

HOUSE BILL 675

Unofficial Copy
J1

2003 Regular Session
(3lr2390)

ENROLLED BILL

-- Health and Government Operations/Finance --

Introduced by ~~Delegate Hubbard~~ **Delegates Hubbard, Hurson, Hammen,
Benson, Boutin, Bromwell, Costa, Donoghue, Goldwater, Haynes,
Mandel, Morhaim, Murray, Nathan-Pulliam, Pendergrass, Rosenberg,
Rudolph, Smigiel, and Weldon**

Read and Examined by Proofreaders:

Proofreader.

Proofreader.

Sealed with the Great Seal and presented to the Governor, for his approval this
____ day of _____ at _____ o'clock, ____ M.

Speaker.

CHAPTER _____

1 AN ACT concerning

2 **Maryland Medical Assistance Program - Reimbursement for Outpatient**
3 **Mental Health Treatment - Dual Eligibility**

4 FOR the purpose of requiring the Maryland Medical Assistance Program to reimburse
5 certain providers of outpatient mental health treatment a certain amount of the
6 Program fee for certain individuals; defining certain terms; requiring the
7 Department of Health and Mental Hygiene to submit a report demonstrating
8 that certain funds have been used for the purpose of funding this Act; and
9 generally relating to a certain Program reimbursement amount to certain
10 providers for certain mental health treatment for certain individuals.

11 BY repealing and reenacting, without amendments,
12 Article - Health - General
13 Section 15-101(a) and (i)

1 Annotated Code of Maryland
2 (2000 Replacement Volume and 2002 Supplement)

3 BY repealing and reenacting, with amendments,
4 Article - Health - General
5 Section 15-105
6 Annotated Code of Maryland
7 (2000 Replacement Volume and 2002 Supplement)

8 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF
9 MARYLAND, That the Laws of Maryland read as follows:

10 **Article - Health - General**

11 15-101.

12 (a) In this title the following words have the meanings indicated.

13 (i) "Program" means the Maryland Medical Assistance Program.

14 15-105.

15 (a) IN THIS SECTION, "DUAL ELIGIBILITY" MEANS SIMULTANEOUS
16 ELIGIBILITY FOR HEALTH INSURANCE COVERAGE UNDER BOTH THE PROGRAM AND
17 MEDICARE; AND FOR WHICH THE DEPARTMENT MAY OBTAIN FEDERAL MATCHING
18 FUNDS.

19 (B) The Department shall adopt rules and regulations for the reimbursement
20 of providers under the Program. However, except for an invoice that must be
21 submitted to a Medicare intermediary or Medicare carrier for an individual [who may
22 have both Medicare and Medicaid coverage] WITH DUAL ELIGIBILITY, payment may
23 not be made for an invoice that is received more than 1 year after the dates of the
24 services given.

25 [(b)] (C) A provider who fails to submit an invoice within the required time
26 may not recover the amount later from the Program recipient.

27 [(c)] (D) (1) The Department shall adopt regulations for the reimbursement
28 of specialty outpatient treatment and diagnostic services rendered to Program
29 recipients at a freestanding clinic owned and operated by a hospital that is under a
30 capitation agreement approved by the Health Services Cost Review Commission.

31 (2) (i) Except as provided in subparagraph (ii) of this paragraph, the
32 reimbursement rate under paragraph (1) of this subsection shall be set according to
33 Medicare standards and principles for retrospective cost reimbursement as described
34 in 42 CFR Part 413 or on the basis of charges, whichever is less.

1 (ii) The reimbursement rate for a hospital that has transferred
 2 outpatient oncology, diagnostic, rehabilitative, and digestive disease services to an
 3 off-site facility prior to January 1, 1999 shall be set according to the rates approved
 4 by the Health Services Cost Review Commission if:

5 1. The transfer of services was due to zoning restrictions at
 6 the hospital campus;

7 2. The off-site facility is surveyed as part of the hospital for
 8 purposes of accreditation by the Joint Commission on the Accreditation of Health
 9 Care Organizations; and

10 3. The hospital notifies the Health Services Cost Review
 11 Commission in writing by July 1, 1999 that the hospital would like the services
 12 provided at the off-site facility subject to Title 19, Subtitle 2 of this article.

13 (E) (1) IN THIS SUBSECTION, "PROVIDER" MEANS A COMMUNITY-BASED
 14 PROGRAM OR AN INDIVIDUAL HEALTH CARE PRACTITIONER PROVIDING
 15 OUTPATIENT MENTAL HEALTH TREATMENT.

16 (2) FOR AN INDIVIDUAL WITH DUAL ELIGIBILITY, THE PROGRAM SHALL
 17 REIMBURSE A PROVIDER THE ENTIRE AMOUNT OF THE PROGRAM FEE FOR
 18 OUTPATIENT MENTAL HEALTH TREATMENT, INCLUDING ANY AMOUNT ORDINARILY
 19 WITHHELD AS A PSYCHIATRIC EXCLUSION AND ANY COPAYMENT NOT COVERED
 20 UNDER MEDICARE.

21 [(d)] (F) This section has no effect if its operation would cause this State to
 22 lose any federal funds.

23 SECTION 2. AND BE IT FURTHER ENACTED, That it is the intent of the
 24 General Assembly that the Mental Hygiene Administration shall fund the provisions
 25 of this Act through existing resources by reprioritizing existing grant funds. The
 26 Department of Health and Mental Hygiene, on or before ~~June 15, August 1, 2003,~~
 27 shall submit a ~~plan for reprioritizing~~ report demonstrating that existing grant funds
 28 have been reprioritized to allow for the funding of the provisions of this Act to the
 29 Governor and, subject to § 2-1246 of the State Government Article, to the Senate
 30 Budget and Taxation Committee, the Senate Finance Committee, the House
 31 Appropriations Committee, and the House Health and Government Operations
 32 Committee, and the Committees shall have 45 days to review and comment on the
 33 plan.

34 ~~SECTION 2. 3.~~ AND BE IT FURTHER ENACTED, That this Act shall take
 35 effect ~~July June~~ July 1, 2003.

