(5lr0970)

#### **ENROLLED BILL**

-- Health and Government Operations/Finance --

Introduced by Delegate Hubbard Delegates Hubbard, Nathan-Pulliam, Frank, Benson, Boteler, Boutin, Bromwell, Costa, Donoghue, Elliott, Goldwater, Hammen, Hurson, Kullen, Mandel, McDonough, Morhaim, Murray, Oaks, Pendergrass, Rudolph, V. Turner, and Weldon

Read and Examined by Proofreaders:

Proofreader.

Proofreader.

Sealed with the Great Seal and presented to the Governor, for his approval this \_\_\_\_\_ day of \_\_\_\_\_\_ at \_\_\_\_\_ o'clock, \_\_\_\_M.

Speaker.

CHAPTER\_\_\_\_\_

1 AN ACT concerning

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Maryland Medical Assistance Program - Medical Loss Ratio - Appeals and Quality of Care

4 FOR the purpose of authorizing a managed care organization or a certified health

5 maintenance organization to appeal <u>a</u> certain <u>decisions</u> <u>decision</u> of the Secretary

6 of Health and Mental Hygiene that adjust capitation payments based on a

7 certain medical loss ratio; *under certain circumstances; authorizing a managed* 

8 <u>care organization to take a certain appeal under the Administrative Procedure</u>

9 Act under certain circumstances; and generally relating to the Maryland Medical

10 Assistance Program and medical loss ratio requiring the Secretary to adopt

11 certain regulations prior to making a certain adjustment to capitation

12 payments; requiring the Secretary, in consultation with the Maryland Insurance

13 Commissioner, to adopt regulations that establish a certain definition and

14 *certain procedures, standards, and data collection and reporting requirements* 

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- 1 *for the adjustment of capitation payments*; authorizing the Secretary to modify,
- 2 <u>enhance</u>, or replace the Value Based Purchasing Initiative in effect on a certain
- 3 date, subject to certain conditions; and generally relating to the Maryland
- 4 Medical Assistance Program, medical loss ratio, and quality of care.

5 BY repealing and reenacting, without amendments,

- 6 Article Insurance
- 7 Section 15-605(c)(5), (c)(6), and (c)(7)
- 8 Annotated Code of Maryland
- 9 (2002 Replacement Volume and 2004 Supplement)
- 10 BY adding to
- 11 Article Insurance
- 12 Section 15-605(c)(8)
- 13 Annotated Code of Maryland
- 14 (2002 Replacement Volume and 2004 Supplement)
- 15 BY repealing and reenacting, without amendments,
- 16 Article Health General
- 17 Section 2-207
- 18 Annotated Code of Maryland
- 19 (2000 Replacement Volume and 2004 Supplement)

## 20 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF

21 MARYLAND, That the Laws of Maryland read as follows:

36 considered part of the loss ratio of the managed care organization.

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## Article - Insurance

23 15-605.

24 (5) The Secretary of Health and Mental Hygiene, in consultation with (c) 25 the Commissioner and in accordance with their memorandum of understanding, may 26 adjust capitation payments for a managed care organization or for the Maryland 27 Medical Assistance Program of a managed care organization that is a certified health 28 maintenance organization: 29 (i) if the loss ratio is less than 80% during calendar year 1997; and during each subsequent calendar year if the loss ratio is less 30 (ii) 31 than 85%. A loss ratio reported under paragraph (5) of this subsection shall be 32 (6) 33 calculated separately and may not be part of another loss ratio reported under this 34 section. 35 Any rebate received by a managed care organization may not be (7)

(8) IF THE SECRETARY OF HEALTH AND MENTAL HYGIENE ADJUSTS
 CAPITATION PAYMENTS FOR A MANAGED CARE ORGANIZATION OR A CERTIFIED
 HEALTH MAINTENANCE ORGANIZATION UNDER PARAGRAPH (5) OF THIS
 SUBSECTION, THE MANAGED CARE ORGANIZATION OR CERTIFIED HEALTH
 MAINTENANCE ORGANIZATION MAY:

6 (I) APPEAL <u>THAT</u> <u>THE</u> DECISION <u>OF THE SECRETARY</u> TO THE 7 BOARD OF REVIEW <u>ESTABLISHED UNDER TITLE 2, SUBTITLE 2 OF THE HEALTH -</u> 8 <u>GENERAL ARTICLE</u>; AND

9 (II) TAKE ANY FURTHER APPEAL ALLOWED BY THE
10 ADMINISTRATIVE PROCEDURE ACT <u>UNDER TITLE 10, SUBTITLE 2 OF THE STATE</u>
11 <u>GOVERNMENT ARTICLE</u>.

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### Article - Health - General

13 2-207.

14 (a) If any person is aggrieved by any decision, action, or inaction on the part of
15 the Secretary or of any unit in the Department for which an appeal to the Board is
16 provided by this subtitle, that person is entitled to appeal as provided in this section.

17 (b) Except as provided in subsection (e)(2) of this section, before beginning an

18 appeal, the person aggrieved shall make known the basis of the complaint to the

19 individual responsible for the decision, action, or inaction complained of, together

20 with a request for review. If, within 30 days after the request, a resolution

21 satisfactory to the complainant does not occur, the complainant may file a statement

22 of complaint in accordance with subsection (c) of this section.

23 (c) The complainant shall file a detailed written statement of the complaint

24 and all relevant facts and circumstances with the chief executive officer of the

25 Department or unit in the Department to which application for review is made. If

26 there is no chief executive officer, the statement may be filed with any member of the

27 unit's governing body. The complaint shall be acknowledged promptly in writing, and

28 a copy of the complaint and acknowledgment shall be sent to the Secretary.

(d) (1) The Department or unit then shall investigate the complaint. Subject
to extensions of time to which the parties may agree, the Department or unit shall
give a written decision and send a copy of it to the complainant within 30 days after
the filing of the complaint.

33 (2) A record shall be kept of each complaint and its disposition. The
 34 record shall be open to public inspection during regular business hours.

(e) (1) If the matter is one for which an appeal to the Board is provided by
this subtitle, a complainant aggrieved by an adverse decision or action or by inaction
within the time required by subsection (d) of this section may file an appeal to the
Board.

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1 (2) Subject to § 10-212 of the State Government Article, any party 2 aggreeved by a decision in a contested case for which an appeal is provided to the

3 Board may appeal directly to the Board.

4 (f) (1) The Board shall adopt procedural rules and regulations as provided 5 in the Administrative Procedure Act and in all respects shall be governed by that Act. 6 At least 3 members shall sit at each hearing of the Board when it sits as a board of 7 appeal. Decisions shall be by a majority of the members sitting, shall be in writing, 8 and shall state the Board's reasons. The Board shall keep minutes of its proceedings.

9 (2) A decision of the Board is a final agency decision for purposes of 10 judicial review under the Administrative Procedure Act or any other law that permits 11 an appeal to the courts from a decision of a unit in the Department.

12 (g) (1) As to any issue for which the taking of evidence is authorized, the 13 chairman or the acting chairman may administer oaths and issue subpoenas and 14 orders for the attendance of witnesses and the production of evidence.

15 (2) If a person fails to comply with a lawful order or subpoena issued 16 under this subsection, on the petition of the chairman or acting chairman, a court of 17 competent jurisdiction may compel obedience to the order or subpoena or compel 18 testimony or the production of evidence.

(h) Unless there is a special provision of law governing an appeal of a decision
of a particular unit, each appeal from a decision of the Board shall be governed by the
Administrative Procedure Act.

# 22 SECTION 2. AND BE IT FURTHER ENACTED, That:

23 (a) Prior to making any adjustments to capitation payments for a managed
 24 care organization, the Secretary of Health and Mental Hygiene, in consultation with
 25 the Maryland Insurance Commissioner, shall adopt regulations to implement the

26 provisions of § 15-605(c)(5) of the Insurance Article.

27 (b) The regulations adopted under subsection (a) of this section shall:

28 (1) establish the definition of "loss ratio" for uniform application by all
 29 managed care organizations;

30 (2) <u>establish procedures requiring the Secretary of Health and Mental</u>
 31 <u>Hygiene to consider the financial performance of a managed care organization in</u>
 32 prior periods;

33 (3) establish standard data collection and reporting requirements for all
 34 managed care organizations;

35 (4) consistent with the provisions of § 15-605(c)(5) of the Insurance

36 Article, establish a process for allowing a managed care organization to appeal a

37 decision of the Secretary of Health and Mental Hygiene to adjust a managed care

38 organization's capitation payments; and

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1 establish a mechanism for, and conditions under which, an (5) 2 adjustment to the capitation rates of a managed care organization are made. 3 The Secretary of Health and Mental Hygiene shall adopt any additional (c) 4 regulations necessary to carry out the provisions of § 15-605(c)(5) of the Insurance 5 Article and the goals of the Health Choice Program. SECTION 3. AND BE IT FURTHER ENACTED, That, as part of the ongoing 6 7 efforts of the Department of Health and Mental Hygiene to ensure that managed care 8 organizations deliver quality health care to their members, the Department may 9 modify, enhance, or replace the Value Based Purchasing Initiative in effect on 10 January 1, 2005, provided that: 11 (1)except as provided in item (4) of this section, any changes to the core 12 set of performance measures and the methodology for penalties, rewards, 13 disincentives, or incentives shall be adopted by regulation prior to the calendar year 14 for which the managed care organizations will be held accountable for the standard 15 compliance with the performance measures; 16 except as provided in item (4) of this section, the Secretary of Health (2)17 and Mental Hygiene shall notify managed care organizations of the core set of 18 performance measures and targets at least 3 months prior to the calendar year for 19 which the managed care organizations will be held accountable to the standard for 20 *compliance with the performance measures*; 21 any penalty or capitation adjustment imposed under this section on a (3)22 managed care organization may not be accomplished *implemented* by means of a 23 capitation payment withhold; and 24 (4)with respect to the performance measures for calendar year 2005, the 25 Secretary of Health and Mental Hygiene may modify the ranges or targets of the core 26 set of performance measures without complying with the provisions of items (1) and 27 (2) of this section, provided that the dollar amounts of any financial rewards or

28 disincentives shall be calculated as set forth in the Value Based Purchasing Initiative

29 in effect on January 1, 2005.

30 SECTION <u>2. 4.</u> AND BE IT FURTHER ENACTED, That this Act shall take 31 effect <del>October</del> June 1, 2005.

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