

HOUSE BILL 950

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SB 486/99 - FIN

2000 Regular Session  
0lr2148  
CF 0lr1654

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By: **Delegates D. Davis, R. Baker, Oaks, Nathan-Pulliam, and Cane**  
Introduced and read first time: February 11, 2000  
Assigned to: Environmental Matters

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A BILL ENTITLED

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  
17 (1994 Replacement Volume and 1999 Supplement)

18 BY adding to  
19 Article - Health - General  
20 Section 15-103(f)  
21 Annotated Code of Maryland  
22 (1994 Replacement Volume and 1999 Supplement)

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 15-102.5.

27 (a) [A] SUBJECT TO § 15-103(F) OF THIS SUBTITLE, A health maintenance  
28 organization that requires its panel providers to participate in a managed care

1 organization shall establish a mechanism, subject to review by the Secretary, which  
2 provides for equitable distribution of enrollees and which ensures that a provider will  
3 not be assigned a disproportionate number of enrollees.

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

6 15-103.

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

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

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

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

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

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

17 (II) MAINTAINING CONTINUITY OF CARE WITH THE PRIMARY CARE  
18 PROVIDER IF:

19 1. THE PROVIDER HAS A CONTRACT WITH A MANAGED CARE  
20 ORGANIZATION OR A CONTRACTED MEDICAL GROUP OF A MANAGED CARE  
21 ORGANIZATION TO PROVIDE PRIMARY CARE SERVICES; AND

22 2. THE RECIPIENT DESIRES TO CONTINUE CARE WITH THE  
23 PROVIDER.

24 (2) IF A PROGRAM RECIPIENT ENROLLS IN A MANAGED CARE  
25 ORGANIZATION AND REQUESTS ASSIGNMENT TO A PARTICULAR PRIMARY CARE  
26 PROVIDER WHO HAS A CONTRACT WITH THE MANAGED CARE ORGANIZATION OR A  
27 CONTRACTED GROUP OF THE MANAGED CARE ORGANIZATION, THE MANAGED CARE  
28 ORGANIZATION SHALL ASSIGN THE RECIPIENT TO THE PRIMARY CARE PROVIDER.

29 (3) A PROGRAM RECIPIENT MAY REQUEST A CHANGE OF PRIMARY CARE  
30 PROVIDERS AT ANY TIME AND, IF THE PRIMARY CARE PROVIDER HAS A CONTRACT  
31 WITH THE MANAGED CARE ORGANIZATION OR A CONTRACTED GROUP OF THE  
32 MANAGED CARE ORGANIZATION, THE MANAGED CARE ORGANIZATION SHALL HONOR  
33 THE REQUEST.

34 (4) WHEN THERE IS A CHANGE OF MANAGED CARE ORGANIZATION  
35 OWNERSHIP OR WHEN A MANAGED CARE ORGANIZATION TERMINATES ITS  
36 CONTRACT WITH THE DEPARTMENT, A PROGRAM RECIPIENT MAY DISENROLL FROM

1 A MANAGED CARE ORGANIZATION IN ACCORDANCE WITH WRITTEN GUIDANCE  
2 PROVIDED BY THE FEDERAL HEALTH CARE FINANCING ADMINISTRATION.

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

6 (I) THE CONTRACT BETWEEN THE PRIMARY CARE PROVIDER AND  
7 THE MANAGED CARE ORGANIZATION OR CONTRACTED GROUP OF THE MANAGED  
8 CARE ORGANIZATION TERMINATES BECAUSE:

9 1. THE MANAGED CARE ORGANIZATION OR CONTRACTED  
10 GROUP OF THE MANAGED CARE ORGANIZATION TERMINATES THE PROVIDER'S  
11 CONTRACT FOR A REASON OTHER THAN QUALITY OF CARE; OR

12 2. THE MANAGED CARE ORGANIZATION OR CONTRACTED  
13 GROUP OF THE MANAGED CARE ORGANIZATION PROPOSES TO REDUCE THE PRIMARY  
14 CARE PROVIDER'S COMPENSATION RATE AND THE PROVIDER AND THE MANAGED  
15 CARE ORGANIZATION OR CONTRACTED GROUP OF THE MANAGED CARE  
16 ORGANIZATION ARE UNABLE TO NEGOTIATE A MUTUALLY ACCEPTABLE RATE; AND

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

19 2. THE PROVIDER CONTRACTS WITH AT LEAST ONE OTHER  
20 MANAGED CARE ORGANIZATION OR CONTRACTED GROUP OF A MANAGED CARE  
21 ORGANIZATION; AND

22 3. THE ENROLLEE NOTIFIES THE DEPARTMENT OR THE  
23 DEPARTMENT'S DESIGNEE OF THE ENROLLEE'S INTENTION WITHIN 90 DAYS AFTER  
24 THE CONTRACT TERMINATION.

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

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