

AMENDED IN ASSEMBLY APRIL 9, 2013
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~~, *accessibility, and utilization*.

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~~, *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

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~~,
8 accessibility, *and utilization* of health care and dental services
9 provided through Medi-Cal managed care. The plan shall include
10 all of the following:

- 11 (1) Nationally recognized quality and access measures.
- 12 (2) A process to solicit input from providers, health care quality
13 experts, consumers, and consumer representatives for
14 recommendations on supplementing existing measures and
15 indicators in order to fully evaluate the quality of, ~~and~~ access to,
16 *and utilization of* all Medi-Cal benefits, including long-term
17 services and supports, care coordination, and disease management,
18 and to perform analysis by race, ethnicity, primary language, and
19 gender, to the extent permitted by federal law.
- 20 (3) Minimum and benchmark performance standards and
21 contract requirements.
- 22 (4) Strategies to encourage and reward improvement and to
23 identify and reduce health disparities among populations.
- 24 (5) Sanctions and corrective actions in cases of deficiencies.
- 25 (6) (A) A Medi-Cal managed care dashboard that is publicly
26 available and provides up-to-date information regarding ~~the~~ *all of*
27 *the following*:
28 (i) *The* quality of, and access to, primary, ~~speciality~~ *specialty*,
29 dental, mental health, behavioral health care services, and long-term
30 care support and services. ~~The~~

1 (ii) *The utilization of primary, specialty, mental health, and*
2 *behavioral health care services, inpatient acute care, emergency*
3 *services, and long-term care support and services.*

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

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

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

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

25 (1) Reviewing existing performance standards, quality data, and
26 measures.

27 (2) Developing recommendations to modify, add, or eliminate
28 measures and collect data, as appropriate.

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

31 (4) Reviewing ratesetting methodologies and payment policies.

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

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