

Introduced by Senator HernandezFebruary 25, 2015

An act to amend Section 14102.5 of the Welfare and Institutions Code relating to health care coverage.

LEGISLATIVE COUNSEL'S DIGEST

SB 464, as introduced, Hernandez. Health care coverage: enrollment reporting.

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. Existing law, the federal Patient Protection and Affordable Care Act (PPACA), requires each state to establish an American Health Benefit Exchange that facilitates the purchase of qualified health plans by qualified individuals and qualified small employers, and meets certain other requirements. Existing law creates the California Health Benefit Exchange for the purpose of facilitating the enrollment of qualified individuals and qualified small employers in qualified health plans as required under PPACA. Existing law requires the department, in collaboration with the exchange, to prepare reports that include specified information about the enrollment process for insurance affordability programs, and to make those reports public on at least a quarterly basis, for the purpose of informing specified entities about the enrollment process for those programs.

This bill would make technical, nonsubstantive changes to the latter provision.

Vote: majority. Appropriation: no. Fiscal committee: no.
State-mandated local program: no.

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

1 SECTION 1. Section 14102.5 of the Welfare and Institutions
2 Code is amended to read:

3 14102.5. (a) The department shall, in collaboration with the
4 Exchange, the counties, consumer advocates, and the Statewide
5 Automated Welfare System consortia, develop and prepare one or
6 more reports that shall be issued on at least a quarterly basis and
7 shall be made ~~publicly available~~ *public* within 30 days following
8 the end of each quarter, for the purpose of informing the California
9 Health and Human Services Agency, the Exchange, the Legislature,
10 and the public about the enrollment process for ~~an~~ insurance
11 affordability programs. The reports shall comply with federal
12 reporting requirements and shall, at a minimum, include the
13 following information, to be derived from, as appropriate
14 depending on the data element, CalHEERS, MEDS, or the
15 Statewide Automated Welfare System:

16 (1) For applications received for insurance affordability
17 programs through any venue, all of the following:

18 (A) The number of applications received through each venue.

19 (B) The number of applicants included on those applications.

20 (C) Applicant demographics, including, but not limited to,
21 gender, age, race, ethnicity, and primary language.

22 (D) The disposition of applications, including all of the
23 following:

24 (i) The number of eligibility determinations that resulted in an
25 approval for coverage.

26 (ii) The program or programs for which the individuals in clause
27 (i) were determined eligible.

28 (iii) The number of applications that were denied for any
29 coverage and the reason or reasons for the denials.

30 (E) The number of days for eligibility determinations to be
31 completed.

32 (2) With regard to health plan selection, all of the following:

33 (A) The health plans that are selected by applicants enrolled in
34 an insurance affordability program, reported by the program.

35 (B) The number of Medi-Cal enrollees who do not select a health
36 plan but are defaulted into a plan.

37 (3) For annual redeterminations conducted for beneficiaries, all
38 of the following:

- 1 (A) The number of redeterminations processed.
- 2 (B) The number of redeterminations that resulted in continued
- 3 eligibility for the same insurance affordability program.
- 4 (C) The number of redeterminations that resulted in a change
- 5 in eligibility to a different insurance affordability program.
- 6 (D) The number of redeterminations that resulted in a finding
- 7 of ineligibility for any program and the reason or reasons for the
- 8 findings of ineligibility.
- 9 (E) The number of days for redeterminations to be completed.
- 10 (4) With regard to disenrollments not related to a
- 11 redetermination of eligibility, all of the following:
 - 12 (A) The number of beneficiary disenrollments.
 - 13 (B) The reasons for the disenrollments.
 - 14 (C) The number of disenrollments that are caused by an
 - 15 individual disenrolling from one insurance affordability program
 - 16 and enrolling into another.
 - 17 (5) The number of applications for insurance affordability
 - 18 programs that were filed with the help of an assister or navigator.
 - 19 (6) The total number of grievances and appeals filed by
 - 20 applicants and enrollees regarding eligibility for insurance
 - 21 affordability programs, the basis for the grievance, and the
 - 22 outcomes of the appeals.
 - 23 (b) The department shall collect the information necessary for
 - 24 these reports and develop these reports using data obtained from
 - 25 the Statewide Automated Welfare System, CalHEERS, MEDS,
 - 26 and any other appropriate state information management systems.
 - 27 (c) For purposes of this section, the following definitions shall
 - 28 apply:
 - 29 (1) “CalHEERS” means the California Healthcare Eligibility,
 - 30 Enrollment, and Retention System developed under Section 15926.
 - 31 (2) “Exchange” means the California Health Benefit Exchange
 - 32 established pursuant to Title 22 (commencing with Section 100500)
 - 33 of the Government Code.
 - 34 (3) “Statewide Automated Welfare System” means the system
 - 35 developed pursuant to Section 10823.
 - 36 (4) “MEDS” means the Medi-Cal Eligibility Data System that
 - 37 is maintained by the department.
 - 38 (d) Notwithstanding Chapter 3.5 (commencing with Section
 - 39 11340) of Part 1 of Division 3 of Title 2 of the Government Code,
 - 40 the department, without taking any further regulatory action, shall

1 implement, interpret, or make specific this section by means of
2 all-county letters, plan letters, plan or provider bulletins, or similar
3 instructions until the time regulations are adopted. Thereafter, the
4 department shall adopt regulations in accordance with the
5 requirements of Chapter 3.5 (commencing with Section 11340) of
6 Part 1 of Division 3 of Title 2 of the Government Code. Beginning
7 six months after the effective date of this section, and
8 notwithstanding Section 10231.5 of the Government Code, the
9 department shall provide a status report to the Legislature on a
10 semiannual basis until regulations have been adopted.
11 (e) This section shall become operative on January 1, 2014.