

SENATE BILL 650

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1998 Regular Session
8lr2227
CF 8lr1463

By: **Senators Van Hollen, Frosh, and Hollinger**
Introduced and read first time: February 6, 1998
Assigned to: Finance

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)

27 Preamble

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

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

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

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

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

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

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

19 **Article - Health - General**

20 1-101.

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

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

23 15-101.

24 (e) "Managed care organization" means:

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

27 (2) A corporation that:

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

30 (ii) Enrolls only program recipients; and

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

1 15-103.2.

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

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

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

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

13 (II) "COMPREHENSIVE OUTREACH SERVICES" INCLUDES:

14 1. CASE FINDING AND MANAGEMENT;

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

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

20 4. INDIVIDUAL ASSISTANCE WITH ACCESS PROBLEMS; AND

21 5. ASSISTANCE WITH ENROLLMENT.

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

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

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

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

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

33 (4) IMPROVE THE HEALTH STATUS OF ENROLLEES IN MANAGED CARE
34 ORGANIZATIONS.

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

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

7 (I) CULTURAL AND LANGUAGE DIFFERENCES BETWEEN
8 PROVIDERS AND THEIR PATIENTS;

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

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

12 (IV) INCONVENIENT LOCATION OF HEALTH CARE FACILITIES;

13 (V) INADEQUATE UNDERSTANDING BY HEALTH CARE RECIPIENTS
14 OF ENROLLMENT PROCESSES AND BENEFITS; AND

15 (VI) UNFAMILIARITY OF PROVIDERS WITH COMMUNITY NEEDS OR
16 CULTURAL AND HEALTH BENEFITS.

17 (D) (1) A MANAGED CARE ORGANIZATION THAT, ON OR BEFORE OCTOBER 1,
18 1998, HAS A CONTRACT WITH THE DEPARTMENT TO PROVIDE HEALTH CARE
19 SERVICES SHALL SUBMIT A COMPREHENSIVE OUTREACH SERVICES PLAN TO THE
20 DEPARTMENT ON OR BEFORE APRIL 1, 1999.

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

25 (3) IF THE DEPARTMENT DISAPPROVES A COMPREHENSIVE OUTREACH
26 SERVICES PLAN, THE DEPARTMENT SHALL:

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

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

35 (E) (1) A MANAGED CARE ORGANIZATION THAT, ON OR BEFORE OCTOBER 1,
36 1998, HAS A CONTRACT WITH THE DEPARTMENT TO PROVIDE HEALTH CARE
37 SERVICES SHALL:

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

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

5 (2) IF A MANAGED CARE ORGANIZATION THAT, ON OR BEFORE OCTOBER
6 1, 1998, HAS A CONTRACT WITH THE DEPARTMENT TO PROVIDE HEALTH CARE
7 SERVICES DOES NOT MEET THE REQUIREMENTS OF PARAGRAPH (1) OF THIS
8 SUBSECTION, THE SECRETARY MAY:

9 (I) 1. REVOKE THE CERTIFICATION OF THE MANAGED CARE
10 ORGANIZATION;

11 2. TERMINATE THE CONTRACT;

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

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

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

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

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

29 (1) A MANAGED CARE ORGANIZATION THAT THE SECRETARY
30 DETERMINES HAS DEMONSTRATED A SUCCESSFUL OUTCOME IN IMPLEMENTING A
31 COMPREHENSIVE OUTREACH SERVICES PLAN; OR

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

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