

HOUSE BILL 675

Unofficial Copy  
J1  
SB 206/02 - FIN

2003 Regular Session  
3r2390  
CF SB 209

---

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**

Introduced and read first time: February 7, 2003  
Assigned to: Health and Government Operations

---

Committee Report: Favorable with amendments  
House action: Adopted  
Read second time: March 21, 2003

---

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)  
14 Annotated Code of Maryland  
15 (2000 Replacement Volume and 2002 Supplement)

16 BY repealing and reenacting, with amendments,  
17 Article - Health - General  
18 Section 15-105  
19 Annotated Code of Maryland  
20 (2000 Replacement Volume and 2002 Supplement)

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

3 **Article - Health - General**

4 15-101.

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

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

7 15-105.

8 (a) IN THIS SECTION, "DUAL ELIGIBILITY" MEANS SIMULTANEOUS  
9 ELIGIBILITY FOR HEALTH INSURANCE COVERAGE UNDER BOTH THE PROGRAM AND  
10 MEDICARE; AND FOR WHICH THE DEPARTMENT MAY OBTAIN FEDERAL MATCHING  
11 FUNDS.

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

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

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

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

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

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

