
By: Delegate Hurson

Introduced and read first time: February 6, 1996

Assigned to: Environmental Matters

A BILL ENTITLED

1 AN ACT concerning

2 Maryland Medical Assistance Program - Managed Care Plans - Provision of Services

3 FOR the purpose of requiring managed care plans in which Maryland Medical Assistance
4 Program recipients are enrolled to provide Program services to certain Program
5 recipients for a certain period of time under certain circumstances; repealing and
6 altering certain contingency provisions related to the Program and ascertain federal
7 waiver; and generally relating to Maryland Medical Assistance Program recipients
8 enrolled in managed care plans.

9 BY repealing and reenacting, without amendments,
10 Article - Health - General
11 Section 15-103(a)
12 Annotated Code of Maryland
13 (1994 Replacement Volume and 1995 Supplement)

14 BY repealing and reenacting, with amendments,
15 Article - Health - General
16 Section 15-103(b)
17 Annotated Code of Maryland
18 (1994 Replacement Volume and 1995 Supplement)

19 BY repealing
20 Chapter 500 of the Acts of the General Assembly of 1995
21 Section 2, 3, and 4

22 BY repealing and reenacting, with amendments,
23 Chapter 500 of the Acts of the General Assembly of 1995
24 Section 5

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

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1 **Article - Health - General**

2 15-103.

3 (a) (1) The Secretary shall administer the Maryland Medical Assistance
4 Program.

5 (2) The Program:

6 (i) Subject to the limitations of the State budget and the availability of
7 federal funds, shall provide comprehensive medical and other health care for indigent
8 individuals or medically indigent individuals or both;

9 (ii) Shall provide, subject to the limitations of the State budget and the
10 availability of federal funds, comprehensive medical and other health care for all
11 pregnant women and, at a minimum, all children currently under the age of 1 whose
12 family income falls below 185 percent of the poverty level, as permitted by the federal
13 law;

14 (iii) Shall provide, subject to the limitations of the State budget, family
15 planning service to women currently eligible for comprehensive medical care and other
16 health care under item (ii) of this paragraph for 5 years after the second month following
17 the month in which the woman delivers her child;

18 (iv) Shall provide, subject to the limitations of the State budget and the
19 availability of federal funds, comprehensive medical and other health care for all children
20 from the age of 1 year up through and including the age of 5 years whose family income
21 falls below 133 percent of the poverty level, as permitted by the federal law;

22 (v) Shall provide, subject to the limitations of the State budget and the
23 availability of federal funds, comprehensive medical care and other health care for all
24 children born after September 30, 1983 who are at least 6 years of age but are under 19
25 years of age whose family income falls below 100 percent of the poverty level, as
26 permitted by federal law; and

27 (vi) May include bedside nursing care for eligible Program recipients.

28 (3) Subject to restrictions in federal law or waivers, the Department may
29 impose cost-sharing on Program recipients.

30 (b) (1) The Secretary may establish a program under which Program recipients
31 are required to enroll in managed care plans.

32 (2) A managed care plan shall:

33 (i) Have a quality assurance program in effect which is subject to the
34 approval of the Department;

35 (ii) Collect and submit to the Department service-specific data by
36 service type in a format to be established by the Department;

37 (iii) Promote timely access to and continuity of health care for Program
38 recipients;

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1 (iv) Develop special programs tailored to meet the individual health
2 care needs of Program recipients;

3 (v) Provide assistance to Program recipients in securing necessary
4 health care services;

5 (vi) Provide or assure alcohol and drug abuse treatment for substance
6 abusing pregnant women;

7 (vii) Educate Program recipients on health care prevention and good
8 health habits;

9 (viii) Assure necessary provider capacity in all geographic areas under
10 contract;

11 (ix) Be accountable for standards established by the Department and,
12 upon failure to meet those standards, be subject to a penalty up to and including
13 revocation of its Medicaid managed care contract; [and]

14 (x) Subject to applicable federal and State law, include incentives for
15 Program recipients to comply with provisions of the managed care plan, and disincentives
16 for failing to comply with provisions of the managed care plan; AND

17 (XI) PROVIDE PROGRAM SERVICES TO A PROGRAM RECIPIENT FOR
18 AT LEAST 1 YEAR AFTER THE INITIAL ELIGIBILITY OF THE PROGRAM RECIPIENT
19 HAS BEEN ESTABLISHED, REGARDLESS OF ANY SUBSEQUENT FINDING OF
20 INELIGIBILITY FOR PROGRAM SERVICES.

21 (3) The Secretary shall ensure participation in the development of the
22 managed care program by the involvement of a broad-based steering committee including
23 legislative, consumer, and provider representation.

24 (4) The Secretary shall submit to the Senate Finance Committee and House
25 Environmental Matters Committee of the General Assembly for their review any
26 proposals developed under paragraph (1) of this subsection prior to requesting approval
27 by the U.S. Department of Health and Human Services under § 1115 of the Social
28 Security Act.

29 (5) (i) The Secretary may exclude specific populations or services from
30 any program developed under paragraph (1) of this subsection.

31 (ii) The Secretary may establish a managed care program for any
32 population or service excluded under subparagraph (i) of this paragraph.

33 (6) For a managed care plan with which the Secretary contracts to provide
34 services to Program recipients under this subsection, the Secretary may require as a
35 condition of that contract that the managed care plan include, to the extent economically
36 feasible, particular providers in providing those services in the following circumstances:

37 (i) In areas that have been served historically by a community health
38 center, the Secretary may require a managed care plan to include that community health
39 center in its delivery of service to Program recipients who have traditionally obtained
40 health care services through that community health center;

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1 (ii) For providers with residency programs for the training of health
2 care professionals, the Secretary may require a managed care plan to include those
3 providers in its delivery of service to Program recipients; and

4 (iii) In other circumstances to meet particular needs of Program
5 recipients or the community being served as provided in regulations adopted by the
6 Secretary.

7 SECTION 2. AND BE IT FURTHER ENACTED, That the Laws of Maryland
8 read as follows:

9 **Chapter 500 of the Acts of 1995**

10 [SECTION 2. AND BE IT FURTHER ENACTED, That Section 1 of this Act may
11 not take effect until the beginning of the period covered by a waiver approved by the U.S.
12 Department of Health and Human Services under § 1115 of the Social Security Act and
13 shall be effective only for as long as the period covered under the waiver.]

14 [SECTION 3. AND BE IT FURTHER ENACTED, That if Section 1 of this Act
15 takes effect, the Secretary of Health and Mental Hygiene shall report to the Senate
16 Finance Committee and House Environmental Matters Committee of the General
17 Assembly on the effectiveness of this Act and the managed care plans in which program
18 recipients are enrolled under this Act. The Secretary shall submit the report to the
19 Committees no later than 1 year after the date Section 1 of this Act takes effect. The
20 report shall include information about the number of program recipients enrolled in
21 managed care plans, the quality assurance programs for the managed care plans, a
22 comprehensive financial assessment of the management of care of program recipients in
23 the plans, the scope of program benefits, and the availability of special programs tailored
24 to meet the individual health care needs of program recipients.]

25 [SECTION 4. AND BE IT FURTHER ENACTED, That Section 1 of this Act may
26 not take effect until the General Assembly gives legislative approval to the proposed plan
27 of the Secretary of Health and Mental Hygiene to implement the program to require
28 enrollment in managed care plans provided under this Act, including the feasibility of
29 expanding benefits to unserved individuals who are unable to afford health insurance or
30 long-term care, or to other populations.]

31 SECTION 5. AND BE IT FURTHER ENACTED, That[, subject to Sections 2 and
32 4 of this Act,] this Act shall take effect July 1, 1995.

33 SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect
34 July 1, 1996.