

AMENDED IN ASSEMBLY APRIL 18, 2013

AMENDED IN ASSEMBLY APRIL 9, 2013

CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

ASSEMBLY BILL

No. 411

Introduced by Assembly Member Pan

February 15, 2013

An act to add Section 14029.91 to the Welfare and Institutions Code, relating to Medi-Cal.

LEGISLATIVE COUNSEL'S DIGEST

AB 411, as amended, Pan. Medi-Cal: performance measures.

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 managed care plans.

This bill would require all Medi-Cal managed care plans to analyze their Healthcare Effectiveness Data and Information Set (HEDIS) measures, or their External Accountability Set (EAS) performance measure equivalent, by geographic region, *primary language*, race, ethnicity, ~~and primary language~~, *and, to the extent data is available, by sexual orientation and gender identity*, and to implement strategies to reduce identified disparities between members from different regions, *with different primary languages*, and of different ~~raees and races~~, ethnicities, *sexual orientations*, and ~~with different primary languages~~. *gender identities*. The bill would also require that these analyses be

reported to the State Department of Health Care Services annually and be made available to the public via the department’s Internet Web site. This bill would further require all Medi-Cal managed care plans to link individual level data collected as a part of analyzing their HEDIS measures, or their EAS performance measure equivalent, to personal identifiers and to submit that data to the department annually. The department would be required to make the individual level data available for research purposes, as specified.

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. Section 14029.91 is added to the Welfare and
 2 Institutions Code, to read:
 3 14029.91. (a) (1) The department shall require all Medi-Cal
 4 managed care plans, including county organized health systems
 5 and plans contracting with the department to provide services
 6 pursuant to two-plan and geographic managed care models, to
 7 analyze their Healthcare Effectiveness Data and Information Set
 8 (HEDIS) measures, or their External Accountability Set (EAS)
 9 performance measure equivalent, by geographic region, *primary*
 10 *language*, race, ~~and ethnicity~~ *ethnicity*, and, to the extent data is
 11 *available*, by *sexual orientation and gender identity* in order to
 12 identify disparities in medical treatment between Medi-Cal
 13 managed care members from different ~~regions~~ *regions*, with
 14 *different primary languages*, and of different ~~rac~~ *ethnicities*
 15 *rac*, *ethnicities*, *sexual orientations*, and *gender identities*, and
 16 to implement strategies to reduce those disparities.
 17 ~~(2) The department shall require the plans described in paragraph~~
 18 ~~(1) to analyze their HEDIS measures, or their EAS performance~~
 19 ~~measure equivalent, by primary language in order to identify~~
 20 ~~disparities in medical treatment between Medi-Cal managed care~~
 21 ~~members with different primary languages and to implement~~
 22 ~~strategies to reduce those disparities.~~
 23 ~~(3)~~
 24 (2) The results of the analyses prepared in accordance with this
 25 subdivision shall be reported to the department annually. The
 26 department shall make such analyses available to the public through
 27 the department’s Internet Web site.

1 (b) The department shall require the plans described in paragraph
2 (1) of subdivision (a) to link all individual level data collected as
3 a part of analyzing their HEDIS measures, or their EAS
4 performance measure equivalent, to patient identifiers in a manner
5 that allows for an analysis of disparities in medical treatment by
6 geographic region, *primary language*, race, ethnicity, ~~and primary~~
7 ~~language~~, *and, to the extent data is available, by sexual orientation*
8 *and gender identity*, and to provide that information to the
9 department annually. The department shall make this data available,
10 in a format that complies with the Health Insurance Portability and
11 Accountability Act of 1996, for research purposes through a data
12 use or business associate agreement.

O