
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, Smigel, Stern, Taylor, F. Turner, V. Turner, and ~~Vaughn~~ Vaughn, Hurson, Boteler, Boutin, Costa, Donoghue, Elliott, McDonough, Morhaim, Rosenberg, and Weldon**

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Assigned to: Health and Government Operations

Committee Report: Favorable with amendments
House action: Adopted
Read second time: March 24, 2004

CHAPTER _____

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, in coordination with certain~~
7 dentists, Program enrollees, and families of Program enrollees, to develop a
8 certain process to arrange to provide dental therapeutic treatment to certain
9 Program enrollees; and generally relating to the provision of dental services by
10 managed care organizations.

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

16 BY repealing and reenacting, with amendments,
17 Article - Health - General

1 Section 15-103(b)(9)
2 Annotated Code of Maryland
3 (2000 Replacement Volume and 2003 Supplement)

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

6 **Article - Health - General**

7 15-103.

8 (a) (1) The Secretary shall administer the Maryland Medical Assistance
9 Program.

10 (b) (1) As permitted by federal law or waiver, the Secretary may establish a
11 program under which Program recipients are required to enroll in managed care
12 organizations.

13 (9) Each managed care organization shall:

14 (i) Have a quality assurance program in effect which is subject to
15 the approval of the Department and which, at a minimum:

16 1. Complies with any health care quality improvement
17 system developed by the Health Care Financing Administration;

18 2. Complies with the quality requirements of applicable
19 State licensure laws and regulations;

20 3. Complies with practice guidelines and protocols specified
21 by the Department;

22 4. Provides for an enrollee grievance system, including an
23 enrollee hotline;

24 5. Provides a provider grievance system;

25 6. Provides for enrollee and provider satisfaction surveys, to
26 be taken at least annually;

27 7. Provides for a consumer advisory board to receive regular
28 input from enrollees;

29 8. Provides for an annual consumer advisory board report to
30 be submitted to the Secretary; and

31 9. Complies with specific quality, access, data, and
32 performance measurements adopted by the Department for treating enrollees with
33 special needs;

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

1 (xii) Provide or arrange to provide all Medicaid-covered services
 2 required to comply with State statutes and regulations mandating health and mental
 3 health services for children in State supervised care:

- 4 1. According to standards set by the Department; and
 5 2. Locally, to the extent the services are available locally;

6 (xiii) Submit to the Department aggregate information from the
 7 quality assurance program, including complaints and resolutions from the enrollee
 8 and provider grievance systems, the enrollee hotline, and enrollee satisfaction
 9 surveys;

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

- 12 1. The basic health risk assessment conducted on
 13 enrollment;
 14 2. Any information the managed care organization receives
 15 that results from an assessment of the enrollee conducted for the purpose of any early
 16 intervention, evaluation, planning, or case management program;
 17 3. Information from the local department of social services
 18 regarding any other service or benefit the enrollee receives, including assistance or
 19 benefits under Article 88A of the Code; and
 20 4. Any information the managed care organization receives
 21 from a school-based clinic, a core services agency, a local health department, or any
 22 other person that has provided health services to the enrollee; [and]

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

26 (XVI) ~~IF A DIAGNOSTIC OR EMERGENCY DENTAL SERVICE INDICATES~~
 27 ~~THAT A THERAPEUTIC TREATMENT IS REQUIRED:~~

28 ~~1. PROVIDE OR ARRANGE TO PROVIDE THE THERAPEUTIC~~
 29 ~~TREATMENT; AND~~

30 ~~2. FOLLOW UP TO ASSURE THAT THE ENROLLEE RECEIVED~~
 31 ~~THE REQUIRED THERAPEUTIC TREATMENT IN COORDINATION WITH PARTICIPATING~~
 32 ~~DENTISTS, ENROLLEES, AND FAMILIES OF ENROLLEES, DEVELOP A PROCESS TO~~
 33 ~~ARRANGE TO PROVIDE DENTAL THERAPEUTIC TREATMENT TO INDIVIDUALS UNDER~~
 34 ~~21 YEARS OF AGE THAT REQUIRES:~~

35 1. A PARTICIPATING DENTIST TO NOTIFY A MANAGED CARE
 36 ORGANIZATION WHEN AN ENROLLEE IS IN NEED OF THERAPEUTIC TREATMENT AND
 37 THE DENTIST IS UNABLE TO PROVIDE THE TREATMENT;

