Agenda Item 3
2/17/2010 Meeting

Managed Risk Medical Insurance Board
January 21, 2010, Public Session

Board Members Present:	Cliff Allenby (Chairman), Areta Crowell, Ph.D., Sophia Chang, M.D., M.P.H., Richard Figueroa
Ex Officio Members Present:	Ed Heidig and Katie Marcellus
Staff Present:	Lesley Cummings, Executive Director; Laura Rosenthal, Chief Counsel; Seth Brunner, Chief Legal Counsel; Shelley Rouillard, Deputy Director for Benefits and Quality Monitoring;; Loressa Hon, Manager in the Administration Division; Thien Lam, Manager for Eligibility, Enrollment, and Marketing Division; Will Turner, Analyst with the Office of Health Policy and Legislative and External Affairs; Kathy Dobrinen, Manager in the Eligibility, Enrollment and Marketing Division; Anjonette Dillard, Manager in the Eligibility, Enrollment, and Marketing Division; Muhammed Nawaz, Manager in the Benefits and Quality Monitoring Division; Maria Angel, Assistant to the Office of Chief Counsel; and Stacey Sappington, Executive Assistant to the Board and the Executive Director.

Chairman Allenby called the meeting to order at 10:00 a.m. The Board then went into Executive Session. It reconvened for public items at 11:00 a.m.

Chairman Allenby welcomed to the Board Katie Marcellus who has replaced Bob Sands as the ex-officio member representing Secretary Belshè. He also welcomed Jeanie Esajian to the MRMIB staff. Jeanie is replacing Ginny Puddefoot as the Deputy for Legislation and External Affairs as of Monday, February 22.

REVIEW AND APPROVAL OF MINUTES OF NOVEMBER 18, 2009

Chairman Allenby asked for a motion to approve the November minutes, noting one technical change. A motion was made and seconded. Chairman Allenby asked for any discussion. There was none. The Board unanimously approved the minutes.

The minutes can be found at:
http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_012110/Public_12_16_09_Draft.pdf

FEDERAL BUDGET, LEGISLATION AND EXECUTIVE BRANCH ACTIVITY

Ms. Cummings acknowledged that with the Massachusetts election results, federal policymakers are regrouping on next steps for health care reform. She noted that the Board's packets contain several documents relevant to national health care reform. One is a document prepared by the Tri-Committee House staff which compares the House and the Senate health care reform provisions, including estimates from the Congressional Budget Office on costs. Another is a letter from the National Association of Insurance Commissioners (NAIC) commenting on the changes needed to assure integrity of the insurance reforms.

Ms. Cummings then asked Laura Rosenthal to review a document staff prepared comparing the House and Senate language regarding interim high risk pools.

Ms. Rosenthal noted that both bills provide $5 billion in one-time funding for an interim national high risk pool that would operate prior to full implementation of health care reform. The Secretary of the Department of Health and Human Services (HHS) could elect to contract with states for pool operation.

She reviewed differences between the bills on a few significant points. The House bill would have the high risk pool provisions take effect January 1st of 2010 – a date now passed. The Senate bill would have the provisions take effect no later than 90 days after the enactment of the bill. The bills have similar but not identical end dates, but they have the same purpose: to bridge the gap until the exchanges and the health reforms that will cover the population, including high risk people, are fully established. Both bills have very similar administration provisions, the most important of which is that the Secretary of HHS is given broad authority to establish a temporary national high risk pool but with authority to contract with states, or in the case of the Senate Bill, states and nonprofits, to administer high risk pools that meet the standards set out in the bill.

The bills differ significantly in eligibility. The Senate bill requires that a person be medically uninsurable if they have a preexisting medical condition but also requires that such individuals have been uninsured for six months. MRMIB staff

have concerns about this six month lock out provision which seem unduly harsh (and is inconsistent with eligibility rules for MRMIP). The House bill, on the other hand, just requires that a person be medically uninsurable any time during the last six months. There are also additional bases for eligibility, including people who have had no employer-based coverage for the last six months. This is a whole new group that would be covered and expands the scope of the pools beyond medically uninsurable people.

Ms. Cummings noted that the House bill provides the same funding level as the Senate bill despite having much broader eligibility provisions.

Ms. Rosenthal continued explaining differences between the two bills. The Senate Bill does not spell out a benefit package. The House bill indicates that benefits would be determined by HHS but must be consistent with an essential benefit package that would be implemented for the general market once all of the reforms kick in. The House bill also requires no preexisting condition exclusions, as does the Senate bill, and no annual or lifetime benefit limitations.

The cost-sharing provisions are similar but not identical. The House bill allows premiums to be as high as 125 percent of market rates. The Senate bill requires that premiums be at market. The benefits in the House bill are defined as 70 percent of full coverage, a provision that is really a measure of how much cost-sharing. The Senate bill has a similar concept, specifying that the plan must bear at least 65 percent of the cost. Both bills regulate premium variation based on age, the Senate has a four-to-one limit while the House has a two-to-one limit. And they both have similar but not identical requirements concerning cost-sharing such as out-of-pocket maximum deductible.

Both bills have similar maintenance of effort (MOE) provisions, but the House bill's provision applies only to states with federally qualified high risk pools. This is important because MRMIB is not considered a federally qualified high risk pool, so the House bill MOE provisions would not apply to California. The Senate bill's MOE provisions, which require a state to spend as much money as it did in previous years, would apply to California.

Ms. Cummings reported that the National Association of State Comprehensive Health Insurance Plans (NASCHIP), the association of state high risk pools, has been advocating for modifications to the bills to allow for expeditious use of existing state high risk pools to provide the interim coverage. NASCHIP's argument to policy makers is that for coverage to medically uninsurable persons to be timely, federal reform must make use of the existing state high risk pool delivery mechanisms because they are "shovel-ready". Additionally, NASCHIP argues, it makes little sense for the federal government to establish a new structure which is supposed to be time limited.

CMS staff contacted MRMIB staff to ascertain how “shovel ready” California would be. The CMS staff specified that they were not making a policy decision on the use of state high risk pools, but wanted to understand the issue in the event policymakers did decide to go in that direction. The staff thought it particularly important to understand the situation in California. MRMIB staff told the CMS staff what the differences were between the existing MRMIP and the pool as conceived in proposed federal legislation. The ways in which MRMIP operations are inconsistent with the federal pool are: 1) subscriber premiums are higher in MRMIP; and 2) MRMIP’s $75,000 annual benefit cap ($750,000 lifetime cap) is inconsistent with the federal Bills’ prohibition on annual and lifetime caps. Additionally, MRMIP has a low enrollment cap because of limited financing; it is unclear whether that would be inconsistent with federal rules. MRMIB staff explained that the maintenance of effort requirement in the federal bills was a big concern for California as there could be significant reductions in the funding available for MRMIP. MRMIB staff also indicated that state statute would have to be enacted authorizing MRMIB to administer a federal pool.

A disconcerting feature of the conversation was that CMS staff appears to be expecting that a state would operate two distinct pools, the federal pool and the existing state pool. Given that the federal pool would be much more advantageous to a subscriber, with lower premiums and a richer benefit package, it is hard to imagine how this would work out. The right approach is for a state to conform its existing pool with the federal rules and operate one pool. And, hopefully, the state could use federal funding to make any necessary adjustments to its existing pool.

Ms. Cummings drew the Board’s attention to a draft letter to Congress suggested by NASCHIP. It argues for various amendments to the federal legislation, which MRMIB staff think would result in an improved bill, and one that makes the use of state high risk pools more viable. The letter suggests that the bills be amended to: 1) specify that the Secretary of DHHS can just give grants to states rather than having to go through a contract process; 2) authorize the Secretary to delegate certain administrative functions to the states; 3) authorize the Secretary to waive the state maintenance of effort; 4) use existing state high risk pool eligibility criteria; 5) use of age rating with a 4:1 band; 6) provide additional flexibility on types of plans offered; 7) include pre-emption language allowing states to operate the federal pool regardless of any conflict with state laws; and 8) make pools eligible to receive lower cost pharmaceuticals through the federal 340B Drug Discount Program.

NASCHIP does not directly address the inadequacy of funding provided by the federal Bills ($5 billion for the interim period), although it notes that CMS’s actuary has questioned the adequacy of the amount. The broader eligibility rules under the House version would exacerbate this problem.

Chairman Allenby asked for any additional comments. There were none.

The documents on health care reform can be found at:
http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_012110/Agenda_Item_4.pdf

STATE BUDGET UPDATE

Ms. Hon reviewed a document highlighting the Governor's budget proposals for MRMIB's programs.

The Governor's Budget proposes to reduce eligibility for the Healthy Families Program (HFP) from the current 250 percent of the federal poverty level (FPL) to 200 percent FPL, effective May 2010. This change will result in termination of eligibility of approximately 203,000 current subscribers. It will reduce state costs by $10.5 million in the current year (09-10) and $63.9 million in the budget year (10-11). The budget proposes to eliminate vision coverage for HFP and to increase monthly premiums for families with incomes above 150 percent FPL. Monthly premiums for families with incomes from 151 percent to 200 percent FPL would increase from $16 to $30 per child. The family maximum would increase from $48 to $90. The vision and premium changes would reduce state costs by $21.7 million in the budget year (10-11).

The HFP budget presumes that the state First 5 Commission will once again provide up to $81.4 million in the budget year to pay for health care service for HFP enrollees up to age of five. This is the same amount the Commission graciously provided in the current year. It also presumes enactment of state legislation that will make permanent the Medicaid managed care organization (MCO) tax established by AB 1422. Under AB 1422, the MCO tax sunsets as of December 31st of 2010. The budget assumes that HFP will receive up to $147 million for MRMIB for the current year (09-10). For the budget year (10-11) it assumes $50.5 million up through December 31, 2010 and an additional $41.5 million through June 30, 2011, for a total of $92 million in the budget year. MRMIB will use the $92 million and the 09-10 carryover of $45.28 million to fund the caseload of 2010 to 2011. The $92 million figure assumes that Medi-Cal continues to receive an enhanced FMAP from the federal government. If Medi-Cal's enhanced FMAP is discontinued as of December 31st of 2010, then MRMIB will receive only $84.2 million rather than the $92 million assumed.

Ms. Cummings noted that at prior meetings the Board has heard that CMS had expressed concerns about the legitimacy of the MCO tax and had previously indicated that the state would need to cease billing federal government for it in September. Since then, CMS has decided that it will not address the issue until it promulgates regulations, and that is not expected to be until the budget year plus one. Once CMS promulgates the regulations, the state will have the opportunity to comment on the regulations and explain why the tax a legitimate mechanism for drawing down federal funds.

Ms. Hon continued with her discussion of the HFP budget. The proposed budget continues the program changes made in current year (09-10) to reduce program expenses (premium and co-pay increases and dental coverage modifications). These were implemented on November 1st, 2009. Continuing them in the budget year results in estimated state savings of $22.5 million.

Ms. Hon went on to discuss the budget proposals for AIM and MRMIP. Due to an increase in Proposition 99 revenue, the budget fully funds anticipated caseload for AIM in the budget year. The budget assumes $36.9 million for MRMIP, the same level of funding it has in the current year.

The Governor has proposed a series of further reductions if California fails to reform the state's relationship with the federal government and obtain $6.9 billion in federal funding owed to California due to faulty reimbursement formulas and federal mandates. These are referred to as “trigger” reductions. Reductions that would impact MRMIB are:

- HFP would be eliminated effective July 1st of 2010, generating state savings of $126 million.
- Proposition 99 funding now budgeted for AIM and MRMIP would be redirected to Medi-Cal.
- Funding for AIM and MRMIP would thus be reduced significantly resulting in likely programs closures.

Ms. Cummings added that the Governor’s proposals reducing HFP eligibility to 200 percent, eliminating the vision benefit and increasing premiums for families with incomes between 151-200 percent FPL are proposed as part of a number of reductions advanced in a special session the Governor called.
Each requires enactment of trailer bill language for MRMIB to achieve savings in the timeframes contemplated in the budget. The Governor has requested that the Legislature enact trailer bill changes by March 1, 2010.

Ms. Cummings asked Thien Lam to review what activities need to occur to reduce program eligibility as of May 1, 2010 and implement the two other changes on July 1, 2010, as the budget plans.

Ms. Hon indicated that she had one more budget issue to present to the Board, the Governor’s proposals concerning the state workforce. These include a five percent increase in the amount of salary savings each department accrues, a reduction in employee salaries of five percent and an increase of five percent in the contribution employees make for retirement.

Chairman Allenby asked for any questions. There were none.

Ms. Lam addressed the timing of activities to implement the Governor's budget proposals. Staff need a lead time of three full months prior to the effective date of disenrollment to implement the reduction in eligibility to 200 percent. Legislation needs to be enacted in early March for the program to be ready to disenroll children as of May 1. During the month of February, staff will be working diligently with the administrative vendor to prepare notices to affected families that provide information about appeal rights, as well as notice of their ability to submit new income documentation to the program if they think their income may have dropped below 200 percent. These notices would be mailed in early March, after the needed statutory change was signed. In April, the administrative vendor would process all requests pertaining to appeals, as well as assess any new income documentation submitted. The vendor would also send out a final disenrollment notice in April to families whose incomes remain between 200 to 250 percent.

Chairman Allenby asked for any questions or comments. There were none.

Mr. Figueroa asked Ms. Lam to confirm that no notices would be mailed out to families unless statutory change was enacted. Ms. Lam replied that this was so.

Dr. Crowell asked staff to explain the funding transfers from AIM and MRMIP to Medi-Cal proposed under the "trigger" budget. Ms. Cummings replied that MRMIB staff is still trying to clarify the issue with the Administration. The intention is to pull out all the funding that is possible and end the programs. But both programs have tail costs and staff are discussing this issue with the Administration.

Chairman Allenby asked for any comments from the audience.

Lucinda Ward with Vision Service Plan (VSP) commented on the elimination of vision coverage from HFP. VSP covers 80 percent of the children in HFP, over 700,000 children. One in four children currently have a vision correction. Vision care is an integral part of children's learning; behavior and learning issues can occur when a vision problem is undiagnosed. Generally, about 14 percent of children get a comprehensive eye examine prior to entering kindergarten. With HFP, the number is higher. Many children don't know they can't see until they have a vision exam. Also many children are prediabetic or diabetic. In a vision exam, a doctor can discover signs of diabetic retinopathy, early signs of diabetes, early signs of hypertension, or early signs of high cholesterol, and refer a child to the health care plan for treatment. Ms. Ward noted that everybody on the Board wears glasses. She suggested Board members try to function without them for even an hour and then consider the implications for children who lose access to glasses. VSP suggests that the Board consider different ways of reducing costs, and will work with staff (as it has in the past) to develop ideas for reducing vision care costs without eliminating vision care.

Chairman Allenby asked if there were any additional comments.

Dr. Crowell indicated that she is very sympathetic to the concerns Ms. Ward expressed.

Mr. Figueroa expressed his understanding that the Board in and of itself does not have the authority to eliminate vision. Doing so takes enactment of legislation.

Ms. Rosenthal concurred. Ms. Ward commented that VSP also plans to be involved in the legislative discussion of the statutory change.

Ms. Cummings reminded the Board that, at its direction, staff has undertaken a review of benefits to assess whether there are other benefit changes the Board could make to reduce program costs. The project has been funded by the California HealthCare Foundation. She encouraged VSP to propose to staff any alternative ideas it may have.

Chairman Allenby asked if there were any other comments. There were none.

The budget document can be found at:
http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_012110/agenda_item_5_2010-11_Govs_Budget_Highlights.pdf

STATE LEGISLATION

Will Turner presented a summary of significant pending legislation.

Chairman Allenby asked for any questions or comments. There were none.

Mr. Turner indicated that there are no special session bills to report on to the Board.

Chairman Allenby asked for any comments. There were none.

The legislative summary can be found at:
http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_012110/Agenda_Item_6a_Legislative_Summary_regular_session.pdf

ADOPTION OF 2010 RULEMAKING CALENDAR

Chairman Allenby called for adoption of the 2010 Rulemaking Calendar. Specifically, he requested a motion to adopt the resolution included in Agenda Item 7.a approving the rulemaking calendar. A motion was made and seconded. Chairman Allenby called for any discussion. There was none. Chairman Allenby asked for a vote and the motion was approved unanimously.

The rule making calendar can be found at
http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_012110/Agenda_Item_7.pdf

HEALTHY FAMILIES PROGRAM (HFP) UPDATE

Enrollment and Single Point of Entry Reports

Ms. Lam reported that, as of the end of December, over 882,400 children were enrolled in HFP. There were over 31,400 new subscribers. She described certain demographic information from the enrollment report. The Single Point of Entry (SPE) processed over 23,800 applications, over 68 percent of which were forwarded to HFP.

Administrative Vendor Performance Reports

Ms. Lam reported that the administrative vendor continues to meet all of the 18 areas of performance, quality, and accuracy standards.

Chairman Allenby asked for any questions on the enrollment or administrative vendor reports.

Dr. Crowell asked whether the distribution of children whose families have incomes between 200 and 250 percent of FPL is consistent across the state. Ms. Lam replied that she would research the issue and report back at the next Board meeting.

Chairman Allenby asked for any additional questions from the Board. There were none. He asked for any comments from the audience. There were none.

The Enrollment Report can be found at:
http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_012110/Agenda_Item_8.a_HFP_Enrollment_Report.pdf

The Administrative Vendor Performance report can be found at:
http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_012110/Agenda_Item_8.b_HFP_Adm_Vendor_Perf_December_2009_Summary.pdf

Notice of HFP Advisory Panel Vacancies

Ms. Lam reported that the HFP Advisory Panel has five vacancies and staff is recruiting for persons to fill them. The five vacancies are in the following categories: business representative, representative for a nonprofit organization, a subscriber with a special-needs child, a licensed practicing pediatrician, and a substance abuse treatment provider.

Staff posted the vacancies information on the MRMIB Website. Individuals who are interested in the vacancies must turn in their resumé by February 15th. Panel members who are selected will begin their term in May. The term is for three-years.

The HFP Advisory Panel Recruitment Notice can be found at:
http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_012110/Agenda_Item_8.c_HFP_Advisory_Panel_Vacancies.pdf

Final Adoption of Regulations Addressing Legal Immigrant Eligibility Verification (ER-04-09)

Chairman Allenby noted that the issue before the Board is final adoption of Emergency Regulations Addressing Legal Immigrant Eligibility Verification. He stated that the motion would be to adopt the resolution included as Agenda Item 8.d.3, approving the final adoption of Regulation Package ER-04-09 concerning Legal Immigrant Eligibility Verification.

Ms. Lam summarized the regulations briefly. The Board previously reviewed and approved the emergency regulations at the July 30th board meeting. Staff prepared them to comply with federal CHIPRA requirements that require CHIP programs to reverify legal immigration status during a child's annual eligibility review. The public hearing on the regulations was held January 4th. Staff received two letters during the public hearing process, one from the 100 Percent Campaign and one from the California Medical Association. Generally, they both supported the regulations, but made a few specific comments. Staff has provided a summary of their comments as well as MRMIB's response identified as Agenda 8.d.1.

The language of the regulations being presented today is the same as that approved by the Board on July 30th. Staff requests that the Board adopt the regulations. Ms. Rosenthal clarified that the motion staff seeks is the one articulated by the chair at the beginning of the discussion. The resolution was moved and seconded.

Chairman Allenby asked for any comments from the audience. There were none. Chairman Allenby asked for a vote. The Board unanimously approved the resolution.

The regulations can be found at:
http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_012110/Agenda_Item_8d_HFP_Legal_Immigrant_Eligibility_Verfication.pdf

Update on Encounter and Claims Data Project

Muhammed Nawaz reported that the project to collect claims and encounter data from health plans began 2007, but was stalled in 2008 due to legal concerns that the collection of such data was inconsistent with the state's Confidentiality of Medical Information Act. The project was re-started after enactment of CHIPRA which gave MRMIB the legal authority to collect and analyze the data. Five health plans have volunteered to participate in a pilot testing phase and will be submitting test data to MAXIMUS, hopefully at the beginning of March. Staff has also begun work on development of an encounter and claims system for dental plans. MAXIMUS and MRMIB staff have scheduled a meeting with the dental plans to discuss the project on February 2. Two dental plans indicate that they are ready to submit their test data now. Staff's goal is for dental plans to begin reporting data at the end of the year. Staff will provide another update to the Board in April.

Ms. Cummings added that authority to collect the data was provided by the application of a Medicaid managed care provision to CHIP. This provision provided the authority to overcome the limitations of California privacy law. However, the authority begins July 2009 and does not apply to data prior to that date. As it takes claims and encounter data 18 months to become complete, MRMIB must obtain data prior to July 2009 if it is to have any meaningful data to analyze. Thus, staff wants to pursue legislation to provide that authority.

Chairman Allenby asked the Board for any comments or questions. There were none. He asked for any comments from the audience. There were none.

Update on Benefits Review

Shelley Rouillard provided an update on the project. The Board has requested a review of the benefits provided under HFP to ascertain options for potential costs savings. The California HealthCare Foundation (CHCF) has approved funding for a consultant to undertake this review. Staff has also been in touch with one of the program's actuaries who will do the actuarial analysis of the options. Staff's goal is to report project outcomes to the Board in March, with a final report by the end of April.

Chairman Allenby noted that continuing to look for ways to achieve program savings is a difficult, but necessary task. He asked the Board for any comments or questions. There were none. He asked for any comments from the audience. There were none.

Update on Dental Quality Improvement Project

Ms. Rouillard indicated that staff has requested funding for this project from CHCF and hope to hear back in a week or two.

Chairman Allenby expressed gratitude to CHCF noting that MRMIB would be in real trouble without its assistance.

Ms. Cummings added that in addition to funding some critical analytic work, CHCF, through the Center for Health Improvement, also makes available to state and legislative staff opportunities to attend conferences that would otherwise be unaffordable. Ernesto Sanchez is presently in Boston attending a conference courtesy of this sponsored funding. He is learning about the Boston Health Insurance Exchange.

CHIP Reauthorization Implementation

Ms. Cummings indicated that there was nothing new to report.

ACCESS FOR INFANTS AND MOTHERS (AIM) UPDATE

Enrollment Report/Administrative Vendor Performance Report

Kathy Dobrinen reported that in December there were 796 new AIM subscribers and a total of 6,736 subscribers enrolled. She provided demographic data on enrollees.

Chairman Allenby asked for any questions or comments. There were none.

Ms. Dobrinen moved on to Agenda Item 9.b and reported that the administrative vendor continues to meet all of the seven areas of performance in quality and accuracy standards.

Chairman Allenby asked for any questions or comments. There were none.

The Enrollment Report can be found at:
http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_012110/Agenda_Iterm_9.a_AIM_Enrollment_Report.pdf

The Performance Report can be found at:
http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_012110/Agenda_Iterm_9.b_AIM_Adm_Vendor_Perf_December_2009_Summary.pdf

MAJOR RISK MEDICAL INSURANCE PROGRAM (MRMIP) UPDATE

Enrollment Report

Anjonette Dillard reported that as of January 1st, 2010, enrollment in MRMIP is 6,830. This is below the enrollment cap of 7,100 but the program is still receiving responses to offers for February, so the enrollment numbers will go up. The cutoff for acceptance for February enrollment is this week.

The health plan enrollment shows that Blue Shield no longer has any enrollment as it is no longer a participating plan. During open enrollment, the few subscribers in Blue Shield were notified that they had to transfer to another plan. The vendor also phoned these subscribers to ensure they would make a successful transfer.

As of January 1st, 2010, there was no one on the wait list except 52 people waiting due to deferred enrollment.

The administrative vendor is conducting a survey of individuals who have been offered, but declined, MRMIP coverage. The purpose is to find out why coverage was declined. Staff anticipates presenting study results to the Board in March. Staff also has been reviewing the number of slots it offers to those on the waiting list given that there has been an increase in those declining. Staff will increase offers by an additional 25 percent to compensate for the higher declination rate.

The enrollment report can be found at:
http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_012110/Agenda_Item_10.a_MRMIP_Enrollment_Report.pdf

Update on Enrollment Cap and Waiting List

Ms. Dillard reported that as of this week no one is on the wait list except 54 people who have deferred enrollment.

Chairman Allenby asked for any questions or comments. There were none.

This report can be found at:
http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_012110/Agenda_Item_10.b_MRMIP_Enrollment_Cap_Waiting_List.pdf

Administrative Vendor Performance Report

Ms. Dillard reported that the administrative vendor had received 4,689 calls and that all performance standards were met.

Chairman Allenby asked for any questions or comments. There were none.

The performance report can be found at:
http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_012110/Agenda_Item_10.c_MRMIP_Adm_Vendor_Perf_for_December_2009.pdf

Chairman Allenby asked if there was anything else to bring before the Board. When no one brought any issue forward, he adjourned the meeting. Public session concluded at 12:09 p.m.