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SB 486/99 - FIN

2000 Regular Session
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CF 0lr1654

By: **Delegates D. Davis, R. Baker, Oaks, Nathan-Pulliam, and Cane**

Introduced and read first time: February 11, 2000

Assigned to: Environmental Matters

Committee Report: Favorable with amendments

House action: Adopted

Read second time: March 23, 2000

Returned to second reading: March 25, 2000

House action: Adopted with floor amendments

Read second time: March 25, 2000

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
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)

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

3 **Article - Health - General**

4 15-102.5.

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

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

12 15-103.

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

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

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

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

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

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

23 (II) MAINTAINING CONTINUITY OF CARE WITH THE PRIMARY CARE
24 PROVIDER IF:

25 1. THE PROVIDER HAS A CONTRACT WITH A MANAGED CARE
26 ORGANIZATION OR A CONTRACTED MEDICAL GROUP OF A MANAGED CARE
27 ORGANIZATION TO PROVIDE PRIMARY CARE SERVICES; AND

28 2. THE RECIPIENT DESIRES TO CONTINUE CARE WITH THE
29 PROVIDER.

30 (2) IF A PROGRAM RECIPIENT ENROLLS IN A MANAGED CARE
31 ORGANIZATION AND REQUESTS ASSIGNMENT TO A PARTICULAR PRIMARY CARE
32 PROVIDER WHO HAS A CONTRACT WITH THE MANAGED CARE ORGANIZATION OR A
33 CONTRACTED GROUP OF THE MANAGED CARE ORGANIZATION, THE MANAGED CARE
34 ORGANIZATION SHALL ASSIGN THE RECIPIENT TO THE PRIMARY CARE PROVIDER.

1 (3) A PROGRAM RECIPIENT MAY REQUEST A CHANGE OF PRIMARY CARE
2 PROVIDERS WITHIN THE SAME MANAGED CARE ORGANIZATION AT ANY TIME AND, IF
3 THE PRIMARY CARE PROVIDER HAS A CONTRACT WITH THE MANAGED CARE
4 ORGANIZATION OR A CONTRACTED GROUP OF THE MANAGED CARE ORGANIZATION,
5 THE MANAGED CARE ORGANIZATION SHALL HONOR THE REQUEST.

6 (4) ~~WHEN THERE IS A CHANGE OF MANAGED CARE ORGANIZATION~~
7 ~~OWNERSHIP OR WHEN A MANAGED CARE ORGANIZATION TERMINATES ITS~~
8 ~~CONTRACT WITH THE DEPARTMENT, A PROGRAM RECIPIENT MAY DISENROLL FROM~~
9 ~~A MANAGED CARE ORGANIZATION IN ACCORDANCE WITH WRITTEN GUIDANCE~~
10 ~~PROVIDED BY THE FEDERAL HEALTH CARE FINANCING ADMINISTRATION.~~

11 (4) IN ACCORDANCE WITH THE FEDERAL HEALTH CARE FINANCING
12 ADMINISTRATION'S GUIDELINES, A PROGRAM RECIPIENT MAY ELECT TO DISENROLL
13 FROM A MANAGED CARE ORGANIZATION IF THE MANAGED CARE ORGANIZATION
14 TERMINATES ITS CONTRACT WITH THE DEPARTMENT OR IS ACQUIRED BY ANOTHER
15 ENTITY.

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

19 (I) THE CONTRACT BETWEEN THE PRIMARY CARE PROVIDER AND
20 THE MANAGED CARE ORGANIZATION OR CONTRACTED GROUP OF THE MANAGED
21 CARE ORGANIZATION TERMINATES BECAUSE:

22 1. THE MANAGED CARE ORGANIZATION OR CONTRACTED
23 GROUP OF THE MANAGED CARE ORGANIZATION TERMINATES THE PROVIDER'S
24 CONTRACT FOR A REASON OTHER THAN QUALITY OF CARE OR THE PROVIDER'S
25 FAILURE TO COMPLY WITH CONTRACTUAL REQUIREMENTS RELATED TO QUALITY
26 ASSURANCE ACTIVITIES; OR

27 2. A. THE MANAGED CARE ORGANIZATION OR
28 CONTRACTED GROUP OF THE MANAGED CARE ORGANIZATION ~~PROPOSES TO REDUCE~~
29 REDUCES THE PRIMARY CARE PROVIDER'S ~~COMPENSATION RATE~~ CAPITATED OR
30 APPLICABLE FEE FOR SERVICES RATES;

31 B. THE REDUCTION IN RATES IS GREATER THAN THE
32 ACTUAL CHANGE IN RATES OR CAPITATION PAID TO THE MANAGED CARE
33 ORGANIZATION BY THE DEPARTMENT; AND

34 C. THE PROVIDER AND THE MANAGED CARE ORGANIZATION
35 OR CONTRACTED GROUP OF THE MANAGED CARE ORGANIZATION ARE UNABLE TO
36 NEGOTIATE A MUTUALLY ACCEPTABLE RATE; OR

37 3. THE PROVIDER CONTRACT BETWEEN THE PROVIDER AND
38 THE MANAGED CARE ORGANIZATION IS TERMINATED BECAUSE THE MANAGED CARE
39 ORGANIZATION IS ACQUIRED BY ANOTHER ENTITY; AND

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

3 2. THE PROVIDER CONTRACTS WITH AT LEAST ONE OTHER
4 MANAGED CARE ORGANIZATION OR CONTRACTED GROUP OF A MANAGED CARE
5 ORGANIZATION; AND

6 3. THE ENROLLEE NOTIFIES THE DEPARTMENT OR THE
7 DEPARTMENT'S DESIGNEE OF THE ENROLLEE'S INTENTION WITHIN 90 DAYS AFTER
8 THE CONTRACT TERMINATION.

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

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