

# HOUSE BILL 929

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CF SB 855

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By: **The Speaker (By Request - Administration) and Delegates Aumann, Benson, Bobo, Bromwell, Bronrott, Busch, Carter, Costa, Donoghue, Elliott, Feldman, Gaines, Gutierrez, Hammen, Hucker, Ivey, James, Kaiser, Kullen, Lee, Manno, Mizeur, Montgomery, Nathan-Pulliam, Pena-Melnyk, Pendergrass, Reznik, Stein, Tarrant, V. Turner, ~~and Waldstreicher~~ Waldstreicher, Braveboy, Hubbard, Jenkins, Kach, Kipke, Krebs, McDonough, Morhaim, Oaks, and Riley**

Introduced and read first time: February 12, 2010

Assigned to: Health and Government Operations

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Committee Report: Favorable with amendments

House action: Adopted

Read second time: March 23, 2010

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## CHAPTER \_\_\_\_\_

1 AN ACT concerning

2 **Patient Centered Medical Home Program**

3 FOR the purpose of requiring the Maryland Health Care Commission to establish a  
4 Maryland Patient Centered Medical Home Program under certain  
5 circumstances; authorizing certain health insurance carriers to elect to  
6 participate in the Program; requiring certain health insurance carriers to  
7 participate in the Program; authorizing the Department of Health and Mental  
8 Hygiene to require certain managed care organizations and certain enrollees to  
9 participate in the Program under certain circumstances; requiring the  
10 Department to ensure that participation in the Program of managed care  
11 organizations and certain enrollees will support certain standards; authorizing  
12 the Commission to authorize a health insurance carrier to implement a certain  
13 single carrier patient centered medical home program; providing for the  
14 construction of certain provisions of this Act; requiring the Commission, in  
15 consultation with the Department, carriers, managed care organizations, and  
16 primary care practices, to adopt certain standards and practices for the  
17 Program; requiring the Commission to adopt certain payment methods for the  
18 Program; requiring the Commission to adopt certain health care quality and  
19 performance measures to be reported to the Commission and to certain carriers

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EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

~~Strike out~~ indicates matter stricken from the bill by amendment or deleted from the law by amendment.



1 and managed care organizations; requiring the Commission to consider certain  
 2 information when developing certain standards; requiring ~~the Commission to~~  
 3 ~~consult with certain carriers and primary care practices in developing certain~~  
 4 ~~payment methods~~ certain standards to define a certain payment method and a  
 5 certain methodology; establishing certain enrollment procedures for the  
 6 Program; requiring the Commission to conduct certain educational activities  
 7 and ensure that a participating patient centered medical home provides certain  
 8 care for a certain purpose; authorizing the Commission to adopt certain  
 9 regulations; authorizing certain health insurance carriers to pay a patient  
 10 centered medical home for certain services, pay certain bonuses and fees, and  
 11 share certain medical information about certain individuals; requiring certain  
 12 insurers, nonprofit health service plans, and health maintenance ~~organizations,~~  
 13 ~~and managed care~~ organizations to comply with certain provisions of this Act  
 14 pertaining to the Program; making certain provisions of this Act applicable to  
 15 health maintenance organizations; defining certain terms; requiring the  
 16 Commission to retain a consultant or consulting firm to conduct a certain  
 17 independent evaluation; requiring the Commission to consider certain  
 18 information in the evaluation; requiring the Commission to report its findings to  
 19 certain committees; requiring the Commission to consult with the Maryland  
 20 Community Health Resources Commission for a certain purpose; authorizing  
 21 the Maryland Community Health Resources Commission to provide certain  
 22 assistance and leverage certain assets for a certain purpose; providing for the  
 23 termination of this Act; and generally relating to ~~the Maryland Patient~~  
 24 ~~Centered Medical Home Program~~ patient centered medical home programs.

25 BY adding to  
 26 Article – Insurance  
 27 Section 15–1801 and 15–1802 to be under the new subtitle “Subtitle 18.  
 28 Exemption for a Patient Centered Medical Home Program”  
 29 Annotated Code of Maryland  
 30 (2006 Replacement Volume and 2009 Supplement)

31 BY adding to  
 32 Article – Health – General  
 33 Section 19–1A–01 through ~~19–1A–04~~ 19–1A–05 to be under the new subtitle  
 34 “Subtitle 1A. Patient Centered Medical Home Program”; and 19–706(cccc)  
 35 Annotated Code of Maryland  
 36 (2009 Replacement Volume)

37 Preamble

38 WHEREAS, Health care costs continue to increase, making it more difficult for  
 39 individuals, families, and businesses to afford a health benefit plan; and

40 WHEREAS, The increase in health care costs is, in part, attributable to  
 41 inadequate coordination of care among providers, difficulties accessing primary care,  
 42 and a lack of engagement between patients and their primary care providers; and

1 WHEREAS, Patient centered medical homes enhance care coordination and  
2 promote high quality, cost-effective care by engaging patients and their primary care  
3 providers; and

4 WHEREAS, The standards qualifying a primary care practice as a patient  
5 centered medical home, the quality measures that primary care practices must gather  
6 and report to demonstrate quality care, and the payment methodologies used to  
7 reimburse patient centered medical homes are inconsistent across carriers, and that  
8 inconsistency presents a major barrier to developing effective patient centered medical  
9 homes; and

10 WHEREAS, Patient centered medical homes are more likely to succeed if all  
11 carriers in Maryland use a single definition, a common set of quality measures, and a  
12 uniform payment methodology; and

13 WHEREAS, As a result of the complexity of establishing patient centered  
14 medical home programs, the State seeks to develop best practices in how to structure  
15 such a program through the experience to be gained in a State-sponsored patient  
16 centered medical home program and through programs that may be developed by  
17 private carriers and Medicaid managed care organizations; and

18 WHEREAS, Inconsistent access to health care services and variable quality of  
19 care provided to patients have been shown to result in poorer health outcomes and  
20 health care disparities; and

21 WHEREAS, It is desirable to have an ongoing process by which the  
22 effectiveness of patient centered medical homes can be evaluated; and

23 WHEREAS, Establishing and promoting patient centered medical homes in  
24 Maryland through both a State-sponsored program and similar programs  
25 implemented by private carriers and Medicaid managed care organizations will  
26 achieve higher quality health care for Maryland citizens ~~and will~~, help slow the  
27 continuing escalation of health care costs, and improve health outcomes for Maryland  
28 citizens; now, therefore,

29 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF  
30 MARYLAND, That the Laws of Maryland read as follows:

31 **Article – Insurance**

32 **SUBTITLE 18. EXEMPTION FOR A PATIENT CENTERED MEDICAL HOME**  
33 **PROGRAM.**

34 **15-1801.**

1 (A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS  
2 INDICATED.

3 (B) "CARRIER" MEANS:

4 (1) AN INSURER THAT HOLDS A CERTIFICATE OF AUTHORITY IN  
5 THE STATE AND PROVIDES HEALTH BENEFIT PLANS IN THE STATE;

6 (2) A HEALTH MAINTENANCE ORGANIZATION THAT IS LICENSED  
7 TO OPERATE IN THE STATE;

8 ~~(3) A MANAGED CARE ORGANIZATION AUTHORIZED TO RECEIVE  
9 MEDICAID PREPAID CAPITATION PAYMENTS UNDER TITLE 15, SUBTITLE 1 OF  
10 THE HEALTH - GENERAL ARTICLE; OR~~

11 ~~(4)~~ (3) A NONPROFIT HEALTH SERVICE PLAN THAT IS LICENSED TO  
12 OPERATE IN THE STATE.

13 (C) "COMMISSION" MEANS THE MARYLAND HEALTH CARE  
14 COMMISSION ESTABLISHED UNDER TITLE 19, SUBTITLE 1 OF THE HEALTH -  
15 GENERAL ARTICLE.

16 (D) "COVERED MEDICAL SERVICES" MEANS THE HEALTH CARE  
17 SERVICES THAT ARE INCLUDED AS BENEFITS UNDER A HEALTH BENEFIT PLAN  
18 ISSUED BY A CARRIER.

19 (E) ~~(1)~~ "HEALTH BENEFIT PLAN" HAS THE MEANING STATED IN §  
20 15-1301 OF THIS TITLE.

21 ~~(2) "HEALTH BENEFIT PLAN" INCLUDES COVERAGE PROVIDED  
22 TO ENROLLEES OF A MANAGED CARE ORGANIZATION AUTHORIZED UNDER  
23 TITLE 15, SUBTITLE 1 OF THE HEALTH - GENERAL ARTICLE.~~

24 (F) "QUALIFYING INDIVIDUAL" HAS THE MEANING STATED IN §  
25 19-1A-01 OF THE HEALTH - GENERAL ARTICLE.

26 (G) "PATIENT CENTERED MEDICAL HOME" HAS THE MEANING STATED  
27 IN § 19-1A-01 OF THE HEALTH - GENERAL ARTICLE.

28 (H) "SINGLE CARRIER PATIENT CENTERED MEDICAL HOME PROGRAM"  
29 MEANS A PROGRAM IMPLEMENTED BY A ~~PRIVATE~~ CARRIER TO PROMOTE THE  
30 DEVELOPMENT OF A PATIENT CENTERED MEDICAL HOME.

31 15-1802.

1 (A) NOTWITHSTANDING ANY OTHER PROVISION OF THIS ARTICLE OR  
2 THE HEALTH – GENERAL ARTICLE, A CARRIER THAT IS PARTICIPATING IN THE  
3 MARYLAND PATIENT CENTERED MEDICAL HOME PROGRAM UNDER TITLE 19,  
4 SUBTITLE 1A OF THE HEALTH – GENERAL ARTICLE OR A CARRIER THAT HAS  
5 BEEN AUTHORIZED BY THE COMMISSION TO IMPLEMENT A SINGLE CARRIER  
6 PATIENT CENTERED MEDICAL HOME PROGRAM MAY:

7 (1) PAY A PATIENT CENTERED MEDICAL HOME FOR SERVICES  
8 ASSOCIATED WITH COORDINATION OF COVERED MEDICAL SERVICES TO  
9 QUALIFYING INDIVIDUALS;

10 (2) PAY A PATIENT CENTERED MEDICAL HOME PROVIDER A  
11 BONUS, FEE BASED INCENTIVE, BUNDLED FEES, OR OTHER INCENTIVES  
12 APPROVED BY THE COMMISSION; AND

13 (3) SHARE MEDICAL INFORMATION ABOUT A QUALIFYING  
14 INDIVIDUAL WHO HAS ELECTED TO PARTICIPATE IN THE PATIENT CENTERED  
15 MEDICAL HOME WITH THE QUALIFYING INDIVIDUAL'S PATIENT CENTERED  
16 MEDICAL HOME AND OTHER TREATING PROVIDERS RENDERING HEALTH CARE  
17 SERVICES TO THE QUALIFYING INDIVIDUAL.

18 (B) EXCEPT AS OTHERWISE PROVIDED IN THIS SECTION:

19 (1) AN INSURER OR NONPROFIT HEALTH SERVICE PLAN THAT  
20 PARTICIPATES IN THE MARYLAND PATIENT CENTERED MEDICAL HOME  
21 PROGRAM UNDER TITLE 19, SUBTITLE 1A OF THE HEALTH – GENERAL  
22 ARTICLE OR THAT IS AUTHORIZED BY THE COMMISSION TO IMPLEMENT A  
23 SINGLE CARRIER PATIENT CENTERED MEDICAL HOME PROGRAM SHALL  
24 COMPLY WITH THIS ARTICLE; AND

25 (2) A HEALTH MAINTENANCE ORGANIZATION ~~OR MANAGED CARE~~  
26 ~~ORGANIZATION~~ THAT PARTICIPATES IN THE MARYLAND PATIENT CENTERED  
27 MEDICAL HOME PROGRAM UNDER TITLE 19, SUBTITLE 1A OF THE HEALTH –  
28 GENERAL ARTICLE OR THAT IS AUTHORIZED BY THE COMMISSION TO  
29 IMPLEMENT A SINGLE CARRIER PATIENT CENTERED MEDICAL HOME PROGRAM  
30 SHALL COMPLY WITH THIS ARTICLE, WHERE APPLICABLE, AND TITLE 19,  
31 SUBTITLE 7 OF THE HEALTH – GENERAL ARTICLE.

32 Article – Health – General

33 SUBTITLE 1A. PATIENT CENTERED MEDICAL HOME PROGRAM.

34 19-1A-01.

1 (A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANING  
2 INDICATED.

3 (B) "CARRIER" HAS THE MEANING STATED IN § 15-1801 OF THE  
4 INSURANCE ARTICLE.

5 (C) "FEDERALLY QUALIFIED HEALTH CENTER" HAS THE MEANING  
6 STATED IN 42 U.S.C. § 254B.

7 (D) "HEALTH ~~BENEFITS~~ BENEFIT PLAN" HAS THE MEANING STATED IN §  
8 15-1801 OF THE INSURANCE ARTICLE.

9 (E) "MANAGED CARE ORGANIZATION" HAS THE MEANING STATED IN §  
10 15-101 OF THIS ARTICLE.

11 ~~(E)~~ (F) "PATIENT CENTERED MEDICAL HOME" MEANS A PRIMARY  
12 CARE PRACTICE ORGANIZED TO PROVIDE A FIRST, COORDINATED, ONGOING,  
13 AND COMPREHENSIVE SOURCE OF CARE TO PATIENTS TO:

14 (1) FOSTER A PARTNERSHIP WITH A QUALIFYING INDIVIDUAL;

15 (2) COORDINATE HEALTH CARE SERVICES FOR A QUALIFYING  
16 INDIVIDUAL; AND

17 (3) EXCHANGE MEDICAL INFORMATION WITH CARRIERS, OTHER  
18 PROVIDERS, AND QUALIFYING INDIVIDUALS.

19 ~~(F)~~ (G) "PRIMARY CARE PRACTICE" MEANS A PRACTICE OR  
20 FEDERALLY QUALIFIED HEALTH CENTER ORGANIZED BY OR INCLUDING  
21 PEDIATRICIANS, GENERAL INTERNAL MEDICINE PHYSICIANS, FAMILY MEDICINE  
22 PHYSICIANS, OR NURSE PRACTITIONERS.

23 ~~(G)~~ (H) (1) "PROMINENT CARRIER" MEANS A CARRIER REPORTING  
24 AT LEAST \$90,000,000 IN WRITTEN PREMIUMS FOR HEALTH BENEFIT PLANS IN  
25 THE STATE IN THE MOST RECENT MARYLAND HEALTH BENEFIT PLAN REPORT  
26 SUBMITTED TO THE INSURANCE COMMISSIONER AS REQUIRED UNDER § 15-605  
27 OF THE INSURANCE ARTICLE.

28 (2) "PROMINENT CARRIER" DOES NOT INCLUDE A GROUP MODEL  
29 HEALTH MAINTENANCE ORGANIZATION AS DEFINED IN § 19-713.6 OF THIS  
30 TITLE.

31 ~~(H)~~ (I) "QUALIFYING INDIVIDUAL" MEANS ~~A~~ :

1           **(1) A PERSON COVERED UNDER A HEALTH BENEFIT PLAN ISSUED**  
2 **BY A CARRIER; OR**

3           **(2) A MEMBER OF A MANAGED CARE ORGANIZATION.**

4           **~~(I) (J) "SINGLE PAYER CARRIER PATIENT CENTERED MEDICAL HOME~~**  
5 **~~PROGRAM" MEANS A PROGRAM IMPLEMENTED BY A SINGLE CARRIER OR~~**  
6 **~~MEDICAID-MANAGED CARE ORGANIZATION TO PROMOTE THE DEVELOPMENT OF~~**  
7 **~~A PATIENT-CENTERED MEDICAL HOME~~ HAS THE MEANING STATED IN § 15-1801**  
8 **OF THE INSURANCE ARTICLE.**

9 **19-1A-02.**

10           **(A) SUBJECT TO § 19-1A-03(A) OF THIS SUBTITLE, THE COMMISSION**  
11 **SHALL ESTABLISH THE MARYLAND PATIENT CENTERED MEDICAL HOME**  
12 **PROGRAM TO PROMOTE DEVELOPMENT OF PATIENT CENTERED MEDICAL**  
13 **HOMES.**

14           **(B) (1) A CARRIER MAY ELECT TO PARTICIPATE IN THE MARYLAND**  
15 **PATIENT CENTERED MEDICAL HOME PROGRAM.**

16           **(2) NOTWITHSTANDING THE PROVISIONS OF PARAGRAPH (1) OF**  
17 **THIS SUBSECTION, A PROMINENT CARRIER ~~OTHER THAN A MEDICAID-MANAGED~~**  
18 **~~CARE ORGANIZATION~~ SHALL PARTICIPATE IN THE MARYLAND PATIENT**  
19 **CENTERED MEDICAL HOME PROGRAM.**

20           **(3) ~~NOTWITHSTANDING THE PROVISIONS OF PARAGRAPHS (1)~~**  
21 **~~AND (2) OF THIS SUBSECTION, SUBJECT TO THE LIMITATIONS OF THE STATE~~**  
22 **BUDGET, THE DEPARTMENT MAY:**

23           **(I) MAY REQUIRE THAT CERTAIN ~~MEDICAID~~ MANAGED**  
24 **CARE ORGANIZATIONS PARTICIPATE IN THE MARYLAND PATIENT CENTERED**  
25 **MEDICAL HOME PROGRAM AS ALLOWED BY LAW ~~AND SUBJECT TO THE~~**  
26 **LIMITATIONS OF THE STATE BUDGET; AND**

27           **(II) NOTWITHSTANDING ANY OTHER PROVISION OF THIS**  
28 **ARTICLE, MAY MANDATE THE PARTICIPATION IN THE MARYLAND PATIENT**  
29 **CENTERED MEDICAL HOME PROGRAM OF MARYLAND MEDICAL ASSISTANCE**  
30 **PROGRAM ENROLLEES.**

31           **(4) THE DEPARTMENT SHALL ENSURE THAT PARTICIPATION IN**  
32 **THE MARYLAND PATIENT CENTERED MEDICAL HOME PROGRAM OF MANAGED**  
33 **CARE ORGANIZATIONS AND MARYLAND MEDICAL ASSISTANCE PROGRAM**  
34 **ENROLLEES SHALL SUPPORT THE QUALITY AND EFFICIENCY STANDARDS**  
35 **ESTABLISHED IN THE HEALTHCHOICE PROGRAM.**

1 (C) THE COMMISSION MAY ALSO AUTHORIZE A CARRIER TO IMPLEMENT  
2 A SINGLE CARRIER PATIENT CENTERED MEDICAL HOME PROGRAM THAT:

3 (1) PAYS AND SHARES MEDICAL INFORMATION WITH A PATIENT  
4 CENTERED MEDICAL HOME IN ACCORDANCE WITH § 15-1802 OF THE  
5 INSURANCE ARTICLE; AND

6 (2) CONFORMS WITH THE PRINCIPLES OF THE PATIENT  
7 CENTERED MEDICAL HOME AS ADOPTED BY A NATIONAL COALITION OF  
8 PHYSICIANS, CARRIERS, PURCHASERS, AND CONSUMERS.

9 (D) NOTHING IN THIS SECTION SHALL BE CONSTRUED TO LIMIT OR  
10 PROHIBIT A CARRIER FROM PROVIDING A BONUS, FEE BASED INCENTIVES,  
11 BUNDLED INCENTIVES, OR OTHER INCENTIVE-BASED COMPENSATION:

12 (1) AS AUTHORIZED BY THE COMMISSION FOR A PATIENT  
13 CENTERED MEDICAL HOME; OR

14 (2) AS ALLOWED UNDER § 15-113 OF THE INSURANCE ARTICLE.  
15 19-1A-03.

16 (A) NOTWITHSTANDING ANY STATE OR FEDERAL LAW THAT PROHIBITS  
17 THE COLLABORATION OF CARRIERS OR PROVIDERS ON PAYMENT, THE  
18 COMMISSION MAY ESTABLISH THE MARYLAND PATIENT CENTERED MEDICAL  
19 HOME PROGRAM, IF THE COMMISSION CONCLUDES THAT THE PROGRAM:

20 (1) IS LIKELY TO RESULT IN THE DELIVERY OF MORE EFFICIENT  
21 AND EFFECTIVE HEALTH CARE SERVICES; AND

22 (2) IS IN THE PUBLIC INTEREST.

23 (B) IN ESTABLISHING THE MARYLAND PATIENT CENTERED MEDICAL  
24 HOME PROGRAM, THE COMMISSION, IN CONSULTATION WITH THE  
25 DEPARTMENT, CARRIERS, MANAGED CARE ORGANIZATIONS, AND PRIMARY  
26 CARE PRACTICES, SHALL ADOPT:

27 (1) STANDARDS QUALIFYING A PRIMARY CARE PRACTICE AS A  
28 PARTICIPANT IN THE MARYLAND PATIENT CENTERED MEDICAL HOME  
29 PROGRAM;

30 (2) ~~THE PAYMENT METHOD TO BE~~ GENERAL STANDARDS THAT  
31 MAY BE USED BY A CARRIER OR A MANAGED CARE ORGANIZATION TO PAY A



1 PARTICIPATING PATIENT CENTERED MEDICAL HOME FOR SERVICES  
2 ASSOCIATED WITH THE COORDINATION OF COVERED HEALTH CARE SERVICES;

3 (3) ~~STANDARDS TO BE USED TO DETERMINE~~ GENERAL  
4 STANDARDS TO GOVERN THE BONUS, FEE BASED INCENTIVE, BUNDLED FEES,  
5 OR OTHER INCENTIVES A CARRIER OR A MANAGED CARE ORGANIZATION MAY  
6 PAY TO A PARTICIPATING PATIENT CENTERED MEDICAL HOME BASED ON THE  
7 SAVINGS FROM REDUCED HEALTH CARE EXPENDITURES THAT ARE ASSOCIATED  
8 WITH IMPROVED HEALTH OUTCOMES AND CARE COORDINATION BY QUALIFYING  
9 INDIVIDUALS ATTRIBUTED TO THE PARTICIPATING PATIENT CENTERED  
10 MEDICAL HOME;

11 (4) THE METHOD FOR ATTRIBUTING A PATIENT TO A  
12 PARTICIPATING PATIENT CENTERED MEDICAL HOME;

13 (5) THE UNIFORM SET OF HEALTH CARE QUALITY AND  
14 PERFORMANCE MEASURES THAT THE PARTICIPATING PATIENT CENTERED  
15 MEDICAL HOME IS TO REPORT TO THE COMMISSION AND TO CARRIERS OR  
16 MANAGED CARE ORGANIZATIONS;

17 (6) THE ENROLLMENT FORM NOTIFYING CARRIERS OR MANAGED  
18 CARE ORGANIZATIONS A QUALIFYING INDIVIDUAL HAS VOLUNTARILY AGREED  
19 TO PARTICIPATE IN THE MARYLAND PATIENT CENTERED MEDICAL HOME  
20 PROGRAM; AND

21 (7) THE PROCESS FOR PRIMARY CARE PRACTICES TO COMMENCE  
22 AND TERMINATE PARTICIPATION IN THE MARYLAND PATIENT CENTERED  
23 MEDICAL HOME PROGRAM.

24 (C) IN DEVELOPING THE STANDARDS REQUIRED IN SUBSECTION (B)(1)  
25 OF THIS SECTION, THE COMMISSION SHALL CONSIDER:

26 (1) THE USE OF HEALTH INFORMATION TECHNOLOGY,  
27 INCLUDING ELECTRONIC MEDICAL RECORDS;

28 (2) THE RELATIONSHIP BETWEEN THE PRIMARY CARE PRACTICE,  
29 SPECIALISTS, OTHER PROVIDERS, AND HOSPITALS;

30 (3) THE ACCESS STANDARDS FOR QUALIFYING INDIVIDUALS TO  
31 RECEIVE PRIMARY MEDICAL CARE IN A TIMELY MANNER; ~~AND~~

32 (4) THE ABILITY OF THE PRIMARY CARE PRACTICE TO FOSTER A  
33 PARTNERSHIP WITH QUALIFYING INDIVIDUALS; AND

1           **(5) THE USE OF COMPREHENSIVE MEDICATION MANAGEMENT TO**  
2 **IMPROVE CLINICAL OUTCOMES.**

3           ~~(D) IN DEVELOPING THE PAYMENT METHOD REQUIRED IN SUBSECTION~~  
4 ~~(B)(2) OF THIS SECTION, THE COMMISSION, IN CONSULTATION WITH CARRIERS~~  
5 ~~AND PRIMARY CARE PRACTICES, THE GENERAL STANDARDS REQUIRED IN~~  
6 **SUBSECTION (B)(2) AND (3) OF THIS SECTION SHALL:**

7           **(1) DEFINE THE PAYMENT METHOD USED BY A CARRIER TO PAY A**  
8 **PARTICIPATING PATIENT CENTERED MEDICAL HOME FOR SERVICES**  
9 **ASSOCIATED WITH THE COORDINATION OF COVERED HEALTH CARE SERVICES;**  
10 **AND**

11           **(2) DEFINE THE METHODOLOGY FOR DETERMINING ANY BONUS,**  
12 **FEE BASED INCENTIVE, BUNDLED FEES, OR OTHER INCENTIVES TO BE PAID BY A**  
13 **CARRIER TO A PARTICIPATING PATIENT CENTERED MEDICAL HOME BASED ON**  
14 **IMPROVEMENTS IN QUALITY OR EFFICIENCY.**

15           **(E) (1) TO COMMENCE, RENEW, OR TERMINATE PARTICIPATION IN**  
16 **THE MARYLAND PATIENT CENTERED MEDICAL HOME PROGRAM, A**  
17 **QUALIFYING INDIVIDUAL SHALL COMPLETE FORMS ADOPTED BY THE**  
18 **COMMISSION.**

19           **(2) THE ENROLLMENT FORM SHALL AUTHORIZE THE CARRIER,**  
20 **THE PARTICIPATING PATIENT CENTERED MEDICAL HOME TREATING THE**  
21 **QUALIFYING INDIVIDUAL, AND OTHER PROVIDERS TREATING THE QUALIFYING**  
22 **INDIVIDUAL TO SHARE MEDICAL INFORMATION ABOUT THE QUALIFYING**  
23 **INDIVIDUAL WITH EACH OTHER.**

24           **(3) THE AUTHORIZATION UNDER PARAGRAPH (2) OF THIS**  
25 **SUBSECTION SHALL BE VALID FOR A PERIOD NOT TO EXCEED 1 YEAR.**

26           **(4) THE RENEWAL FORM SHALL EXTEND THE AUTHORIZATION**  
27 **UNDER PARAGRAPH (2) OF THIS SUBSECTION FOR AN ADDITIONAL PERIOD NOT**  
28 **TO EXCEED 1 YEAR.**

29           **(5) A CARRIER PARTICIPATING IN THE MARYLAND PATIENT**  
30 **CENTERED MEDICAL HOME PROGRAM SHALL ACCEPT FORMS ADOPTED BY THE**  
31 **COMMISSION AS THE SOLE INSTRUMENT FOR NOTIFICATION THAT A**  
32 **QUALIFYING INDIVIDUAL HAS VOLUNTARILY AGREED TO PARTICIPATE OR**  
33 **TERMINATE PARTICIPATION IN THE MARYLAND PATIENT CENTERED MEDICAL**  
34 **HOME PROGRAM.**

1       **(F) (1) THE COMMISSION SHALL CONDUCT CULTURALLY AND**  
2 **LINGUISTICALLY APPROPRIATE PROVIDER AND PATIENT EDUCATIONAL**  
3 **ACTIVITIES TO INCREASE AWARENESS OF THE POTENTIAL BENEFITS FOR**  
4 **PROVIDERS AND PATIENTS OF PARTICIPATING IN THE MARYLAND PATIENT**  
5 **CENTERED MEDICAL HOME PROGRAM.**

6       **(2) THE COMMISSION SHALL ENSURE THAT A PARTICIPATING**  
7 **PATIENT CENTERED MEDICAL HOME PROVIDES, ON AN ONGOING BASIS,**  
8 **CULTURALLY AND LINGUISTICALLY APPROPRIATE CARE FOR THE PURPOSE OF**  
9 **REDUCING HEALTH DISPARITIES.**

10 **19-1A-04.**

11       ~~(F)~~ **THE COMMISSION MAY ADOPT REGULATIONS ~~TO ESTABLISH~~ TO:**

12       **(1) ESTABLISH THE MARYLAND PATIENT CENTERED MEDICAL**  
13 **HOME PROGRAM PROGRAM; AND**

14       **(2) AUTHORIZE A CARRIER TO IMPLEMENT A SINGLE CARRIER**  
15 **PATIENT CENTERED MEDICAL HOME PROGRAM.**

16 ~~19-1A-04.~~ **19-1A-05.**

17       **(A) (1) THE COMMISSION SHALL RETAIN A CONSULTANT OR**  
18 **CONSULTING FIRM TO CONDUCT AN INDEPENDENT EVALUATION OF THE**  
19 **EFFECTIVENESS OF THE MARYLAND PATIENT CENTERED MEDICAL HOME**  
20 **PROGRAM IN REDUCING HEALTH CARE COSTS AND IMPROVING HEALTH CARE**  
21 **OUTCOMES.**

22       **(2) ~~THE COMMISSION MAY INCLUDE ANY~~ A SINGLE CARRIER**  
23 **PATIENT CENTERED MEDICAL HOME PROGRAM MAY REQUEST TO BE INCLUDED**  
24 **IN THE EVALUATION DESCRIBED IN PARAGRAPH (1) OF THIS SUBSECTION.**

25       **(3) IN CONDUCTING THE EVALUATION, THE COMMISSION SHALL**  
26 **CONSIDER, SUBJECT TO BUDGET LIMITATIONS, IMPROVEMENTS IN HEALTH**  
27 **CARE DELIVERY, ~~THE SATISFACTION OF QUALIFYING INDIVIDUALS AND~~**  
28 **~~PRIMARY CARE PRACTICES, AND THE IMPACT ON HEALTH CARE EXPENDITURES~~**  
29 **IMPROVED CLINICAL CARE PROCESSES, INCREASED ACCESS TO CARE**  
30 **COORDINATION, ADEQUACY OF ENHANCED PAYMENTS TO COVER EXPANDED**  
31 **SERVICES, INCREASED PATIENT SATISFACTION WITH CARE, INCREASED**  
32 **CLINICIAN AND STAFF WORK SATISFACTION, LOWER TOTAL COSTS OF CARE,**  
33 **AND REDUCTIONS IN HEALTH DISPARITIES RESULTING FROM THE MARYLAND**  
34 **PATIENT CENTERED MEDICAL HOME PROGRAM AND ANY AUTHORIZED SINGLE**

1 CARRIER PATIENT CENTERED MEDICAL HOME PROGRAM INCLUDED IN THE  
2 STUDY.

3 (B) ON OR BEFORE DECEMBER 1, 2014, THE COMMISSION SHALL  
4 REPORT ITS FINDINGS, IN ACCORDANCE WITH § 2-1246 OF THE STATE  
5 GOVERNMENT ARTICLE, TO THE SENATE FINANCE COMMITTEE AND THE  
6 HOUSE HEALTH AND GOVERNMENT OPERATIONS COMMITTEE.

7 19-706.

8 (CCCC) THE PROVISIONS OF TITLE 15, SUBTITLE 18 OF THE  
9 INSURANCE ARTICLE APPLY TO HEALTH MAINTENANCE ORGANIZATIONS.

10 SECTION 2. AND BE IT FURTHER ENACTED, That:

11 (a) The Maryland Health Care Commission shall consult with the Maryland  
12 Community Health Resources Commission regarding the inclusion of federally  
13 qualified health centers and other primary care practices in the Maryland Patient  
14 Centered Medical Home Program established by Section 1 of this Act.

15 (b) The Maryland Community Health Resources Commission, in consultation  
16 with the Maryland Health Care Commission, may assist federally qualified health  
17 centers and other primary care practices to become patient centered medical homes as  
18 defined in § 19-1A-01 of the Health – General Article, as enacted by Section 1 of this  
19 Act, and identify ways that Maryland Community Health Resources Commission  
20 resources can leverage additional assets to support the participation of federally  
21 qualified health centers and other primary care practices in a patient centered medical  
22 home program.

23 SECTION ~~2~~ 3. AND BE IT FURTHER ENACTED, That this Act shall take  
24 effect July 1, 2010. It shall remain effective for a period of 5 years and 6 months and,  
25 at the end of December 31, 2015, with no further action required by the General  
26 Assembly, this Act shall be abrogated and of no further force and effect.

Approved:

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Governor.

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Speaker of the House of Delegates.

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President of the Senate.