

AMENDED IN ASSEMBLY MARCH 19, 2013

CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

ASSEMBLY BILL

No. 209

Introduced by Assembly Member Pan

January 30, 2013

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

LEGISLATIVE COUNSEL'S DIGEST

AB 209, as amended, 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 *funding is*

provided in the annual budget act or 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 *the* quality of, and access to,
- 15 all Medi-Cal benefits, including long-term services and supports,
- 16 care coordination, and disease management, *and to perform*
- 17 *analysis by race, ethnicity, primary language, and gender, to the*
- 18 *extent permitted by federal law.*
- 19 (3) Minimum and benchmark performance standards and
- 20 contract requirements.
- 21 (4) Strategies to encourage and reward improvement *and to*
- 22 *identify and reduce health disparities among populations.*
- 23 (5) Sanctions and corrective actions in cases of deficiencies.
- 24 (6) A ~~health~~ *Medi-Cal managed care* dashboard that is publicly
- 25 available and provides up-to-date information regarding *the* quality
- 26 of, and access to, primary, speciality, dental, mental health, ~~and~~
- 27 behavioral health care services, *and long-term care support and*
- 28 *services.* The data shall be reported, at a minimum, by eligibility
- 29 category, plan, county of residence, age, gender, ethnicity, and
- 30 primary language to the extent permitted by federal law, including
- 31 the federal Health Insurance Portability and Accountability Act
- 32 of 1996 (Public Law 104-191).

1 (7) Coordination with the Department of Managed Health Care
2 to monitor, survey, and report on network adequacy and fiscal
3 solvency.

4 (b) At least quarterly, the department shall hold public meetings
5 to report on performance measures, quality and access standards,
6 network adequacy, fiscal solvency, and evaluation standards with
7 regard to all Medi-Cal managed care services and to invite public
8 comments. The department shall notify the public of the meetings
9 within a reasonable time prior to each meeting.

10 (c) The department shall appoint an advisory committee
11 composed of providers, plans, researchers, advocates, and enrollees
12 for the purpose of making recommendations to the department and
13 the Legislature in order to improve quality and access in the
14 delivery of Medi-Cal managed care services. The responsibilities
15 of the advisory committee shall include, but are not limited to, all
16 of the following:

17 (1) Reviewing existing performance standards, quality data, and
18 measures.

19 (2) Developing recommendations to modify, add, or eliminate
20 measures *and collect data*, as appropriate.

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

23 (4) Reviewing ratesetting methodologies and payment policies.

24 (d) This section shall be implemented only to the extent that
25 *funding is provided in the annual budget act or* federal, private,
26 or other non-General Fund moneys are available for this purpose.