A BILL ENTITLED

AN ACT concerning

Behavioral Health Community Providers – Keep the Door Open Act

FOR the purpose of requiring, except under certain circumstances, the Department of Health and Mental Hygiene to adjust the rate of reimbursement for certain community providers each fiscal year by the rate adjustment included in a certain State budget; requiring that the Governor’s proposed budget for a certain fiscal year, and for each fiscal year thereafter, include rate adjustments for certain community providers based on the funding provided in certain legislative appropriations; requiring that a certain rate of adjustment equal the average annual percentage change in a certain Consumer Price Index for a certain period; requiring, under certain circumstances, managed care organizations to pay a certain rate for a certain time period for services provided by community providers and to adjust the rate of reimbursement for community providers each fiscal year by a certain amount; defining certain terms; providing for the application of this Act; and generally relating to the rate of reimbursement for behavioral health community providers.

BY adding to

Article – Health – General
Section 16–201.3
Annotated Code of Maryland
(2015 Replacement Volume)

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

Article – Health – General

16–201.3.
(A) (1) In this section the following words have the meanings indicated.

(2) “Community provider” means a community–based agency or program funded by the Behavioral Health Administration or the Medical Care Programs Administration to serve individuals with mental disorders, substance–related disorders, or a combination of these disorders.

(3) “Consumer Price Index” means the Consumer Price Index for all urban consumers for medical care for the Washington–Baltimore Region.

(4) “Rate” means the reimbursement rate paid by the Department to a community provider from the State General Fund, Maryland Medical Assistance Program funds, other State or federal funds, or a combination of these funds.

(B) This section does not apply to reimbursement for any service provided by a community provider whose rates are regulated by the Health Services Cost Review Commission.

(C) (1) Subject to paragraph (2) of this subsection and except as provided in subsection (d) of this section, the Department shall adjust the rate of reimbursement for community providers each fiscal year by the rate adjustment included in the State budget for that fiscal year.

(2) (i) The Governor’s proposed budget for fiscal year 2018, and for each fiscal year thereafter, shall include rate adjustments for community providers based on the funding provided in the legislative appropriation for the immediately preceding fiscal year for each of the following:

1. Object 08 Contractual Services in Program M00Q01.10 Medicaid Behavioral Health Provider Reimbursement – Medical Care Programs Administration;

2. Object 08 Contractual Services in Program M00L01.02 Community Services – Behavioral Health Administration; and
3. **Object 08 Contractual Services in Program M00L01.03 Community Services for Medicaid State Fund Recipients – Behavioral Health Administration.**

   (II) A rate adjustment required to be included in the Governor’s proposed budget under subparagraph (I) of this paragraph shall equal the average annual percentage change in the Consumer Price Index for the 3-year period ending in July of the immediately preceding fiscal year.

   (3) The Governor’s proposed budget for fiscal year 2018, and for each fiscal year thereafter, for community providers shall be presented in the same manner, including object and program information, as in the fiscal year 2017 budget.

   (D) If services provided by community providers are provided through managed care organizations, the managed care organization shall:

   (1) Pay the rate in effect during the immediately preceding fiscal year for the first fiscal year the managed care organizations provide the services; and

   (2) Adjust the rate of reimbursement for community providers each fiscal year by the same amount that otherwise would have been required under subsection (C)(2)(II) of this section.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect June 1, 2016.