

**ASSEMBLY BILL**

**No. 209**

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**Introduced by Assembly Member Pan**

January 30, 2013

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An act to add Section 14029.9 to the Welfare and Institutions Code, relating to Medi-Cal.

LEGISLATIVE COUNSEL'S DIGEST

AB 209, as introduced, Pan. Medi-Cal: managed care: quality and accessibility.

Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid Program provisions. Under existing law, one of the methods by which Medi-Cal services are provided is pursuant to contracts with various types of managed care plans.

This bill would require the department to develop and implement a plan, as specified, to monitor, evaluate, and improve the quality and accessibility of health care and dental services provided through Medi-Cal managed care. The bill would require the department to hold quarterly public meetings to report on, among other things, performance measures and quality and access standards, and to invite public comments. The bill would require the department to appoint an advisory committee, with specified responsibilities, for the purpose of making recommendations to the department and to the Legislature in order to improve quality and access in the delivery of Medi-Cal managed care services. The bill would be implemented to the extent that federal, private, or other non-General Fund moneys are available.

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. This act shall be known and may be cited as the  
2 Medi-Cal Managed Care Health Care Quality and Transparency  
3 Act of 2013.

4 SEC. 2. Section 14029.9 is added to the Welfare and  
5 Institutions Code, to read:

6 14029.9. (a) The department shall develop and implement a  
7 plan to monitor, evaluate, and improve the quality and accessibility  
8 of health care and dental services provided through Medi-Cal  
9 managed care. The plan shall include all of the following:

- 10 (1) Nationally recognized quality and access measures.
- 11 (2) A process to solicit input from providers, health care quality  
12 experts, consumers, and consumer representatives for  
13 recommendations on supplementing existing measures and  
14 indicators in order to fully evaluate quality of, and access to, all  
15 Medi-Cal benefits, including long-term services and supports, care  
16 coordination, and disease management.
- 17 (3) Minimum and benchmark performance standards and  
18 contract requirements.
- 19 (4) Strategies to encourage and reward improvement.
- 20 (5) Sanctions and corrective actions in cases of deficiencies.
- 21 (6) A health care dashboard that is publicly available and  
22 provides up-to-date information regarding quality of, and access  
23 to, primary, speciality, dental, mental health, and behavioral health  
24 care services. The data shall be reported, at a minimum, by  
25 eligibility category, plan, county of residence, age, gender,  
26 ethnicity, and primary language to the extent permitted by federal  
27 law, including the federal Health Insurance Portability and  
28 Accountability Act of 1996 (Public Law 104-191).
- 29 (7) Coordination with the Department of Managed Health Care  
30 to monitor, survey, and report on network adequacy and fiscal  
31 solvency.

32 (b) At least quarterly, the department shall hold public meetings  
33 to report on performance measures, quality and access standards,  
34 network adequacy, fiscal solvency, and evaluation standards with  
35 regard to all Medi-Cal managed care services and to invite public

1 comments. The department shall notify the public of the meetings  
2 within a reasonable time prior to each meeting.

3 (c) The department shall appoint an advisory committee  
4 composed of providers, plans, researchers, advocates, and enrollees  
5 for the purpose of making recommendations to the department and  
6 the Legislature in order to improve quality and access in the  
7 delivery of Medi-Cal managed care services. The responsibilities  
8 of the advisory committee shall include, but are not limited to, all  
9 of the following:

10 (1) Reviewing existing performance standards, quality data, and  
11 measures.

12 (2) Developing recommendations to modify, add, or eliminate  
13 measures as appropriate.

14 (3) Reviewing managed care plan contract terms and making  
15 recommendations related to improving quality and access.

16 (4) Reviewing rate setting methodologies and payment policies.

17 (d) This section shall be implemented only to the extent that  
18 federal, private, or other non-General Fund moneys are available  
19 for this purpose.