
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

Committee Report: Favorable with amendments
House action: Adopted
Read second time: April 5, 1998

CHAPTER _____

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 submit certain information to the~~
16 ~~Department of Health and Mental Hygiene at a certain time; authorizing the~~
17 ~~Department to take certain action if a certain managed care organization does~~
18 ~~not comply with certain requirements by a certain time; and generally relating~~
19 ~~to certain outreach services for certain health care services.~~

20 ~~BY repealing and reenacting, without amendments,~~
21 ~~Article Health General~~
22 ~~Section 1-101(a) and (c) and 15-101(e)~~
23 ~~Annotated Code of Maryland~~
24 ~~(1994 Replacement Volume and 1997 Supplement)~~

1 ~~BY adding to~~
 2 ~~Article - Health - General~~
 3 ~~Section 15-103.2~~
 4 ~~Annotated Code of Maryland~~
 5 ~~(1994 Replacement Volume and 1997 Supplement)~~

6 BY repealing and reenacting, without amendments,
 7 Article - Health - General
 8 Section 15-103(b)(1)
 9 Annotated Code of Maryland
 10 (1994 Replacement Volume and 1997 Supplement)

11 BY repealing and reenacting, with amendments,
 12 Article - Health - General
 13 Section 15-103(b)(12)
 14 Annotated Code of Maryland
 15 (1994 Replacement Volume and 1997 Supplement)

16 **Preamble**

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

20 ~~WHEREAS, These barriers consist of cultural and language differences between~~
 21 ~~health care providers and their patients, limited accessibility of many health care~~
 22 ~~facilities which are open during weekday business hours only, lack of transportation~~
 23 ~~to facilities, inconvenient location of facilities, inadequate understanding by program~~
 24 ~~enrollees of enrollment processes and benefits, and providers who are unfamiliar with~~
 25 ~~community needs or cultural and health benefits; and~~

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

28 ~~WHEREAS, Because media outreach to certain populations has not been as~~
 29 ~~successful as anticipated, efforts must be made to include community based outreach~~
 30 ~~to affected populations; and~~

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

34 ~~WHEREAS, Comprehensive outreach services to affected populations must be~~
 35 ~~an ongoing effort; now, therefore,~~

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

1

Article - Health - General2 ~~1-101.~~3 (a) ~~In this article the following words have the meanings indicated.~~4 (e) ~~"Department" means the Department of Health and Mental Hygiene.~~5 ~~15-101.~~6 (e) ~~"Managed care organization" means:~~7 (1) ~~A certified health maintenance organization that is authorized to~~
8 ~~receive medical assistance prepaid capitation payments; or~~9 (2) ~~A corporation that:~~10 (i) ~~Is a managed care system that is authorized to receive medical~~
11 ~~assistance prepaid capitation payments;~~12 (ii) ~~Enrolls only program recipients; and~~13 (iii) ~~Is subject to the requirements of § 15-102.4 of this title.~~14 ~~15-103.2.~~15 (A) (1) ~~IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS~~
16 ~~INDICATED:~~17 (2) (I) ~~"COMPREHENSIVE OUTREACH SERVICES" MEANS:~~18 ~~1. SERVICES THAT ARE COMMUNITY BASED AND DELIVERED~~
19 ~~IN THE PRIMARY LANGUAGE OF THE RECIPIENTS OF THE SERVICES, PREFERABLY BY~~
20 ~~PERSONS WHO ARE FAMILIAR WITH THE COMMUNITY TO BE SERVED AND KNOWN TO~~
21 ~~MEMBERS OF THAT COMMUNITY; AND~~22 ~~2. COMMUNITY BASED EDUCATION AND HEALTH~~
23 ~~PROMOTION ACTIVITIES DESIGNED TO BRIDGE CULTURAL, COMMUNICATION, AND~~
24 ~~LOGISTICAL GAPS BETWEEN HEALTH CARE PROVIDERS AND MINORITY AND POOR~~
25 ~~COMMUNITIES.~~26 (II) ~~"COMPREHENSIVE OUTREACH SERVICES" INCLUDES:~~27 ~~1. CASE FINDING AND MANAGEMENT;~~28 ~~2. EDUCATION CONCERNING THE MEANS BY WHICH A~~
29 ~~MEMBER OF A MANAGED CARE ORGANIZATION MAY OBTAIN CARE THROUGH THE~~
30 ~~MANAGED CARE ORGANIZATION;~~31 ~~3. HEALTH PROMOTION EDUCATION OR ACTIVITIES WITHIN~~
32 ~~A COMMUNITY SETTING;~~

1 4. INDIVIDUAL ASSISTANCE WITH ACCESS PROBLEMS; AND

2 5. ASSISTANCE WITH ENROLLMENT.

3 (3) "COMPREHENSIVE OUTREACH SERVICES PLAN" MEANS A PLAN TO
4 PROVIDE ONGOING COMPREHENSIVE OUTREACH SERVICES TO FACILITATE INITIAL
5 ENROLLMENT IN A MANAGED CARE ORGANIZATION AND TO ASSIST ENROLLEES OF A
6 MANAGED CARE ORGANIZATION TO UTILIZE PRIMARY CARE SERVICES AND
7 PREVENTIVE CARE EFFECTIVELY.

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

9 (1) ACHIEVE HIGHER LEVELS OF ENROLLMENT IN MANAGED CARE
10 ORGANIZATIONS;

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

12 (3) REDUCE THE INAPPROPRIATE USE OF HOSPITAL EMERGENCY
13 ROOMS; AND

14 (4) IMPROVE THE HEALTH STATUS OF ENROLLEES IN MANAGED CARE
15 ORGANIZATIONS.

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

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

22 (I) CULTURAL AND LANGUAGE DIFFERENCES BETWEEN
23 PROVIDERS AND THEIR PATIENTS;

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

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

27 (IV) INCONVENIENT LOCATION OF HEALTH CARE FACILITIES;

28 (V) INADEQUATE UNDERSTANDING BY HEALTH CARE RECIPIENTS
29 OF ENROLLMENT PROCESSES AND BENEFITS; AND

30 (VI) UNFAMILIARITY OF PROVIDERS WITH COMMUNITY NEEDS OR
31 CULTURAL AND HEALTH BENEFITS.

32 (D) (1) A MANAGED CARE ORGANIZATION THAT, ON OR BEFORE OCTOBER 1,
33 1998, HAS A CONTRACT WITH THE DEPARTMENT TO PROVIDE HEALTH CARE
34 SERVICES SHALL SUBMIT A COMPREHENSIVE OUTREACH SERVICES PLAN TO THE
35 DEPARTMENT ON OR BEFORE APRIL 1, 1999.

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

5 (3) ~~IF THE DEPARTMENT DISAPPROVES A COMPREHENSIVE OUTREACH~~
6 ~~SERVICES PLAN, THE DEPARTMENT SHALL:~~

7 (4) ~~RETURN THE COMPREHENSIVE OUTREACH SERVICES PLAN TO~~
8 ~~THE MANAGED CARE ORGANIZATION THAT SUBMITTED THE COMPREHENSIVE~~
9 ~~OUTREACH SERVICES PLAN; AND~~

10 (4) ~~MAKE RECOMMENDATIONS TO THE MANAGED CARE~~
11 ~~ORGANIZATION CONCERNING ANY MODIFICATIONS THE MANAGED CARE~~
12 ~~ORGANIZATION MUST MAKE TO THE COMPREHENSIVE OUTREACH SERVICES PLAN~~
13 ~~TO ENSURE COMPLIANCE WITH THE REQUIREMENTS SPECIFIED IN SUBSECTION (B)~~
14 ~~OF THIS SECTION.~~

15 (E) (1) ~~A MANAGED CARE ORGANIZATION THAT, ON OR BEFORE OCTOBER 1,~~
16 ~~1998, HAS A CONTRACT WITH THE DEPARTMENT TO PROVIDE HEALTH CARE~~
17 ~~SERVICES SHALL:~~

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

20 (4) ~~WITHIN 30 DAYS AFTER THE APPROVAL OF THE SECRETARY,~~
21 ~~IMPLEMENT THE COMPREHENSIVE OUTREACH SERVICES PLAN.~~

22 (2) ~~IF A MANAGED CARE ORGANIZATION THAT, ON OR BEFORE OCTOBER~~
23 ~~1, 1998, HAS A CONTRACT WITH THE DEPARTMENT TO PROVIDE HEALTH CARE~~
24 ~~SERVICES DOES NOT MEET THE REQUIREMENTS OF PARAGRAPH (1) OF THIS~~
25 ~~SUBSECTION, THE SECRETARY MAY:~~

26 (4) 1. ~~REVOKE THE CERTIFICATION OF THE MANAGED CARE~~
27 ~~ORGANIZATION;~~

28 2. ~~TERMINATE THE CONTRACT;~~

29 3. ~~WITHHOLD \$2 OF ITS CAPITATION PAYMENT FOR EACH~~
30 ~~ENROLLEE OF THE MANAGED CARE ORGANIZATION TO COVER THE COSTS OF THE~~
31 ~~SECRETARY IN CONTRACTING WITH ANOTHER ENTITY TO PROVIDE COMPREHENSIVE~~
32 ~~OUTREACH SERVICES; AND~~

33 (4) ~~CONTRACT WITH ANY COMMUNITY BASED HEALTH~~
34 ~~ORGANIZATION THAT THE SECRETARY DETERMINES IS WILLING AND ABLE TO~~
35 ~~PERFORM COMPREHENSIVE OUTREACH SERVICES.~~

36 (F) ~~ON AND AFTER OCTOBER 1, 1998, THE SECRETARY MAY NOT EXECUTE AN~~
37 ~~INITIAL CONTRACT WITH A MANAGED CARE ORGANIZATION TO PROVIDE HEALTH~~

~~1 CARE SERVICES UNLESS THE MANAGED CARE ORGANIZATION HAS A
2 COMPREHENSIVE OUTREACH SERVICES PLAN THAT THE SECRETARY APPROVES.~~

~~3 (G) A MANAGED CARE ORGANIZATION MAY SUBCONTRACT WITH A
4 COMMUNITY BASED ORGANIZATION TO DEVELOP AND IMPLEMENT A
5 COMPREHENSIVE OUTREACH SERVICES PLAN UNDER THIS SECTION.~~

~~6 (H) AFTER OCTOBER 1, 1999, IN AWARDED A CONTRACT TO PROVIDE HEALTH
7 CARE SERVICES UNDER THE MARYLAND MEDICAL ASSISTANCE PROGRAM, THE
8 SECRETARY SHALL GIVE A PREFERENCE TO:~~

~~9 (1) A MANAGED CARE ORGANIZATION THAT THE SECRETARY
10 DETERMINES HAS DEMONSTRATED A SUCCESSFUL OUTCOME IN IMPLEMENTING A
11 COMPREHENSIVE OUTREACH SERVICES PLAN; OR~~

~~12 (2) A MANAGED CARE PROVIDER THAT IN THE PRIVATE SECTOR HAS
13 DEMONSTRATED A SUCCESSFUL OUTCOME IN IMPLEMENTING THE EQUIVALENT OF
14 A COMPREHENSIVE OUTREACH SERVICES PLAN.~~

15 15-103.

16 (b) (1) As permitted by federal law or waiver, the Secretary may establish a
17 program under which Program recipients are required to enroll in managed care
18 organizations.

19 (12) (i) Each managed care organization shall notify each enrollee
20 when the enrollee should obtain an immunization, examination, or other wellness
21 service.

22 (ii) EACH [Managed care organizations] MANAGED CARE
23 ORGANIZATION shall:

24 1. Maintain evidence of compliance with paragraph (9)(i)
25 of this subsection; and

26 2. [Upon request by the Department, provide] PROVIDE to
27 the Department, UPON INITIAL APPLICATION TO PROVIDE HEALTH CARE SERVICES
28 TO ENROLLEES AND ON AN ANNUAL BASIS THEREAFTER, evidence of compliance with
29 paragraph (9)(i) of this subsection, INCLUDING SUBMISSION OF A WRITTEN PLAN.

30 (iii) A managed care organization that does not comply with
31 subparagraph (i) of this paragraph for at least 90% of its new enrollees:

32 1. Within 90 days of their enrollment may not receive more
33 than 80% of its capitation payments;

34 2. Within 180 days of their enrollment may not receive more
35 than 70% of its capitation payments; and

