

NOTICE PUBLICATION/REGULATIONS SUBMISSION**CERT**

(See instructions on reverse)

For use by Secretary of State only

STD. 400 (REV. 01-2013)

OAL FILE NUMBERS:	NOTICE FILE NUMBER Z-2014-0204-06	REGULATORY ACTION NUMBER 2014-0522-01C	EMERGENCY NUMBER
For use by Office of Administrative Law (OAL) only		2014 MAY 22 PM 1:44	
NOTICE		REGULATIONS	
AGENCY WITH RULEMAKING AUTHORITY Managed Risk Medical Insurance Board			AGENCY FILE NUMBER (if any) ER-4-13

ENDORSED FILED
IN THE OFFICE OF

2014 JUN 19 PM 1:54

Debra Bowen
DEBRA BOWEN
SECRETARY OF STATE

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE	TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE <input type="checkbox"/> Notice re Proposed <input type="checkbox"/> Regulatory Action <input type="checkbox"/> Other	4. AGENCY CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)
OAL USE ONLY	ACTION ON PROPOSED NOTICE <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn	NOTICE REGISTER NUMBER 2014 72	PUBLICATION DATE 2/14/2014

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) Modify MRMIP Eligibility Standards	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S) 2013-1213-02 E
2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)	
SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)	ADOPT
	AMEND 2698.200
TITLE(S) 10	REPEAL
3. TYPE OF FILING	
<input type="checkbox"/> Regular Rulemaking (Gov. Code §11346)	<input checked="" type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute.
<input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4)	<input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h))
<input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))	<input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)
	<input type="checkbox"/> File & Print
	<input type="checkbox"/> Other (Specify) _____
	<input type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)
	<input type="checkbox"/> Print Only
4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1) n/a	
5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)	
<input type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))	<input checked="" type="checkbox"/> Effective on filing with Secretary of State
	<input type="checkbox"/> \$100 Changes Without Regulatory Effect
	<input type="checkbox"/> Effective other (Specify) _____
6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY	
<input checked="" type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660)	<input type="checkbox"/> Fair Political Practices Commission
<input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> State Fire Marshal
7. CONTACT PERSON Alissa Harris	TELEPHONE NUMBER (916) 324-0571
	FAX NUMBER (Optional) (916) 445-0898
	E-MAIL ADDRESS (Optional) aharris@mrmmb.ca.gov

8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE Original Signed	DATE 5/21/2014
TYPED NAME AND TITLE OF SIGNATORY John Ramey, Executive Director	

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

JUN 19 2014

Office of Administrative Law

Title 10. Investment

Chapter 5.5. Major Risk Medical Insurance Board

Article 2. Eligibility, Application, and Enrollment

Section 2698.200

2698.200. Basis of Eligibility.

- (a) All eligibility requirements contained herein shall be applied without regard to sex, 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 applicant shall meet the requirements of either (1) or (2):
 - (1) Meet all of the following requirements;
 - (A) Be a resident of the State of California; and
 - (B) Not be eligible for Part A and Part B of Medicare, except those applicants on Medicare solely because of end-stage renal disease; and
 - (C) Not be eligible to purchase any health insurance for continuation of benefits under the provisions of Health and Safety Code section 1366.20 et. seq., or under the provisions of Insurance Code section 10128.50 et. seq. or have exhausted any health insurance for continuation of benefits under the provisions of 29 US Code 1161 et. seq.; and
 - (D) Be unable to secure adequate private coverage. An individual shall be deemed unable to secure adequate private health coverage if the individual within the previous 12 months:
 - 1. Has been denied individual coverage; or
 - 2. Has been involuntarily terminated from health insurance coverage for reasons other than nonpayment of premium or fraud; or
 - 3. Has been offered an individual, not a group, health insurance premium rate in excess of the subscriber rate for the individual's first choice participating health plan.

- (E) Clauses 2 and 3 of subparagraph (D) shall not apply to applications received on and after January 1, 2014.
- (2) Be a dependent of an individual meeting the requirements of (b)(1) of this section.
- (c) To remain eligible a subscriber, enrolled dependent or dependent subscriber shall:
- (1) Remain a resident of the State of California; and
 - (2) Not become eligible for Part A and Part B of Medicare, except those applicants who become eligible for Medicare solely because of end-stage renal disease; and
 - (3) Not exceed a total of 36 consecutive months of enrollment from his/her respective start of coverage date in the program as required by section 2698.204(a)(7); and
 - (4) Make subscriber contribution payments as required by section 2698.403.

Note: Authority cited: Sections 12711 and 12712, Insurance Code. Reference: Sections 12711, 12725 and 12733, Insurance Code; and Sections 297, 299 and 299.2, Family Code.