

ASSEMBLY BILL

No. 2670

Introduced by Assembly Member Roger Hernández

February 19, 2016

An act to add Section 14310 to the Welfare and Institutions Code, relating to Medi-Cal.

LEGISLATIVE COUNSEL'S DIGEST

AB 2670, as introduced, Roger Hernández. Medi-Cal: managed care health plans: Consumer Assessment of Health Care Providers and Systems (CAHPS) Health Plan surveys.

Existing law establishes the Medi-Cal program, administered by the State Department of Health Care Services, under which health care services are provided to qualified, low-income persons. 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 health plans, including through a county organized health system and geographic managed care.

This bill would require the State Department of Health Care Services to annually administer the Consumer Assessment of Health Care Providers and Systems (CAHPS) Health Plan surveys, which are developed by the federal Agency for Healthcare Research and Quality, for all Medi-Cal managed care plan populations, and would require the CAHPS survey to be administered for all Medi-Cal managed care plan models, including county organized health systems and geographic managed care. The bill would require the department to translate the CAHPS survey in all Medi-Cal threshold languages, and administer the CAHPS survey in each county in all Medi-Cal threshold languages in

that county. The bill would require the department to stratify the results of the CAHPS surveys by specified factors, including geographic region and primary language, as specified. The bill would require the department to annually prepare and make publicly available a report on the results of the CAHPS surveys on the department's Internet Web site, and would require the report to include specified information.

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 14310 is added to the Welfare and
2 Institutions Code, to read:

3 14310. (a) (1) The department shall annually administer the
4 Consumer Assessment of Health Care Providers and Systems
5 (CAHPS) Health Plan surveys, which are developed by the federal
6 Agency for Healthcare Research and Quality, for all Medi-Cal
7 managed care plan populations, including those individuals who
8 are eligible to receive Medi-Cal benefits pursuant to Section
9 14005.60. The survey shall be administered for all Medi-Cal
10 managed care plan models, including county organized health
11 systems implemented pursuant to Article 2.8 (commencing with
12 Section 14087.5) of Chapter 7 and entities contracting with the
13 department to provide services pursuant to Article 2.7
14 (commencing with Section 14087.3) of Chapter 7 (two-plan
15 models) and Article 2.91 (commencing with Section 14089) of
16 Chapter 7 (geographic managed care).

17 (2) The department shall translate the CAHPS survey in all
18 Medi-Cal threshold languages and shall administer the surveys in
19 each county in all Medi-Cal threshold languages in that county.

20 (b) In order to identify disparities in the quality of care provided
21 to Medi-Cal managed care enrollees based on the factors set forth
22 in this subdivision, the department shall stratify the results of the
23 surveys described in subdivision (a) by all of the following factors:

- 24 (1) Geographic region.
25 (2) Primary language.
26 (3) Race.
27 (4) Ethnicity.
28 (5) Gender.

1 (6) To the extent data is available, sexual orientation and gender
2 identity.

3 (c) The department shall annually prepare and make publicly
4 available a report on the results of the surveys on the department's
5 Internet Web site. The report shall include all of the following:

6 (1) Aggregated data on Medi-Cal managed care results compared
7 to national Medicaid data.

8 (2) Aggregated Medi-Cal managed care results stratified by the
9 factors set forth in subdivision (b).

10 (3) Plan results at the county level, including results for all
11 Medi-Cal managed care plan models, such as county organized
12 health system, geographic managed care, and two-plan models.