DEPARTMENT OBJECTIVE:
The mission of the California Department of Managed Health Care (DMHC) is to protect consumers’ health care rights and ensure a stable health care delivery system. The DMHC accomplishes its mission by ensuring the health care system works for consumers. The Department protects the health care rights of more than 26 million Californians by regulating health care service plans, assisting consumers through a consumer Help Center, educating consumers on their rights and responsibilities and preserving the financial stability of the managed health care system.

BOARD OBJECTIVE:
The purpose of the Financial Solvency Standards Board (FSSB or Board) is to advise the Director on matters of financial solvency that affect the delivery of health care services, and to develop and recommend financial solvency requirements and standards relating to plan operations, plan-affiliate operations and transactions, plan-provider contractual relationships, and provider-affiliate operations and transactions. Additionally, the Board periodically monitors and reports on the implementation and results of the financial solvency requirements and standards, and reviews proposed regulation changes.

GENERAL DESCRIPTION:
Health and Safety Code (HSC) Section 1347.15 of the Knox-Keene Act establishes the FSSB. The Board is composed of eight members. The eight members include the Director of the DMHC, or the Director’s designee, and seven persons who are appointed by the Director. The FSSB meets quarterly to address pending issues of financial solvency affecting the delivery of health care services and to develop and recommend financial solvency requirements and standards as part of Senate Bill 260 (Speier, Chapter 529, Statutes of 1999).

JOB DESCRIPTION:
Board members are expected to review all materials in advance of the Board meetings in order to actively participate in discussions and provide meaningful contributions to advise the Director on matters of financial solvency affecting the delivery of health care services. In addition, Board members will participate in the development of recommendations to the Director on financial solvency requirements, standards and regulations, and periodically monitor the implementation and results of the financial
solvency requirements. The Board acts as an advisor to the Director and does not have direct decision-making authority.

KNOWLEDGE AND ABILITY REQUIREMENTS:
Members will include individuals with training and experience in subject areas or fields such as medical and health care economics, accountancy, actuarial studies, investment banking, and management and administration in integrated and affiliated health care delivery systems.

MEETING FREQUENCY
The Board meets quarterly and may meet at the call of the Board Chair. Members are expected to maintain consistent and regular attendance at Board meetings. A calendar of Board meetings is available here.

COMPENSATION:
Board members serve without compensation, but are reimbursed for travel expenses to and from the Board meetings.

TERM LENGTH:
The members are appointed by the Director for a term of three years.

ADDITIONAL REQUIREMENTS:
Board meetings are subject to the requirements of the Bagley-Keene Open Meeting Act. Meetings must be preceded by a publicly distributed Notice and Agenda. Attendance by a Board member by telephone or other electronic means is prohibited unless the location of the member is identified in the Notice and Agenda, and the public is permitted to attend the meeting from that location. Substantive discussions of matters being considered by the Board may occur only during a public meeting, including discussions regarding materials distributed in advance of a meeting.