HOUSE BILL 675

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(i)

2003 Regular Session 3lr2390 CF SB 209

By: **Delegate Hubbard**Introduced and read first time: February 7, 2003
Assigned to: Health and Government Operations

	A BILL ENTITLED
1	AN ACT concerning
2	Maryland Medical Assistance Program - Reimbursement for Outpatient Mental Health Treatment - Dual Eligibility
4 5 6 7 8	FOR the purpose of requiring the Maryland Medical Assistance Program to reimburse certain providers of outpatient mental health treatment a certain amount of the Program fee for certain individuals; defining certain terms; and generally relating to a certain Program reimbursement amount to certain providers for certain mental health treatment for certain individuals.
9 0 1 2	Section 15-101(a) and (i) Annotated Code of Maryland
14 15 16 17	Section 15-105 Annotated Code of Maryland
9	SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:
21	Article - Health - General
22	15-101.
23	(a) In this title the following words have the meanings indicated.

"Program" means the Maryland Medical Assistance Program.

- 1 15-105.
- 2 (a) IN THIS SECTION, "DUAL ELIGIBILITY" MEANS SIMULTANEOUS
- 3 ELIGIBILITY FOR HEALTH INSURANCE COVERAGE UNDER BOTH THE PROGRAM AND
- 4 MEDICARE.
- 5 (B) The Department shall adopt rules and regulations for the reimbursement
- 6 of providers under the Program. However, except for an invoice that must be
- 7 submitted to a Medicare intermediary or Medicare carrier for an individual [who may
- 8 have both Medicare and Medicaid coverage] WITH DUAL ELIGIBILITY, payment may
- 9 not be made for an invoice that is received more than 1 year after the dates of the
- 10 services given.
- 11 [(b)] (C) A provider who fails to submit an invoice within the required time
- 12 may not recover the amount later from the Program recipient.
- 13 [(c)] (D) (1) The Department shall adopt regulations for the reimbursement
- 14 of specialty outpatient treatment and diagnostic services rendered to Program
- 15 recipients at a freestanding clinic owned and operated by a hospital that is under a
- 16 capitation agreement approved by the Health Services Cost Review Commission.
- 17 (2) (i) Except as provided in subparagraph (ii) of this paragraph, the
- 18 reimbursement rate under paragraph (1) of this subsection shall be set according to
- 19 Medicare standards and principles for retrospective cost reimbursement as described
- 20 in 42 CFR Part 413 or on the basis of charges, whichever is less.
- 21 (ii) The reimbursement rate for a hospital that has transferred
- 22 outpatient oncology, diagnostic, rehabilitative, and digestive disease services to an
- 23 off-site facility prior to January 1, 1999 shall be set according to the rates approved
- 24 by the Health Services Cost Review Commission if:
- 25 1. The transfer of services was due to zoning restrictions at
- 26 the hospital campus;
- 27 2. The off-site facility is surveyed as part of the hospital for
- 28 purposes of accreditation by the Joint Commission on the Accreditation of Health
- 29 Care Organizations; and
- 30 The hospital notifies the Health Services Cost Review
- 31 Commission in writing by July 1, 1999 that the hospital would like the services
- 32 provided at the off-site facility subject to Title 19, Subtitle 2 of this article.
- 33 (E) (1) IN THIS SUBSECTION, "PROVIDER" MEANS A COMMUNITY-BASED
- 34 PROGRAM OR AN INDIVIDUAL HEALTH CARE PRACTITIONER PROVIDING
- 35 OUTPATIENT MENTAL HEALTH TREATMENT.
- 36 (2) FOR AN INDIVIDUAL WITH DUAL ELIGIBILITY, THE PROGRAM SHALL
- 37 REIMBURSE A PROVIDER THE ENTIRE AMOUNT OF THE PROGRAM FEE FOR

- 1 OUTPATIENT MENTAL HEALTH TREATMENT, INCLUDING ANY AMOUNT ORDINARILY
- 2 WITHHELD AS A PSYCHIATRIC EXCLUSION AND ANY COPAYMENT NOT COVERED
- 3 UNDER MEDICARE.
- 4 [(d)] (F) This section has no effect if its operation would cause this State to
- 5 lose any federal funds.
- 6 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take
- 7 effect July 1, 2003.