

SENATE BILL 650

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1998 Regular Session
8lr2227
CF 8lr1463

By: **Senators Van Hollen, Frosh, and Hollinger Hollinger, Bromwell, Kelley,
and McFadden**

Introduced and read first time: February 6, 1998
Assigned to: Finance

Committee Report: Favorable with amendments
Senate action: Adopted
Read second time: March 9, 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; 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

1 Annotated Code of Maryland
2 (1994 Replacement Volume and 1997 Supplement)

3 Preamble

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

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

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

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

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

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

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

25 **Article - Health - General**

26 1-101.

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

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

29 15-101.

30 (e) "Managed care organization" means:

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

33 (2) A corporation that:

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

3 (ii) Enrolls only program recipients; and

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

5 15-103.2.

6 (A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS
7 INDICATED.

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

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

13 2. COMMUNITY BASED EDUCATION AND HEALTH
14 PROMOTION ACTIVITIES DESIGNED TO BRIDGE ~~CULTURAL, COMMUNICATION, AND~~
15 ~~LOGISTICAL~~ CULTURAL AND COMMUNICATION GAPS BETWEEN HEALTH CARE
16 PROVIDERS AND MINORITY AND POOR COMMUNITIES.

17 (II) "COMPREHENSIVE OUTREACH SERVICES" INCLUDES:

18 1. CASE FINDING AND MANAGEMENT;

19 2. EDUCATION CONCERNING THE MEANS BY WHICH A
20 MEMBER OF A MANAGED CARE ORGANIZATION MAY OBTAIN CARE THROUGH THE
21 MANAGED CARE ORGANIZATION;

22 3. HEALTH PROMOTION EDUCATION OR ACTIVITIES WITHIN
23 A COMMUNITY SETTING; AND

24 4. INDIVIDUAL ASSISTANCE WITH ACCESS PROBLEMS; AND

25 5. ~~ASSISTANCE WITH ENROLLMENT.~~

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

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

32 ~~(1) ACHIEVE HIGHER LEVELS OF ENROLLMENT IN MANAGED CARE~~
33 ~~ORGANIZATIONS;~~

34 (1) PROMOTE A BETTER UNDERSTANDING OF MANAGED CARE;

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

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

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

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

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

12 (I) CULTURAL AND LANGUAGE DIFFERENCES BETWEEN
13 PROVIDERS AND THEIR PATIENTS;

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

16 ~~(III) LACK OF TRANSPORTATION TO HEALTH CARE FACILITIES;~~

17 ~~(IV)~~ (III) INCONVENIENT LOCATION OF HEALTH CARE FACILITIES;

18 ~~(V)~~ (IV) INADEQUATE UNDERSTANDING BY HEALTH CARE
19 RECIPIENTS OF ENROLLMENT PROCESSES AND BENEFITS; AND

20 ~~(VI)~~ (V) UNFAMILIARITY OF PROVIDERS WITH COMMUNITY NEEDS
21 OR CULTURAL AND HEALTH BENEFITS.

22 (D) (1) A MANAGED CARE ORGANIZATION THAT, ON OR BEFORE OCTOBER 1,
23 1998, HAS A CONTRACT WITH THE DEPARTMENT TO PROVIDE HEALTH CARE
24 SERVICES SHALL SUBMIT A COMPREHENSIVE OUTREACH SERVICES PLAN TO THE
25 DEPARTMENT ON OR BEFORE APRIL 1, 1999.

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

30 (3) IF THE DEPARTMENT DISAPPROVES A COMPREHENSIVE OUTREACH
31 SERVICES PLAN, THE DEPARTMENT SHALL:

32 (I) RETURN THE COMPREHENSIVE OUTREACH SERVICES PLAN TO
33 THE MANAGED CARE ORGANIZATION THAT SUBMITTED THE COMPREHENSIVE
34 OUTREACH SERVICES PLAN; AND

35 (II) MAKE RECOMMENDATIONS TO THE MANAGED CARE
36 ORGANIZATION CONCERNING ANY MODIFICATIONS THE MANAGED CARE

1 ORGANIZATION MUST MAKE TO THE COMPREHENSIVE OUTREACH SERVICES PLAN
 2 TO ENSURE COMPLIANCE WITH THE REQUIREMENTS SPECIFIED IN SUBSECTION (B)
 3 OF THIS SECTION.

4 (E) (1) A MANAGED CARE ORGANIZATION THAT, ON OR BEFORE OCTOBER 1,
 5 1998, HAS A CONTRACT WITH THE DEPARTMENT TO PROVIDE HEALTH CARE
 6 SERVICES SHALL:

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

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

11 (2) IF A MANAGED CARE ORGANIZATION THAT, ON OR BEFORE OCTOBER
 12 1, 1998, HAS A CONTRACT WITH THE DEPARTMENT TO PROVIDE HEALTH CARE
 13 SERVICES DOES NOT MEET THE REQUIREMENTS OF PARAGRAPH (1) OF THIS
 14 SUBSECTION, THE SECRETARY MAY:

15 ~~(1) 1. REVOKE THE CERTIFICATION OF THE MANAGED CARE~~
 16 ~~ORGANIZATION;~~

17 ~~2. TERMINATE THE CONTRACT;~~

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

22 (I) IMPOSE SANCTIONS ON THE MANAGED CARE ORGANIZATION,
 23 INCLUDING BUT NOT LIMITED TO:

24 1. FINES;

25 2. SUSPENSION OF FURTHER ENROLLMENT;

26 3. WITHHOLDING ALL OR PART OF THE CAPITATION
 27 PAYMENT;

28 4. TERMINATION OF THE PROVIDER AGREEMENT; AND

29 5. DISQUALIFICATION FROM FUTURE PARTICIPATION IN
 30 THE MARYLAND MEDICAID MANAGED CARE PROGRAM; AND

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

34 (F) ON AND AFTER OCTOBER 1, 1998, THE SECRETARY MAY NOT EXECUTE AN
 35 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 AWARDING 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 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
16 October 1, 1998.