BY: Environmental Matters Committee

AMENDMENTS TO HOUSE BILL NO. 1227

(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in the sponsor line, strike "Delegate Oaks" and substitute "Delegates Oaks, Redmer, D. Davis, Mohorovic, Billings, Hammen, Elliott, Stull, Klausmeier, Boutin, Frush, Morhaim, Baldwin, Owings, Weir, Hubbard, Sher, Cane, and Nathan-Pulliam"; 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; requiring the Department to provide the list provided by the managed care organization to the enrollment broker and other managed care organizations for certain purposes; requiring the Department to make a certain report"; 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 "<u>IF A RECIPIENT IS DISENROLLED AND REENROLLS WITHIN 120 DAYS OF THE RECIPIENT'S DISENROLLMENT</u>".

AMENDMENT NO. 3

On page 3, in line 1, strike "A" and substitute "<u>THE</u>"; strike beginning with "THAT" in line 2 down through "SECTION" in line 4 and substitute "<u>IN WHICH THE RECIPIENT PREVIOUSLY WAS ENROLLED</u>"; strike beginning with "IDENTIFY" in line 5 down through "ASSIGNMENT" in line 6 and substitute "<u>REQUIRE THE MANAGED CARE ORGANIZATION TO ASSIGN THE RECIPIENT TO THE PRIMARY CARE PROVIDER OF RECORD AT THE</u>

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 DEPARTED FROM THE HEALTHCHOICE PROGRAM, THE DEPARTING MANAGED CARE ORGANIZATION:
- 1. SHALL PROVIDE A WRITTEN NOTICE TO THE RECIPIENT 60 DAYS BEFORE DEPARTING FROM THE PROGRAM;
- 2. SHALL INCLUDE IN THE NOTICE THE NAME AND PROVIDER NUMBER OF THE PRIMARY CARE PROVIDER ASSIGNED TO THE RECIPIENT AND THE TELEPHONE NUMBER OF THE ENROLLMENT BROKER; AND
- 3. <u>WITHIN 30 DAYS AFTER DEPARTING FROM THE PROGRAM, SHALL PROVIDE THE DEPARTMENT WITH A LIST OF ENROLLEES AND THE NAME OF EACH ENROLLEE'S PRIMARY CARE PROVIDER.</u>
- (V) ON RECEIVING THE LIST PROVIDED BY THE MANAGED CARE ORGANIZATION, THE DEPARTMENT SHALL PROVIDE THE LIST TO:
- 1. <u>THE ENROLLMENT BROKER TO ASSIST AND PROVIDE</u> OUTREACH TO RECIPIENTS IN SELECTING A MANAGED CARE ORGANIZATION; AND
- 2. THE REMAINING MANAGED CARE ORGANIZATIONS FOR THE PURPOSE OF LINKING RECIPIENTS WITH A PRIMARY CARE PROVIDER IN ACCORDANCE WITH FEDERAL LAW AND REGULATION";

and in line 7, strike "(V)" and substitute "(VI)".

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, and substitute:

"SECTION 2. AND BE IT FURTHER ENACTED, That:

(a) The Department of Health and Mental Hygiene, as part of the HealthChoice

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evaluation, shall study the costs to the Department and the Department's subcontractor of transitioning enrollees of a departing managed care organization; and

- (b) On or before January 1, 2002, the Department shall submit a report to the House Environmental Matters Committee and the Senate Finance Committee, in accordance with § 2-1246 of the State Government Article, on:
 - (1) the findings of the study required under subsection (a) of this section;
- (2) <u>current reenrollment procedures and funding sources for transitioning enrollees of a departing managed care organization; and</u>
- (3) recommendations for a mechanism for reimbursing the costs associated with transitioning enrollees of a departing managed care organization.".

AMENDMENT NO. 5

On page 5, in line 1, strike "2." and substitute "3."; and in line 2, strike "October" and substitute "June".