

AMENDED IN SENATE AUGUST 30, 2011

AMENDED IN SENATE JULY 13, 2011

AMENDED IN SENATE JUNE 28, 2011

AMENDED IN ASSEMBLY MAY 27, 2011

AMENDED IN ASSEMBLY MAY 10, 2011

AMENDED IN ASSEMBLY APRIL 25, 2011

CALIFORNIA LEGISLATURE—2011–12 REGULAR SESSION

ASSEMBLY BILL

No. 1296

Introduced by Assembly Member Bonilla

February 18, 2011

An act to add Part 3.8 (commencing with Section 15925) to Division 9 of the Welfare and Institutions Code, relating to public health.

LEGISLATIVE COUNSEL'S DIGEST

AB 1296, as amended, Bonilla. Health Care Eligibility, Enrollment, and Retention Act.

Existing law provides for various programs to provide health care coverage to persons with limited financial resources, including the Medi-Cal program and the Healthy Families Program. Existing law provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. Existing law, the federal Patient Protection and Affordable Care Act (PPACA), requires each state to, by January 1, 2014, establish an American Health Benefit Exchange that facilitates the purchase of qualified health plans by qualified individuals and qualified small employers, as specified, and meets certain other requirements. Existing law, the California Patient

Protection and Affordable Care Act, creates the California Health Benefit Exchange (Exchange), specifies the powers and duties of the board governing the Exchange relative to determining eligibility for enrollment in the Exchange and arranging for coverage under qualified health plans, and requires the board to facilitate the purchase of qualified health plans through the Exchange by qualified individuals and qualified small employers by January 1, 2014.

This bill would enact the Health Care *Reform* Eligibility, Enrollment, and Retention *Planning* Act, which would require the California Health and Human Services Agency, in consultation with specified entities, to establish standardized single, accessible application forms and related renewal procedures for ~~Medi-Cal, the Healthy Families Program, and the Exchange~~ *state health subsidy programs, as defined*, in accordance with specified requirements. The bill would specify the duties of the agency and the State Department of Health Care Services under the act, and would require the agency to provide specified information to the Legislature by ~~April~~ *July* 1, 2012, regarding policy changes needed to implement the bill. The *application development requirements of the* bill would otherwise be operative January 1, 2014, except as specified.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. Part 3.8 (commencing with Section 15925) is
2 added to Division 9 of the Welfare and Institutions Code, to read:

3

4 PART 3.8. HEALTH CARE *REFORM* ELIGIBILITY,
5 ENROLLMENT, AND RETENTION *PLANNING* ACT

6

7 15925. (a) This part shall be known, and may be cited, as the
8 Health Care *Reform* Eligibility, Enrollment, and Retention
9 *Planning* Act.

10 (b) (1) ~~By January 1, 2012, the~~ *The* California Health and
11 Human Services Agency, in consultation with the State Department
12 of Health Care Services (department), Managed Risk Medical
13 Insurance Board (MRMIB), the California Health Benefit Exchange
14 (Exchange), *the California Office of Systems Integration*, counties,
15 health care service plans, consumer ~~advocates, and other~~
16 stakeholders shall have undertaken a planning process to develop

1 ~~plans and procedures to implement this part~~ *advocates, and other*
2 *stakeholders shall undertake a planning and development process*
3 *to implement this part and aspects of the federal Patient Protection*
4 *and Affordable Care Act (PPACA) (Public Law 111-148), as*
5 *amended by the federal Health Care and Education Reconciliation*
6 *Act of 2010 (Public Law 111-152), and regulations or guidance*
7 *issued pursuant to these acts, related to eligibility for, and*
8 *enrollment and retention in, public health coverage programs.*

9 *(2) The planning and development process shall provide*
10 *stakeholders the opportunity to provide meaningful input into the*
11 *planning and development of the aspects of eligibility, enrollment,*
12 *and retention identified in this section. This process shall be*
13 *completed in time for all of the following to occur:*

14 *(A) The certification and approval of the eligibility, enrollment,*
15 *and retention system, as required by PPACA and regulations and*
16 *guidance issued thereunder.*

17 *(B) The approval of enhanced federal funding for Medi-Cal*
18 *eligibility system development, implementation, and maintenance.*

19 *(C) The readiness of the eligibility, enrollment, and retention*
20 *processes to accept and process applications, as required by*
21 *October 2013.*

22 *(3) The planning and development process shall consider issues,*
23 *including, but not limited to, all of the following:*

24 *(A) Whether to use the application developed by the federal*
25 *Secretary of Health and Human Services, pursuant to Section 1413*
26 *of the PPACA (42 U.S.C. Sec. 18083), or whether to develop a*
27 *separate state form.*

28 *(B) What process to use for Medi-Cal eligibility determinations*
29 *for non-Modified Adjusted Gross Income (MAGI) populations,*
30 *including whether to develop a supplemental application form and*
31 *how the applications will be processed.*

32 *(C) Whether to adopt a process for hospitals to enroll infants*
33 *deemed eligible for Medi-Cal under Section 1396a(e)(4) of Title*
34 *42 of the United States Code or the Healthy Families Program*
35 *under Section 12693.70 of the Insurance Code immediately online,*
36 *without an application.*

37 *(D) What data collection standards to utilize for the collection*
38 *of race, ethnicity, primary language, and disability status.*

39 *(E) Whether to create a process to allow recipients to provide*
40 *an update to eligibility information in between renewal dates and*

1 to have the option to renew eligibility at the time of the update,
2 resetting the renewal date.

3 (F) Protections for the confidentiality of personal information.

4 (G) What process to use to enable applicants determined eligible
5 for and recipients of a public health coverage program to choose
6 a health plan, if applicable.

7 ~~(2)~~

8 (4) The agency shall provide the appropriate fiscal and policy
9 committees of the Legislature with information reflecting the
10 process conducted pursuant to paragraph (1) by ~~April~~ July 1, 2012,
11 regarding policy and statutory changes needed to develop and
12 implement the eligibility, enrollment, and retention system for
13 health coverage in compliance with this part.

14 ~~(e) The requirement for submitting a report imposed under~~
15 ~~(c) The information reporting requirement imposed under~~
16 ~~paragraph (4) of subdivision (b) is inoperative on January 1, 2016,~~
17 ~~pursuant to Section 10231.5 of the Government Code.~~

18 15926. (a) The following definitions apply for purposes of
19 this part:

20 (1) “Accessible” means in compliance with ~~the requirements~~
21 ~~of state and federal accessibility laws, including Sections 504 and~~
22 ~~508 of the federal Rehabilitation Act of 1973, as amended (29~~
23 ~~U.S.C. Sees. 794 and 794d), the federal Americans with Disabilities~~
24 ~~Act of 1990 (42 U.S.C. 12101 et seq.), Title VI of the Civil Rights~~
25 ~~Act of 1964, Section 1557 of the PPACA (42 U.S.C. Sec. 18116),~~
26 ~~and Section 11135 of the Government Code. Section 11135 of the~~
27 ~~Government Code, Section 1557 of the PPACA, and regulations~~
28 ~~or guidance adopted pursuant to these statutes.~~

29 (2) “Limited-English-proficient” means speaking English less
30 than very well.

31 ~~(3) “Medi-Cal” includes all Medi-Cal programs, both full scope~~
32 ~~and limited scope benefits, and includes Medi-Cal with a~~
33 ~~share-of-cost.~~

34 ~~(4) “Public health coverage programs” means Medi-Cal, the~~
35 ~~Healthy Families Program, the Exchange program of premium tax~~
36 ~~credits, or reduced-cost sharing, or both, the Access for Infants~~
37 ~~and Mothers Program (AIM), and, if enacted, the Basic Health~~
38 ~~Program, as set forth in SB 703 of the 2011–12 Regular Session.~~

1 ~~(5) “Real-time determination of eligibility” means a final~~
2 ~~determination of eligibility made at the time the application or~~
3 ~~retention information is submitted online.~~

4 ~~(3) “State health subsidy programs” means the programs~~
5 ~~described in Section 1413(e) of PPACA.~~

6 ~~(b) An individual shall have the option to apply for public health~~
7 ~~coverage state health subsidy programs in person, by mail, online,~~
8 ~~by facsimile, or by telephone.~~

9 ~~(c) (1) A single, accessible, standardized paper, electronic, and~~
10 ~~telephone application for public health coverage state health~~
11 ~~subsidy programs shall be developed by the department in~~
12 ~~consultation with MRMIB and the board governing the Exchange~~
13 ~~and as part of the stakeholder process described in subdivision~~
14 ~~(b) of Section 15925. The application shall be used by all entities~~
15 ~~authorized to make an eligibility determination for any of the public~~
16 ~~health coverage state health subsidy programs and by their agents.~~
17 ~~The department shall consult with counties and stakeholders,~~
18 ~~including consumer advocates, regarding whether to use the~~
19 ~~application developed by the federal Secretary of Health and~~
20 ~~Human Services, pursuant to Section 1413 of the PPACA (42~~
21 ~~U.S.C. Sec. 18083), or whether to develop a separate state form.~~
22 ~~If developing a state form, the department shall consult with~~
23 ~~stakeholders in development of the application. The application~~
24 ~~shall be tested and operational by July 1, 2013. The application~~
25 ~~forms shall satisfy all of the following criteria:~~

26 ~~(1) Include simple, user-friendly language and instructions.~~

27 ~~(2) Be readily available in alternative formats and translations~~
28 ~~including, but not limited to, braille, large font print, compact disc,~~
29 ~~audio recording, and threshold languages. For purposes of this~~
30 ~~part, “threshold languages” means languages spoken by at least~~
31 ~~20,000 or more limited-English-proficient health care consumers~~
32 ~~in California.~~

33 ~~(3) Require only that information that is necessary to determine~~
34 ~~eligibility for the applicant’s particular circumstances.~~

35 ~~(4) May be used for screening, but shall not be limited to~~
36 ~~screening. The application shall be an application for public health~~
37 ~~coverage programs at all stages of submittal, receipt, or acceptance~~
38 ~~at any location authorized to receive or accept an application for~~
39 ~~any of the public health coverage programs.~~

1 ~~(5) Include questions that are voluntary for applicants to answer,~~
 2 ~~regarding demographic data categories, including race, ethnicity,~~
 3 ~~sex, primary language, disability status, and other categories~~
 4 ~~recognized by the federal Secretary of Health and Human Services~~
 5 ~~under Section 4302 of the PPACA. For race, ethnicity, and primary~~
 6 ~~language, the state shall incorporate data collection standards~~
 7 ~~recommended by the Institute of Medicine. For disability, data~~
 8 ~~collection shall include information relating to functional~~
 9 ~~limitations and impairments, such as those incorporated into the~~
 10 ~~federal American Community Survey, to collect data on disability~~
 11 ~~status.~~

12 ~~(d) All locations of any kind where applications for any of the~~
 13 ~~public health coverage programs are received or accepted, including~~
 14 ~~physical and telephone locations and Internet Web portals or other~~
 15 ~~electronic systems, shall treat the applications described in~~
 16 ~~subdivision (e) as an application for all of the public health~~
 17 ~~coverage programs. The entity making the eligibility determination~~
 18 ~~shall enroll the applicant in the public health coverage program~~
 19 ~~for which the applicant is eligible. If an application is forwarded~~
 20 ~~or transferred between or among entities for processing, this~~
 21 ~~process shall not require the applicant to submit any new~~
 22 ~~information that is not necessary to determine her or his eligibility.~~
 23 ~~The applicant shall be informed at the time of application how to~~
 24 ~~obtain information about the status of his or her application at any~~
 25 ~~time and the information shall be promptly provided when~~
 26 ~~requested.~~

27 ~~(e) The application form described in subdivision (e) shall be~~
 28 ~~designed to identify infants under the age of one year who are~~
 29 ~~deemed eligible at birth without an application to Medi-Cal under~~
 30 ~~Section 1396a(e)(4) of Title 42 of the United States Code or to the~~
 31 ~~Healthy Families Program under Section 12693.70 of the Insurance~~
 32 ~~Code. An infant who is deemed eligible shall be enrolled upon~~
 33 ~~identification, and the infant's family shall not be required to~~
 34 ~~complete the application process.~~

35 ~~(2) The application shall be tested and operational by the date~~
 36 ~~as required or permitted by the federal Secretary of the Health~~
 37 ~~and Human Services.~~

38 ~~(3) The application forms shall, to the extent not inconsistent~~
 39 ~~with federal statutes, regulations, and guidance, satisfy all of the~~
 40 ~~following criteria:~~

- 1 (A) *Include simple, user-friendly language and instructions.*
2 (B) *Do not ask for information related to a nonapplicant that*
3 *is not necessary to determine eligibility in the applicant's*
4 *particular circumstances.*
5 (C) *Require only information necessary to support the eligibility*
6 *and enrollment processes for state health subsidy programs.*
7 (D) *May be used for, but shall not be limited to, screening.*
8 (E) *Ask if the mother of an infant applicant under one year of*
9 *age had coverage through a state health subsidy program for the*
10 *infant's birth, for the purpose of automatically enrolling the infant*
11 *into the applicable program without the family having to complete*
12 *the application process for the infant.*
13 (F) *Include questions that are voluntary for applicants to answer*
14 *regarding demographic data categories, including race, ethnicity,*
15 *primary language, disability status, and other categories*
16 *recognized by the federal Secretary of Health and Human Services*
17 *under Section 4302 of the PPACA.*
18 (f)
19 (d) *Nothing in this section shall preclude the use of a*
20 *provider-based application form or enrollment procedures for*
21 *public health coverage programs or other health programs that*
22 *differs from the application form described in subdivision (c), and*
23 *related enrollment procedures, to comply with, at a minimum, any*
24 *of the following:*
25 ~~(1) The form and procedures used by the Child Health and~~
26 ~~Disability Prevention Program (CHDP) Gateway under Section~~
27 ~~14011.7 of the Welfare and Institutions Code and by Medi-Cal's~~
28 ~~presumptive eligibility program for pregnant women under Section~~
29 ~~14148.7 of the Welfare and Institutions Code for children and~~
30 ~~pregnant women in families with income at or below 200 percent~~
31 ~~of the federal poverty level shall be modified in the simplest way~~
32 ~~permitted by federal law to do both of the following:~~
33 ~~(A) Serve as an accessible application for ongoing coverage to~~
34 ~~Medi-Cal, and, for children, to the Healthy Families Program.~~
35 ~~(B) Provide for a program of accelerated enrollment through~~
36 ~~which children and pregnant women screened eligible are~~
37 ~~immediately enrolled from the medical point of service into~~
38 ~~coverage with benefits continuing until a final eligibility~~
39 ~~determination is made.~~

1 ~~(2) The department shall adopt a process for prenatal care~~
2 ~~providers to submit the application form for pregnant women~~
3 ~~required by paragraph (1) online.~~

4 ~~(3) The department shall adopt a process for hospitals to enroll~~
5 ~~infants deemed eligible for Medi-Cal under Section 1396a(e)(4)~~
6 ~~of Title 42 of the United States Code or the Healthy Families~~
7 ~~Program under Section 12693.70 of the Insurance Code~~
8 ~~immediately online, without an application.~~

9 ~~(g) An applicant or recipient of a public health coverage program~~
10 ~~shall be given the option, with his or her informed consent, to have~~
11 ~~the application or renewal form prepopulated or electronically~~
12 ~~verified in real time, or both, using personal information from his~~
13 ~~or her own public health coverage program or other public benefits~~
14 ~~case file or that of a parent or child or electronic databases required~~
15 ~~by the PPACA.~~

16 ~~(1) An applicant or recipient who chooses a prepopulated~~
17 ~~application or renewal shall be given an opportunity, before the~~
18 ~~application or renewal form is submitted to the entity authorized~~
19 ~~to make eligibility determinations, to provide additional eligibility~~
20 ~~information and to correct any information retrieved from a~~
21 ~~database.~~

22 ~~(2) An applicant or recipient who chooses electronic real-time~~
23 ~~verification shall be permitted to provide additional eligibility~~
24 ~~information and to correct information retrieved from a database~~
25 ~~any time before or after a final eligibility determination is made.~~
26 ~~An applicant shall not be denied eligibility for any public health~~
27 ~~coverage program without being given a reasonable opportunity,~~
28 ~~of at least the kind provided for under the Medi-Cal program for~~
29 ~~citizenship documentation, to resolve discrepancies concerning~~
30 ~~any information provided by a verifying entity. Applicants shall~~
31 ~~receive the benefits for which they otherwise qualify pending this~~
32 ~~reasonable opportunity period.~~

33 ~~(h) (1) Eligible applicants shall be granted eligibility and~~
34 ~~immediately enrolled into a public health coverage program~~
35 ~~whenever possible. When granting eligibility immediately is not~~
36 ~~possible for an applicant who appears to be eligible based on the~~
37 ~~information provided in the application, both of the following shall~~
38 ~~apply to the fullest extent permitted by federal law with federal~~
39 ~~financial participation:~~

1 (A) The applicant shall be immediately enrolled into a program
2 of presumptive eligibility for children, pregnant women, and adults.

3 (B) Presumptive eligibility shall continue until the applicant is
4 enrolled in ongoing coverage through a public health coverage
5 program, or found to be ineligible for all of these programs and
6 informed of the denial of coverage in accordance with all applicable
7 due process requirements.

8 (2) Notwithstanding paragraph (1), before an online applicant
9 who appears to be eligible for the Exchange with a premium tax
10 credit or reduction in cost sharing, or both, may be enrolled in the
11 Exchange, all of the following shall occur:

12 (A) The applicant shall be clearly informed of the overpayment
13 penalties under the Comprehensive 1099 Taxpayer Protection and
14 Repayment of Exchange Subsidy Overpayments Act of 2011
15 (Public Law 112-9), if the individual's annual family income
16 increases by a specified amount or more, calculated on the basis
17 of the individual's current family size and current income, and that
18 penalties are avoided by prompt reporting of income increases
19 throughout the year.

20 (B) The applicant shall be fully informed of the penalty for
21 failure to have minimum essential health coverage.

22 (C) The applicant shall be given the option to decline immediate
23 enrollment while final eligibility is being determined.

24 (3) An applicant who is not eligible for a public health coverage
25 program for a reason other than income eligibility, or for any reason
26 if the individual resides in a county that offers a health program
27 for individuals with income above the maximum allowed for the
28 Exchange subsidies or tax credits, shall be referred to the county
29 health coverage program in his or her county of residence.

30 (i) The eligibility, enrollment, and retention system shall ensure
31 that applicants and recipients have available assistance with their
32 application or renewal for public health coverage programs.
33 Applicants and recipients shall also be given a meaningful
34 opportunity to provide information on their applications and
35 renewal forms. Applicants and recipients shall be provided with
36 reasonable accommodations and policy modifications as necessary
37 to ensure meaningful access to benefits by persons with disabilities
38 and limited-English-proficient individuals, including, but not
39 limited to, the reading aloud of information over the telephone,
40 assistance with filling out forms, and the ready availability of

1 information concerning all benefit programs in alternative formats
2 and translations, including interpretation in any language and
3 translation in threshold languages. The department shall effectively
4 communicate notice of the availability of the assistance described
5 in this section to all applicants and recipients.

6 ~~(j) At application, renewal, or a transition due to a change in~~
7 ~~circumstances, entities making eligibility determinations for public~~
8 ~~health coverage programs shall ensure that eligible applicants and~~
9 ~~recipients of public health coverage programs meeting all program~~
10 ~~eligibility requirements move seamlessly between programs~~
11 ~~without any breaks in coverage and without being required to~~
12 ~~provide duplicative or otherwise unnecessary verification, forms,~~
13 ~~or other information.~~

14 ~~(k) The department shall, in coordination with MRMIB and the~~
15 ~~Exchange board, streamline and coordinate all eligibility rules and~~
16 ~~requirements among public health coverage programs using the~~
17 ~~least restrictive rules and requirements to ensure that all applicants~~
18 ~~whose income is less than 400 percent of the federal poverty level~~
19 ~~shall be determined eligible for Medi-Cal, the Healthy Families~~
20 ~~Program, or the Exchange when they meet the eligibility~~
21 ~~requirements and that all entities processing applications use the~~
22 ~~same least restrictive methodologies. This process shall include~~
23 ~~coordination of rules for determining income levels, assets,~~
24 ~~household size, citizenship and immigration status, and~~
25 ~~documentation and verification requirements.~~

26 ~~(l) Renewal procedures shall be coordinated across all public~~
27 ~~health coverage programs and among entities that accept and make~~
28 ~~eligibility determinations so as to use all relevant information~~
29 ~~already included in the individual's Medi-Cal, other public benefits,~~
30 ~~the Healthy Families Program, or Exchange case file, or that of~~
31 ~~the individual's parent or child, or electronic databases authorized~~
32 ~~for data sharing by the PPACA to renew benefits or transfer eligible~~
33 ~~recipients seamlessly between programs without a break in~~
34 ~~coverage and without requiring a recipient to provide redundant~~
35 ~~information. Renewal procedures shall be as simple and~~
36 ~~user-friendly as possible, accessible, and shall require recipients~~
37 ~~to provide only information that has changed, if any, and shall use~~
38 ~~all available methods for reporting renewal information, including,~~
39 ~~but not limited to, face-to-face, telephone, and online renewal.~~
40 ~~Families shall be able to renew coverage at the same time for all~~

1 family members enrolled in any public health coverage program,
2 including when family members are enrolled in more than one
3 public health coverage program. A recipient shall be permitted to
4 update his or her eligibility information at any point.

5 (1) A recipient providing an update to his or her eligibility
6 information in between renewal dates shall be given the option to
7 renew eligibility at the time of the update.

8 (2) Eligibility for public health coverage programs shall be
9 automatically renewed whenever any public benefits program
10 renewal is conducted if the recipient is otherwise eligible for a
11 public health coverage program.

12 (m) The eligibility, enrollment, and retention system shall be
13 both transparent and accountable to the public by complying with,
14 but not limited to, the following:

15 (1) The department, the California Health and Human Services
16 Agency, MRMIB, and the Exchange board shall provide a forum
17 in which the public, including consumers and their advocates, may
18 on a regular basis, and no less than once a month, give feedback
19 in person on the implementation of the eligibility, enrollment, and
20 retention system for public health coverage programs, including,
21 but not limited to, activities of any public or private entity or
22 individual providing eligibility screening or application or retention
23 assistance, for timely corrective action by the department, MRMIB,
24 and the Exchange board.

25 (2) In designing and implementing the eligibility, enrollment,
26 and retention system, the department, MRMIB, and the Exchange
27 board shall do both of the following:

28 (A) Provide for evaluation of information technology (IT)
29 programming by an independent expert before implementation,
30 by testing functionality, compliance with eligibility rules, and
31 accuracy of enrollment decisions. This evaluation shall be made
32 available to the public sufficiently in advance of implementation
33 to allow for an opportunity for review and comment.

34 (B) Provide for annual postimplementation evaluation by an
35 independent expert using data points developed in consultation
36 with stakeholders, including consumers and their advocates. This
37 evaluation shall be made available to the public within a reasonable
38 time period.

39 (3) The duties of the department, the California Health and
40 Human Services Agency, MRMIB, and the Exchange board under

1 ~~this subdivision shall include the duty to monitor and oversee~~
 2 ~~private as well as public entities engaged in screening for eligibility~~
 3 ~~for a public health coverage program to ensure that the correct~~
 4 ~~eligibility rules and requirements are being used by the screener~~
 5 ~~when informing an individual about his or her potential eligibility,~~
 6 ~~that updates to the eligibility rules and requirements used by the~~
 7 ~~screener are made correctly and on a timely basis, that the screener~~
 8 ~~satisfies the assistance and accessibility provisions of subdivision~~
 9 ~~(i), and that the screener strictly adheres to the privacy and~~
 10 ~~confidentiality provisions of subdivision (n).~~

11 ~~(n) In designing and implementing the eligibility, enrollment,~~
 12 ~~and retention system, the department, MRMIB, and the Exchange~~
 13 ~~board shall ensure that all privacy and confidentiality rights under~~
 14 ~~the PPACA, other federal and California laws and regulations, the~~
 15 ~~Medi-Cal Program, and the Healthy Families' Program are strictly~~
 16 ~~incorporated and followed. This includes, but is not limited to,~~
 17 ~~adopting and implementing policies and procedures to ensure all~~
 18 ~~of the following:~~

19 ~~(1) Only that information that is strictly necessary for an~~
 20 ~~eligibility determination for the individual who is seeking~~
 21 ~~enrollment in or renewal for a public health coverage program~~
 22 ~~shall be requested in the application, retention, and renewal process~~
 23 ~~for that program.~~

24 ~~(2) Verification from a third party or database shall be sought~~
 25 ~~only with respect to information required to be obtained or verified~~
 26 ~~under federal law to determine eligibility for the public health~~
 27 ~~coverage program at issue for an individual.~~

28 ~~(3) Applicants and recipients shall be given clear, complete,~~
 29 ~~user-friendly information regarding how their personal information~~
 30 ~~will be used, disseminated, secured, verified, and retained by public~~
 31 ~~health coverage programs.~~

32 ~~(4) An applicant or recipient shall not be required by the~~
 33 ~~department, MRMIB, the Exchange board, or any public or private~~
 34 ~~entity or individual providing eligibility screening or application~~
 35 ~~or retention assistance to agree to the sharing of his or her personal~~
 36 ~~information without informed consent as a condition of being~~
 37 ~~screened for, applying to, or renewing eligibility for a public health~~
 38 ~~coverage program. Applicants and recipients shall have the option~~
 39 ~~to decline online screening, application, renewal, and electronic~~

1 verification and instead may apply or renew in person, by mail, or
2 by telephone.

3 ~~(5) Responses to security breaches shall be conducted according~~
4 ~~to the strictest requirements of privacy and confidentiality laws,~~
5 ~~including, but not limited to, implementation of a plan to directly~~
6 ~~provide information about the breach to anyone whose personal~~
7 ~~information has been confirmed or suspected to have been~~
8 ~~compromised, stolen, or viewed by anyone without authorized~~
9 ~~access.~~

10 ~~(6) All programs shall use accessible standardized forms and~~
11 ~~notices, as appropriate, to timely inform recipients in advance of~~
12 ~~all of the following:~~

13 ~~(1) What information, if any, is required from them for renewal.~~

14 ~~(2) Whether transfer to another public health coverage program~~
15 ~~is to occur.~~

16 ~~(3) How the transfer will affect the recipient's cost, access to~~
17 ~~care, delivery system, and responsibilities.~~

18 ~~15927. Except as otherwise specified, this part shall become~~
19 ~~operative on January 1, 2014. related enrollment procedures.~~

20 *(e) The entity making the eligibility determination shall grant*
21 *eligibility immediately whenever possible in accordance with the*
22 *rules governing state health subsidy programs.*

23 *(f) (1) If the eligibility, enrollment, and retention system has*
24 *the ability to prepopulate an application form for insurance*
25 *affordability programs with personal information from available*
26 *electronic databases, an applicant shall be given the option, with*
27 *his or her informed consent, to have the application form*
28 *populated. Before a prepopulated renewal form or, if available,*
29 *prepopulated application is submitted to the entity authorized to*
30 *make eligibility determinations, the individual shall be given the*
31 *opportunity to provide additional eligibility information and to*
32 *correct any information retrieved from a database.*

33 *(2) All state health subsidy programs may accept self-attestation,*
34 *instead of requiring an individual to produce a document, with*
35 *respect to all information needed to determine the eligibility of an*
36 *applicant or recipient, except for citizenship and immigration*
37 *status documents that may be required by the federal Secretary of*
38 *Health and Human Services.*

1 (3) An applicant or recipient shall have his or her information
2 electronically verified in the manner required by PPACA and
3 implementing federal regulations and guidance.

4 (4) Before an eligibility determination is made, the individual
5 shall be given the opportunity to provide additional eligibility
6 information and to correct information.

7 (5) An applicant shall not be denied eligibility for any state
8 health subsidy program without being given a reasonable
9 opportunity, of at least the kind provided for under the Medi-Cal
10 program pursuant to Section 14007.5 and paragraph (7) of
11 subdivision (d) of Section 14011.2, to resolve discrepancies
12 concerning any information provided by a verifying entity.

13 (6) To the extent federal financial participation is available, an
14 applicant shall be provided benefits in accordance with the rules
15 of the state health subsidy program, as implemented in federal
16 regulations and guidance, for which he or she otherwise qualifies
17 until a determination is made that he or she is not eligible and all
18 applicable notices have been provided. The responsible entity shall
19 adopt any available federal option as may be necessary to ensure
20 that an otherwise eligible applicant receives benefits immediately.

21 (g) The eligibility, enrollment, and retention system shall ensure
22 that an applicant and recipient has available assistance with his
23 or her application or renewal for state health subsidy programs
24 in person, over the telephone, and online, and in a manner that is
25 accessible to individuals with disabilities and those who are limited
26 English proficient.

27 (h) (1) During the processing of an application, renewal, or a
28 transition due to a change in circumstances, an entity making
29 eligibility determinations for a public health coverage program
30 shall ensure that an eligible applicant and recipient of state health
31 subsidy programs that meets all program eligibility requirements
32 and complies with all necessary requests for information moves
33 seamlessly between programs without any breaks in coverage and
34 without being required to provide any forms, documents, or other
35 information or undergo verification that is duplicative or otherwise
36 unnecessary. The individual shall be informed how to obtain
37 information about the status of his or her application, renewal, or
38 transfer to another program at any time, and the information shall
39 be promptly provided when requested.

1 (2) An individual screened as not eligible for Medi-Cal on the
2 basis of Modified Adjusted Gross Income (MAGI) household
3 income but who may be potentially eligible for Medi-Cal on
4 another basis shall have his or her application or case forwarded
5 to the Medi-Cal program for an eligibility determination. During
6 the period this application or case is processed for a non-MAGI
7 Medi-Cal eligibility determination, the applicant or recipient shall
8 be enrolled or remain enrolled in the program for which the
9 available information indicates the applicant or recipient is
10 eligible.

11 (3) Renewal procedures shall include all available methods for
12 reporting renewal information, including, but not limited to,
13 face-to-face, telephone, and online renewal.

14 (4) Eligibility for public health coverage programs shall be
15 automatically renewed whenever any public benefits program
16 renewal is conducted if the recipient is otherwise eligible for a
17 state health subsidy program.

18 (5) An applicant who is not eligible for a state health subsidy
19 program for a reason other than income eligibility, or for any
20 reason in the case of applicants and recipients residing in a county
21 that offers a health coverage program for individuals with income
22 above the maximum allowed for the Exchange premium tax credits,
23 shall be referred to the county health coverage program in his or
24 her county of residence.

25 (i) Notwithstanding subdivisions (e), (f), and (j), before an online
26 applicant who appears to be eligible for the Exchange with a
27 premium tax credit or reduction in cost sharing, or both, may be
28 enrolled in the Exchange, all of the following shall occur:

29 (1) The applicant shall be clearly informed of the overpayment
30 penalties under the Comprehensive 1099 Taxpayer Protection and
31 Repayment of Exchange Subsidy Overpayments Act of 2011 (Public
32 Law 112-9), if the individual's annual family income increases by
33 a specified amount or more, calculated on the basis of the
34 individual's current family size and current income, and that
35 penalties are avoided by prompt reporting of income increases
36 throughout the year.

37 (2) The applicant shall be fully informed of the penalty for
38 failure to have minimum essential health coverage.

39 (3) The applicant shall be given the option to decline immediate
40 enrollment while final eligibility is being determined.

1 (j) The department shall, in coordination with MRMIB and the
2 Exchange board, streamline and coordinate all eligibility rules
3 and requirements among state health subsidy programs using the
4 least restrictive rules and requirements permitted by federal law.
5 This process shall include the coordination of methodologies for
6 determining income levels, assets, rules for household size,
7 citizenship and immigration status, and self-attestation and
8 verification requirements.

9 (k) (1) Forms and notices developed pursuant to this section
10 shall be accessible and standardized, as appropriate, and shall
11 comply with federal and state laws, regulations, and guidance
12 prohibiting discrimination.

13 (2) Forms and notices developed pursuant to this section shall
14 be developed using plain language and shall be provided in a
15 manner that affords meaningful access to limited-English-proficient
16 individuals, in accordance with applicable state and federal law,
17 and at a minimum, provided in the same threshold languages as
18 Medi-Cal managed care.

19 (l) The eligibility, enrollment, and retention system shall be both
20 transparent and accountable to the public by complying with, but
21 not limited to, all of the following:

22 (1) The department, the California Health and Human Services
23 Agency, MRMIB, and the Exchange board, as defined in Section
24 100500 of the Government Code, shall provide a forum in which
25 the public, including consumers and their advocates, may on a
26 regular basis, and no less than quarterly, give feedback in person
27 on the eligibility, enrollment, and retention system for state health
28 subsidy programs, including, but not limited to, activities of any
29 public or private entity or individual providing eligibility screening
30 or application or retention assistance, for timely corrective action
31 by the department, MRMIB, and the Exchange board.

32 (2) In designing and implementing the eligibility, enrollment,
33 and retention system, the department, MRMIB, and the Exchange
34 board shall provide for an annual postimplementation evaluation
35 by an independent expert to ensure that the business rules comply
36 with the correct eligibility rules of the health programs. This
37 evaluation shall be made available to the public.

38 (3) The department, the California Health and Human Services
39 Agency, MRMIB, and the Exchange board under this subdivision
40 shall have the duty to monitor and oversee private, as well as

1 *public, organizational entities engaged in screening for eligibility*
2 *for a public health coverage program to ensure that the correct*
3 *eligibility rules and requirements are being used.*

4 *(m) In designing and implementing the eligibility, enrollment,*
5 *and retention system, the department, MRMIB, and the Exchange*
6 *board shall ensure that all privacy and confidentiality rights under*
7 *the PPACA, the Confidentiality of Medical Information Act of*
8 *1996 (CMIA) (Part 2.6 (commencing with Section 56) of Division*
9 *1 of the Civil Code), the Health Insurance Portability and*
10 *Accountability Act of 1996 (HIPAA) (42 U.S.C. Sec. 1320d et seq.),*
11 *and the Health Information Technology for Economic and Clinical*
12 *Health Act (HITECH) (Public Law 111-5), the Medi-Cal program,*
13 *and the Healthy Families Program are strictly incorporated and*
14 *followed. This includes, but is not limited to, securing protected*
15 *health information transmitted through electronic media and*
16 *adopting and implementing policies and procedures to ensure all*
17 *of the following:*

18 *(1) Only information that is strictly necessary for an eligibility*
19 *determination for the individual who is seeking enrollment in or*
20 *renewal for a public health coverage program shall be requested*
21 *in the application, retention, and renewal process for that program.*

22 *(2) Verification from a third party or database shall be sought*
23 *only with respect to information required to be obtained or verified*
24 *under federal law to determine eligibility for the public health*
25 *coverage program at issue for an individual, in a manner consistent*
26 *with the privacy and disclosure requirements set forth in HIPPA,*
27 *CMIA, and HITECH.*

28 *(3) Applicants and recipients shall be given clear, complete,*
29 *user-friendly information regarding how their personal information*
30 *will be used, disseminated, secured, verified, and retained by public*
31 *health coverage programs in a manner consistent with the privacy*
32 *and disclosure requirements set forth in HIPPA and HITECH.*

33 *(4) Responses to security breaches shall be conducted according*
34 *to the requirements of privacy and confidentiality laws.*

35 *(n) Except as otherwise specified, this section shall be operative*
36 *on and after January 1, 2014.*

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