

HOUSE BILL 922

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1998 Regular Session
8r1463
CF 8r2227

By: **Delegates Marriott, Benson, Kopp, Watson, Patterson, Howard, Muse,
Nathan-Pulliam, Oaks, Rawlings, Fulton, Hubbard, Hammen, Kirk, and
Harrison**

Introduced and read first time: February 12, 1998
Assigned to: Environmental Matters

A BILL ENTITLED

1 AN ACT concerning

2 **Medical Assistance - Managed Care Organizations - Comprehensive**
3 **Outreach Services**

4 FOR the purpose of requiring certain managed care organizations to develop and
5 implement a certain comprehensive outreach services plan to remove certain
6 barriers to access to health care services under the Maryland Medicaid Managed
7 Care Program for certain purposes; providing for the submission to and review
8 by the Department of Health and Mental Hygiene of a certain comprehensive
9 outreach services plan by a certain managed care organization within a certain
10 time; authorizing the Department to take certain action if a certain managed
11 care organization does not comply with certain requirements by a certain time;
12 authorizing a certain managed care organization to meet certain requirements
13 by making certain subcontracts; requiring the Department to give a certain
14 preference to a certain managed care organization or managed care provider
15 after a certain date; defining certain terms; and generally relating to certain
16 outreach services for certain health care services.

17 BY repealing and reenacting, without amendments,
18 Article - Health - General
19 Section 1-101(a) and (c) and 15-101(e)
20 Annotated Code of Maryland
21 (1994 Replacement Volume and 1997 Supplement)

22 BY adding to
23 Article - Health - General
24 Section 15-103.2
25 Annotated Code of Maryland
26 (1994 Replacement Volume and 1997 Supplement)

1 Preamble

2 WHEREAS, A significant portion of the citizens of this State who are eligible for
3 Medicaid and other State administered health assistance programs face barriers to
4 accessing health care services; and

5 WHEREAS, These barriers consist of cultural and language differences between
6 health care providers and their patients, limited accessibility of many health care
7 facilities which are open during weekday business hours only, lack of transportation
8 to facilities, inconvenient location of facilities, inadequate understanding by program
9 enrollees of enrollment processes and benefits, and providers who are unfamiliar with
10 community needs or cultural and health benefits; and

11 WHEREAS, The enrollment rate of eligible children in Maryland's "Kids Count"
12 Program is less than 25 percent; and

13 WHEREAS, Because media outreach to certain populations has not been as
14 successful as anticipated, efforts must be made to include community based outreach
15 to affected populations; and

16 WHEREAS, The existing barriers to access to health care services are not
17 necessarily overcome by enrollment in insurance programs, but may continue as
18 impediments to meaningful participation in health plans; and

19 WHEREAS, Comprehensive outreach services to affected populations must be
20 an ongoing effort; now, therefore,

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

23 **Article - Health - General**

24 1-101.

25 (a) In this article the following words have the meanings indicated.

26 (c) "Department" means the Department of Health and Mental Hygiene.

27 15-101.

28 (e) "Managed care organization" means:

29 (1) A certified health maintenance organization that is authorized to
30 receive medical assistance prepaid capitation payments; or

31 (2) A corporation that:

32 (i) Is a managed care system that is authorized to receive medical
33 assistance prepaid capitation payments;

34 (ii) Enrolls only program recipients; and

1 (iii) Is subject to the requirements of § 15-102.4 of this title.

2 15-103.2.

3 (A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS
4 INDICATED.

5 (2) (I) "COMPREHENSIVE OUTREACH SERVICES" MEANS:

6 1. SERVICES THAT ARE COMMUNITY BASED AND DELIVERED
7 IN THE PRIMARY LANGUAGE OF THE RECIPIENTS OF THE SERVICES, PREFERABLY BY
8 PERSONS WHO ARE FAMILIAR WITH THE COMMUNITY TO BE SERVED AND KNOWN TO
9 MEMBERS OF THAT COMMUNITY; AND

10 2. COMMUNITY BASED EDUCATION AND HEALTH
11 PROMOTION ACTIVITIES DESIGNED TO BRIDGE CULTURAL, COMMUNICATION, AND
12 LOGISTICAL GAPS BETWEEN HEALTH CARE PROVIDERS AND MINORITY AND POOR
13 COMMUNITIES.

14 (II) "COMPREHENSIVE OUTREACH SERVICES" INCLUDES:

15 1. CASE FINDING AND MANAGEMENT;

16 2. EDUCATION CONCERNING THE MEANS BY WHICH A
17 MEMBER OF A MANAGED CARE ORGANIZATION MAY OBTAIN CARE THROUGH THE
18 MANAGED CARE ORGANIZATION;

19 3. HEALTH PROMOTION EDUCATION OR ACTIVITIES WITHIN
20 A COMMUNITY SETTING;

21 4. INDIVIDUAL ASSISTANCE WITH ACCESS PROBLEMS; AND

22 5. ASSISTANCE WITH ENROLLMENT.

23 (3) "COMPREHENSIVE OUTREACH SERVICES PLAN" MEANS A PLAN TO
24 PROVIDE ONGOING COMPREHENSIVE OUTREACH SERVICES TO FACILITATE INITIAL
25 ENROLLMENT IN A MANAGED CARE ORGANIZATION AND TO ASSIST ENROLLEES OF A
26 MANAGED CARE ORGANIZATION TO UTILIZE PRIMARY CARE SERVICES AND
27 PREVENTIVE CARE EFFECTIVELY.

28 (B) THE PURPOSE OF THIS SECTION IS TO:

29 (1) ACHIEVE HIGHER LEVELS OF ENROLLMENT IN MANAGED CARE
30 ORGANIZATIONS;

31 (2) IMPROVE THE RATE OF TIMELY PRIMARY CARE UTILIZATION;

32 (3) REDUCE THE INAPPROPRIATE USE OF HOSPITAL EMERGENCY
33 ROOMS; AND

1 (4) IMPROVE THE HEALTH STATUS OF ENROLLEES IN MANAGED CARE
2 ORGANIZATIONS.

3 (C) (1) A MANAGED CARE ORGANIZATION THAT CONTRACTS WITH THE
4 DEPARTMENT SHALL DEVELOP AND IMPLEMENT A COMPREHENSIVE OUTREACH
5 SERVICES PLAN TO OVERCOME BARRIERS IN ACCESSING HEALTH CARE SERVICES.

6 (2) THE COMPREHENSIVE OUTREACH SERVICES PLAN REQUIRED BY
7 PARAGRAPH (1) OF THIS SUBSECTION SHALL CONTAIN STRATEGIES TO ADDRESS
8 BARRIERS IN ACCESSING HEALTH CARE SERVICES, INCLUDING:

9 (I) CULTURAL AND LANGUAGE DIFFERENCES BETWEEN
10 PROVIDERS AND THEIR PATIENTS;

11 (II) LIMITED ACCESSIBILITY OF MANY HEALTH CARE FACILITIES
12 WHICH ARE OPEN DURING WEEKDAY BUSINESS HOURS ONLY;

13 (III) LACK OF TRANSPORTATION TO HEALTH CARE FACILITIES;

14 (IV) INCONVENIENT LOCATION OF HEALTH CARE FACILITIES;

15 (V) INADEQUATE UNDERSTANDING BY HEALTH CARE RECIPIENTS
16 OF ENROLLMENT PROCESSES AND BENEFITS; AND

17 (VI) UNFAMILIARITY OF PROVIDERS WITH COMMUNITY NEEDS OR
18 CULTURAL AND HEALTH BENEFITS.

19 (D) (1) A MANAGED CARE ORGANIZATION THAT, ON OR BEFORE OCTOBER 1,
20 1998, HAS A CONTRACT WITH THE DEPARTMENT TO PROVIDE HEALTH CARE
21 SERVICES SHALL SUBMIT A COMPREHENSIVE OUTREACH SERVICES PLAN TO THE
22 DEPARTMENT ON OR BEFORE APRIL 1, 1999.

23 (2) WITHIN 60 DAYS AFTER RECEIVING A COMPREHENSIVE OUTREACH
24 SERVICES PLAN SUBMITTED UNDER PARAGRAPH (1) OF THIS SUBSECTION, THE
25 DEPARTMENT SHALL APPROVE OR DISAPPROVE THE COMPREHENSIVE OUTREACH
26 SERVICES PLAN.

27 (3) IF THE DEPARTMENT DISAPPROVES A COMPREHENSIVE OUTREACH
28 SERVICES PLAN, THE DEPARTMENT SHALL:

29 (I) RETURN THE COMPREHENSIVE OUTREACH SERVICES PLAN TO
30 THE MANAGED CARE ORGANIZATION THAT SUBMITTED THE COMPREHENSIVE
31 OUTREACH SERVICES PLAN; AND

32 (II) MAKE RECOMMENDATIONS TO THE MANAGED CARE
33 ORGANIZATION CONCERNING ANY MODIFICATIONS THE MANAGED CARE
34 ORGANIZATION MUST MAKE TO THE COMPREHENSIVE OUTREACH SERVICES PLAN
35 TO ENSURE COMPLIANCE WITH THE REQUIREMENTS SPECIFIED IN SUBSECTION (B)
36 OF THIS SECTION.

1 (E) (1) A MANAGED CARE ORGANIZATION THAT, ON OR BEFORE OCTOBER 1,
2 1998, HAS A CONTRACT WITH THE DEPARTMENT TO PROVIDE HEALTH CARE
3 SERVICES SHALL:

4 (I) OBTAIN THE APPROVAL OF THE SECRETARY OF ITS
5 COMPREHENSIVE OUTREACH SERVICES PLAN ON OR BEFORE OCTOBER 1, 1999; AND

6 (II) WITHIN 30 DAYS AFTER THE APPROVAL OF THE SECRETARY,
7 IMPLEMENT THE COMPREHENSIVE OUTREACH SERVICES PLAN.

8 (2) IF A MANAGED CARE ORGANIZATION THAT, ON OR BEFORE OCTOBER
9 1, 1998, HAS A CONTRACT WITH THE DEPARTMENT TO PROVIDE HEALTH CARE
10 SERVICES DOES NOT MEET THE REQUIREMENTS OF PARAGRAPH (1) OF THIS
11 SUBSECTION, THE SECRETARY MAY:

12 (I) 1. REVOKE THE CERTIFICATION OF THE MANAGED CARE
13 ORGANIZATION;

14 2. TERMINATE THE CONTRACT;

15 3. WITHHOLD \$2 OF ITS CAPITATION PAYMENT FOR EACH
16 ENROLLEE OF THE MANAGED CARE ORGANIZATION TO COVER THE COSTS OF THE
17 SECRETARY IN CONTRACTING WITH ANOTHER ENTITY TO PROVIDE COMPREHENSIVE
18 OUTREACH SERVICES; AND

19 (II) CONTRACT WITH ANY COMMUNITY BASED HEALTH
20 ORGANIZATION THAT THE SECRETARY DETERMINES IS WILLING AND ABLE TO
21 PERFORM COMPREHENSIVE OUTREACH SERVICES.

22 (F) ON AND AFTER OCTOBER 1, 1998, THE SECRETARY MAY NOT EXECUTE AN
23 INITIAL CONTRACT WITH A MANAGED CARE ORGANIZATION TO PROVIDE HEALTH
24 CARE SERVICES UNLESS THE MANAGED CARE ORGANIZATION HAS A
25 COMPREHENSIVE OUTREACH SERVICES PLAN THAT THE SECRETARY APPROVES.

26 (G) A MANAGED CARE ORGANIZATION MAY SUBCONTRACT WITH A
27 COMMUNITY BASED ORGANIZATION TO DEVELOP AND IMPLEMENT A
28 COMPREHENSIVE OUTREACH SERVICES PLAN UNDER THIS SECTION.

29 (H) AFTER OCTOBER 1, 1999, IN AWARDING A CONTRACT TO PROVIDE HEALTH
30 CARE SERVICES UNDER THE MARYLAND MEDICAL ASSISTANCE PROGRAM, THE
31 SECRETARY SHALL GIVE A PREFERENCE TO:

32 (1) A MANAGED CARE ORGANIZATION THAT THE SECRETARY
33 DETERMINES HAS DEMONSTRATED A SUCCESSFUL OUTCOME IN IMPLEMENTING A
34 COMPREHENSIVE OUTREACH SERVICES PLAN; OR

35 (2) A MANAGED CARE PROVIDER THAT IN THE PRIVATE SECTOR HAS
36 DEMONSTRATED A SUCCESSFUL OUTCOME IN IMPLEMENTING THE EQUIVALENT OF
37 A COMPREHENSIVE OUTREACH SERVICES PLAN.

1 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
2 October 1, 1998.