

SENATE BILL 590

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1998 Regular Session
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By: **Senators Lawlah, Hogan, Kasemeyer, Van Hollen, and Hoffman**

Introduced and read first time: February 6, 1998

Assigned to: Finance

A BILL ENTITLED

1 AN ACT concerning

2 **Medical Assistance and Other State Programs - Dental Services**

3 FOR the purpose of requiring certain managed care organizations to provide access by
4 its enrollees to certain dental services to increase utilization of dental services in
5 accordance with certain utilization targets established by the Department of
6 Health and Mental Hygiene in an Oral Health Care Plan; requiring the
7 Department, in cooperation with representatives of the dental community in the
8 State, to establish a certain plan for a certain period that sets certain utilization
9 targets for dental services; requiring a certain plan to include a certain
10 assessment process and a certain statewide follow-up survey; requiring the
11 Department to collaborate with representatives of the dental community in the
12 State concerning the design and implementation of a certain assessment process
13 and survey; requiring the Department, subject to the State budget, to establish
14 an Office of Oral Health in the Department with certain responsibilities,
15 including the establishment of certain demonstration projects for certain
16 high-risk children in certain State programs; requiring the Department to
17 submit a certain annual report to the General Assembly; requiring the
18 Department to ensure a certain equivalency in the provision of dental services to
19 certain enrollees of a managed care organization; requiring the Department, on
20 or before a certain date, to apply to the federal Health Care Financing
21 Administration for a special waiver to qualify for additional federal funds on a
22 certain basis; defining a certain term; and generally relating to the provision of
23 dental services under certain State programs.

24 BY repealing and reenacting, with amendments,
25 Article - Health - General
26 Section 15-101 and 15-103(b)(9)
27 Annotated Code of Maryland
28 (1994 Replacement Volume and 1997 Supplement)

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

1 **Article - Health - General**

2 15-101.

3 (a) In this title the following words have the meanings indicated.

4 (A-1) "DENTAL SERVICES" MEANS DIAGNOSTIC, EMERGENCY, PREVENTIVE, AND
5 THERAPEUTIC SERVICES FOR ORAL DISEASES.6 (b) "Enrollee" means a program recipient who is enrolled in a managed care
7 organization.8 (c) "Facility" means a hospital or nursing facility including an intermediate
9 care facility, skilled nursing facility, comprehensive care facility, or extended care
10 facility.11 (d) (1) "Historic provider" means a health care provider, as defined in §
12 19-1501 of this article who, on or before June 30, 1995, had a demonstrated history of
13 providing services to program recipients, as defined by the Department in
14 regulations.15 (2) "Historic provider", to the extent the provider meets the
16 requirements in paragraph (1) of this subsection, shall include:

17 (i) A federal or State qualified community health center;

18 (ii) A provider with a program for the training of health care
19 professionals, including an academic medical center;20 (iii) A hospital outpatient program, physician, or advanced practice
21 nurse that is a Maryland Access to Care (MAC) provider;

22 (iv) A local health department;

23 (v) A hospice, as defined in Title 19, Subtitle 9 of this article;

24 (vi) A pharmacy; and

25 (vii) Any other historic provider designated in accordance with
26 regulations adopted by the Department.

27 (e) "Managed care organization" means:

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

30 (2) A corporation that:

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

- 1 (ii) Enrolls only program recipients; and
2 (iii) Is subject to the requirements of § 15-102.4 of this title.

3 (f) "Ombudsman program" means a program that assists enrollees in
4 resolving disputes with managed care organizations in a timely manner and that is
5 responsible, at a minimum, for the following functions:

6 (1) Investigating disputes between enrollees and managed care
7 organizations referred by the enrollee hotline;

8 (2) Reporting to the Department:

9 (i) The resolution of all disputes;

10 (ii) A managed care organization's failure to meet the Department's
11 requirements; and

12 (iii) Any other information specified by the Department;

13 (3) Educating enrollees about:

14 (i) The services provided by the enrollee's managed care
15 organization; and

16 (ii) The enrollee's rights and responsibilities in receiving services
17 from the managed care organization; and

18 (4) Advocating on behalf of the enrollee before the managed care
19 organization, including assisting the enrollee in using the managed care
20 organization's grievance process.

21 (g) "Primary mental health services" means the clinical evaluation and
22 assessment of services needed by an individual and the provision of services or
23 referral for additional services as deemed medically appropriate by a primary care
24 provider.

25 (h) "Program" means the Maryland Medical Assistance Program.

26 (i) "Program recipient" means an individual who receives benefits under the
27 Program.

28 (j) "Specialty mental health services" means any mental health services other
29 than primary mental health services.

30 15-103.

31 (b) (9) Each managed care organization shall:

32 (i) Have a quality assurance program in effect which is subject to
33 the approval of the Department and which, at a minimum:

- 1 1. Complies with any health care quality improvement
2 system developed by the Health Care Financing Administration;
 - 3 2. Complies with the quality requirements of applicable
4 State licensure laws and regulations;
 - 5 3. Complies with practice guidelines and protocols specified
6 by the Department;
 - 7 4. Provides for an enrollee grievance system, including an
8 enrollee hotline;
 - 9 5. Provides a provider grievance system;
 - 10 6. Provides for enrollee and provider satisfaction surveys, to
11 be taken at least annually;
 - 12 7. Provides for a consumer advisory board to receive regular
13 input from enrollees;
 - 14 8. Provides for an annual consumer advisory board report to
15 be submitted to the Secretary; and
 - 16 9. Complies with specific quality, access, data, and
17 performance measurements adopted by the Department for treating enrollees with
18 special needs;
- 19 (ii) Submit to the Department:
- 20 1. Service-specific data by service type in a format to be
21 established by the Department; and
 - 22 2. Utilization and outcome reports, such as the Health Plan
23 Employer Data and Information Set (HEDIS), as directed by the Department;
- 24 (iii) Promote timely access to and continuity of health care services
25 for enrollees;
- 26 (iv) Demonstrate organizational capacity to provide special
27 programs, including outreach, case management, and home visiting, tailored to meet
28 the individual needs of all enrollees;
- 29 (v) Provide assistance to enrollees in securing necessary health
30 care services;
- 31 (vi) Provide or assure alcohol and drug abuse treatment for
32 substance abusing pregnant women and all other enrollees of managed care
33 organizations who require these services;
- 34 (vii) Educate enrollees on health care prevention and good health
35 habits;

- 1 (viii) Assure necessary provider capacity in all geographic areas
2 under contract;
- 3 (ix) Be accountable and hold its subcontractors accountable for
4 standards established by the Department and, upon failure to meet those standards,
5 be subject to one or more of the following penalties:
- 6 1. Fines;
- 7 2. Suspension of further enrollments;
- 8 3. Withholding of all or part of the capitation payment;
- 9 4. Termination of the contract;
- 10 5. Disqualification from future participation in the Program;
11 and
- 12 6. Any other penalties that may be imposed by the
13 Department;
- 14 (x) Subject to applicable federal and State law, include incentives
15 for enrollees to comply with provisions of the managed care organization;
- 16 (xi) Provide or arrange to provide primary mental health services;
- 17 (xii) Provide or arrange to provide all Medicaid-covered services
18 required to comply with State statutes and regulations mandating health and mental
19 health services for children in State supervised care:
- 20 1. According to standards set by the Department; and
- 21 2. Locally, to the extent the services are available locally;
- 22 (xiii) Submit to the Department aggregate information from the
23 quality assurance program, including complaints and resolutions from the enrollee
24 and provider grievance systems, the enrollee hotline, and enrollee satisfaction
25 surveys;
- 26 (xiv) Maintain as part of the enrollee's medical record the following
27 information:
- 28 1. The basic health risk assessment conducted on
29 enrollment;
- 30 2. Any information the managed care organization receives
31 that results from an assessment of the enrollee conducted for the purpose of any early
32 intervention, evaluation, planning, or case management program;

1 3. Information from the local department of social services
2 regarding any other service or benefit the enrollee receives, including assistance or
3 benefits under Article 88A of the Code; and

4 4. Any information the managed care organization receives
5 from a school-based clinic, a core services agency, a local health department, or any
6 other person that has provided health services to the enrollee; [and]

7 (xv) Upon provision of information specified by the Department
8 under paragraph (19) of this subsection, pay school-based clinics for services provided
9 to the managed care organization's enrollees; AND

10 (XVI) PROVIDE ACCESS TO ENROLLEES FOR DENTAL SERVICES TO
11 INCREASE UTILIZATION OF DENTAL SERVICES IN ACCORDANCE WITH UTILIZATION
12 TARGETS THAT THE DEPARTMENT BY REGULATION ESTABLISHES IN AN ORAL
13 HEALTH CARE PLAN.

14 SECTION 2. AND BE IT FURTHER ENACTED, That the Department of
15 Health and Mental Hygiene, in cooperation with representatives of the dental
16 community in the State, shall:

17 (1) establish by regulation a Five Year Oral Health Care Plan that sets
18 utilization targets for managed care organizations under the Maryland Medical
19 Assistance Program to measure demonstrated increases in access by Program
20 enrollees to dental services; and

21 (2) based on the current 14% level of utilization of dental services, set a
22 utilization target of 30% in the first year of the Plan, with annual increases in
23 utilization of 10% until a minimum level of utilization of 70% is attained in the fifth
24 year of the Plan.

25 SECTION 3. AND BE IT FURTHER ENACTED, That the Five Year Oral
26 Health Care Plan developed by the Department of Health and Mental Hygiene under
27 Section 2 of this Act shall include:

28 (1) an assessment process with ongoing oversight by the Department to
29 determine if utilization targets are being met and to ensure that corrective action is
30 taken by a managed care organization that fails to meet the utilization targets;

31 (2) a requirement for a statewide follow-up survey to be conducted by
32 the Department in the year 2000 concerning the oral health status of school children
33 in the State.

34 SECTION 4. AND BE IT FURTHER ENACTED, That the Department of
35 Health and Mental Hygiene shall collaborate with representatives of the dental
36 community in the State in the design and implementation of the assessment process
37 and statewide survey required under Section 3 of this Act.

1 SECTION 5. AND BE IT FURTHER ENACTED, That, subject to the State
2 budget, the Department of Health and Mental Hygiene shall establish an Office of
3 Oral Health in the Department with responsibility for:

4 (1) ensuring that managed care organizations provide dental services
5 under the Maryland Medical Assistance Program as required by § 15-103(b)(9)(xvi) of
6 the Health - General Article, as enacted by Section 1 of this Act;

7 (2) overseeing the assessment process and statewide survey required
8 under Section 3 of this Act; and

9 (3) establishing one or more demonstration projects for high-risk
10 children in populations for whom dental services are not ordinarily available, such as
11 children in school-based health clinics, Head Start programs, pediatric ambulatory
12 centers, and the Women, Infants, and Children (WIC) Program.

13 SECTION 6. AND BE IT FURTHER ENACTED, That the Department of
14 Health and Mental Hygiene, subject to § 2-1246 of the State Government Article,
15 shall submit a report to the General Assembly annually concerning:

16 (1) the outcomes that managed care organizations under the Maryland
17 Medical Assistance Program achieve concerning the utilization targets required by
18 Section 2 of this Act, including:

19 (i) loss ratios that the managed care organizations experience for
20 providing dental services; and

21 (ii) corrective action by managed care organizations to achieve the
22 utilization targets; and

23 (2) the allocation and use of funds authorized by this Act.

24 SECTION 7. AND BE IT FURTHER ENACTED, That the Department of
25 Health and Mental Hygiene shall ensure that dental services equivalent to those
26 provided under the Maryland Medical Assistance Program are provided to any
27 portion of the enrollees of a managed care organization that the State may move to
28 private health insurance.

29 SECTION 8. AND BE IT FURTHER ENACTED, That on or before December 1,
30 1999, the Department of Health and Mental Hygiene shall apply to the federal Health
31 Care Financing Administration for a special waiver to qualify for additional federal
32 matching funds based on the extensive level of dental services needed by children in
33 this State.

34 SECTION 9. AND BE IT FURTHER ENACTED, That this Act shall take effect
35 October 1, 1998.