

BY: Finance Committee

AMENDMENTS TO SENATE BILL NO. 636

(First Reading File Bill)

AMENDMENT NO. 1

On page 1, strike beginning with “authorizing” in line 6 down through “provider” in line 14 and substitute “requiring the Department of Health and Mental Hygiene to reassign a disenrolled recipient to a certain managed care organization under certain circumstances; requiring a managed care organization to assign a certain primary care provider to a disenrolled recipient under certain circumstances; requiring a managed care organization that is withdrawing from the HealthChoice Program to provide a certain written notice to a recipient within a certain time; requiring a managed care organization to provide the Department with a certain list of recipients and their primary care providers by a certain time”; and in line 19, strike “and (f)”.

AMENDMENT NO. 2

On page 2, strike beginning with “IF” in line 30 down through “ORGANIZATION” in line 37 and substitute “IF A RECIPIENT IS DISENROLLED AND REENROLLS WITHIN 120 DAYS OF THE RECIPIENT’S DISENROLLMENT”.

AMENDMENT NO. 3

On page 3, in line 1, strike “A” and substitute “THE”; strike beginning with “THAT” in line 2 down through “SECTION” in line 4 and substitute “IN WHICH THE RECIPIENT PREVIOUSLY WAS ENROLLED”; strike beginning with “IDENTIFY” in line 5 down through “ASSIGNMENT” in line 6 and substitute “REQUIRE THE MANAGED CARE ORGANIZATION TO ASSIGN THE RECIPIENT TO THE PRIMARY CARE PROVIDER OF RECORD AT THE TIME OF THE RECIPIENT’S DISENROLLMENT.”

(IV) WHENEVER A RECIPIENT HAS TO SELECT A NEW MANAGED CARE ORGANIZATION BECAUSE THE RECIPIENT’S MANAGED CARE ORGANIZATION HAS WITHDRAWN FROM THE HEALTHCHOICE PROGRAM, THE WITHDRAWING MANAGED CARE ORGANIZATION:

(Over)

1. SHALL PROVIDE WRITTEN NOTICE OF REASSIGNMENT TO THE RECIPIENT 30 DAYS BEFORE WITHDRAWING FROM THE HEALTHCHOICE PROGRAM;

2. SHALL INCLUDE IN THE NOTICE OF REASSIGNMENT THE NAME AND PROVIDER NUMBER OF THE NEW PRIMARY CARE PROVIDER ASSIGNED TO THE RECIPIENT AND THE TELEPHONE NUMBER OF THE ENROLLMENT BROKER; AND

3. WITHIN 30 DAYS AFTER TERMINATING ITS CONTRACT WITH THE DEPARTMENT, SHALL PROVIDE THE DEPARTMENT WITH A LIST OF RECIPIENTS WHO HAVE BEEN REASSIGNED TO ANOTHER PRIMARY CARE PROVIDER AND THE NAMES OF THE PRIMARY CARE PROVIDERS ASSIGNED TO THE RECIPIENTS”.

AMENDMENT NO. 4

On pages 3 and 4, strike in their entirety the lines beginning with line 12 on page 3 through line 38 on page 4, inclusive.