

**State of California
Office of Administrative Law**

In re:
California Health Benefit Exchange

Regulatory Action:

Title 10, California Code of Regulations

Adopt sections:

Amend sections: 6902, 6903, 6904

Repeal sections:

**CORRECTED NOTICE OF APPROVAL OF
EMERGENCY REGULATORY ACTION**

**Government Code Sections 11346.1 and
11349.6**

OAL Matter Number: 2017-0913-02

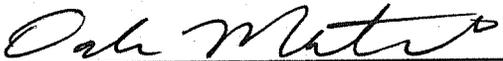
OAL Matter Type: Emergency Readopt (EE)

This emergency rulemaking action readopts and amends emergency regulations regarding Medi-Cal Managed Care Plans and Certified Medi-Cal Managed Care Plan Enrollers. The amendments make the application processes to become a Certified Medi-Cal Managed Care Plan and to become a Certified Medi-Cal Managed Care Plan Enroller more efficient by eliminating application information which the California Health Benefit Exchange has determined to be unnecessary. In addition, the action adds a new subdivision which precludes applicants who fail the criminal and background check process from reapplying for two years.

OAL approves this emergency regulatory action pursuant to sections 11346.1 and 11349.6 of the Government Code.

This emergency regulatory action is effective on 9/20/2017 and will expire on 4/28/2020. The Certificate of Compliance for this action is due no later than 4/27/2020.

Date: September 21, 2017


Dale P. Mentink
Senior Attorney

For: Debra M. Cornez
Director

Original: Peter Lee
Copy: Brian Kearns

NOTICE PUBLICATION/REGULATIONS SUBMISSION

EMERGENCY

(See instructions on reverse)

For use by Secretary of State only

STD. 400 (REV. 01-2013)

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-	REGULATORY ACTION NUMBER 2017-0913-02E	EMERGENCY NUMBER 2017-0913-02E
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ENDORSED - FILED
in the office of the Secretary of State
of the State of California

SEP 20 2017
1:45 P.M.

For use by Office of Administrative Law (OAL) only

2017 SEP 13 P 1:54
OFFICE OF ADMINISTRATIVE LAW

NOTICE

REGULATIONS

AGENCY WITH RULEMAKING AUTHORITY
California Health Benefit Exchange

AGENCY FILE NUMBER (if any)

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	PUBLICATION DATE

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) Medi-Cal Managed Care Plan Enrollment Assistance	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S) 2015-0417-02E
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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 6902, 6903, 6904	<i>DM per agency request 9/19/17</i>
	AMEND 6902, 6903, 6904	
	REPEAL	
TITLE(S) 10		

3. TYPE OF FILING

<input type="checkbox"/> Regular Rulemaking (Gov. Code §11346)	<input 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 checked="" type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h))	<input type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)
<input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §11349.3, 11349.4)	<input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	<input type="checkbox"/> File & Print	<input type="checkbox"/> Print Only
<input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))		<input type="checkbox"/> Other (Specify) _____	

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)

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(e))	<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) _____
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6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY

<input type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660)	<input type="checkbox"/> Fair Political Practices Commission	<input type="checkbox"/> State Fire Marshal
<input type="checkbox"/> Other (Specify) _____		

7. CONTACT PERSON Brian Kearns	TELEPHONE NUMBER (916) 228-8843	FAX NUMBER (Optional)	E-MAIL ADDRESS (Optional) brian.kearns@covered.ca.gov
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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 	DATE 9/11/17
TYPED NAME AND TITLE OF SIGNATORY Peter V. Lee, Executive Director	

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

SEP 20 2017

Office of Administrative Law

California Code of Regulations

Title 10. Investment

Chapter 12. California Health Benefit Exchange

Article 12. Medi-Cal Managed Care Plan Enrollment Assistance

§ 6902. Application.

[(a)(1)-(5): No change]

(b) A Certified Medi-Cal Managed Care Plan application shall contain the following information:

- (1) Full name;
- (2) Legal name;
- (3) Primary e-mail address;
- (4) Primary phone number;
- (5) Secondary phone number;
- ~~(6) Fax number;~~
- ~~(7) An indication of whether the entity prefers to communicate via e-mail, phone, fax, or mail;~~
- ~~(8) Website address;~~
- ~~(6)(9) Federal Employment Identification Number;~~
- ~~(7)(10) State Tax Identification Number;~~
- ~~(8)(11) Identification of applicant's status as a Medi-Cal Managed Care Plan and a copy of supporting documentation;~~
- ~~(9)(12) Identification of the type of organization and, if applicable, a copy of the license or other certification;~~
- ~~(13) Identification of the counties served;~~
- ~~(10)(14) A certification that the applicant and all of its employees who will be acting pursuant to this Article comply with 6907;~~
- ~~(11) (15) An attestation that the entity will serve families of mixed immigration status An indication whether the entity serves families of mixed immigration status;~~

~~(12)~~ ~~(16)~~ An attestation that the entity will serve individuals with disabilities ~~An indication of whether the entity serves individuals with disabilities and, if so, the disability(ies) served:~~

~~(13)~~~~(17)~~ For the primary site and each sub-site, the following information:

- (A) Site Location Address;
- (B) Mailing Address;
- (C) County;
- (D) Primary Contact name;
- (E) Primary e-mail address;
- (F) Primary phone number;
- (G) Secondary phone number; and
- (H) Hours of operation; ;
- ~~(I) Estimated number of individuals served annually;~~
- ~~(J) Spoken languages;~~
- ~~(K) Written languages;~~
- ~~(L) An indication of whether the entity or individual offers services in sign language;~~
- ~~(M) Ethnicities served; and~~
- ~~(N) Estimated number of individuals served by age.~~

~~(14)~~~~(18)~~ A certification by the Authorized Contact that the information presented is true and correct to the best of the signer's knowledge;

~~(15)~~ ~~(19)~~ For each Enroller to be affiliated with the applicant; ;

- (A) All information required by section 6903 that is not already included elsewhere in the application required by this section; and
- (B) An indication of whether he or she is certified by the Exchange and, if applicable, the certification number.

Note: Authority cited: Sections 100502 and 100504, Government Code. Reference: Sections 100502 and 100503, Government Code.

§ 6903. Certified Medi-Cal Managed Care Plan Enroller Application

[(a)(1)-(2): No change]

(b) An individual's application to become a Certified Medi-Cal Managed Care Plan Enroller shall contain the following information:

(1) Name, e-mail address, primary and secondary phone number, ~~and preferred method of communication;~~

[(b)(2): No change]

~~(3) Identification of the Certified Medi-Cal Managed Care Plan that the individual will affiliate with;~~

~~(4) Affiliated Certified Medi-Cal Managed Care Plan's primary site location address;~~

~~(5) Site(s) to be served by the individual;~~

~~(6) Mailing Address of the primary site for the Certified Medi-Cal Managed Care Plan;~~

~~(3) (7) An indication of the Languages that the Certified Medi-Cal Managed Care Plan Enroller can speak;~~

~~(4) (8) An indication of the Languages that the Certified Medi-Cal Managed Care Plan Enroller can write;~~

~~(5)(9) Disclosure of all criminal convictions and administrative actions taken against the individual;~~

~~(6)(10) A certification by the individual that:~~

~~(A) The individual complies with the agreement required by section 6903(a)(1)(A)2. as well as all requirements as set forth in this Article, including but not limited to Section 6907;~~

~~(B) The individual is a natural person of not less than 18 years of age; and~~

~~(C) The statements made in the application are true, correct, and complete to the best of his or her knowledge and belief;~~

~~(D) The individual will abide by all applicable privacy and security requirements, including but not limited to those set forth in the agreement between the Medi-Cal Managed Care Plan and the Exchange; and~~

~~(E) The individual will adhere to all applicable State and Federal laws and regulations.~~

~~(7)(11) For the individual applying to become a Certified Medi-Cal Managed Care Plan Enroller, signature and date signed; and~~

~~(8) (12) For the Authorized Contact from the Certified Medi-Cal Managed Care Plan that the individual will be affiliated with, name, signature, and date signed.~~

[(c): No change]

Note: Authority cited: Sections 100502 and 100504, Government Code. Reference: Sections 100502 and 100503, Government Code.

§ 6904. Fingerprinting and Criminal Record Checks

[(a)-(b): No change]

(c) Following the receipt of a final determination pursuant to section 6658(c) that an individual is disqualified from certification, the individual shall not reapply for certification for two years.

Note: Authority cited: Sections 1043 and 100504, Government Code. Reference: Section 100502, Government Code; and Section 11105, Penal Code.