

SENATE BILL 359

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SB 486/99 - FIN

2000 Regular Session
Olr1654
CF 0lr2148

By: **Senators Exum, Bromwell, DeGrange, Della, Dorman, Hooper, and Teitelbaum**

Introduced and read first time: February 2, 2000
Assigned to: Finance

Committee Report: Favorable with amendments
Senate action: Adopted
Read second time: March 7, 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; AND

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

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

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

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

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