

HOUSE BILL 950

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2000 Regular Session  
(01r2148)

**ENROLLED BILL**  
*-- Environmental Matters/Finance --*

Introduced by **Delegates D. Davis, R. Baker, Oaks, Nathan-Pulliam, and Cane**

Read and Examined by Proofreaders:

\_\_\_\_\_  
Proofreader.

\_\_\_\_\_  
Proofreader.

Sealed with the Great Seal and presented to the Governor, for his approval this  
\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_ o'clock, \_\_\_\_ M.

\_\_\_\_\_  
Speaker.

CHAPTER \_\_\_\_\_

1 AN ACT concerning

2 **Medical Assistance - Program Recipients - Continuity of Care**

3 FOR the purpose of requiring the Department of Health and Mental Hygiene to  
4 establish certain mechanisms for identifying the primary care provider of a  
5 recipient of medical assistance and maintaining continuity of care with that  
6 provider; requiring a managed care organization, under certain circumstances,  
7 to assign a recipient of medical assistance to a particular primary care provider  
8 and to honor a request to change primary care providers; allowing a recipient to  
9 disenroll from a managed care organization under certain circumstances;  
10 requiring the Department to provide a certain notification; and generally  
11 relating to the Maryland Medical Assistance Program and continuity of care for  
12 program recipients.

13 BY repealing and reenacting, with amendments,  
14 Article - Health - General  
15 Section 15-102.5 and 15-103(b)(23)  
16 Annotated Code of Maryland

1 (1994 Replacement Volume and 1999 Supplement)

2 BY adding to

3 Article - Health - General

4 Section 15-103(f)

5 Annotated Code of Maryland

6 (1994 Replacement Volume and 1999 Supplement)

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

9 **Article - Health - General**

10 15-102.5.

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

16 (b) Nothing in this section may be interpreted as prohibiting a provider from  
17 voluntarily accepting additional enrollees.

18 15-103.

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

21 (ii) [An] SUBJECT TO SUBSECTION (F)(4) AND (5) OF THIS SECTION,  
22 AN enrollee may disenroll from a managed care organization:

23 1. Without cause in the month following the anniversary  
24 date of the enrollee's enrollment; and

25 2. For cause, at any time as determined by the Secretary.

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

27 (I) IDENTIFYING A PROGRAM RECIPIENT'S PRIMARY CARE  
28 PROVIDER AT THE TIME OF ENROLLMENT INTO A MANAGED CARE PROGRAM; AND

29 (II) MAINTAINING CONTINUITY OF CARE WITH THE PRIMARY CARE  
30 PROVIDER IF:

31 1. THE PROVIDER HAS A CONTRACT WITH A MANAGED CARE  
32 ORGANIZATION OR A CONTRACTED MEDICAL GROUP OF A MANAGED CARE  
33 ORGANIZATION TO PROVIDE PRIMARY CARE SERVICES; AND

1   2.         THE RECIPIENT DESIRES TO CONTINUE CARE WITH THE  
2 PROVIDER.

3                   (2)         IF A PROGRAM RECIPIENT ENROLLS IN A MANAGED CARE  
4 ORGANIZATION AND REQUESTS ASSIGNMENT TO A PARTICULAR PRIMARY CARE  
5 PROVIDER WHO HAS A CONTRACT WITH THE MANAGED CARE ORGANIZATION OR A  
6 CONTRACTED GROUP OF THE MANAGED CARE ORGANIZATION, THE MANAGED CARE  
7 ORGANIZATION SHALL ASSIGN THE RECIPIENT TO THE PRIMARY CARE PROVIDER.

8                   (3)         A PROGRAM RECIPIENT MAY REQUEST A CHANGE OF PRIMARY CARE  
9 PROVIDERS WITHIN THE SAME MANAGED CARE ORGANIZATION AT ANY TIME AND, IF  
10 THE PRIMARY CARE PROVIDER HAS A CONTRACT WITH THE MANAGED CARE  
11 ORGANIZATION OR A CONTRACTED GROUP OF THE MANAGED CARE ORGANIZATION,  
12 THE MANAGED CARE ORGANIZATION SHALL HONOR THE REQUEST.

13                   ~~(4)         WHEN THERE IS A CHANGE OF MANAGED CARE ORGANIZATION  
14 OWNERSHIP OR WHEN A MANAGED CARE ORGANIZATION TERMINATES ITS  
15 CONTRACT WITH THE DEPARTMENT, A PROGRAM RECIPIENT MAY DISENROLL FROM  
16 A MANAGED CARE ORGANIZATION IN ACCORDANCE WITH WRITTEN GUIDANCE  
17 PROVIDED BY THE FEDERAL HEALTH CARE FINANCING ADMINISTRATION.~~

18                   (4)         IN ACCORDANCE WITH THE FEDERAL HEALTH CARE FINANCING  
19 ADMINISTRATION'S GUIDELINES, A PROGRAM RECIPIENT MAY ELECT TO DISENROLL  
20 FROM A MANAGED CARE ORGANIZATION IF THE MANAGED CARE ORGANIZATION  
21 TERMINATES ITS CONTRACT WITH THE DEPARTMENT OR IS ACQUIRED BY ANOTHER  
22 ENTITY.

23                   (5)         A PROGRAM RECIPIENT MAY DISENROLL FROM A MANAGED CARE  
24 ORGANIZATION TO MAINTAIN CONTINUITY OF CARE WITH A PRIMARY CARE  
25 PROVIDER IF:

26                                 (I)         THE CONTRACT BETWEEN THE PRIMARY CARE PROVIDER AND  
27 THE MANAGED CARE ORGANIZATION OR CONTRACTED GROUP OF THE MANAGED  
28 CARE ORGANIZATION TERMINATES BECAUSE:

29   1.         THE MANAGED CARE ORGANIZATION OR CONTRACTED  
30 GROUP OF THE MANAGED CARE ORGANIZATION TERMINATES THE PROVIDER'S  
31 CONTRACT FOR A REASON OTHER THAN QUALITY OF CARE OR THE PROVIDER'S  
32 FAILURE TO COMPLY WITH CONTRACTUAL REQUIREMENTS RELATED TO QUALITY  
33 ASSURANCE ACTIVITIES; OR

34   2.         A.         THE MANAGED CARE ORGANIZATION OR  
35 CONTRACTED GROUP OF THE MANAGED CARE ORGANIZATION ~~PROPOSES TO REDUCE~~  
36 REDUCES THE PRIMARY CARE PROVIDER'S ~~COMPENSATION RATE~~ CAPITATED OR  
37 APPLICABLE FEE FOR SERVICES RATES;

38   B.         THE REDUCTION IN RATES IS GREATER THAN THE  
39 ACTUAL CHANGE IN RATES OR CAPITATION PAID TO THE MANAGED CARE  
40 ORGANIZATION BY THE DEPARTMENT; AND

1                                    C.       THE PROVIDER AND THE MANAGED CARE ORGANIZATION  
2 OR CONTRACTED GROUP OF THE MANAGED CARE ORGANIZATION ARE UNABLE TO  
3 NEGOTIATE A MUTUALLY ACCEPTABLE RATE; OR

4                                    3.       THE PROVIDER CONTRACT BETWEEN THE PROVIDER AND  
5 THE MANAGED CARE ORGANIZATION IS TERMINATED BECAUSE THE MANAGED CARE  
6 ORGANIZATION IS ACQUIRED BY ANOTHER ENTITY; AND

7                                    (II)     1.       THE PROGRAM RECIPIENT DESIRES TO CONTINUE TO  
8 RECEIVE CARE FROM THE PRIMARY CARE PROVIDER;

9                                    2.       THE PROVIDER CONTRACTS WITH AT LEAST ONE OTHER  
10 MANAGED CARE ORGANIZATION OR CONTRACTED GROUP OF A MANAGED CARE  
11 ORGANIZATION; AND

12                                  3.       THE ENROLLEE NOTIFIES THE DEPARTMENT OR THE  
13 DEPARTMENT'S DESIGNEE OF THE ENROLLEE'S INTENTION WITHIN 90 DAYS AFTER  
14 THE CONTRACT TERMINATION.

15                                  (6)       THE DEPARTMENT SHALL PROVIDE TIMELY NOTIFICATION TO THE  
16 AFFECTED MANAGED CARE ORGANIZATION OF AN ENROLLEE'S INTENTION TO  
17 DISENROLL UNDER THE PROVISIONS OF PARAGRAPH (5) OF THIS SUBSECTION.

18       SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect  
19 October 1, 2000.