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§15–103.5.

(a) For the calendar year prior to the report date under subsection (b) of this section, the Department shall review the rates paid to providers under the federal Medicare fee schedule and compare the rates under the Medicare fee schedule to the fee-for-service rates paid to similar providers for the same services under the Maryland Medical Assistance Program and the rates paid to managed care organization providers for the same services under the Maryland Medical Assistance Program.

(b) On or before January 1, 2010, and each January 1 thereafter, the Department shall report, in accordance with § 2–1246 of the State Government Article, to the Senate Finance Committee and the House Health and Government Operations Committee on:

- (1) The review and comparison under subsection (a) of this section;
- (2) Whether the fee-for-service rates and managed care organization provider rates will exceed the rates paid under the Medicare fee schedule for the period covered by the review required under subsection (a) of this section;
- (3) An analysis of the fee-for-service reimbursement rates paid in other states and how those rates compare with those in the State;
- (4) A schedule for bringing the State's fee-for-service reimbursement rates to a level that assures that all health care providers are reimbursed adequately to provide access to care; and
- (5) An analysis of the estimated costs of implementing the schedule and any proposed changes to the fee-for-service reimbursement rates for the Maryland Medical Assistance Program and the Maryland Children's Health Program.

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