Unofficial Copy J1 SB 206/02 - FIN 2003 Regular Session 3lr2390 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 3

Maryland Medical Assistance Program - Reimbursement for Outpatient 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; <u>requiring the</u>
- 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)

2	HOUSE BILL 675
1 2	SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF 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.
10	(a) IN THIS SECTION, "DUAL ELIGIBILITY" MEANS SIMULTANEOUS ELIGIBILITY FOR HEALTH INSURANCE COVERAGE UNDER BOTH THE PROGRAM AND MEDICARE . AND FOR WHICH THE DEPARTMENT MAY OBTAIN FEDERAL MATCHING <u>FUNDS.</u>
14 15 16	(B) The Department shall adopt rules and regulations for the reimbursement of providers under the Program. However, except for an invoice that must be submitted to a Medicare intermediary or Medicare carrier for an individual [who may have both Medicare and Medicaid coverage] WITH DUAL ELIGIBILITY, payment may not be made for an invoice that is received more than 1 year after the dates of the services given.
18 19	[(b)] (C) A provider who fails to submit an invoice within the required time may not recover the amount later from the Program recipient.
22	[(c)] (D) (1) The Department shall adopt regulations for the reimbursement of specialty outpatient treatment and diagnostic services rendered to Program recipients at a freestanding clinic owned and operated by a hospital that is under a capitation agreement approved by the Health Services Cost Review Commission.
26	(2) (i) Except as provided in subparagraph (ii) of this paragraph, the reimbursement rate under paragraph (1) of this subsection shall be set according to Medicare standards and principles for retrospective cost reimbursement as described in 42 CFR Part 413 or on the basis of charges, whichever is less.
30	(ii) The reimbursement rate for a hospital that has transferred outpatient oncology, diagnostic, rehabilitative, and digestive disease services to an off-site facility prior to January 1, 1999 shall be set according to the rates approved by the Health Services Cost Review Commission if:

3233 the hospital campus; The transfer of services was due to zoning restrictions at 1.

HOUSE BILL 675

1 2. The off-site facility is surveyed as part of the hospital for 2 purposes of accreditation by the Joint Commission on the Accreditation of Health

3 Care Organizations; and

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

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

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

15 [(d)] (F) This section has no effect if its operation would cause this State to 16 lose any federal funds.

17 SECTION 2. AND BE IT FURTHER ENACTED, That it is the intent of the

18 General Assembly that the Mental Hygiene Administration shall fund the provisions

19 of this Act through existing resources by reprioritizing existing grant funds. The

20 Department of Health and Mental Hygiene, on or before June 15, 2003, shall submit

21 a plan for reprioritizing existing grant funds to allow for the funding of the provisions

22 of this Act to the Governor and, subject to § 2-1246 of the State Government Article,

23 to the Senate Budget and Taxation Committee, the Senate Finance Committee, the

24 House Appropriations Committee, and the House Health and Government Operations

25 Committee, and the Committees shall have 45 days to review and comment on the

26 <u>plan.</u>

27 SECTION 2. <u>3.</u> AND BE IT FURTHER ENACTED, That this Act shall take 28 effect July <u>June</u> 1, 2003.

3