Maternal and Child Health Access

Chairman Allenby called the meeting to order at 10:00 a.m. The Managed Risk Medical Insurance Board went into Executive Session and resumed the public session at 10:35 a.m.

REVIEW AND APPROVAL OF MINUTES OCTOBER 17, 2013 PUBLIC SESSION

Addressing Agenda Item 3, the Board approved the minutes of the October 17, 2013 public session.

The October 17, 2013, Public Minutes are located here:

http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_112013/Agenda_Item_3_Public_Minutes_10-17-13_Final.pdf

DELEGATION TO THE CHAIR OF APPOINTMENT AUTHORITY

Addressing Agenda Item 4, Ms. Casillas stated that she has decided to retire at the end of 2013. She recommended that the Board delegate to Chairman Allenby the authority to select and appointment an interim executive director.

Mr. Garrison congratulated Ms. Casillas and moved that the Board delegate to Chairman Allenby the authority to select and appointment an interim executive director. Ms. Wu seconded the motion, which the Board unanimously adopted.

STATE BUDGET UPDATE

Agenda item 5 was not presented.

TRANSITION OF THE HEALTHY FAMILIES SUBSCRIBERS TO DEPARTMENT OF HEALTH CARE SERVICES PROGRAMS AND IMPLEMENTATION OF AIM LINKED INFANT PROGRAM

Update on Children Transitioned to the Medi-Cal Program

Addressing Agenda Item 6.a, Ms. Casillas reported that the Centers for Medicare and Medicaid Services (CMS) approved transition Phase 4B and that many of these children were [AIM-Linked] infants. She noted that the Board packet included the CMS approval letter.

The CMS Phase 4B approval letter is located here:

http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_112013/Agenda_Item_6.a_Update_on_Children_Transitioned_to_MC.pdf

DHCS Monitoring Reports and Summaries

Addressing Agenda Item 6.b, Ms. Casillas discussed DHCS's November 15, 2013 monitoring report and summary, addressing the October 2013 monitoring period. She indicated that there was little to report because there were no children transitioned during that period.

DHCS' Monitoring Report and Summary of November 15, 2013 can be found here:
<http://www.dhcs.ca.gov/services/Documents/HFP%20Transition%20Monitoring%20Report%2011-15-13%20Final.pdf>

Phase 4A Beneficiary Survey

Addressing Agenda Item 6.c, Ms. Casillas indicated that the beneficiary survey for Phase 4A had not yet been published.

Call Center Report

Addressing Agenda Item 6.d, Ms. Casillas indicated that there was nothing of significance in the call center report. Very few children remained in the Healthy Families Program (HFP) during the last period [October]; there was a small spike in call volume, attributable to the children who transitioned.

The Call Center Report can be found here:

http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_112013/Agenda_Item_6.d_HFP_Call_Center_Report.pdf

Transition versus Disenrollment Statistics

Addressing Agenda Item 6.e, Transition versus Disenrollment Statistics, Ms. Casillas indicated that just over 500 children remained in HFP. Children remained either because they did not receive a notice or because a transaction on the Medi-Cal system did not go through. She explained that the Department of Health Care Services (DHCS) actually determines which children transition to Medi-Cal; MRMIB gets the report after the fact. In the most recent report, MRMIB noticed that some children remained. These last few children will transition at a future date, probably by the beginning of December.

The Transition versus Disenrollment Statistics document is located here:

http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_112013/Agenda_Item_6.e_HFP_Transition_vs_Disenrollement_Stats-October.pdf

Implementation of AIM Linked Infant Program

Addressing Agenda Item 6.f, Ms. Casillas explained that AIM-linked infants still are registered into HFP. This process will need to change; the expectation is that, at some point, these infants will be enrolled directly into a DHCS-administered program.

Ms. Casillas indicated that MRMIB is working closely with DHCS on the new process, with the goal of changing as little as possible. The process has existed for many years, and the provider community and clients are familiar with it.

Transition of the Advisory Panel to DHCS

Agenda Item 6.g was not addressed.

Questions and Answers with Department of Health Care Services Representative

Agenda Item 6.h was not addressed.

Other HFP Transition Issues

Ms. Casillas indicated that she had nothing further to report concerning the transition. Chairman Allenby asked for comments from the Board and audience. There were none.

ACCESS FOR INFANTS AND MOTHERS (AIM) UPDATE

Chairman Allenby indicated that the Board would not discuss Agenda Item 7.a, the Enrollment Report, or Agenda Item 7.b, the Administrative Vendor Performance Report.

Enrollment Report

The AIM Enrollment Report is located here:

http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_112013/Agenda_item_7.a_AIM_Board_Report_Summary_October_2013.pdf

Administrative Vendor Performance Report

The AIM Administrative Vendor Performance Report is located here:

http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_112013/Agenda_item_7.b_AIM_Admin_Vendor_Perf_October_2013.pdf

Draft AIM Application for 2014

Mr. Sanchez presented Agenda Item 7.c, the Draft AIM Application for 2014.

Mr. Sanchez indicated that Agenda Item included both a clean version of the draft application and a “strike-out and underlined” version showing proposed changes from the current application.

Before presenting a page-by-page discussion of the “strike-out and underlined” version of the draft application, Mr. Sanchez provided context for the document, indicating that MRMIB’s goal is to use the new application beginning January 1, 2014 and that MRMIB will produce the application in the same languages as the current application: English, Spanish, and Chinese. He indicated that staff was bringing the draft to the Board meeting for public comment and input, expecting to make revisions based on the public feedback. He explained that staff also plans to seek feedback on the AIM handbook from the stakeholder community. The Handbook includes program information and instructions for applicants. Mr. Sanchez said that staff will return to the Board in December with the final version of the AIM Application & Handbook, which will have gone to print to meet the January deadline.

Mr. Sanchez stated that the new AIM handbook is an opportunity to inform applicants about the new AIM-Linked Infant registration process, through which infants will enroll directly into DHCS-administered programs. He reiterated Ms. Casillas’ earlier comment that MRMIB is working closely with DHCS to help establish the DHCS registration process using existing forms.

Mr. Sanchez then provided a page-by-page review of the draft 2014 application; he noted a number of features of the draft application, including the following:

- A new statement that an applicant who does not have a Social Security Number (SSN) or an Individual Taxpayer Identification Number (ITIN) may still qualify for benefits.
- A change in terminology from “last menstrual period” to “expected delivery date,” consistent with the single statewide Covered California application.
- A more condensed question on household smoking; this does not relate to a required element for eligibility, but is connected with the AIM program funding stream [Proposition 99 Tobacco Tax funds].
- A request for one health plan selection, rather than two, because the program now offers fewer plans than in the past.
- Clearer and more consolidated questions concerning the applicant’s health insurance status as a basis for eligibility.
- Elimination of duplicative questions on income, in order to streamline the application.
- New charts concerning Modified Adjusted Gross Income (MAGI) and household composition, in an effort to mirror Covered California’s approach to federal tax household information, self-employment income, income from employment, and other sources of income.
- Questions about deductions: Mr. Sanchez explained that, despite the up-coming implementation of electronic verification of income based on Internal Revenue Service or Franchise Tax Board data, these questions are necessary for individuals who are not tax filers or whose income cannot be verified electronically.
- Modified questions concerning alimony and student loan interest.
- Modifications to the applicant’s declarations, for clarity.
- Deletion of medical certification of pregnancy and deletion of a no longer needed document checklist.

Mr. Sanchez indicated that these changes resulted in a shorter application.

Mr. Sanchez highlighted that comments from Maternal and Child Health Access, received earlier the same week, were not yet reflected in the draft presented to the Board; he indicated that, based on an initial assessment, MRMIB plans to accept some of the MCHA recommendations. Specifically:

- Wherever the application requests the applicant’s SSN or ITIN, a phrase will be included to clarify that this applies only if the applicant has a SSN or ITIN.

- The application will clarify that the applicant is eligible for AIM if her current health plan does not cover maternity coverage as well as if her current plan has a maternity deductible or copayment over \$500.
- MRMIB will remove language requesting the subscriber's choice of medical group or provider and instead will provide guidance to the applicant on how to get information about the providers available in each AIM health plan.
- The application will provide instructions to clarify that the applicant should provide information about the baby's father.
- Concerning MAGI household composition, the application will include questions to identify who is in the federal tax household, whether they are tax filers or tax dependents, and the relationship of those individuals to the pregnant woman.
- In the section that says "Where did you learn about the AIM program?" the application will include Covered California as an additional option.
- In the applicant's declarations, the current statement that applications may be forwarded to Medi-Cal will be expanded to include Covered California. Applications indicating income too low for AIM will go to the Medi-Cal program; applications indicating income above the AIM level will be forwarded to Covered California.
- MRMIB will revise the declaration in which the applicant agrees to follow AIM program rules, specifically, the statement that the applicant understands the program rules and regulations. The declarations will no longer include a statement that the applicant has reviewed the benefits offered by participating plans.
- For clarity, in the section about resolving disputes with plans, MRMIB will add the word "AIM" to the description of "plans."

Mr. Sanchez indicated that MRMIB would need additional time to evaluate a number of other recommendations from MCHA, possibly including them in the final application.

Chairman Allenby asked for questions or comments.

Ms. Wu suggested looking at the race and ethnicity categories, noting that the single paper application [used by Covered California and the Department of Health Care Services] has different categories from CalHEERS. She expressed the hope that CalHEERS eventually mirrors the paper application since the information will go into one database.

Mr. Sanchez indicated that MRMIB would look at those categories in comparison with the AIM categories.

Ms. Casillas added that MRMIB plans a follow-up meeting with DHCS to go through their comments for the next iteration of the AIM handbook. She stated that the handbook will address not only how to fill out the application but how to get services and what services are covered for the infants born to AIM mothers. The instructions will inform women not

only about the AIM program and services but also about the services that infants will receive when born. This will reflect collaboration among the Department of Health Care Services, MRMIB, and the stakeholders.

Chairman Allenby asked whether there were comments from the audience.

Mr. Ducay asked whether two sections of the application requested the same information from the pregnant woman. Ms. Casillas stated that staff would check.

Chairman Allenby asked whether there were any other comments about the application, before the Board addressed the emergency regulations.

Ms. Quacinella indicated that she would hold her comments until the end of the presentation on the regulations, and indicated that her comments would address the application as well as the regulations. Chairman Allenby concurred.

The Draft AIM Application for 2014 can be found here:

http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_112013/Agenda_item_7.c_DraftAIMApplication.pdf

Adoption of Emergency Regulations Addressing Eligibility, Enrollment, Subscriber Contributions, and Technical Changes

Ms. Casillas presented Agenda Item 7.d, adoption of emergency regulations. She indicated that this meeting of the Board was focused on AIM. She said staff had done a lot of work in collaboration with MCHA and expressed appreciation for MCHA's comments. She explained that, in presenting the regulations page by page, she would note changes not presented to the Board at a previous meeting, and that staff also would present a summary of MCHA's comments and MRMIB's responses.

Ms. Casillas explained that, in addition to collaboration on the regulations, MRMIB has agreed to work with Covered California during the interim period (beginning October 1), when Covered California began receiving applications. She indicated that this could include applications from women applying only for pregnancy coverage as well as family applications in which the woman was pregnant.

Ms. Casillas indicated that, while MRMIB is not the decision-maker, MRMIB has had several meetings with Covered California; MRMIB began receiving applications from Covered California and processing these applications the week of the Board meeting. MRMIB has established a daily courier service; MAXIMUS will pick up applications from the Exchange every day. This process has begun already.

In response to a question from Ms. Wu, Ms. Casillas indicated that paper applications and telephone applications are keyed into the CalHEERS system. MRMIB is to receive the applications regardless of how they are submitted (online, by telephone, or on paper).

Ms. Casillas then presented the regulations. She noted pages containing changes from the previous draft of the regulations reviewed by the Board and described the changes.

Mr. Staines then presented a summary of MCHA's comments and MRMIB's responses, noting highlights, including the following:

- MCHA has expressed concern about both the regulations and current AIM operations. MCHA has expressed concern about applications currently in process at Covered California. Mr. Staines indicated that this issue is not addressed in the regulations because it involves a current process, whereas the regulations are not yet in effect. He reiterated that MRMIB is starting to process the applications from Covered California.
- MRMIB has accepted MCHA's request to delete the \$50 pre-payment, and has included this change in the regulation.
- At this time, MRMIB has not accepted MCHA's suggestion to delete the requirement that AIM applicants be no more than 30 weeks pregnant.
- MRMIB has accepted MCHA's request to delete the requirement for medical verification of pregnancy.
- MCHA suggests deleting the requirement that the entire subscriber contribution be paid. MRMIB does not plan to make this change. Mr. Staines explained that, while the subscriber contribution can be paid on a monthly basis over a period of 12 months, it is a fixed amount for the entire duration of coverage, not a monthly premium. It is not based on the length of time the woman remains enrolled in the program.
- MCHA requests deletion of what MCHA describes as "retroactive disenrollment." Mr. Staines explained that the regulation captures the existing process, and indicated MRMIB's concern with the accuracy of the term "retroactive."
- MCHA has offered technical suggestions about how to address MAGI [spelling out certain information handled in the regulation through cross-references]. Mr. Staines indicated that MRMIB considers the detailed cross-references in the regulation appropriate at this time and will revisit the issue if it appears otherwise in the future.
- MRMIB has included self-attestation of income in the regulations, subject to electronic and/or manual verification, as required.
- MCHA has offered suggestions about how the regulations describe the required 5 percent deduction. Mr. Staines said MRMIB considers that, at this time, the best approach is to include the 5 percent deduction in the definition of MAGI. How and when that deduction is applied will be addressed in business rules, to ensure the right result every time.
- MCHA raised a question about the required conversion of federal poverty level percentages for MAGI. Mr. Staines indicated that this conversion is included in the regulations. He said the best information available to MRMIB concerning conversion indicates that AIM income eligibility levels will range from 208 percent to 317 percent of the federal poverty level, without the 5 percent standard deduction; with the 5 percent deduction factored in, the range would be from 213 to 322 percent of the federal poverty level.

- Mr. Staines emphasized that MRMIB is building its system to accept either the revised AIM Application or applications received at Covered California. He indicated that the work on the AIM application is largely designed to align the two applications closely so that either application provides the right information to complete the process and enroll the applicant.
- In response to MCHA's question about the interface between the AIM eligibility system and CalHEERS for MAGI calculations beginning January 1, Mr. Staines confirmed the expectation that the AIM administrative vendor will be able to use electronic verification from January 1 through June 30, 2014. In July, MRMIB anticipates full integration of the AIM application and the CalHEERS system. In the meantime there is a work-around to permit electronic verification.
- In response to MCHA's question about women who submit their applications directly to Covered California or a county from January through June 2014, Mr. Staines indicated that MRMIB is working with both Covered California and DHCS to receive and process applications for women who may be eligible for AIM; however, these applications do not begin with MRMIB.
- Addressing MCHA's question about reimbursement to AIM-eligible women billed for Covered California premiums, Mr. Staines indicated that MRMIB must defer to Covered California about its system, which MRMIB does not control.

Ms. Casillas added that, while MRMIB does not control Covered California's system, MRMIB will send a file back to Covered California, based on all applications Covered California shared with MRMIB, showing all women who became enrolled in AIM. This will permit Covered California to address this issue.

Continuing to address MCHA's comments, Mr. Staines noted the following issues:

- MRMIB has included MCHA's request for self-attestation of California state residency in the regulations and application.
- In response to MCHA's comments concerning the time line for determining eligibility, Mr. Staines indicated that MRMIB does not plan to change the provision for determination of eligibility within 10 days following receipt of a complete application.
- Concerning two MCHA comments about the relationship between the AIM application and the Single Streamlined Application, Mr. Staines indicated that MRMIB is simplifying the AIM application to minimize the information required.
- Concerning MCHA's concern about whether the Single Streamlined Application may under-screen for eligible immigrant women, Mr. Staines indicated that MRMIB is working with Covered California to ensure this is addressed in a way that helps women who may be eligible for AIM.

- In response to MCHA's comments requesting electronic verification from October 1 through December 31, 2013, Mr. Staines indicated that MRMIB will begin using electronic verification in January; it is not available until then.

Chairman Allenby asked what would happen to a pregnant woman who does not have immigration status.

Ms. Casillas indicated that MCHA is looking for a diagram of the process to make sure that women who do not meet the immigration requirements [for other programs] can continue to be considered for AIM. She indicated that MRMIB has shared this issue with Covered California. Covered California understands the question and it is theirs to respond to. Ms. Casillas said that DHCS, Covered California and MRMIB planned to meet with advocates after the MRMIB Board meeting, and that this question would be discussed.

Ms. Wu noted that the AIM application does not ask immigration questions, and asked whether the request for a Social Security number and related questions on the Covered California application would have a negative effect, even though immigrant women's applications are supposed to continue through the system.

Continuing with the summary of MRMIB's responses to MCHA's comments, Mr. Staines addressed issues raised in a letter received from MCHA the week of the Board meeting. He indicated that the summary chart did not re-address items that duplicated MCHA's previous correspondence.

- In response to questions about the screening criteria used for women currently applying through Covered California, he indicated that Covered California screens for a wide income range (200 to 322 percent of poverty) in order to get applications to MRMIB. He confirmed that MRMIB is trying to be as flexible as possible in an effort to receive the applications and address them expeditiously.
- Addressing MCHA's inquiry about MRMIB's communications with applicants and subscribers whose applications come from Covered California to AIM, Mr. Staines acknowledged the risk of confusion for the applicant. A woman who applies through Covered California does not necessarily know AIM exists, and may be surprised to hear from AIM, even though she may be eligible. Mr. Staines indicated that MRMIB anticipates some modification of current "missing information" letters and possibly other communications to "introduce" AIM when that is needed. In response to a question from Chairman Allenby, Mr. Staines indicated that a consequence of having a single application is that people may apply without needing to know what program they are applying for. That is the concept but MRMIB still wants to introduce people to the AIM program.
- In response to MCHA comments about subscriber contributions, including MCHA's statement that a woman should not have to pay if she is not receiving services, Mr. Staines reiterated that the contribution is a fixed amount for the duration of services, independent of the time frame in which the woman may choose to pay AIM.

In conclusion, Mr. Staines indicated that January 1 is the deadline for the new application to be in place; there are still a number of items in process and MRMIB is working closely with MCHA and other stakeholders to get their input as the application is finalized.

Chairman Allenby asked whether there were any comments or questions.

Ms. Wu asked whether the application would include a statement that information about smoking is not a condition of eligibility. Ms. Casillas responded that this was the case.

Ms. Wu also asked whether it might be a good idea to add a statement that smoking would not affect an applicant's premium; people may have heard that premiums can be adjusted for smoking but this is prohibited in California.

Ms. Rosenthal indicated that the content of the application must be reflected in the regulation, which needs to be adopted at this meeting. However, after the emergency regulation process there is a public comment period; these issues can be considered in the final regulation.

Chairman Allenby asked whether there were comments from the audience.

Ms. Quacinella thanked staff for taking MCHA's comments seriously and for being available for telephone conversations and meetings. She stated that MCHA's involvement began in late August when they learned that AIM was not part of CalHEERS. She stated that it had been a long process and expressed appreciation for the substantial progress since that time.

Ms. Quacinella expressed MCHA's support for AIM as well as hope and optimism that many more women will enroll in AIM. She indicated that, from MCHA's perspective, there continued to be a number of major policy issues as well as some technical issues. She expressed the hope that, if changes could not be made immediately, the conversation could continue.

Chairman Allenby indicated that MRMIB has an "open door."

Ms. Quacinella discussed the needs of AIM-eligible women who have applied through Covered California since October 1. She stated that, if AIM had been included in the Covered California application process, those women would already be getting prenatal and other medical care.

Chairman Allenby asked what Ms. Quacinella was asking MRMIB to do, since MRMIB does not control Covered California's processes. Ms. Quacinella stated MCHA's view that the exclusion of women who are more than 30 weeks pregnant is unlawful and discriminates against a preexisting condition. She stated that she hoped this rule will be eliminated in January. In addition, with respect to women who have applied through Covered California since October 1, she requested that the Board adopt an interim rule under which, even if the 30th week has passed before a woman's application is complete, the woman is enrolled if she is otherwise eligible.

Following discussion among Board members, Ms. Casillas and Ms. Quacinella, Ms. Casillas and Chairman Allenby confirmed that, during the interim period (October 1

through December 31), for AIM eligibility purposes MRMIB will treat a woman as not more than 30 weeks pregnant if she was not more than 30 weeks pregnant when Covered California received her application. Ms. Casillas indicated that this is a separate issue from the administrative vendor's processing time frames, established in contract as well as in the regulations; these will remain unchanged. Ms. Rosenthal and Ms. Casillas also clarified that these administrative accommodations, which apply through the end of the year, will be accomplished through business rules, not through the regulations that govern the future process.

Ms. Quacinella indicated that this was the clarification she was seeking and that the discussion was very helpful.

Ms. Quacinella asked the Board to address another issue that she considered significant: whether women must provide proof of their income. She stated that, whenever follow-up is needed, there is a risk that the application will not become complete within the required time. Ms. Quacinella recommended that, for the interim period, MRMIB adopt a program of presumptive eligibility, allowing women to enroll on the basis of a brief income screen, with documentation to be provided later. A different arrangement could apply after January 1. Ms. Quacinella stated that the federal government permits and encourages presumptive eligibility in CHIP programs.

Ms. Casillas indicated that she appreciated the concern for the consumer. However, AIM is a long-standing program, in which women have enrolled for multiple pregnancies. According to the most recent report from MAXIMUS, 90 percent of all applications come to the program with paper documentation. She indicated a difference of opinion with Ms. Quacinella about whether this is a problem.

Chairman Allenby asked Ms. Casillas whether this could be done. Ms. Casillas indicated that she did not know whether this was possible operationally. MAXIMUS has been working on system modifications to see whether MRMIB can approve other requests that Ms. Quacinella has made, in particular, early implementation of the elimination of the \$50 pre-payment that normally is made with the application and self-attestation of pregnancy. Those changes needed system modifications that are in process and almost complete; they are being tested now. There is a lot of work to be done just to get pregnant women's applications to AIM from CalHEERS and assess income eligibility.

Ms. Quacinella stated that presumptive eligibility would make the process easier.

Ms. Casillas stated that presumptive eligibility involves a series of questions that must be posed to CMS, since AIM is CHIP-funded. She also indicated that it does not work for women who come to AIM with other coverage [because they are not CHIP-funded].

Ms. Quacinella indicated that she would like to keep the conversation going. She expressed optimism about the possibility of consensus on the policy but asked whether this could be done operationally. Ms. Casillas indicated that MRMIB will look at this.

Mr. Ducay asked how the program would verify eligibility without paper documentation. Ms. Quacinella indicated that verification would take place after the fact, within the time frame provided; presumptive eligibility has been a major policy tool to start prenatal visits right away while giving the woman more time to submit the paper work. She stated that it

has not been a problem in the much-larger Medi-Cal program. Mr. Ducay also expressed concern about the risk that the program would provide coverage for a woman later found not to be eligible.

Chairman Allenby and Ms. Casillas confirmed that MRMIB would look at the question. Ms. Casillas stated that Mr. Ducay's point was well taken; she explained that, under presumptive eligibility, the state may pay for services for a woman who is not eligible or may need to decide whether to disenroll a pregnant woman.

Ms. Quacinella stated that, under the federal rules, the state is not at risk if the woman either was not pregnant or ultimately was found not income eligible, as long as the state follows the presumptive eligibility screening rules correctly.

Chairman Allenby reiterated that MRMIB would look at the question and Ms. Quacinella thanked him.

Ms. Quacinella referred to Chairman Allenby's earlier question about immigrants. She said she was encouraged by the earlier discussion, in which she learned that applications of pregnant women are moving over to AIM.

Ms. Quacinella raised a question concerning reimbursement for AIM-eligible women who may have paid Covered California during the interim. She indicated that she did not think many women had paid yet and hoped that this was the case. But she indicated that MCHA is not comfortable with MRMIB's response to this question and suggested that AIM program help facilitate a process for informing women about what can be done to get their money back.

Returning to the regulations, Ms. Quacinella indicated that there are a number of remaining eligibility issues on which there is not yet agreement, the 30 week rule. She expressed the hope that this issue was still under consideration.

Chairman Allenby indicated that this is always the case with this Board.

Ms. Quacinella stated that she is not sure the regulations permit a woman to disenroll from AIM voluntarily and be released from her the commitment to pay the full subscriber fee. She offered the example of a woman whose family gets a job in another state after a brief enrollment in AIM. She stated her belief that, CHIP requires this. Ms. Quacinella stated that this is important in the new world of insurance affordability programs.

Ms. Quacinella stated that AIM also should have a process, similar to that in HFP, permitting re-evaluation of a woman's payment based on decreased income. She also stated that it is inequitable that women pay the same amount (1.5 percent of income) regardless of when in their pregnancies they enroll. She reiterated the request for a process to permit voluntary disenrollment and to permit a reduction in premiums when a woman demonstrates a reduction in income.

Mr. Ducay wondered what percentage of AIM subscribers pay the full subscriber contribution up front. He indicated that it could be an operational problem to prorate premiums in this way and wondered whether this would require refunds.

Ms. Casillas indicated that these concerns were accurate. She emphasized that the 1.5 percent is a family contribution, not a premium. The program could have required the full payment up front, as a condition of eligibility, but MRMIB set up a process to allow consumers to pay it over a course of a year because the Board was trying to provide affordable coverage. She noted that the payment period could have been eight months or six months, as well as 12.

Ms. Casillas also indicated, regardless of when in the pregnancy the woman enrolls, nothing comparable to the AIM pricing is available.

Ms. Quacinella stated MCHA very much appreciates the 1.5 percent and that AIM is an excellent program. However, she stated that having equally low-income women pay the same amount for different amounts of service raises an equity issue. She also suggested adoption of special rules for people who move out of state or experience precipitous drops in income.

Ms. Quacinella concluded with comments about the draft application. She expressed appreciation for MRMIB's adoption of many MCHA suggestions.

Chairman Allenby indicated that the conversation is not over.

Ms. Quacinella expressed her appreciation for the continuing conversation. MCHA's goal is clear messaging. She suggested, for example, that language concerning privacy rights and arbitration could be translated into plain English.

Chairman Allenby thanked Ms. Quacinella, and she thanked him.

Chairman Allenby asked for a motion to adopt the "Finding of Emergency and Adoption of Emergency Regulations" included in Agenda Item 7.d with the understanding that staff will continue to work with the interest groups up to the time the final regulation is adopted. He emphasized that these are only emergency regulations.

In response to a question from Ms. Rosenthal, Chairman Allenby stated that the direction to staff to continue working with the public is not part of the resolution adopting the regulations, and is separate. He stated that it is a reminder to everyone in attendance that MRMIB is going to work on these issues.

Ms. Casillas reminded the Board that staff will post the updated business rules on the MRMIB website, as MRMIB has done in the past with Healthy Families, Single Point of Entry, and AIM.

Mr. Garrison made the motion to adopt the "Finding of Emergency and Adoption of Emergency Regulations" included in Agenda Item 7.d, and Ms. Wu seconded it. The Board unanimously passed the motion.

The documents presented for Agenda Item 7.d (AIM Emergency Regulations, Comments, et al.) are all located here:

http://www.mrmib.ca.gov/MRMIB/Agenda_item7dNov20_13.html

HEALTHY FAMILIES PROGRAM (HFP) UPDATE

Enrollment Report

Mr. Lucero presented Agenda Item 8.a, the Enrollment Report. He indicated that, for October, there were 24,969 subscribers enrolled in the program. This was a drop of 768 from the previous month. There were 291 new enrollments; however, these were all [AIM-Linked] infants. There were no significant changes in the demographics of the subscribers or the distribution of subscribers among health plans. Mr. Lucero also indicated that there were no transitions to Medi-Cal for October.

Ms. Casillas pointed out that the sheet on the last page of Agenda Item 8.a shows the number of subscribers left in HFP after the November 1 transition, by county and by plan. Staff included this chart because of the many calls received from plans saying that they still had children enrolled. Ms. Casillas stated her understanding that DHCS will transition these children with an effective date of December 1, 2013.

The HFP Enrollment Report is located here:

http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_112013/Agenda_Item_8.a_HFP_Board_Report_Summary_October_2013.pdf

Administrative Vendor Performance Report

Chairman Allenby indicated that the Administrative Vendor Performance Report, which was in the Board packets, would not be discussed.

The HFP Administrative Vendor Performance Report is located here:

http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_112013/Agenda_Item_8.b_HFP_Admin_Vendor_Perf_for_October_2013.pdf

Health-E-App Public Access: A New Online Path to Children's Health Care Coverage in California, Research Brief 5, October 2013

Mr. Lucero presented Agenda Item 8.c, the Mathematica Policy Research brief on Health-E-App public access and the implications for Affordable Care Act (ACA) implementation. He indicated that this is Mathematica's fifth research paper evaluating the Health-e-App public access project.

Mr. Lucero thanked MRMIB's partners in the project, the California Health Care Foundation and the David and Lucile Packard Foundation, for their continuing support of the Health-e-App public access project and for their support of the evaluation. He indicated that the fifth briefing paper studies the implications of various aspects of the application process. Although many of the circumstances surrounding the public access project differed from the ACA changes now under way, key findings from the project have implications for ACA implementation in California and elsewhere.

Mr. Lucero noted key findings of the report, including the following:

- The importance of the online self- service applications: The public access project increased applications by 14 percent and represented 42 percent of all applications submitted in 2011.
- The appeal of online applications to applicants who regularly use the internet: Mr. Lucero indicated that this also may be applicable to individuals applying through Covered California, as many applicants are likely to have higher income and greater access to the internet, including smartphones.
- The importance of effective help features: Mr. Lucero explained that federal guidance required state enrollment systems to provide the highest level of service, support and ease of use, similar to the service provided to customers of leading service and retail companies. He indicated that Health-e-App had many help features such as help pages, “learn more” links, and telephone help desk assistance.
- The importance of in-person assistance: Mr. Lucero indicated that this was the fourth briefing paper for which Mathematica interviewed many CAAs [Certified Application Assistants]. He emphasized the contribution provided by CAAs, who submitted over 100,000 applications the launch of the public access project.
- The use of online ads for effective messaging: Mr. Lucero explained that this permitted a rapid assessment of the program’s marketing and permitted the program to hone its marketing methods quickly, on an ongoing basis.

In conclusion, Mr. Lucero said that the Health-e-App public access project demonstrated that the application was easy to use and contributed to the growth of online applications and total applications submitted in 2012. He indicated that MRMIB has posted all five briefing papers on the MRMIB homepage.

Chairman Allenby thanked Mr. Lucero for the report. He asked whether there were comments or questions from the audience. There were none.

The report, Health-E-App Public Access: A New Online Path to Children's Health Care Coverage in California, Research Brief 5, October 2013, is located at this link:
http://www.mrmib.ca.gov/MRMIB/HFP_news.html

2013 Teen Health Care Experience Survey

Ms. Badley presented Agenda Item 8.d, the 2013 Survey of Teen Health Care Experience, reporting the results of a survey of teen subscribers, ages 14 to 18, who were continuously enrolled in the Healthy Families Program for at least six months as of December 31, 2012.

Ms. Badley reminded the Board that, in 2012, MRMIB staff developed a new survey tool that placed greater focus on the experience of teens using the health care system. That tool differed from the previous survey, YAHCS (Young Adult Health Care Survey). She indicated that the current survey consisted of 30 questions grouped into four categories:

access to health care; privacy; experience with health care; and the health safety, and wellness of teens.

Ms. Badley explained that, in this survey, teens were given more than one option in many of the questions, so survey responses may exceed 100 percent. Completed surveys were obtained from 6,268 subscribers; the overall response rate was 36 percent, slightly down from the previous year's response rate of 40.2 percent. However, she noted that more than three-quarters of the teens who may have received a survey had already been transitioned to Medi-Cal. She indicated that MRMIB is pleased with the response rate.

Ms. Badley pointed out key features of the report, including the following:

- Table 1 compared this year's responses to last year's. The greatest statistically significant improvement was in the question asking teens whether they were able to speak to a doctor alone. More than half the teens indicated they were able to speak to a doctor or other provider without parents or other people in the room, an improvement of 2 percent.
- The demographic breakdown showed that teens were fairly evenly spread among the age and gender categories; slightly more than half were Hispanic.
- More than three quarters of teens responding to the survey reported they had been to the doctor for medical or mental health care within the last year.
- Most teens received care at a doctor's office, while less than a quarter indicated they went to a community clinic, hospital, emergency room or other location for health care services.
- Although Asian language speakers are often grouped together, this report revealed significant differences in health care experiences among Chinese-, Korean-, and Vietnamese-speaking teens. For example, although only 15 percent of teens reported having a problem getting needed care, of those teens who did have a problem, Chinese-speaking teens reported problems at a much higher rate than Korean- or Vietnamese-speaking teens.
- More than three quarters of Korean-speaking teens reported that the doctor did not tell them what they discussed would be kept confidential. This is significantly higher than the experience of all other language groups, where closer to half said their doctor did not tell them about confidentiality.

Ms. Badley said, in summary, that the report showed HFP parents are actively involved in helping teens get care and that most teens get care from their doctor's office. MRMIB continues to be concerned that few teens report talking to their providers about serious mental health issues such as alcohol and substance abuse, suicide, bullying, and physical abuse or self-abuse.

Ms. Badley stated that, because of the transition of HFP subscribers to Medi-Cal, this is the final report MRMIB will produce on teen experience. Therefore, the report also includes some "lessons learned" and recommendations. MRMIB has been concerned to

make sure teens receive needed care in key areas such as mental health and substance abuse. MRMIB recommends that other public programs make a concerted effort to assess the needs and experiences of teens and young adults. Ms. Badley indicated that this survey was conducted in four languages besides English, and the results reveal important differences among language groups. Consequently, MRMIB also recommends that other programs and purchasers using satisfaction surveys conduct them in multiple languages and perform demographic analyses of the results.

Chairman Allenby asked whether there were any questions or comments.

Mr. Campana stated that he was impressed with the teen survey. It was well done, and he liked the exploration of teens' experiences in talking to a physician. He indicated that surveys of this nature can be used in other settings. He said he hoped the survey could be distributed to Covered California, the AMA [American Medical Association], and others. He emphasized the importance of having doctors talk to adolescents about a whole wide range of subjects. He was pleased that the survey addressed communication about sexual behavior as well as sexually transmitted diseases. He wished that the response rate on discussion of these issues, instead of 15 or 16 percent, was as high as the response rate for discussion of exercise or weight, but he indicated that the latter subjects are easier to discuss.

Mr. Campana said that teens have the highest percentage of reported sexually transmitted diseases, and providers are mandated to report these diseases to public health departments. The highest occurrence is in the 15-to-19-year-old group, higher than in the 20s or 30s. For that reason, a finding of 15 to 16 percent [who discussed these issues with their doctors] was low.

Mr. Campana indicated that the survey includes drugs and alcohol but also should include tobacco. The Centers for Disease Control does a separate survey addressing tobacco. They do not include it with other drugs. Mr. Campana stated that, if adolescents begin smoking prior to age 18, they are far more likely to continue smoking into adulthood. He emphasized that smoking remains a major health problem in the United States, despite improvements. Mr. Campana again emphasized that the report was very well done.

Ms. Casillas said that she had shared comments about this report with CHIS [California Health Interview Survey] because CHIS also is going out in the field with teen-specific questions. She indicated that she planned to send the report to CHIS.

The HFP 2013 Teen Health Care Experience Survey is found here:

http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_112013/Agenda_Item_8.d_HFP_2013_Teen_Survey_Report.pdf

UPDATE ON HEALTHCARE REFORM UNDER THE AFFORDABLE CARE ACT

There was no discussion of this agenda item.

The document connected with this Agenda Item can be found here:

http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_112013/Agenda_Item_9_Update_on_Healthcare_Reform_Under_ACA.pdf

PRE-EXISTING CONDITION INSURANCE PLAN (PCIP) UPDATE

There was no discussion of the Pre-Existing Condition Insurance Plan. The documents connected with this agenda item can be found as follows:

The PCIP Administrative Vendor Performance Report is located here:

http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_112013/Agenda_Item_10.b_PCIP_Admin_Vendor_Board_Report_October_2013_data.pdf

The PCIP Third Party Administrator Performance Report is located here:

http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_112013/Agenda_item_10.c_PCIP_TP_A_Performance_Report.pdf

MAJOR RISK MEDICAL INSURANCE PROGRAM (MRMIP) UPDATE

Enrollment Report

There was no discussion of the Enrollment Report.

The MRMIP Enrollment Report is located here:

http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_112013/Agenda_Item_11.a_MRMIP_Enrollment_Rpt_October_2013.pdf

Administrative Vendor Performance Report

There was no discussion of the Administrative Vendor Performance Report.

The MRMIP Administrative Vendor Performance Report is located here:

http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_112013/Agenda_Item_11.b_MRMIP_Adm_Vendor_Perf_October_2013.pdf

Semi-Annual Enrollment Estimate

Mr. Lee presented Agenda Item 11.c, the Semi-Annual Enrollment Estimate. He indicated that MRMIB has updated its analysis of the Major Risk Medical Insurance Program revenues, expenses, and enrollment. The MRMIP enrollment cap is currently set at 7,500. As of October 2013, there were approximately 6,902 individuals enrolled. Net enrollments and disenrollments over the past six months resulted in an average increase of about 78 members per month. The current cash flow projection indicates a remaining balance of \$3 million at the end of fiscal year 2013-14. However, this figure does not include the \$49 million in GIP [Guaranteed Issue Pilot Program] settlements that are still pending.

Mr. Lee indicated that the Board's goal always has been to cover as many as subscribers as possible while maintaining a positive fund balance. Staff has recommended maintaining the enrollment cap at 7,500 and re-evaluating this analysis in March or April 2014.

Chairman Allenby asked whether there were any questions or comments from the Board or audience. There were none.

The MRMIP Semi-Annual Enrollment Estimate is located here:

http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_112013/Agenda_Item_11.c_MRMIP_Semi-Annual_Enrollment_Estimate.pdf

The Public Session was adjourned at 12:38 p.m.