

**Managed Risk Medical Insurance Board  
August 18, 2010, Public Session**

Board Members Present: Cliff Allenby (Chairman)  
Richard Figueroa  
Sophia Chang, MD, MPH

Ex Officio Members Present: Katie Marcellus, representing the Secretary of the  
California Health and Human Services Agency  
Ed Heidig, representing the Secretary of the  
California Business, Transportation & Housing  
Agency

Staff Present: Lesley Cummings, Executive Director;  
Janette Casillas, Chief Deputy Director;  
Laura Rosenthal, Chief Counsel;  
Terresa Krum, Deputy Director for Administration;  
Shelley Rouillard, Deputy Director for Benefits and  
Quality Monitoring;  
Jeanie Esajian, Deputy Director for Legislative and  
External Affairs;  
Ernesto Sanchez, Deputy Director for Eligibility,  
Enrollment & Marketing;  
Seth Brunner, Senior Staff Counsel;  
Tony Lee, Manager in the Administration Division;  
John Symkowick, Legislative and External Affairs;  
Larry Lucero, Manager, Eligibility Division;  
Kathi Dobrinen, Manager, Eligibility Division;  
Darryl Lewis, Manager, Eligibility Division;  
Kim Elliott, Administration Division;  
Willie Walton, Eligibility Division;  
Elva Sutton, Administration Division;  
Charles Tolliver, Legal Office;  
Maria Angel, Executive Assistant to the  
Board and the Executive Director; and  
David Bruglia, Benefits Division, Board Assistant.

Also Present: Deborah Kelch, Kelch Associates, Consultant;

Public Jennifer Snyder, on behalf of PSI

Chairman Cliff Allenby called the meeting to order at 10:02 a.m., and then convened the Executive Session. The public session re-convened at 11:51 a.m.

## **REVIEW AND APPROVAL OF MINUTES OF JULY 21, 2010 AND AUGUST 5, 2010 PUBLIC SESSION**

The minutes of July 21 were moved, seconded and unanimously approved.

The July 21, 2010 Public Minutes can be found at:

[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_081810/Agenda\\_Item\\_3\\_7-21-10\\_Public\\_Minutes.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_081810/Agenda_Item_3_7-21-10_Public_Minutes.pdf)

## **FEDERAL BUDGET, LEGISLATION AND EXECUTIVE BRANCH ACTIVITY (INCLUDING HEALTHCARE REFORM, ECONOMIC STIMULUS & BUDGET)**

Executive Director, Lesley Cummings, indicated that staff had provided the Board with several reports but she had nothing to report on this issue.

The documents on Federal Budget, Legislation, et al., are located at:

[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_081810/Agenda\\_Item\\_4.a\\_Federal\\_Health\\_Care\\_Reform.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_081810/Agenda_Item_4.a_Federal_Health_Care_Reform.pdf)

## **STATE BUDGET UPDATE**

Terresa Krum reported that the Healthy Families Program May Revision assumed that the Department of Health Care Services' MCO (Managed Care Organization) tax would continue throughout 2010-11 and would be at an enhanced federal matching rate (FMAP). However, yesterday MRMIB staff was notified that although the Department of Health Care Services (DHCS) will receive some enhanced federal matching funds, it will not be to the degree anticipated. This will reduce the amount of MCO tax available and increase the need for other funding for HFP if program caseload comes in as projected.

## **STATE LEGISLATION**

### Regular Session

John Symkowick reported that since the last report to the Board, most of the bills staff is tracking have moved to the floor from the fiscal committees. He pointed out two bills that were amended after the legislative summary was written. AB 542 would require nonpayment procedures for hospital-acquired conditions. This bill has been amended to include MRMIB representation on the technical assistance working group, which is good news. AB 1602, one of the Exchange bills, also has been amended to delete health care reform consumer protection provisions. One of those provisions would have prohibited lifetime or restricted annual limits for insurance plans. If it had been left in the measure, it could have restricted MRMIB's ability to operate and administer the Major Risk Medical Insurance Program or MRMIP.

Mr. Symkowick indicated that he expects the provisions will be placed in some other bill, as other health care reform measures are moving through the Legislature. He will be on the alert for this development. Since it is the end of the session, all bills will have to be amended by the end of this week and passed out by August 31, so those also will be monitored and reported to the Board.

Chairman Allenby asked if there were any questions or comments from the Board. Hearing none, he asked if there were any questions or comments from the audience. There was none.

The legislative summary can be found at:

[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_081810/Agenda\\_Item\\_6.a\\_State\\_Legislative\\_Report.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_081810/Agenda_Item_6.a_State_Legislative_Report.pdf)

**FIVE YEAR CONTRACT EXTENSION WITH MAXIMUS FOR ADMINISTRATIVE VENDOR SERVICES IN THE ACCESS FOR INFANTS AND MOTHERS PROGRAM, SINGLE POINT OF ENTRY, AND THE HEALTHY FAMILIES PROGRAM**

Ernesto Sanchez reviewed with the Board a document recommending a five year extension of the MAXIMUS contract for administrative vendor services for the Healthy Families Program, the Access for Infants and Mothers Program and the Single Point of Entry. He indicated that staff was not requesting Board action until the September 15 Board meeting, but he wanted to review the document which lays out the case for the extension.

He began by reviewing the document's background section. He reminded the Board that when it approved a one year extension of the administrative vendor contract in March 2008 staff began discussing the need to prepare for a potential procurement process. In late 2008, staff began a search for resources to fund staffing for a procurement, which would be at least a 24-month period process. However, staff was unsuccessful in obtaining those resources.

Because the MRMIB staff and Board have been satisfied with the vendor's performance, staff then turned to development of a long-term, no-cost extension with the vendor at existing rates. These rates decreased the cost to the state and federal government by 23% (\$123 Million savings) from the prior contracts and 16% (\$80 Million savings) less than the competing bid. Staff also was confident of the vendor's ability to adapt to the changing priorities of the state based on its performance since 2004, and particularly since 2008 when the state's fiscal problems had resulted in numerous budget savings proposals that had to be implemented quickly. This long term extension approach was approved in January of 2009.

Staff recommended a five year extension knowing that the Board has the authority to negotiate contracts that are the best overall value to the state, which includes enhanced service levels, technological improvements and cost effectiveness. Staff's view was that continuing the 2004 rates of payment through (potentially) the end of 2015, without any cost of living increases, represented incredible value to

the state. Staff also thought that the ability to negotiated additional enhancements in the contract for no cost was much more likely with a longer term (5 year) extension. Further, staff thought that it was extremely unlikely given the severity and the long-term nature of the current state budget crisis that MRMIB would be given the necessary resources to do a procurement for a shorter-term contract. Staff noted other state contracts of similar size and scope had durations of eight to 10 years.

On November 18, 2009, the Board approved a second one year extension of the contract at the existing contract rate structure. The Board also directed MRMIB staff to continue the negotiations for a long-term extension with Maximus.

Mr. Sanchez then reviewed the section on contractor performance since 2004 when Maximus began providing administrative vendor services. The contractor has met significant monthly HFP performance standards for quality and accuracy 99.5 percent of the time over the years of the contract. Since the implementation of the quality and accuracy standards in 2006, MAXIMUS has met the standards for both Healthy Families and AIM 100 percent of the time. This performance has been repeatedly and independently verified through external audits, including annual Bureau of State Audit (BSA) audits, the SAS-70 audits, and ISO quality certification. Further, California was one of the first 17 states to go through CMS's payment error rate monitoring audits for CHIP, and the vendor achieved a remarkable error rate of 0.4% -- the best in the country.

Mr. Sanchez turned to the portion of the document that detailed the 33 program enhancements that MRMIB and the Department of Health Care Services (DHCS) wanted to include for no additional cost in the extended contract. Maximus agreed to all of these which include future improvements in technology, changes to the program to comply with CHIPRA requirements, providing additional services for health plan partners in AIM, and various other changes that bring the number of component services under the existing PMPM (per-member, per-month), which basically is adding new services at the existing rate. The total estimated value of the enhancements is approximately \$14.6 million.

He then reviewed Enclosure 2 of the document, the original contract award document from 2003. In addition to the savings to the state and federal government discussed above, the contract improved customer service levels on outreach to families; when there was missing information on the application; the ability to provide information on the internet in both English and Spanish, which wasn't previously offered; the ability for subscribers seeking a health care provider to obtain mapping and driving instructions online; use of technology that provides for an automatic dialing system; having the vendor take financial responsibility for up to \$500,000 a year in medical bills for any HFP and \$150,000 annually for AIM eligibility determination errors they make; providing the state with access to a decision support system data warehouse; making HFP and AIM a virtual paperless environment, with electronic images of all incoming and outgoing correspondence; providing the ability for staff to actually listen to tapes of incoming customer service calls to help with the training of call center representatives and in the adjudication of appeals.

Finally, he reviewed the section of the document detailing the vendor's ability to adapt quickly and efficiently to different state policy changes. The document details a number of them since the program began, but the increased number and complexity of the changes in the last few years of the current fiscal crisis were a major challenge for the vendor that it met successfully. These included implementing this last November the second premium increase in a year, a co-payment increase and the implementation of a limited dental plan choice to reduce program expenditures to live within allocated funds. In September of last year the wait list forced by insufficient funding was cleared. In August of last year systems for AER disenrollments were developed and tested in case the program did not receive additional funding. Thankfully, MRMIB did not have to implement the policy, but the system changes to do so were ready. In July of last year, the program was ready on the third time that the potential wait list came up and a wait list had to be implemented. On July 31 of last year CAA reimbursement payments for the program had to be eliminated. In February of that same year the program implemented the first premium increase and changed the dental and vision benefits. During that year, the vendor had to conduct two open enrollment processes.

Mr. Sanchez concluded by acknowledging the work of the eligibility lead on the project, Willie Walton, who has done yeoman's work in keeping the project going forward.

Chairman Allenby asked if there were any questions or comments from the Board. Hearing none, he asked if there were any questions or comments from the audience.

Jennifer Snyder, representing PSI, said the organization submitted a letter to the Board earlier this month on August 3. Ms. Cummings noted that the Board did receive the letter at its last meeting. Ms. Snyder said in the letter, PSI recommends that the Board consider a two year extension to the contract (rather than a five year extension). PSI argues that under a couple of circumstances, especially with federal health care reform, there are unknown implications related to the reforms and what will transpire over the next two to five years. And also, the types of successes that the Board found with the change in the contract to MAXIMUS could be achieved by changing to a new vendor in two years. Given the advances in technology that have occurred and will be occurring in the near future, the Board could be disadvantaging itself by committing to a five year contract. And even if funding were not available to conduct a procurement, staff should at least be reaching out to other vendors and companies to see what technologies are available.

Ms. Cummings responded on a couple of points: One, the Board is not locked into a five year extension; as the term is "up to" a five year extension. The Board has options if it decides that the program needs to make a change. However, it is staff's intention to do a five year extension. Additionally, to be able to do a procurement in two years would mean that staff would have to be given the resources to start a procurement immediately. As Mr. Sanchez pointed out, a procurement process costs money. Staff needs to be back-filled during the process and time is needed to do a changeover in contractors, should that be the result. MRMIB does not have these resources now and that is why a two year

extension is not feasible. Given the state's fiscal situation, it is unlikely that those resources would be forthcoming now or in the near future. When staff requested the resources previously the state's economic situation was not good, but appreciably better than it is now.

The Five Year Extension of HFP/SPE/AIM documents can be located at:  
[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_081810/agenda\\_item\\_7.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_081810/agenda_item_7.pdf)

## **PRE-EXISTING CONDITION INSURANCE PLAN (PCIP)**

### Program Update

Lesley Cummings said the Board and staff have been working hard and diligently to manifest the program as the Board and the Governor have directed. The goal is to begin releasing applications in August and have coverage effective sometime in September. Staff is in the throes of preparing and negotiating vendor contracts.

Ms. Cummings additionally commented that the Board packet contains an article from *Health Affairs* in which the authors raise the issue of adequacy of funds. Interestingly, includes some estimates of what the total enrollment could be in California. The Congressional Budget Office (CBO) estimates 200,000 per year, assuming that California would have 10 percent of the enrollment in the country. This is in keeping with the PricewaterhouseCoopers (PwC) estimate of what the allocation will fund, around 23,000 to 24,000 subscribers per month. The Office of the Actuary for CMS estimated 375,000 subscribers. The article talks about uncertainty if the congressional appropriation of \$5 billion is exhausted.

Chairman Allenby said he recalled that the bill actually gave an indication that if funds did run short, there could be a way to go back to Congress. He asked if that was correct. Ms. Cummings said the discretion to go back to Congress for additional funds lies solely in the hands of the Secretary of the U.S. Department of Health and Human Services. The article notes that while Congress could want to appropriate more funds to the program, offsets would be required in the budget process. The Secretary might ask for additional funds or might turn to ways to limit expenditures should the existing appropriation appear insufficient.

The article on federally funded high risk pools is available at:  
[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_081810/Agenda\\_Item\\_8.a\\_Health\\_Policy\\_Brief\\_Article.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_081810/Agenda_Item_8.a_Health_Policy_Brief_Article.pdf)

### Federal Contract & Solicitation Update

Laura Rosenthal reported that MRMIB has reached full closure with the federal Department of Health and Human Services (DHHS) on all PCIP contract terms and on the state's revised proposal (the state's response to the federal solicitation). The proposal is an attachment to the contract. Ms. Cummings signed the contract and it has been sent to DHHS for its signature. Ms. Cummings expressed great happiness for completing this stage of the implementation. The audience applauded.

Ms. Cummings reported that, as Ms. Rosenthal had noted, the solicitation response is part of the federal contract. She reminded the Board that Deborah Kelch, of Kelch Associates, wrote the first version of it which was sent to DHHS earlier in the project. The document had to be revised to reflect discussions with the federal government as well as requirements in the new federal regulations. Ms. Kelch has been responsible for revising the document. While no copies are available at the meeting today, Ms. Kelch will provide a brief overview of changes that have been made to the original version. Once the federal government signs the contract, staff will post the revised solicitation on the MRMIB website.

Ms. Kelch said the revised solicitation response reflects the fact that the Board has initially designated two vendors for contract negotiations. It does not name the vendors because contract negotiations are still underway, but it does provide more detail about how the program will be operated and how the vendors will function. It includes the subscriber premium rates the Board adopted as well as the final benefit design as determined by the Board. There are more specific details about vendor performance standards and minimum requirements. There is additional budget detail, additional information on fraud prevention, and information responding to questions federal staff have made about the program.

Ms. Cummings publicly thanked the California HealthCare Foundation for funding Ms. Kelch's work for MRMIB during this phase of the PCIP development. She indicated that Ms. Kelch's work on the PCIP project is winding down and expressed her heartfelt thanks for the many contributions Ms. Kelch had made during this developmental period for PCIP. There are some additional things staff would like Ms. Kelch to do but there is much competition for her time. The Board members also expressed their thanks to Ms. Kelch for her excellent work.

Ms. Cummings reported to the Board that there have been 5,052 requests for the PCIP application made to the e-mail box on the MRMIB website. She also noted the absence of many MRMIB staffers who usually attend meetings and make reports to the Board, saying that because of the tight implementation timeline for PCIP, they are at the office working.

Chairman Allenby asked if there were any questions or comments from the Board. Hearing none, he asked if there were any questions or comments from the audience. There was none.

#### Authorization of Administrative Vendor and Third Party Administrator Contracts

Ms. Cummings indicated that staff has yet to conclude negotiations with the administrative vendor or the third party administrator, although it is working exceedingly hard to do so. She asked the Board to authorize the Executive Director to sign the administrative vendor and third-party administrator contracts, once finalized, to operate the Pre-existing Condition Insurance Plan. Staff is working hard on closure of these negotiations and requests approval of the two resolutions so that Ms. Cummings can sign the contracts once they are completed.

Chairman Allenby asked if there were any questions or comments from the Board. Hearing none, he asked if there were any questions or comments from the

audience. Hearing none, he asked for motion to approve the two resolutions included as Agenda Item 8.c, authorizing the Executive Director to enter into contracts with an entity to perform administrative vendor services and an entity to perform third-party administrative services in connection with the Pre-Existing Condition Insurance Plan. The motions were moved, seconded and unanimously approved.

Chairman Allenby said the contracts have to be satisfactory to the Board before they are signed. Ms. Cummings said she would ensure that they were.

The Resolution authorizing AV and TPA contracts is located at:

[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_081810/Agenda\\_Item\\_8.c\\_Authorization\\_of\\_AV\\_and\\_TPA\\_Contracts.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_081810/Agenda_Item_8.c_Authorization_of_AV_and_TPA_Contracts.pdf)

### Other Program Implementation Issues

Ms. Cummings did not report on any other program implementation issues.

### PCIP Benefits Summary

Shelley Rouillard updated the Board on benefit design issues since its last discussion of the issue. Specifically, she talked about the benefit changes included in the summary of benefits in the solicitation response. There is now an out-of-network deductible of \$3,000 per subscriber, which does not count toward the in-network deductible. Prior to this, there was no out-of-network deductible, which didn't make sense given the structure of the program. There is also a separate \$500 out-of-network brand name drug deductible.

In addition, in-network prescription drugs have been structured to have a couple of additional tiers. There is a \$5 generic drug in-network benefit. After the \$500 annual in-network brand name drug deductible is met, there would be a \$15 co-pay for in-network formulary brand name drugs, and then \$30 a co-pay for in-network non-formulary brand name drugs and specialty drugs, which would need to be pre-authorized.

The other change is the addition of alcohol and substance abuse treatment services to the benefit plan, as required by federal PCIP regulations. These also required that skilled nursing facility services are a covered benefit in limited circumstances.

Chairman Allenby asked if there were any questions or comments from the Board. Hearing none, he asked if there were any questions or comments from the audience. There were none.

The PCIP Benefits Summary chart is located at:

[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_081810/agenda\\_item\\_8.d\\_PCIP\\_Benefits\\_Summary.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_081810/agenda_item_8.d_PCIP_Benefits_Summary.pdf)

## **HEALTHY FAMILIES PROGRAM (HFP) UPDATE**

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

Kathi Dobrinen reported that at the end of July, there were 869,127 children enrolled in the Healthy Families Program, of whom 23,650 children were new subscribers. The majority of subscribers continue to be Latino. There are no notable changes to the percentage of subscribers enrolled in the top five counties, which continue to be in Southern California and represent over 59 percent of enrollment. The vast majority of applicants continue to be Spanish and English speaking individuals. The Single Point of Entry processed 20,612 applications, of which 68.6 percent were forwarded to Healthy Families.

Chairman Allenby asked if there were any questions or comments from the Board. Hearing none, he asked if there were any questions or comments from the audience. There were none.

The HFP Enrollment Report is located at:

[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_081810/Agenda\\_Item\\_9.a\\_HFP\\_Enrollment\\_Report.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_081810/Agenda_Item_9.a_HFP_Enrollment_Report.pdf)

### **Administrative Vendor Performance Report**

Ms. Dobrinen reported that the administrative vendor continues to meet all 18 areas of performance, quality and accuracy standards when screening applications to the appropriate programs, processing applications, program reviews and appeals, making eligibility determinations, assisting applicants and subscribers through the toll-free lines, as well as transmitting subscriber enrollment data to the health plans.

Chairman Allenby asked if there were any questions or comments from the Board. Hearing none, he asked if there were any questions or comments from the audience. There were none.

The HFP Admin Vendor Performance Report is located at:

[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_081810/Agenda\\_Item\\_9.b\\_HFP\\_Adm\\_Vendor\\_Perf\\_July\\_2010\\_Summary.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_081810/Agenda_Item_9.b_HFP_Adm_Vendor_Perf_July_2010_Summary.pdf)

### **Update on Health-e-App Public Access**

Larry Lucero provided an update on the Health-E-App Public Access Project. The Health-E-App Public Access team, consisting of Social Interest Solutions (SIS), MAXIMUS, the Department of Health Care Services (DHCS) and MRMIB staff, have made progress on the Health-E-App Public Access Project. This includes a completion of numerous tasks and significant accomplishment since the last update. These accomplishments include a fully functional test environment, which allows the team members to design, develop and validate code changes through the various prototype developments. Compliance was ensured with all the accessibility requirements for electronic and information technology in accordance with Section 508 of the Rehabilitation Act, such as scanner readers for visually

impaired. Stringent security requirements have been employed to allow public users to safely use most browsers and a wide variety of them have been tested for those assurances.

The process allows the applicant to create their own My-Health-E-App account, which will allow them to create a secure password protected personalized account, which can be used to complete the applications, make initial payments, scan documents and transmit them electronically to the Healthy Families Program. User access also has been expanded. Unlike the current Health-E-App, which limited the types of entities that could use the online application, all applicants will be able to apply online using the Health-E-App Public Access. The Health-E-App user help desk also has undergone significant enhancements to allow help staff at Healthy Families Program to actually go online and support the public users who call in and need assistance.

One of the most significant accomplishments is development of a content management system, which required wordsmithing for every single page to create an intuitive public environment. An outreach plan has also been developed. MRMIB will continue to work with the foundations on a communications and outreach plan to promote Health-E-App Public Access.

A code drop or final code will be completed after the critical and high impact issues are resolved. The updated code will be tested extensively through an end-to-end testing methodology. Finally, as part of usability certification, focus groups will be conducted at various locations throughout California in English and Spanish.

The Chairman asked for any comments or questions from the Board. Hearing none, he asked for questions or comment from the public. There was none.

#### CHIP Reauthorization Implementation

Ms. Cummings reported that the budget pending before the Legislature includes some funding (previously reported to the Board) that will implement several CHIPRA provisions. These include funds to establish a prospective payment system for payment to federally qualified health clinics and rural health centers, and funds to create a second option in counties into which dissatisfied subscribers could enroll. MRMIB staff has been meeting with the Department of Health Services to get these projects off the ground even though the budget is not yet final.

Ms. Rouillard also mentioned that a contract with the consultant for the quality assessment and improvement strategy is in its final stages of completion, as well as a solicitation for the EQRO (external quality review organization). She will provide another update at the Board's next meeting.

The Chairman asked for any comments or questions from the Board. Hearing none, he asked for questions or comment from the public. There was none.

## Recommendations for HFP Advisory Panel Vacancies

Mr. Sanchez recommended the reappointment of family practice physician representative, Dr. Ellen Beck. Dr. Beck is the Director of the Community Education Division of Family Practice at UC San Diego, and directs the UCD -- UCSD student-run free clinic that sees a large proportion of Medi-Cal and Healthy Families eligible individuals. Dr. Beck also oversees the National Faculty Development and Fellowship Program that addresses the needs of under-served populations. Dr. Beck has been with the Panel since December of 2002.

There was a motion, which was seconded, to appoint Dr. Beck. Chairman Allenby asked if there was any discussion. Hearing none, he called for a vote. Dr. Beck's reappointment was approved unanimously.

The document on HFP Advisory Panel Vacancy recommendation is found at: [http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_081810/Agenda\\_Item\\_9.e\\_HFP\\_Adv\\_Panel\\_Recommendation\\_8-18-10.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_081810/Agenda_Item_9.e_HFP_Adv_Panel_Recommendation_8-18-10.pdf)

## 2008-09 Out of Pocket Maximum Report

Ms. Cummings said this report would be put over to a future meeting.

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

### Enrollment Report

Ms. Dobrinen reported that in July, there were 949 new subscribers enrolled in AIM. The program currently has 6,781 subscribers. The majority of subscribers continue to be Latina. The percentage of enrollment in specific counties did not experience notable changes: Los Angeles, San Diego and Orange County remain the top three counties representing enrollment, which represents about 49 percent of current enrollment. The health plans that subscribers are enrolled in did not significantly change since last month.

Chairman Allenby asked if there were any questions or comments from the Board. Hearing none, he asked if there were any questions or comments from the audience. There was none.

The AIM Enrollment Report is located at: [http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_081810/Agenda\\_Item\\_10.a\\_AIM\\_Enrollment\\_Report.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_081810/Agenda_Item_10.a_AIM_Enrollment_Report.pdf)

### Administrative Vendor Performance Report

Ms. Dobrinen reported that the administrative vendor continues to meet all seven areas of performance in processing applications and making eligibility determinations, assisting applicants through the toll-free lines and transmitting subscriber enrollment data.

Chairman Allenby asked if there were any questions or comments from the Board.

Hearing none, he asked if there were any questions or comments from the audience. There was none.

The AIM Admin Vendor Performance Report is located at:

[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_081810/Agenda\\_Item\\_10.b\\_AIM\\_Adm\\_Vendor\\_Perf\\_July\\_2010\\_Summary.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_081810/Agenda_Item_10.b_AIM_Adm_Vendor_Perf_July_2010_Summary.pdf)

#### Authorization of 2010-11 AIM Health Plan Contract Extensions and Amendments

Janette Casillas asked the Board to authorize the Executive Director to sign contract extensions with AIM health plans for 2010-2011. A document provided to the Board and public identifies plan service areas by county.

Chairman Allenby said the motion would be to adopt the resolution in Agenda Item 10.c. This motion provides the Executive Director with authority to sign and execute extensions of existing AIM contracts for health plan services and state supported services at rates negotiated by staff, together with any other negotiated agreements. AIM health plans are Anthem Blue Cross, CenCal Health, Central California Alliance, Contra Cost Health Plan, Health Net, Kaiser Foundation, San Joaquin JPA and Ventura County. Chairman Allenby asked for a motion. The motion was moved and seconded. Chairman Allenby asked if there were any questions or comments. Hearing none, he asked for a vote. The Board voted unanimously to approve the motion

The Service Areas and Resolution authorizing 2010-11 Health Plan Contract Extensions is found at:

[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_081810/Agenda\\_Item\\_10.c\\_Authorization\\_of\\_2010-11\\_Health\\_Plan\\_Contract\\_Extensions\\_and\\_Amendments.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_081810/Agenda_Item_10.c_Authorization_of_2010-11_Health_Plan_Contract_Extensions_and_Amendments.pdf)

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

##### Enrollment Report/Waiting List/Administrative Vendor Performance Report

Darryl Lewis reported that as of August 1, 2010, MRMIB enrollment was at 7,040 and the waiting list total was 55. Demographics remain comparable. The waiting list as of this week is at 63. Offers for October slots will be made to individuals on the waiting list this week. The administrative vendor continues to meet performance standards for applications and cost center requirements continue to be met. The vendor received 4,841 calls last month.

Chairman Allenby asked if there were any questions or comments from the Board. Hearing none, he asked if there were any questions or comments from the audience. There was none.

MRMIP Reports referred to above are located as follows, respectively:

Enrollment Report:

[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_081810/Agenda\\_Item\\_11.a\\_MRMIP\\_Enrollment\\_Report.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_081810/Agenda_Item_11.a_MRMIP_Enrollment_Report.pdf)

Waiting List Update:

[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_081810/Agenda\\_Item\\_11.b\\_MRMIP\\_Enrollment\\_Cap\\_Waiting\\_List.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_081810/Agenda_Item_11.b_MRMIP_Enrollment_Cap_Waiting_List.pdf)

Admin Vendor Report:

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Chairman Allenby asked if there was anything else to bring before the Board. Ms. Cummings said there was not. The meeting was adjourned at 12:32 p.m.