

AMENDED IN ASSEMBLY AUGUST 15, 2016

AMENDED IN ASSEMBLY JUNE 30, 2016

AMENDED IN SENATE JUNE 1, 2016

AMENDED IN SENATE MARCH 30, 2016

SENATE BILL

No. 1135

Introduced by Senator Monning

February 18, 2016

An act to add Section 1367.031 to the Health and Safety Code, and to add Section 10133.53 to the Insurance Code, relating to health care coverage.

LEGISLATIVE COUNSEL'S DIGEST

SB 1135, as amended, Monning. Health care coverage: notice of timely access to care.

Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law requires each department to develop and adopt regulations to ensure that enrollees have access to needed health care services in a timely manner.

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 requires each prepaid health plan to establish a grievance procedure under which enrollees may submit their grievances.

This bill would require a health care service plan contract or a health insurance policy *that provides benefits through contracts with providers for alternative rates* that is issued, renewed, or amended on or after ~~January~~ July 1, 2017, to provide information to enrollees and insureds regarding the standards for timely access to health care services and other specified health care access information, including information related to receipt of interpreter services in a timely manner, no less than annually, and would make these provisions applicable to Medi-Cal managed care plans. The bill would also require a health care service plan or a health insurer *that contracts with providers for alternative rates of payment* to provide a contracting health care provider with specified information relating to the provision of referrals or health care services in a timely manner.

Because a willful violation of the bill's provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

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

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

1 SECTION 1. Section 1367.031 is added to the Health and
2 Safety Code, to read:
3 1367.031. (a) A health care service plan contract that is issued,
4 renewed, or amended on or after ~~January~~ July 1, 2017, shall provide
5 information to an enrollee regarding the standards for timely access
6 to care adopted pursuant to Section 1367.03 and the information
7 required by this section, including information related to receipt
8 of interpreter services in a timely manner, no less than annually.
9 (b) A health care service plan at a minimum shall provide
10 information regarding appointment wait times for urgent care,
11 nonurgent primary care, nonurgent specialty care, and telephone
12 screening established pursuant to Section 1367.03 to enrollees and
13 contracting providers. The information shall also include notice
14 of the availability of interpreter services at the time of the

1 appointment pursuant to Section 1367.04. A health care service
2 plan may indicate that exceptions to appointment wait times may
3 apply if the department has found exceptions to be permissible.

4 (c) The information required to be provided pursuant to this
5 section shall be provided to an enrollee with individual coverage
6 upon initial enrollment and annually thereafter upon renewal, and
7 to enrollees and subscribers with group coverage upon initial
8 enrollment and annually thereafter upon renewal. *A health care*
9 *service plan may include this information with other materials*
10 *sent to the enrollee.* The information shall also be provided in the
11 following manner:

12 (1) In a separate section of the evidence of coverage titled
13 “Timely Access to Care.”

14 ~~(2) In the same manner and place that notice of language~~
15 ~~assistance programs is provided pursuant to Section 1367.04 and~~
16 ~~the regulations adopted thereunder.~~

17 ~~(2) At least annually, in or with newsletters, outreach, or other~~
18 ~~materials that are routinely disseminated to the plan’s enrollees.~~

19 ~~(3) In Commencing January 1, 2018, in a separate section of~~
20 ~~the provider directory published and maintained by the health care~~
21 ~~service plan pursuant to Section 1367.27. The separate section~~
22 ~~shall be titled “Timely Access to Care.”~~

23 (4) On the Internet Web site published and maintained by the
24 health care service plan, in a manner that allows enrollees and
25 prospective enrollees to easily locate the information.

26 ~~(d) (1) A health care service plan shall also provide the~~
27 ~~information required by this section to contracting providers on~~
28 ~~no less than an annual basis, and shall additionally provide a~~
29 ~~contracting provider with the following information:~~
30

31 ~~“If one of your patients is unable to obtain a timely referral,~~
32 ~~either you or your patient may call the health care service plan or~~
33 ~~the Department of Managed Health Care Help Center at~~
34 ~~1-888-HMO-2219 to obtain help.~~

35 ~~California law requires a health care service plan to provide or~~
36 ~~arrange for the provision of covered health care services in a timely~~
37 ~~manner appropriate for the nature of the enrollee’s condition,~~
38 ~~consistent with good professional practice. If an appointment is~~
39 ~~delayed or extended, the referring or treating health care~~

1 professional shall note in the relevant record that a longer waiting
2 time will not have a detrimental effect on the health of the enrollee.

3 ~~It is the obligation of the health care service plan to have
4 sufficient numbers of contracted providers to maintain compliance
5 with timely access to care for enrollees. If a contracting provider
6 is unable to provide care in a timely manner consistent with the
7 requirements for timely access to care, the health care service plan
8 shall have in place policies and procedures to ensure that the
9 enrollee shall receive timely access to care.”~~

10 (d) (1) A health care service plan shall provide the information
11 required by this section to contracting providers on no less than
12 an annual basis.

13 (2) A health care service plan shall also inform a contracting
14 provider of all of the following:

15 (A) Information about a health care service plan’s obligation
16 under California law to provide or arrange for timely access to
17 care.

18 (B) How a contracting provider or enrollee can contact the
19 health care service plan to obtain assistance if a patient is unable
20 to obtain a timely referral to an appropriate provider.

21 (C) The toll-free telephone number for the Department of
22 Managed Health Care where providers and enrollees can file a
23 complaint if they are unable to obtain a timely referral to an
24 appropriate provider.

25 ~~(2)~~

26 (3) A health care service plan may comply with this subdivision
27 by including the information with an existing communication with
28 a contracting provider.

29

30 (e) This section shall apply to Medi-Cal managed care plan
31 contracts entered into with the State Department of Health Care
32 Services pursuant to Chapter 7 (commencing with Section 14000)
33 or Chapter 8 (commencing with Section 14200) of Part 3 of
34 Division 9 of the Welfare and Institutions Code.

35 SEC. 2. Section 10133.53 is added to the Insurance Code, to
36 read:

37 10133.53. (a) A health insurance policy that is issued, renewed,
38 or amended on or after ~~January~~ July 1, 2017, that provides benefits
39 through contracts with providers for alternative rates pursuant to
40 Section 10133 shall provide information to an insured regarding

1 the standards for timely access to care adopted pursuant to Section
2 10133.5 and the information required by this section, including
3 information related to receipt of interpreter services in a timely
4 manner, no less than annually.

5 (b) A health insurer for a health insurance policy, as defined in
6 ~~subdivision (b) of Section 106, that provides or arranges for~~
7 ~~hospital or physician services at a minimum shall~~ *that contracts*
8 *with providers for alternative rates of payment pursuant to Section*
9 *10133 shall, at a minimum,* provide information regarding
10 appointment wait times for urgent care, nonurgent primary care,
11 nonurgent specialty care, and telephone screening established
12 pursuant to Section 10133.5 to insureds and contracting providers.
13 The information shall also include notice of the availability of
14 interpreter services at the time of the appointment pursuant to
15 Section 10133.8. A health insurer for a policy of health insurance
16 may indicate that exceptions to appointment wait times may apply
17 if the department has found exceptions to be permissible.

18 (c) The information required to be provided pursuant to this
19 section shall be provided to an insured with individual coverage
20 upon initial enrollment and annually thereafter upon renewal, and
21 to insureds and group policyholders with group coverage upon
22 initial enrollment and annually thereafter upon renewal. *An insurer*
23 *may include this information with other materials sent to the*
24 *insured.* The information shall also be provided in the following
25 manner:

26 (1) In a separate section of the evidence of coverage titled
27 “Timely Access to Care.”

28 ~~(2) In the same manner and place that notice of language~~
29 ~~assistance programs is provided pursuant to Section 10133.8 and~~
30 ~~the regulations adopted thereunder.~~

31 ~~(2) At least annually, in or with newsletters, outreach, or other~~
32 ~~materials that are routinely disseminated to the policy’s insureds.~~

33 (3) ~~In Commencing January 1, 2018,~~ in a separate section of
34 the provider directory published and maintained by the insurer
35 pursuant to Section 10133.15. The separate section shall be titled
36 “Timely Access to Care.”

37 (4) On the Internet Web site published and maintained by the
38 insurer, in a manner that allows insureds and prospective insureds
39 to easily locate the information.

1 ~~(d) (1) A health insurer shall also provide the information~~
2 ~~required by this section to contracting providers on no less than~~
3 ~~an annual basis, and shall additionally provide a contracting~~
4 ~~provider with the following information:~~

5
6 ~~“If one of your patients is unable to obtain a timely referral,~~
7 ~~either you or your patient may call the health insurer or the~~
8 ~~Department of Insurance at 1-800-927-4357 to obtain help.~~

9 ~~California law requires a health insurer to provide or arrange for~~
10 ~~the provision of covered health care services in a timely manner~~
11 ~~appropriate for the nature of the insured’s condition, consistent~~
12 ~~with good professional practice. If an appointment is delayed or~~
13 ~~extended, the referring or treating health care professional shall~~
14 ~~note in the relevant record that a longer waiting time will not have~~
15 ~~a detrimental effect on the health of the insured.~~

16 ~~It is the obligation of the health insurer to have sufficient~~
17 ~~numbers of contracted providers to maintain compliance with~~
18 ~~timely access to care for insureds. If a contracting provider is~~
19 ~~unable to provide care in a timely manner consistent with the~~
20 ~~requirements for timely access to care, the health insurer shall have~~
21 ~~in place policies and procedures to ensure that the insured shall~~
22 ~~receive timely access to care.”~~

23 ~~(d) (1) A health insurer shall provide the information required~~
24 ~~by this section to contracting providers on no less than an annual~~
25 ~~basis.~~

26 ~~(2) A health insurer shall also inform a contracting provider of~~
27 ~~all of the following:~~

28 ~~(A) Information about a health insurer’s obligation under~~
29 ~~California law to provide or arrange for timely access to care.~~

30 ~~(B) How a contracting provider or insured can contact the~~
31 ~~health insurer to obtain assistance if a patient is unable to obtain~~
32 ~~a timely referral to an appropriate provider.~~

33 ~~(C) The toll-free telephone number for the Department of~~
34 ~~Insurance where providers and insureds can file a complaint if~~
35 ~~they are unable to obtain a timely referral to an appropriate~~
36 ~~provider.~~

37 ~~(2)~~

38 ~~(3) A health insurer may comply with this subdivision by~~
39 ~~including the information with an existing communication with a~~
40 ~~contracting provider.~~

1
2 SEC. 3. No reimbursement is required by this act pursuant to
3 Section 6 of Article XIII B of the California Constitution because
4 the only costs that may be incurred by a local agency or school
5 district will be incurred because this act creates a new crime or
6 infraction, eliminates a crime or infraction, or changes the penalty
7 for a crime or infraction, within the meaning of Section 17556 of
8 the Government Code, or changes the definition of a crime within
9 the meaning of Section 6 of Article XIII B of the California
10 Constitution.

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