

**Department of Health Care Services**  
**Section 93 Stakeholder Workgroup Meeting**  
**September 30, 2014**

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**In attendance:** Health-Access, Western Center on Law & Poverty; Ca Pan-Ethnic Health Network, CA HealthCare Foundation, Covered California (CC), SEIU, Department of Managed Health Care, Small Business Majority, Senate Budget Committee, CA Health & Human Services Agency, and DHCS.

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Major Risk Medical Insurance Fund (MRMIF): Revenues/Expenditures/Balance Handout

- I. Major Risk Medical Insurance Program (MRMIP) funded by MRMIF
- II. MRMIF funding sources vary.
  - a. Guaranteed Issued Pilot Program ended in 2013 but some payments are still being received.
  - b. Estimated between \$31 million to \$17 million in payments received.
  - c. \$25 million allocated in state budget (latest statement).
- iii. Fees & Penalties
  - a. Amount of fines vary
  - b. Method of receiving payment from fined entities is on case to case basis.

MRMIP: Eligibility Criteria/Plan Deductibles/Premium Cost Handout

1. Enrollment Trends
  - i. Initial 2014 trend had lower enrollment.
  - ii. June/July Enrollment spike
    - a. Populations that were denied or missed open enrollment reapplied for MRMIP.
    - b. Per MRMIP rules, applicant needs to only show proof of denial for coverage to be approved for program.
2. MRMIP Overview and Data
  - i. MRMIP renewal packets sent to consumers at end of October.
    - a. Packets include information on Individual Market plans & CC Plans, open enrollment dates, when coverage is effective.
    - b. Packets partially coincide with the CC open enrollment period.
  - ii. End Stage Renal Disease (ESRD)
    - a. 50-60 participants are in the ESRD category (based on claims data)
  - iii. US Citizenship
    - a. No citizenship check for MRMIP, only eligibility requirement is CA residency.
    - b. MRMIP currently does not have data breakdown on who falls into this category.
  - iv. Follow-up: Currently DHCS has not done data match for those enrolled. DHCS may not have all the needed data elements to perform the match.

COVERED CALIFORNIA (CC): Eligibility/Plans/Enrollment Data Handout

- i. Open Enrollment
  - a. 1.3 Million Beneficiaries enrolled in CC.

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- b. Stakeholders requested breakdown of enrollment populations for MRMIP (as shown for CC) which would include tiers, premiums, ages, plans and subsidy.
  - 1. We can work on providing a link showing this info. A challenge with showing the breakdown subsidy is that MRMIB uses 6 region vs 19 for CC.

MRMIP Beneficiary Survey

Survey of Top 5 Reasons on Why People Remained in MRMIP

- i. Low response rate – 23% of 2,600 currently enrolled.
- ii. 60% of respondents stated they did not plan on applying for coverage through CC.
- iii. Respondents said they preferred MRMIP out of individual market plans and CC.
- iv. Survey was only in English.
- v. Advocates stated that the options available to beneficiaries may be unclear.
- vi. Based upon voluntary information on Open Enrollment (OE) survey it showed beneficiaries who left MRMIP went to CC.
- vii. Follow up: CC has a Premium Cost Spreadsheet showing unsubsidized plans similar to private market plans. Will share with Workgroup.

Centers for Medicare and Medicaid Services (CMS) (Website & Letter to States)

- i. ESRD Guidance & Minimum Essential Coverage (MEC) Requirements-
  - a. As of January 1<sup>st</sup>, MRMIP may not meet the MEC as required by CMS
- ii. ESRD & Crosswalk with MEC
  - a. DHCS submitting to CMS option for grandfathering beneficiaries in to MRMIP
  - b. ESRD will need legislative amendment.
  - c. Looking at options, on ESRD and persons with disabilities on Medicare, under the age of 65, for wrap-around coverage.
  - d. May be an option for persons with disabilities which is Medi-Gap but not for ESRD.
  - e. Plans are concerned with eliminating MRMIP because of impact on Medicare Supplement Market.
  - f. Follow-up: Conducting analysis of statistics due to the 50,000 with ESRD that may belong to other categories (Aged, Disabled, etc.) which would affect the overall number of ESRD beneficiaries in MRMIP.

Options for Next Steps:

- i. Presumptive Eligibility as option
- ii. Consider asking MRMIP enrollees for SSNs to determine eligibility for other programs
- iii. Education on Medi-Cal and CC
- iv. Complete breakdown of remaining beneficiaries and subgroups within populations

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- v. Develop incentives to transition
- vi. Keep MRMIP open a little longer as a Safety Net for those who goof and don't meet OE deadline or truly tried to enroll but were unable to, and come down with catastrophic conditions.
- vii. Some workgroup participants concerned about requiring Medi-Cal enrollment for some in the group because some are subject to Estate Recovery.

Stakeholder Consensus on Action Items:

1. Preserve the safety net and maintain MRMIP as an enrollment option, at least in the short-term.
2. Perform data analysis of previous and current MRMIP enrollees, and including subgroups.
3. Once there are a small number of enrollees in MRMIP, consider using other programs as the enrollment network, such as CC, Medi-Cal, or CalPERS.
4. Transform MRMIP using MRMIF, under the language in Section 93.