



Healthy San Diego Legislative Guide



Federal State of California

Law

Title XIX – Social Security Act – Grants to States for Medical Assistance Programs

Title XIX of the Social Security Act authorizes federal grants to States for medical assistance based on income or other qualifying factors and refers specifically to Medicaid and Children's Health Insurance Program (CHIP) funding. Title XIX delineates payment, eligibility, special populations and coverage requirements. Provisions relating to managed care are discussed specifically in Section 1932 and include beneficiary protections, choice of coverage and numerous other requirements for the authorized operation of Medicaid under a managed care model.

https://www.ssa.gov/OP_Home/ssact/title19/1900.htm

Assembly Bill 2178

AB 2178 was approved in 2002 and modifies the definition of a small business under the California Health Reform Act (CHRA) to include businesses covered by local living wage legislation with the goal of increasing access to employer provided health coverage and reducing State Medicaid expenditures.

http://www.leginfo.ca.gov/pub/01-02/bill/asm/ab 2151-

2200/ab 2178 bill 20020918 chaptered.html

Senate Bill 2139

Approved in 1996, SB 2139 provides the legislative basis for geographic managed care in San Diego County and establishes the process and criteria for health care plans to contract directly with the State.

http://www.leginfo.ca.gov/pub/95-96/bill/sen/sb 2101-2150/sb 2139 bill 960923 chaptered.html

Administering Agency

Centers for Medicare and Medicaid Services (CMS)

In their role as a partner in the federal-state administration of Medicaid and CHIP, CMS issues guidance, analyzes national and state data and provides resources for states and enrollees.

http://www.cms.gov/

Department of Health Care Services (DHCS)*

Through the Medi-Cal Managed Care Division (MMCD), DHCS executes and monitors contracts with managed care health plans across the State. MMCD also collects claims and encounter data to produce annual performance measurement reports. Managed care plans (MCPs) are also engaged in quality improvement (QI) activities with the intent of enhancing service delivery.

http://www.dhcs.ca.gov/services/Pages/Medi-CalManagedCare.aspx

Department of Managed Health Care (DMHC)

DMHC is a state-run, consumer-rights organization that helps managed care enrollees resolve issues with their health plan. DMHC also licenses and regulates managed care health plans, as well as engaging health plans in efforts to maintain a financially stable managed care system. http://www.dmhc.ca.gov/

Regulations

Code of Federal Regulations (CFR), Title 42 – Public Health, Parts 435 – 456

CFR 42 covers public health regulations, with Parts 435-456 speaking directly to Medicaid regulations on eligibility, managed care, covered services and utilization.

http://www.ecfr.gov/cgi-bin/textidx?tpl=/ecfrbrowse/Title42/42tab 02.tpl

Welfare and Institutions (W&I) Code

Section 14016.5 covers state and county required processes related to beneficiary enrollment in a managed care Medi-Cal model. The county must ensure that beneficiaries attend a presentation where they are given adequate information on managed care options to include health plans and providers. The code also describes the written enrollment process and documentation and outlines the role of DHCS in promoting beneficiary choice through corrective actions for counties whose default rates are in excess of 20% for two consecutive months.

Sections 14089 – 14089.05 outline the roles and responsibilities of counties and health plans participating in a geographic managed care model.

Section 14089.5 gives DHCS authority to audit and review contracted health plans and terminate contracts. http://leginfo.legislature.ca.gov/

1/2017

^{*} AB 102 dissolved the California Medical Assistance Commission (CMAC) and transferred contracting duties and responsibilities to DHCS. This transition is outlined in W&I 14165. http://files.medi-cal.ca.gov/pubsdoco/newsroom/newsroom/20611.asp