SENATE BILL 359

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SB 486/99 - FIN CF 0lr2148

By: **Senators Exum, Bromwell, DeGrange, Della, Dorman, Hooper, and Teitelbaum**
Introduced and read first time: February 2, 2000
Assigned to: Finance

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:

1 **Article - Health - General**

2 15-102.5.

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

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

10 15-103.

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

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

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

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

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

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

21 (II) MAINTAINING CONTINUITY OF CARE WITH THE PRIMARY CARE
22 PROVIDER IF:

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

26 2. THE RECIPIENT DESIRES TO CONTINUE CARE WITH THE
27 PROVIDER.

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

33 (3) A PROGRAM RECIPIENT MAY REQUEST A CHANGE OF PRIMARY CARE
34 PROVIDERS AT ANY TIME AND, IF THE PRIMARY CARE PROVIDER HAS A CONTRACT
35 WITH THE MANAGED CARE ORGANIZATION OR A CONTRACTED GROUP OF THE

1 MANAGED CARE ORGANIZATION, THE MANAGED CARE ORGANIZATION SHALL HONOR
2 THE REQUEST.

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

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

11 (I) THE CONTRACT BETWEEN THE PRIMARY CARE PROVIDER AND
12 THE MANAGED CARE ORGANIZATION OR CONTRACTED GROUP OF THE MANAGED
13 CARE ORGANIZATION TERMINATES BECAUSE:

14 1. THE MANAGED CARE ORGANIZATION OR CONTRACTED
15 GROUP OF THE MANAGED CARE ORGANIZATION TERMINATES THE PROVIDER'S
16 CONTRACT FOR A REASON OTHER THAN QUALITY OF CARE; OR

17 2. THE MANAGED CARE ORGANIZATION OR CONTRACTED
18 GROUP OF THE MANAGED CARE ORGANIZATION PROPOSES TO REDUCE THE PRIMARY
19 CARE PROVIDER'S COMPENSATION RATE AND THE PROVIDER AND THE MANAGED
20 CARE ORGANIZATION OR CONTRACTED GROUP OF THE MANAGED CARE
21 ORGANIZATION ARE UNABLE TO NEGOTIATE A MUTUALLY ACCEPTABLE RATE; AND

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

24 2. THE PROVIDER CONTRACTS WITH AT LEAST ONE OTHER
25 MANAGED CARE ORGANIZATION OR CONTRACTED GROUP OF A MANAGED CARE
26 ORGANIZATION; AND

27 3. THE ENROLLEE NOTIFIES THE DEPARTMENT OR THE
28 DEPARTMENT'S DESIGNEE OF THE ENROLLEE'S INTENTION WITHIN 90 DAYS AFTER
29 THE CONTRACT TERMINATION.

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

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