

Title 10. Investment

Chapter 5.6. Access for Infants and Mothers Program Article 2. Eligibility, Application, and Enrollment Sections 2699.200 and 2699.207

Text proposed to be added is displayed in underline type.
Text proposed to be deleted is displayed in ~~strikeout~~ type.

2699.200. Basis of Eligibility.

- (a) All eligibility requirements contained herein shall be applied without regard to race, creed, color, sexual orientation, health status, national origin, occupation, or occupational history of the individual applying for the program.
- (b) To be eligible for the program, an individual shall meet the requirements of either (1) or (2):
 - (1) Meet all of the following requirements:
 - (A) Be certified as pregnant by a staff person authorized by the Planned Parenthood Organization or a licensed or certified healthcare professional, including, but not limited to a medical doctor, doctor of osteopathy, registered nurse, physician's assistant, nurse midwife, vocational nurse, or medical assistant, and have a reasonable good faith belief that the pregnancy is not beyond the 30th week of gestation as of the application date; and
 - (B) Be a resident of the state of California; and
 - (C) 1. For eligibility that takes effect before January 1, 2014, have ~~Have~~ a monthly household income after income deductions that is above 200 percent of the federal poverty level but does not exceed 300 percent of the federal poverty level at the time of application; ~~and~~ or
2. For eligibility that takes effect on or after January 1, 2014, have a monthly household income, calculated in accordance with the requirements of Section 1397bb(b)(1)(B) of Title 42 of the United States Code as added by the federal Patient Protection and Affordable Care Act (Public Law 111-148), and as amended by the federal Health Care and

Education Reconciliation Act of 2010 (Public Law 111-152) and any subsequent amendments, that is above 200 percent of the federal poverty level but does not exceed 300 percent of the federal poverty level at the time of application.

- (D) Pay the first portion of the subscriber contribution, which shall be fifty dollars (\$50), and agree to the payment of the complete subscriber contribution; and
 - (E) Not be reimbursed by any health care provider or any state or local governmental entity for payment of the subscriber contribution and not have any health care provider or state or local governmental entity pay the subscriber contribution; and
 - (F) Not be a beneficiary of either no-cost Medi-Cal or Medicare Part A and Part B as of the application date; and
 - (G) Not be covered for maternity benefits in a private insurance arrangement as of the application date. A pregnant woman in a private insurance arrangement with a separate maternity only deductible or copayment greater than \$500 shall be deemed not covered for maternity benefits for purposes of determining eligibility.
- (2) Be an infant of less than two (2) years of age born to a program subscriber who was enrolled prior to July 1, 2004, and reside in California.

Note: Authority cited: Section 12696.05, Insurance Code. Reference: Sections 12696.05, 12698(b), 12698(c), 12698.05, 12698(c) and 12698.06, Insurance Code; and Maternal and Child Health Access, Petitioner, vs. Managed Risk Medical Insurance Board, et al, Respondents (Superior Court of the State of California, City and County of San Francisco, Case No. CPF-08-508296).

2699.207. Disenrollment.

- (a) A subscriber shall be disenrolled from the program and from the program's participating health plan when any of the following occur:
 - (1) The subscriber so requests in writing.
 - (2) The subscriber becomes ineligible because:

- (A) The subscriber fails to meet the residency requirement; or
 - (B) The subscriber has committed an act of fraud to circumvent the statutes or regulations of the program,
 - (C) The subscriber is no longer pregnant on her effective date of coverage. If notification to the program is received after the effective date, documentation by a licensed or certified healthcare professional must be submitted indicating the date of the miscarriage.
 - (D) More than 60 days have elapsed since the end of the pregnancy for which the subscriber enrolled in the program. Notwithstanding the previous sentence, beginning January 1, 2014, the program shall provide coverage through the last day of the month in which the 60th day following the end of the pregnancy occurs. As a condition of receiving the premium reduction described in Section 2699.400(a)(5), documentation by a licensed or certified healthcare professional must be submitted to the program indicating the date the pregnancy ended.
- (b) When a subscriber is disenrolled pursuant to subsection (a) of this section, the program shall notify the subscriber of the disenrollment. The notice shall be in writing and include the following information:
- (1) The reason for the disenrollment.
 - (2) The effective date of the disenrollment.
 - (3) An explanation of the appeals process.
- (c) Disenrollment pursuant to (a)(1), shall take effect at the end of the calendar month in which the request was received or at the end of a future calendar month as requested by the subscriber.
- (d) Disenrollment pursuant to (a)(2)(A), shall take effect as follows:
- 1. If the program provides notification to the subscriber on or before the 10th of the month, disenrollment shall take effect at the end of the calendar month.
 - 2. If the program provides notification to the subscriber after the 10th of the month, disenrollment shall take effect at the end of the following calendar month.

(e) Disenrollment pursuant to (a)(2)(B), shall take effect as follows:

1. If the program provides notification to the subscriber on or before the 10th of the month, disenrollment shall take effect at the end of the calendar month.
2. If the program provides notification to the subscriber after the 10th of the month, disenrollment shall take effect at the end of the following calendar month.

(f) Disenrollment pursuant to (a)(2)(C), shall take effect upon the date that would have been the effective date of coverage.

(g) Disenrollment pursuant to (a)(2)(D), shall take effect on the 61st day following the date the subscriber's pregnancy ended.

(h) Once a subscriber is disenrolled pursuant to Section 2699.207(a), the subscriber cannot be re-enrolled for the same pregnancy.

Note: Authority cited: Section 12696.05, Insurance Code. Reference: Sections 12696.05 and 12698, Insurance Code.

**TITLE 10, INVESTMENT, CALIFORNIA CODE OF REGULATIONS
CHAPTER 5.6 ACCESS FOR INFANTS AND MOTHER PROGRAM
ARTICLE 2. ELIGIBILITY, APPLICATION AND ENROLLMENT
AMEND SECTIONS 2699.200 AND 2699.207**

FINAL STATEMENT OF REASONS

LOCAL MANDATE DETERMINATION

The proposed regulations do not impose any mandate on local agencies or school districts.

SUMMARY AND RESPONSE TO COMMENTS RECEIVED DURING THE INITIAL NOTICE PERIOD

The originally proposed text was made available and open for comment for at least 45 days from January 31, 2014 to March 17, 2014. The Board did not receive any comments on the proposed text.

ALTERNATIVES THAT WOULD LESSEN ADVERSE ECONOMIC IMPACT ON SMALL BUSINESSES

No alternatives were proposed to the Board that would lessen any adverse economic impact on small business.

ALTERNATIVES DETERMINATION

The Managed Risk Medical Insurance Board has determined that no alternative would be more effective in carrying out the purpose for which the regulation is proposed, would be as effective and less burdensome to affected private persons than the proposed action, or would be more cost-effective to affected private persons and equally effective in implementing the statutory policy or other provision of law.

The regulation adopted by the Board is the only regulatory provision identified by the Board that addresses eligibility guidelines and criteria for the Access for Infants and Mothers Program, as well as implements the coverage period established by amendment of Insurance Code sec. 12698.30(a). No other alternatives have been proposed or otherwise brought to the Board's attention.

UPDATED INFORMATIVE DIGEST

There have been no changes in applicable laws or to the effect of the proposed regulations from the laws and effects described in the Notice of Proposed Regulatory Action.

**MANAGED RISK MEDICAL INSURANCE BOARD
RESOLUTION**

The Board hereby approves the final adoption of regulation changes for the Access for Infants and Mothers Program to implement statutory requirements concerning modified adjusted gross income and disenrollment at end of month, Regulation Package ER-3-13.

* * * * *

CERTIFICATION

I, John Ramey, Executive Director of the Managed Risk Medical Insurance Board, do hereby certify that the foregoing action was duly passed and adopted by the Managed Risk Medical Insurance Board at an official meeting thereof on April 23, 2014.

Dated this 24th day of April 2014.

John Ramey, Executive Director
Managed Risk Medical Insurance Board

