

Department of Legislative Services

Maryland General Assembly

2001 Session

FISCAL NOTE

Revised

House Bill 1227

(Delegate Oaks, *et al.*)

Environmental Matters

Finance

Medicaid Managed Care Organizations - Continuity of Care

This bill requires the Department of Health and Mental Hygiene (DHMH) to adopt regulations that allow a Medicaid enrollee to choose: (1) the Medicaid managed care organization (MCO) in which to enroll; and (2) the primary care provider (PCP) to whom the enrollee is assigned.

The bill takes effect June 1, 2001.

Fiscal Summary

State Effect: The adoption of regulations could be handled with existing budgeted DHMH resources. No effect on revenues.

Local Effect: None.

Small Business Effect: None.

Analysis

Bill Summary: If a Medicaid enrollee disenrolls from Medicaid and then reenrolls within 120 days, DHMH must assign the enrollee to his or her former MCO, which in turn must assign the enrollee to his or her former PCP. An MCO that withdraws from participation in the HealthChoice program must: (1) provide an enrollee with at least 30 days' prior written notice, including contact information for the new PCP and the enrollment broker; and (2) within 30 days after withdrawal, provide DHMH with a list of reassigned recipients and their PCPs.

Current Law: DHMH must establish mechanisms to maintain continuity of care for Medicaid managed care enrollees. The department must identify an enrollee's PCP at the time of enrollment.

Additional Information

Prior Introductions: None.

Cross File: SB 636 (Senator Kelley, *et al.*) – Finance.

Information Source(s): Department of Health and Mental Hygiene (Medicaid),
Department of Legislative Services

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