

Article - Insurance

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§19–807.

(a) In this section, “health care provider” includes a health care practitioner licensed under Title 4 of the Health Occupations Article.

(b) (1) The Commissioner shall disburse money from the Medical Assistance Program Account to the Secretary.

(2) The Secretary shall transfer to the Community Health Resources Commission Fund established under § 19–2201 of the Health – General Article, within 30 days following the end of each quarter during fiscal year 2008 and each fiscal year thereafter, the money collected from a nonprofit health maintenance organization in accordance with § 6–121(b)(3) of this article.

(c) (1) In fiscal year 2005, disbursements from the Medical Assistance Program Account shall be used by the Secretary to increase capitation rates paid to managed care organizations.

(2) Beginning in fiscal year 2006 and annually thereafter, to maintain the rate increases provided under this paragraph, disbursements from the Medical Assistance Program Account of \$15,000,000 shall be used by the Secretary to increase fee–for–service health care provider rates and to pay managed care organization health care providers consistent with fee–for–service health care provider rates for procedures commonly performed by:

- (i) obstetricians;
- (ii) neurosurgeons;
- (iii) orthopedic surgeons; and
- (iv) emergency medicine physicians.

(3) Portions of the Medical Assistance Program Account that exceed the amount provided under paragraph (2) of this subsection shall be used by the Secretary only to:

- (i) increase capitation payments to managed care organizations consistent with § 15–103(b)(18) of the Health – General Article;
- (ii) increase fee–for–service health care provider rates;
- (iii) pay managed care organization health care providers consistent with the fee–for–service health care provider rates; and

(iv) after fiscal year 2008:

1. maintain increased capitation payments to managed care organizations;
2. maintain increased rates for health care providers;
3. in accordance with § 6–121(b)(3) of this article, support the provision of office–based specialty care, diagnostic testing, and laboratory tests for individuals with family income that does not exceed 200% of the federal poverty level; and
4. support generally the operations of the Maryland Medical Assistance Program.

(d) (1) Health care provider rate increases under subsection (b)(2) and (3)(ii), (iii), and (iv)2 of this section shall be determined by the Secretary in consultation with managed care organizations, the Maryland Hospital Association, the Maryland State Medical Society, the American Academy of Pediatrics, Maryland Chapter, the American College of Emergency Room Physicians, Maryland Chapter, the Maryland State Dental Association, and the Maryland Dental Society.

(2) The Secretary shall submit the plan for Medicaid health care provider rate increases under paragraph (1) of this subsection to the Senate Budget and Taxation Committee, Senate Finance Committee, House Appropriations Committee, and House Health and Government Operations Committee prior to adopting the regulations implementing the increase.

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