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2000 Regular Session (0lr1654)

ENROLLED BILL

-- Finance/Environmental Matters --

Introduced by Senators Exum, Bromwell, DeGrange, Della, Dorman, Hooper, and Teitelbaum

	and Teitelbaum	
	Read and Examined by Proofreaders:	
		Proofreader.
	with the Great Seal and presented to the Governor, for his approval this day of at o'clock,M.	Proofreader.
		President.
	CHAPTER	
1 AN	N ACT concerning	
2	Medical Assistance - Program Recipients - Continuity of Care	
3 FO 4 5 6 7 8 9 10 11	OR the purpose of requiring the Department of Health and Mental Hygiene to establish certain mechanisms for identifying the primary care provider of a recipient of medical assistance and maintaining continuity of care with that provider; requiring a managed care organization, under certain circumstances, to assign a recipient of medical assistance to a particular primary care provider and to honor a request to change primary care providers; allowing a recipient to disenroll from a managed care organization under certain circumstances; requiring the Department to provide a certain notification; and generally relating to the Maryland Medical Assistance Program and continuity of care for program recipients.	

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

1 2	Annotated Code of Maryland (1994 Replacement Volume and 1999 Supplement)
3 4 5 6 7	BY adding to Article - Health - General Section 15-103(f) Annotated Code of Maryland (1994 Replacement Volume and 1999 Supplement)
8 9	SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:
10	Article - Health - General
11	15-102.5.
14 15	(a) [A] SUBJECT TO § 15-103(F) OF THIS SUBTITLE, A health maintenance organization that requires its panel providers to participate in a managed care organization shall establish a mechanism, subject to review by the Secretary, which provides for equitable distribution of enrollees and which ensures that a provider will not be assigned a disproportionate number of enrollees.
17 18	(b) Nothing in this section may be interpreted as prohibiting a provider from voluntarily accepting additional enrollees.
19	15-103.
20 21	(b) (23) (i) The Department shall adopt regulations relating to enrollment, disenrollment, and enrollee appeals.
22 23	(ii) [An] SUBJECT TO SUBSECTION (F)(4) AND (5) OF THIS SECTION, AN enrollee may disenroll from a managed care organization:
24 25	1. Without cause in the month following the anniversary date of the enrollee's enrollment; and
26	2. For cause, at any time as determined by the Secretary.
27	(F) (1) THE DEPARTMENT SHALL ESTABLISH MECHANISMS FOR:
28 29	(I) IDENTIFYING A PROGRAM RECIPIENT'S PRIMARY CARE PROVIDER AT THE TIME OF ENROLLMENT INTO A MANAGED CARE PROGRAM; <u>AND</u>
30 31	(II) MAINTAINING CONTINUITY OF CARE WITH THE PRIMARY CARE PROVIDER IF:
32	1. THE PROVIDER HAS A CONTRACT WITH A MANAGED CARE

34 ORGANIZATION TO PROVIDE PRIMARY CARE SERVICES; AND

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1 2	2. THE RECIPIENT DESIRES TO CONTINUE CARE WITH THE PROVIDER.
5 6	(2) IF A PROGRAM RECIPIENT ENROLLS IN A MANAGED CARE ORGANIZATION AND REQUESTS ASSIGNMENT TO A PARTICULAR PRIMARY CARE PROVIDER WHO HAS A CONTRACT WITH THE MANAGED CARE ORGANIZATION OR A CONTRACTED GROUP OF THE MANAGED CARE ORGANIZATION, THE MANAGED CARE ORGANIZATION SHALL ASSIGN THE RECIPIENT TO THE PRIMARY CARE PROVIDER.
10 11	(3) A PROGRAM RECIPIENT MAY REQUEST A CHANGE OF PRIMARY CARE PROVIDERS <u>WITHIN THE SAME MANAGED CARE ORGANIZATION</u> AT ANY TIME AND, IF THE PRIMARY CARE PROVIDER HAS A CONTRACT WITH THE MANAGED CARE ORGANIZATION OR A CONTRACTED GROUP OF THE MANAGED CARE ORGANIZATION, THE MANAGED CARE ORGANIZATION SHALL HONOR THE REQUEST.
15 16	(4) WHEN THERE IS A CHANGE OF MANAGED CARE ORGANIZATION OWNERSHIP OR WHEN A MANAGED CARE ORGANIZATION TERMINATES ITS CONTRACT WITH THE DEPARTMENT, A PROGRAM RECIPIENT MAY DISENROLL FROM A MANAGED CARE ORGANIZATION IN ACCORDANCE WITH WRITTEN GUIDANCE PROVIDED BY THE FEDERAL HEALTH CARE FINANCING ADMINISTRATION.
20 21	(4) IN ACCORDANCE WITH THE FEDERAL HEALTH CARE FINANCING ADMINISTRATION'S GUIDELINES, A PROGRAM RECIPIENT MAY ELECT TO DISENROLL FROM A MANAGED CARE ORGANIZATION IF THE MANAGED CARE ORGANIZATION TERMINATES ITS CONTRACT WITH THE DEPARTMENT OR IS ACQUIRED BY ANOTHER ENTITY.
	(5) A PROGRAM RECIPIENT MAY DISENROLL FROM A MANAGED CARE ORGANIZATION TO MAINTAIN CONTINUITY OF CARE WITH A PRIMARY CARE PROVIDER IF:
	(I) THE CONTRACT BETWEEN THE PRIMARY CARE PROVIDER AND THE MANAGED CARE ORGANIZATION OR CONTRACTED GROUP OF THE MANAGED CARE ORGANIZATION TERMINATES BECAUSE:
31 32	1. THE MANAGED CARE ORGANIZATION OR CONTRACTED GROUP OF THE MANAGED CARE ORGANIZATION TERMINATES THE PROVIDER'S CONTRACT FOR A REASON OTHER THAN QUALITY OF CARE OR THE PROVIDER'S FAILURE TO COMPLY WITH CONTRACTUAL REQUIREMENTS RELATED TO QUALITY ASSURANCE ACTIVITIES; OR
36	2. <u>A.</u> THE MANAGED CARE ORGANIZATION OR CONTRACTED GROUP OF THE MANAGED CARE ORGANIZATION PROPOSES TO REDUCE REDUCES THE PRIMARY CARE PROVIDER'S COMPENSATION RATE CAPITATED OR APPLICABLE FEE FOR SERVICES RATES;
	B. THE REDUCTION IN RATES IS GREATER THAN THE ACTUAL CHANGE IN RATES OR CAPITATION PAID TO THE MANAGED CARE ORGANIZATION BY THE DEPARTMENT; AND

19 October 1, 2000.

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	$\underline{\text{C.}} \qquad \text{THE PROVIDER AND THE MANAGED CARE ORGANIZATION} \\ \text{OR CONTRACTED GROUP OF THE MANAGED CARE ORGANIZATION ARE UNABLE TO} \\ \text{NEGOTIATE A MUTUALLY ACCEPTABLE RATE; } \underline{\text{AND } \textit{OR}} \\$
	3. THE PROVIDER CONTRACT BETWEEN THE PROVIDER AND THE MANAGED CARE ORGANIZATION IS TERMINATED BECAUSE THE MANAGED CARE ORGANIZATION IS ACQUIRED BY ANOTHER ENTITY; AND
7 8	(II) 1. THE PROGRAM RECIPIENT DESIRES TO CONTINUE TO RECEIVE CARE FROM THE PRIMARY CARE PROVIDER;
	2. THE PROVIDER CONTRACTS WITH AT LEAST ONE OTHER MANAGED CARE ORGANIZATION OR CONTRACTED GROUP OF A MANAGED CARE ORGANIZATION; AND
	3. THE ENROLLEE NOTIFIES THE DEPARTMENT OR THE DEPARTMENT'S DESIGNEE OF THE ENROLLEE'S INTENTION WITHIN 90 DAYS AFTER THE CONTRACT TERMINATION.
	(6) THE DEPARTMENT SHALL PROVIDE TIMELY NOTIFICATION TO THE AFFECTED MANAGED CARE ORGANIZATION OF AN ENROLLEE'S INTENTION TO DISENROLL UNDER THE PROVISIONS OF PARAGRAPH (5) OF THIS SUBSECTION.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect