

Department of Legislative Services  
Maryland General Assembly  
2000 Session

FISCAL NOTE  
Revised

House Bill 950 (Delegate D. Davis. *et al.*)

Environmental Matters

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Medical Assistance - Program Recipients - Continuity of Care

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This bill requires the Department of Health and Mental Hygiene (DHMH) to maintain continuity of care for a Medicaid program recipient (enrollee) in certain circumstances.

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Fiscal Summary

**State Effect:** The bill's requirements could be handled with existing budgeted resources.

**Local Effect:** None.

**Small Business Effect:** None.

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Analysis

**Bill Summary:** This bill requires the DHMH to establish mechanisms to maintain continuity of care for Medicaid managed care enrollees. The department must identify an enrollee's primary care provider (PCP) at the time of enrollment.

If the enrollee's PCP has a contract with a managed care organization (MCO) and the enrollee requests to continue to receive care from the provider, the MCO must assign the enrollee to the provider. An MCO must also allow an enrollee to request an assignment to a new PCP at any time, as long as the PCP contracts with the MCO. The bill specifies that a Medicaid MCO enrollee may disenroll, in accordance with federal Health Care Financing Administration guidelines, from the enrollee's current MCO if the MCO terminates its contract with the State.

In addition, an enrollee may disenroll from an MCO if the contract between the primary care provider and the MCO terminates: (1) for a reason other than quality of care or the provider's failure to comply with contractual requirements related to quality assurance activities; (2) because the MCO reduces rates; or (3) because the MCO is acquired by another entity. The enrollee must notify DHMH of the intent to disenroll within 90 days after contract termination. DHMH must provide timely notification to the affected MCO of the enrollee's intention to disenroll.

**Current Law:** There are no continuity of care provisions for Medicaid MCO enrollees.

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### Additional Information

**Prior Introductions:** Similar bills, SB 486 and HB 955, were introduced in 1999. The Senate Finance Committee refused to concur with House amendments to SB 486. HB 955 passed the House with amendments and was referred to the Senate Finance Committee.

**Cross File:** SB 359 (Senator Exum, *et al.*) - Finance.

**Information Source(s):** Department of Health and Mental Hygiene (Medicaid, Office of Health Care Quality), Maryland Insurance Administration, Department of Legislative Services

**Fiscal Note History:** First Reader - February 15, 2000  
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