

**State of California
Office of Administrative Law**

In re:
California Health Benefit Exchange

Regulatory Action:

Title 10, California Code of Regulations

Adopt sections: 6900, 6901, 6902, 6903,
6904, 6905, 6906, 6907,
6908

Amend sections:

Repeal sections:

**NOTICE OF APPROVAL OF CERTIFICATE OF
COMPLIANCE**

**Government Code Sections 11349.1 and
11349.6(d)**

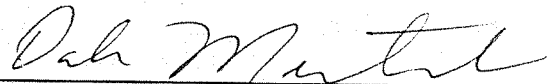
OAL Matter Number: 2020-0205-01

**OAL Matter Type: Certificate of Compliance
(C)**

This rulemaking action makes permanent the emergency regulations regarding the application processes to become a Certified Medi-Cal Managed Care Plan, or a Certified Medi-Cal Managed Care Plan Enroller, for purposes of providing health plan enrollment assistance to individuals and regarding fingerprinting and criminal record checks of applicants. The action also adopts regulations concerning training requirements, roles and responsibilities, conflicts of interest for certified plans and certified enrollers, and necessary definitions, as well as provisions governing the suspension and revocation of certification of plans and enrollers.

OAL approves this regulatory action pursuant to section 11349.6(d) of the Government Code.

Date: March 12, 2020



**Dale P. Mentink
Senior Attorney**

For: Kenneth J. Pogue
Director

Original: Peter Lee, Executive Director
Copy: Faviola Ramirez-Adams

NOTICE PUBLICATION/REGULATIONS

CERT

(See instructions on reverse)

For use by Secretary of State only

STD. 400 (REV. 01-2013)

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-2019-0827-09	REGULATORY SECTION NUMBER 2020-0205-01C	EMERGENCY NUMBER
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ENDORSED - FILED
In the office of the Secretary of State
of the State of California

MAR 12 2020

1:35 PM

For use by Office of Administrative Law (OAL) only

2020 FEB -5 A 11:45

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 Medi-Cal Managed Care Plan Enrollment Assistance		TITLE(S) 10	FIRST SECTION AFFECTED 6900	2. REQUESTED PUBLICATION DATE 9/6/19
3. NOTICE TYPE <input checked="" type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other		4. AGENCY CONTACT PERSON Faviola Adams	TELEPHONE NUMBER 916-228-8668	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 201936-2	PUBLICATION DATE 9/6/2019

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) 2017-0913-02 EE
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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 Regular Rulemaking: 6900, 6901, 6905, 6906, 6907, 6908 / Cert. of Compliance: 6902, 6903, 6904
TITLE(S) 10	AMEND
	REPEAL

3. TYPE OF FILING

<input checked="" 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 §511346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute.	<input 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 §511349.3, 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(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) _____
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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"/> State Fire Marshal
<input type="checkbox"/> Other (Specify) _____		

7. CONTACT PERSON Faviola Adams	TELEPHONE NUMBER (916) 228-8668	FAX NUMBER (Optional)	E-MAIL ADDRESS (Optional) faviola.ramirezadams@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 2/3/20
TYPE, NAME AND TITLE OF SIGNATORY Peter V. Lee, Executive Director	

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

MAR 12 2020

Office of Administrative Law

Title 10. Investment

Chapter 12. California Health Benefit Exchange

Article 12. Medi-Cal Managed Care Plan Enrollment Assistance

§ 6900. Definitions.

(a) For purposes of this Article, the following terms shall have the following associated meanings:

(1) Authorized Contact: The individual appointed by the Certified Medi-Cal Managed Care Plan entity to manage the agreement executed with the Exchange pursuant to this Article.

(2) Certified Medi-Cal Managed Care Plan: a Medi-Cal Managed Care Plan who has been certified pursuant to this Article.

(3) Certified Medi-Cal Managed Care Plan Enroller or Enroller: An individual that is an employee or contractor of a Certified Medi-Cal Managed Care Plan who provides enrollment assistance pursuant to this Article.

(4) Consumer Assistance: The programs and activities created under 45 C.F.R. § 155.205(d) (December 22, 2016), hereby incorporated by reference, to provide enrollment assistance to consumers.

(5) Medi-Cal Managed Care Plan: An entity contracting with the Department of Health Care Services (DHCS) to provide health care services to enrolled Medi-Cal beneficiaries under Chapter 7, commencing with section 14000, or Chapter 8, commencing with section 14200, of Division 9, Part 3, of the Welfare and Institutions Code.

(6) Primary Contact: The individual appointed by the Certified Medi-Cal Managed

Care Plan to be the liaison with the Exchange.

Note: Authority cited: Sections 100502 and 100504, Government Code. Reference:
Sections 100502 and 100503, Government Code; 45 C.F.R Section 155.205.

§ 6901. Eligibility.

(a) All California Medi-Cal Managed Care Plans as defined in section 6900 are eligible to apply to become a Certified Medi-Cal Managed Care Plan with the Exchange.

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

§ 6902. Application.

(a) A Medi-Cal Managed Care Plan may apply to register as a Certified Medi-Cal Managed Care Plan according to the following process:

(1) The entity shall submit an application containing all information, documentation, and declarations required in subdivision (b) of this section.

(2) The application shall demonstrate that the entity is capable of carrying out at least those duties described in section 6906 and has existing relationships, or could readily establish relationships, with employers and employees, consumers (including uninsured and underinsured consumers), or self-employed individuals likely to be eligible for enrollment in a Qualified Health Plan (QHP) or an insurance affordability program.

(3) The Exchange shall review the application and, if applicable, request any additional or missing information necessary to determine eligibility.

(4) Entities who have submitted a completed application and demonstrated ability to meet the above requirements shall:

(A) Submit the following:

1. An executed agreement conforming to the Roles and Responsibilities defined in section 6906; and

2. Proof of general liability insurance with coverage of not less than \$1,000,000 per occurrence with the Exchange named as an additional insured, and workers' compensation insurance.

(5) Entities who are eligible based on their completed application and whose designee completes and passes the training requirements established pursuant to

section 6905 shall be registered as a Certified Medi-Cal Managed Care Plan by the Exchange and assigned a Certified Medi-Cal Managed Care Plan Number. If the designee fails to complete the training requirements set forth in section 6905 within 30 calendar days of completing the requirements in (a)(4)(A) of this section, the applicant shall be deregistered.

(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) Federal Employment Identification Number;
- (7) State Tax Identification Number;
- (8) Identification of applicant's status as a Medi-Cal Managed Care Plan and a copy of supporting documentation;
- (9) Identification of the type of organization and, if applicable, a copy of the license or other certification;
- (10) A certification that the applicant and all of its employees who will be acting pursuant to this Article comply with section 6907;
- (11) An attestation that the entity will serve families of mixed immigration status;
- (12) An attestation that the entity will serve individuals with disabilities.
- (13) 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.

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

(15) 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) An individual may become a Certified Medi-Cal Managed Care Plan Enroller according to the following process:

(1) The individual shall:

(A) Submit the following:

1. All information, documentation, and declarations required in subdivision (b) of this section; and

2. An executed agreement conforming to the Roles and Responsibilities defined in section 6906.

(B) Within 90 calendar days of completing the requirements in (a)(1)(A) of this section:

1. Submit fingerprinting images in accordance with section 6904 (a);

2. Disclose to the Exchange all criminal convictions and administrative actions taken against the applicant;

3. Complete the required training established in section 6905; and

4. Pass the required certification exam pursuant to section 6660(d) of Article 8.

(2) Individuals who complete the above requirements and pass the Certified Medi-Cal Managed Care Plan Enroller Fingerprinting and Criminal Record Check described in section 6904 shall be certified as a Certified Medi-Cal Managed Care Plan Enroller by the Exchange.

(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;

(2) Driver's License Number or Identification Number issued by the California Department of Motor Vehicles. If neither is available, the applicant may provide any other unique identifier found on an identification card issued by a federal, state, or local government agency or entity;

(3) Languages that the Certified Medi-Cal Managed Care Plan Enroller can speak;

(4) Languages that the Certified Medi-Cal Managed Care Plan Enroller can write;

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

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

(8) 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) A Certified Medi-Cal Managed Care Plan shall notify the Exchange of every individual to be added or removed as an affiliated Certified Medi-Cal Managed Care Plan Enroller. Such notification shall include:

(1) Name of the Certified Medi-Cal Managed Care Plan and the Certified Medi-Cal Managed Care Plan Number;

(2) Name and signature of the Authorized Contact from the Certified Medi-Cal Managed Care Plan;

(3) Name, e-mail, and primary phone number of the individual to be added or removed;

(4) Effective date for the addition or removal of the individual; and

(5) An indication of whether the individual is certified as a Certified Medi-Cal Managed Care Plan Enroller.

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

Reference: Sections 100502 and 100503, Government Code.

§ 6904. Fingerprinting and Criminal Record Checks.

(a) Subdivisions 6658 (a)-(c) of Article 8 apply to individuals seeking certification pursuant to this Article.

(b) Background check costs for individuals seeking certification under this Article shall be paid by the Certified Medi-Cal Managed Care Plan.

(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.

§ 6905. Training Requirements.

(a) All individuals who carry out functions pursuant to this Article shall complete training as outlined in section 6660 of Article 8.

(b) Certified Medi-Cal Managed Care Plans shall ensure that any affiliated Certified Medi-Cal Managed Care Plan Enrollers do not perform any consumer assistance functions if more than twelve months have passed since the Medi-Cal Managed Care Plan Enroller passed the certification exam in section 6660(d) of Article 8.

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

§ 6906. Roles & Responsibilities.

(a) Certified Medi-Cal Managed Care Plans and Certified Medi-Cal Managed Care Plan Enrollers shall perform the following functions:

(1) Maintain expertise in eligibility, enrollment, and Exchange program specifications;

(2) Provide information and services in a fair, accurate, and impartial manner, which includes: providing information that assists consumers with submitting the eligibility application; clarifying the distinctions among health coverage options, including QHPs; and helping consumers make informed decisions during the health coverage selection process. Such information must acknowledge the existence of other health programs (i.e., Medi-Cal and Children's Health Insurance Programs);

(3) Facilitate selection of a QHP and/or insurance affordability programs;

(4) Provide referrals to any applicable office of health insurance Consumer Assistance or health insurance ombudsman established under section 2793 of the Public Health Service Act, 42 U.S.C. § 300gg-93, or any other appropriate State agency or agencies, for any enrollee with a grievance, complaint, or question regarding their health plan, coverage, or a determination under such plan or coverage;

(5) Comply with the privacy and security requirements in 45 C.F.R. § 155.260 (September 6, 2016), hereby incorporated by reference;

(6) Ensure that voter registration assistance is available in compliance with section 6462 of Article 4 of this Chapter; and

(7) Comply with any applicable federal or state laws and regulations.