
By: **Delegates Haynes, Anderson, Barkley, Barve, Benson, Branch, Bromwell, Brown, Burns, Cane, Cardin, Carter, C. Davis, DeBoy, Doory, Dumais, Fulton, Gaines, Goldwater, Goodwin, Gutierrez, Hammen, Harrison, Hixson, Holmes, Hubbard, Jones, Kach, Kaiser, Kelley, Kirk, Krysiak, Lee, Love, Mandel, Marriott, McHale, McIntosh, Menes, Murray, Nathan-Pulliam, Oaks, Paige, Patterson, Pendergrass, Ramirez, Ross, Rudolph, Smigiel, Stern, Taylor, F. Turner, V. Turner, and Vaughn**

Introduced and read first time: February 13, 2004
Assigned to: Health and Government Operations

A BILL ENTITLED

1 AN ACT concerning

2 **Maryland Medical Assistance Program - Managed Care Organizations -**
3 **Dental Services**

4 FOR the purpose of requiring a managed care organization that participates in the
5 Maryland Medical Assistance Program to provide certain dental treatment and
6 certain follow-up under certain circumstances; and generally relating to the
7 provision of dental services by managed care organizations.

8 BY repealing and reenacting, without amendments,
9 Article - Health - General
10 Section 15-103(a)(1) and (b)(1)
11 Annotated Code of Maryland
12 (2000 Replacement Volume and 2003 Supplement)

13 BY repealing and reenacting, with amendments,
14 Article - Health - General
15 Section 15-103(b)(9)
16 Annotated Code of Maryland
17 (2000 Replacement Volume and 2003 Supplement)

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

1 **Article - Health - General**

2 15-103.

3 (a) (1) The Secretary shall administer the Maryland Medical Assistance
4 Program.5 (b) (1) As permitted by federal law or waiver, the Secretary may establish a
6 program under which Program recipients are required to enroll in managed care
7 organizations.

8 (9) Each managed care organization shall:

9 (i) Have a quality assurance program in effect which is subject to
10 the approval of the Department and which, at a minimum:11 1. Complies with any health care quality improvement
12 system developed by the Health Care Financing Administration;13 2. Complies with the quality requirements of applicable
14 State licensure laws and regulations;15 3. Complies with practice guidelines and protocols specified
16 by the Department;17 4. Provides for an enrollee grievance system, including an
18 enrollee hotline;

19 5. Provides a provider grievance system;

20 6. Provides for enrollee and provider satisfaction surveys, to
21 be taken at least annually;22 7. Provides for a consumer advisory board to receive regular
23 input from enrollees;24 8. Provides for an annual consumer advisory board report to
25 be submitted to the Secretary; and26 9. Complies with specific quality, access, data, and
27 performance measurements adopted by the Department for treating enrollees with
28 special needs;

29 (ii) Submit to the Department:

30 1. Service-specific data by service type in a format to be
31 established by the Department; and32 2. Utilization and outcome reports, such as the Health Plan
33 Employer Data and Information Set (HEDIS), as directed by the Department;

- 1 (iii) Promote timely access to and continuity of health care services
2 for enrollees;
- 3 (iv) Demonstrate organizational capacity to provide special
4 programs, including outreach, case management, and home visiting, tailored to meet
5 the individual needs of all enrollees;
- 6 (v) Provide assistance to enrollees in securing necessary health
7 care services;
- 8 (vi) Provide or assure alcohol and drug abuse treatment for
9 substance abusing pregnant women and all other enrollees of managed care
10 organizations who require these services;
- 11 (vii) Educate enrollees on health care prevention and good health
12 habits;
- 13 (viii) Assure necessary provider capacity in all geographic areas
14 under contract;
- 15 (ix) Be accountable and hold its subcontractors accountable for
16 standards established by the Department and, upon failure to meet those standards,
17 be subject to one or more of the following penalties:
- 18 1. Fines;
- 19 2. Suspension of further enrollments;
- 20 3. Withholding of all or part of the capitation payment;
- 21 4. Termination of the contract;
- 22 5. Disqualification from future participation in the Program;
23 and
- 24 6. Any other penalties that may be imposed by the
25 Department;
- 26 (x) Subject to applicable federal and State law, include incentives
27 for enrollees to comply with provisions of the managed care organization;
- 28 (xi) Provide or arrange to provide primary mental health services;
- 29 (xii) Provide or arrange to provide all Medicaid-covered services
30 required to comply with State statutes and regulations mandating health and mental
31 health services for children in State supervised care:
- 32 1. According to standards set by the Department; and
- 33 2. Locally, to the extent the services are available locally;

1 (xiii) Submit to the Department aggregate information from the
2 quality assurance program, including complaints and resolutions from the enrollee
3 and provider grievance systems, the enrollee hotline, and enrollee satisfaction
4 surveys;

5 (xiv) Maintain as part of the enrollee's medical record the following
6 information:

7 1. The basic health risk assessment conducted on
8 enrollment;

9 2. Any information the managed care organization receives
10 that results from an assessment of the enrollee conducted for the purpose of any early
11 intervention, evaluation, planning, or case management program;

12 3. Information from the local department of social services
13 regarding any other service or benefit the enrollee receives, including assistance or
14 benefits under Article 88A of the Code; and

15 4. Any information the managed care organization receives
16 from a school-based clinic, a core services agency, a local health department, or any
17 other person that has provided health services to the enrollee; [and]

18 (xv) Upon provision of information specified by the Department
19 under paragraph (19) of this subsection, pay school-based clinics for services provided
20 to the managed care organization's enrollees; AND

21 (XVI) IF A DIAGNOSTIC OR EMERGENCY DENTAL SERVICE INDICATES
22 THAT A THERAPEUTIC TREATMENT IS REQUIRED:

23 1. PROVIDE OR ARRANGE TO PROVIDE THE THERAPEUTIC
24 TREATMENT; AND

25 2. FOLLOW UP TO ASSURE THAT THE ENROLLEE RECEIVED
26 THE REQUIRED THERAPEUTIC TREATMENT.

27 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
28 October 1, 2004.