

ASSEMBLY BILL

No. 1728

Introduced by Assembly Member Galgiani

February 16, 2012

An act to amend Section 14105.18 of the Welfare and Institutions Code, relating to health care.

LEGISLATIVE COUNSEL'S DIGEST

AB 1728, as introduced, Galgiani. Health care programs: provider reimbursement rates.

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 benefits. The Medi-Cal program is, in part, governed and funded by federal Medicaid Program provisions. Existing law requires the department and other state agencies to administer various health programs, including the California Children's Services Program, Genetically Handicapped Person's Program, Breast and Cervical Cancer Early Detection Program, State-Only Family Planning Program, Family Planning, Access, Care, and Treatment (Family PACT) Program, Healthy Families Program, and Access for Infants and Mothers Program. Existing law requires provider rates of payment for services under these programs to be identical to the rates of payment for the same service performed by the same provider type pursuant to the Medi-Cal program.

This bill would provide an exception to this latter provision and require hospital inpatient rates of payment for dates of service on or after January 1, 2011, to be 90% of the Medi-Cal hospital interim rates of payment, as developed by the department.

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 14105.18 of the Welfare and Institutions
2 Code is amended to read:
3 14105.18. (a) Notwithstanding any other provision of law,
4 provider rates of payment for services rendered in all of the
5 following programs shall be identical to the rates of payment for
6 the same service performed by the same provider type pursuant to
7 the Medi-Cal program, *except that hospital inpatient rates of*
8 *payment for dates of service on or after January 1, 2011, shall be*
9 *90 percent of the Medi-Cal hospital interim rates of payment, as*
10 *developed by the department.*
11 (1) The California Children's Services Program established
12 pursuant to Article 5 (commencing with Section 123800) of
13 Chapter 3 of Part 2 of Division 106 of the Health and Safety Code.
14 (2) The Genetically Handicapped Person's Program established
15 pursuant to Article 1 (commencing with Section 125125) of
16 Chapter 2 of Part 5 of Division 106 of the Health and Safety Code.
17 (3) The Breast and Cervical Cancer Early Detection Program
18 established pursuant to Article 1.3 (commencing with Section
19 104150) of Chapter 2 of Part 1 of Division 103 of the Health and
20 Safety Code and the breast cancer programs specified in Section
21 30461.6 of the Revenue and Taxation Code.
22 (4) The State-Only Family Planning Program established
23 pursuant to Division 24 (commencing with Section 24000).
24 (5) The Family Planning, Access, Care, and Treatment (Family
25 PACT) Program established pursuant to subdivision (aa) of Section
26 14132.
27 (6) The Healthy Families Program established pursuant to Part
28 6.2 (commencing with Section 12693) of Division 2 of the
29 Insurance Code if the health care services are provided by a
30 Medi-Cal provider pursuant to subdivision (b) of Section 12693.26
31 of the Insurance Code.
32 (7) The Access for Infants and Mothers Program established
33 pursuant to Part 6.3 (commencing with Section 12695) of Division
34 2 of the Insurance Code if the health care services are provided by
35 a Medi-Cal provider.

1 (b) The director may identify in regulations other programs not
2 listed in subdivision (a) in which providers shall be paid rates of
3 payment that are identical to the rates of payments in the Medi-Cal
4 program pursuant to subdivision (a).

5 (c) Notwithstanding subdivision (a), services provided under
6 any of the programs described in subdivisions (a) and (b) may be
7 reimbursed at rates greater than the Medi-Cal rate that would
8 otherwise be applicable if those rates are adopted by the director
9 in regulations.

10 ~~(d) This section shall become operative on January 1, 2011.~~