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


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, accessibility, and utilization 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

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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.


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

SECTION 1. This act shall be known and may be cited as the Medi-Cal Managed Care Health Care Quality and Transparency Act of 2013.

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

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

(1) Nationally recognized quality and access measures.

(2) A process to solicit input from providers, health care quality experts, consumers, and consumer representatives for recommendations on supplementing existing measures and indicators in order to fully evaluate the quality of, and access to, and utilization of all Medi-Cal benefits, including long-term services and supports, care coordination, and disease management, and to perform analysis by race, ethnicity, primary language, and gender, to the extent permitted by federal law.

(3) Minimum and benchmark performance standards and contract requirements.

(4) Strategies to encourage and reward improvement and to identify and reduce health disparities among populations.

(5) Sanctions and corrective actions in cases of deficiencies.

(A) A Medi-Cal managed care dashboard that is publicly available and provides up-to-date information regarding all of the following:

(i) The quality of, and access to, primary, specialty, dental, mental health, behavioral health care services, and long-term care support and services.
(ii) The utilization of primary, specialty, mental health, and behavioral health care services, inpatient acute care, emergency services, and long-term care support and services.

(B) The data shall be reported, at a minimum, by eligibility category, plan, county of residence, age, gender, ethnicity, and primary language to the extent permitted by federal law, including the federal Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191).

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

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

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

1. Reviewing existing performance standards, quality data, and measures.
2. Developing recommendations to modify, add, or eliminate measures and collect data, as appropriate.
3. Reviewing managed care plan contract terms and making recommendations related to improving quality and access.
4. Reviewing ratesetting methodologies and payment policies.

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