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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

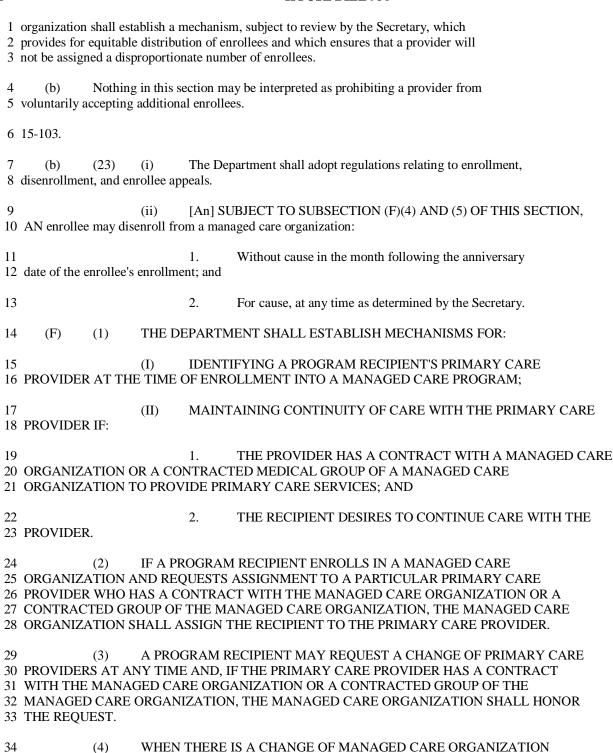
A BILL ENTITLED

1 AN ACT conc	erning
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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

HOUSE BILL 950



35 OWNERSHIP OR WHEN A MANAGED CARE ORGANIZATION TERMINATES ITS

36 CONTRACT WITH THE DEPARTMENT, A PROGRAM RECIPIENT MAY DISENROLL FROM

HOUSE BILL 950

- 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.