

HOUSE BILL 955

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1999 Regular Session
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CF SB 486

By: **Delegates Nathan-Pulliam, Cane, D. Davis, Frush, Morhaim, and Stern**
Introduced and read first time: February 12, 1999
Assigned to: Environmental Matters

Committee Report: Favorable with amendments
House action: Adopted
Read second time: April 6, 1999

CHAPTER _____

1 AN ACT concerning

2 **Medical Assistance - Program Recipients - ~~Continuity of Care~~ Primary Care**
3 **Providers**

4 FOR the purpose of requiring the Department of Health and Mental Hygiene to
5 establish certain mechanisms for identifying ~~the primary care provider of a~~
6 ~~recipient of medical assistance and assigning the recipient to that provider;~~
7 ~~requiring a managed care organization, under certain circumstances, to assign a~~
8 ~~recipient of medical assistance to the recipient's primary care provider as~~
9 ~~identified by the Department during the enrollment process; allowing an~~
10 ~~enrollee in the Maryland Medical Assistance Program to disenroll under certain~~
11 ~~circumstances; a Maryland Medical Assistance Program recipient's primary care~~
12 provider at the time of enrollment; requiring the Department to establish
13 certain mechanisms for assigning the Program recipient to a managed care
14 organization under certain circumstances; requiring a managed care
15 organization or contracted medical group to assign a Program recipient to a
16 certain provider under certain circumstances; allowing a Program recipient to
17 disenroll from a managed care organization in accordance with certain
18 guidelines; allowing a program recipient to request to be assigned to a new
19 primary care provider under certain circumstances; requiring a managed care
20 organization or a contracted medical group to honor a certain request by a
21 Program recipient; requiring a certain report by a certain date; requiring the
22 Department to conduct a certain study and to report the findings of the study by
23 a certain date; making certain technical changes; and generally relating to the
24 Maryland Medical Assistance Program and continuity of care for ~~program~~
25 Program recipients.

26 BY repealing and reenacting, with amendments,
27 Article - Health - General

1 Section ~~15-102.1, 15-102.5, 15-102.5~~ and 15-103(b)(23)
2 Annotated Code of Maryland
3 (1994 Replacement Volume and 1998 Supplement)

4 BY adding to

5 Article - Health - General
6 Section 15-103(f)
7 Annotated Code of Maryland
8 (1994 Replacement Volume and 1998 Supplement)

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

11 **Article - Health - General**

12 ~~15-102.1.~~

13 (a) ~~The General Assembly finds that it is a goal of this State to promote the~~
14 ~~development of a health care system that provides adequate and appropriate health~~
15 ~~care services to indigent and medically indigent individuals.~~

16 (b) ~~The Department shall, to the extent permitted, subject to the limitations of~~
17 ~~the State budget:~~

18 (1) ~~Provide a comprehensive system of quality health care services with~~
19 ~~an emphasis on prevention, education, individualized care, and appropriate case~~
20 ~~management;~~

21 (2) ~~Develop a prenatal care program for Program recipients and~~
22 ~~encourage its utilization;~~

23 (3) ~~Allocate State resources for the Program to provide a balanced~~
24 ~~system of health care services to the population served by the Program;~~

25 (4) ~~Seek to coordinate the Program activities with other State programs~~
26 ~~and initiatives that are necessary to address the health care needs of the population~~
27 ~~served by the Program;~~

28 (5) ~~Promote Program policies that facilitate access to and continuity of~~
29 ~~care by encouraging:~~

30 (i) ~~Provider availability throughout the State;~~

31 (ii) ~~Consumer education;~~

32 (iii) ~~The development of ongoing relationships between Program~~
33 ~~recipients and primary health care providers; and~~

1 (iv) The regular review of the Program's regulations to determine
2 whether the administrative requirements of those regulations are unnecessarily
3 burdensome on Program providers;

4 (6) ESTABLISH MECHANISMS FOR IDENTIFYING A PROGRAM
5 RECIPIENT'S PRIMARY CARE PROVIDER AT THE TIME OF ENROLLMENT AND, IF THE
6 PROVIDER HAS A CONTRACT WITH A MANAGED CARE ORGANIZATION AND THE
7 RECIPIENT DESIRES TO CONTINUE CARE WITH THE PROVIDER, MECHANISMS FOR
8 ASSIGNING THE PROGRAM RECIPIENT TO THE PROVIDER;

9 (7) Strongly urge health care providers to participate in the Program and
10 thereby address the needs of Program recipients;

11 [(7)] (8) Require health care providers who participate in the Program to
12 provide access to Program recipients on a nondiscriminatory basis in accordance with
13 State and federal law;

14 [(8)] (9) Seek to provide appropriate levels of reimbursement for
15 providers to encourage greater participation by providers in the Program;

16 [(9)] (10) Promote individual responsibility for maintaining good health
17 habits;

18 [(10)] (11) Encourage the Program and Maryland's Health Care
19 Regulatory System to work to cooperatively promote the development of an
20 appropriate mix of health care providers, limit cost increases for the delivery of health
21 care to Program recipients, and insure the delivery of quality health care to Program
22 recipients;

23 [(11)] (12) Encourage the development and utilization of cost-effective
24 and preventive alternatives to the delivery of health care services to appropriate
25 Program recipients in inpatient institutional settings;

26 [(12)] (13) Encourage the appropriate executive agencies to coordinate
27 the eligibility determination, policy, operations, and compliance components of the
28 Program;

29 [(13)] (14) Work with representatives of inpatient institutions, third
30 party payors, and the appropriate State agencies to contain Program costs;

31 [(14)] (15) Identify and seek to develop an optimal mix of State, federal,
32 and privately financed health care services for Program recipients, within available
33 resources through cooperative interagency efforts;

34 [(15)] (16) Develop joint legislative and executive branch strategies to
35 persuade the federal government to reconsider those policies that discourage the
36 delivery of cost-effective health care to Program recipients;

37 [(16)] (17) Evaluate departmental recommendations as to those persons
38 whose financial need or health care needs are most acute;

1 ~~[(17)]~~ (18) Establish mechanisms for aggressively pursuing recoveries
2 against third parties permitted under current law and exploring additional methods
3 for seeking to recover other moneys expended by the Program; and

4 ~~[(18)]~~ (19) Take appropriate measures to assure the quality of health care
5 services provided by managed care organizations.

6 15-102.5.

7 (a) [A] ~~SUBJECT TO SUBSECTION (B) OF THIS SECTION § 15-103(F) OF THIS~~
8 SUBTITLE, A health maintenance organization that requires its panel providers to
9 participate in a managed care organization shall establish a mechanism, subject to
10 review by the Secretary, which provides for equitable distribution of enrollees and
11 which ensures that a provider will not be assigned a disproportionate number of
12 enrollees.

13 ~~(B) IF A PROGRAM RECIPIENT DESIRES TO CONTINUE CARE WITH A PROVIDER~~
14 ~~WHO WAS IDENTIFIED BY THE DEPARTMENT DURING THE ENROLLMENT PROCESS~~
15 ~~AS THE RECIPIENT'S PRIMARY CARE PROVIDER AND THE MANAGED CARE~~
16 ~~ORGANIZATION HAS A CONTRACT WITH THE PROVIDER, THE MANAGED CARE~~
17 ~~ORGANIZATION SHALL SEEK TO ASSURE THE RECIPIENT'S CONTINUITY OF CARE BY~~
18 ~~ASSIGNING THE RECIPIENT TO THE PROVIDER.~~

19 [(b)] ~~(C)~~ (B) Nothing in this section may be interpreted as prohibiting a
20 provider from voluntarily accepting additional enrollees.

21 15-103.

22 (b) (23) (i) The Department shall adopt regulations relating to enrollment,
23 disenrollment, and enrollee appeals.

24 (ii) ~~{An} SUBJECT TO SUBPARAGRAPH (III) OF THIS PARAGRAPH,~~
25 ~~AN~~ enrollee may disenroll from a managed care organization:

26 1. Without cause in the month following the anniversary
27 date of the enrollee's enrollment; [and]

28 2. For cause, at any time as determined by the Secretary;
29 AND

30 3. IN ACCORDANCE WITH SUBSECTION (F)(3) OF THIS
31 SECTION.

32 3. ~~IF THE ENROLLEE'S PRIMARY CARE PROVIDER~~
33 ~~TERMINATES THE PROVIDER'S CONTRACT WITH A MANAGED CARE ORGANIZATION,~~
34 ~~THE PROVIDER CONTRACTS WITH AT LEAST ONE OTHER MANAGED CARE~~
35 ~~ORGANIZATION, AND THE ENROLLEE DESIRES TO CONTINUE TO RECEIVE CARE~~
36 ~~FROM THE PROVIDER; OR~~

~~1 4. IF A MANAGED CARE ORGANIZATION TERMINATES ITS
2 CONTRACT WITH THE DEPARTMENT OR IS ACQUIRED BY ANOTHER ENTITY, THE
3 ENROLLEE'S PRIMARY CARE PROVIDER HAS A CONTRACT WITH AT LEAST ONE OTHER
4 MANAGED CARE ORGANIZATION, AND THE ENROLLEE DESIRES TO CONTINUE TO
5 RECEIVE CARE FROM THE PROVIDER.~~

~~6 (III) AN ENROLLEE WHO DISENROLLS FROM A MANAGED CARE
7 ORGANIZATION AS AUTHORIZED UNDER ITEMS 3 AND 4 OF SUBPARAGRAPH (II) OF
8 THIS PARAGRAPH SHALL SIMULTANEOUSLY ENROLL IN ANOTHER MANAGED CARE
9 ORGANIZATION WITH WHOM THE ENROLLEE'S PRIMARY CARE PROVIDER HAS A
10 CONTRACT.~~

11 (F) (1) THE DEPARTMENT SHALL ESTABLISH MECHANISMS FOR:

12 (I) IDENTIFYING A PROGRAM RECIPIENT'S PRIMARY CARE
13 PROVIDER AT THE TIME OF ENROLLMENT; AND

14 (II) ASSIGNING THE PROGRAM RECIPIENT TO A MANAGED CARE
15 ORGANIZATION IF:

16 1. THE PROVIDER HAS A CONTRACT WITH THE MANAGED
17 CARE ORGANIZATION OR A CONTRACTED MEDICAL GROUP OF THE MANAGED CARE
18 ORGANIZATION TO PROVIDE PRIMARY CARE SERVICES; AND

19 2. THE PROGRAM RECIPIENT REQUESTS TO CONTINUE CARE
20 WITH THE PROVIDER.

21 (2) A MANAGED CARE ORGANIZATION OR CONTRACTED MEDICAL GROUP
22 SHALL ASSIGN THE RECIPIENT TO THE PROVIDER IF:

23 (I) THE PROGRAM RECIPIENT REQUESTS TO CONTINUE CARE
24 WITH THE PROVIDER WHO THE DEPARTMENT IDENTIFIED DURING THE
25 ENROLLMENT PROCESS AS THE RECIPIENT'S PRIMARY CARE PROVIDER; AND

26 (II) THE MANAGED CARE ORGANIZATION OR CONTRACTED
27 MEDICAL GROUP HAS A CONTRACT WITH THE PROVIDER TO PROVIDE PRIMARY CARE
28 SERVICES.

29 (3) IN ACCORDANCE WITH THE FEDERAL HEALTH CARE FINANCING
30 ADMINISTRATION'S GUIDELINES, A PROGRAM RECIPIENT MAY ELECT TO DISENROLL
31 FROM A MANAGED CARE ORGANIZATION IF THE MANAGED CARE ORGANIZATION
32 TERMINATES ITS CONTRACT WITH THE DEPARTMENT OR IS ACQUIRED BY ANOTHER
33 ENTITY.

34 (4) (I) A PROGRAM RECIPIENT MAY REQUEST, AT ANY TIME, TO BE
35 ASSIGNED TO A NEW PRIMARY CARE PROVIDER IF THE PRIMARY CARE PROVIDER
36 BEING REQUESTED BY THE RECIPIENT HAS A CONTRACT WITH THE RECIPIENT'S
37 MANAGED CARE ORGANIZATION OR CONTRACTED MEDICAL GROUP TO PROVIDE
38 PRIMARY CARE SERVICES.

1 (II) A MANAGED CARE ORGANIZATION OR CONTRACTED MEDICAL
2 GROUP SHALL HONOR THE PROGRAM RECIPIENT'S REQUEST.

3 SECTION 2. AND BE IT FURTHER ENACTED, That, on or before October 1,
4 1999, the Department of Health and Mental Hygiene shall report the findings of the
5 committee established as a condition of the Joint Committee on Administrative,
6 Executive, and Legislative Review's approval of COMAR 10.09.65.19 and 10.09.65.22
7 to the House Environmental Matters Committee and the Senate Finance Committee,
8 in accordance with § 2-1246 of the State Government Article.

9 SECTION 3. AND BE IT FURTHER ENACTED, That the Department of
10 Health and Mental Hygiene shall:

11 (a) conduct a study to determine the Department's effectiveness in identifying
12 a Maryland Medical Assistance Program recipient's primary care provider at the time
13 of enrollment and assigning the Program recipient to the appropriate managed care
14 organization;

15 (b) include in its study an examination of the methods utilized by managed
16 care organizations to assign a program recipient who requests to continue care with
17 the provider who the Department identified during the enrollment process as the
18 recipient's primary care provider; and

19 (c) report the findings of its study to the House Environmental Matters
20 Committee and the Senate Finance Committee, in accordance with § 2-1246 of the
21 State Government Article, on or before December 1, 2000.

22 ~~SECTION 4.~~ SECTION 4. AND BE IT FURTHER ENACTED, That this Act shall take
23 effect October 1, 1999.