

HOUSE BILL 367

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By: **Delegates Nathan–Pulliam, Benson, Bromwell, Costa, Donoghue, Dwyer, Hubbard, Morhaim, and Oaks**

Introduced and read first time: February 2, 2007

Assigned to: Health and Government Operations

A BILL ENTITLED

1 AN ACT concerning

2 **Maryland Medical Assistance Program – Primary Adult Care**
3 **Program – Selection of Managed Care Organization**

4 FOR the purpose of requiring certain enrollees in the Primary Adult Care Program
5 who become eligible for the HealthChoice Program to be enrolled automatically
6 in a certain managed care organization under certain circumstances; requiring
7 the Department of Health and Mental Hygiene to adopt certain regulations
8 relating to the selection of a managed care organization in the Primary Adult
9 Care Program; making certain technical corrections; and generally relating to
10 managed care organizations and the Maryland Medical Assistance Program.

11 BY repealing and reenacting, without amendments,
12 Article – Health – General
13 Section 15–103(b)(1)
14 Annotated Code of Maryland
15 (2005 Replacement Volume and 2006 Supplement)

16 BY repealing and reenacting, with amendments,
17 Article – Health – General
18 Section 15–103(b)(23) and 15–140
19 Annotated Code of Maryland
20 (2005 Replacement Volume and 2006 Supplement)

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

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 **Article - Health - General**

2 15-103.

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

6 (23) (i) The Department shall adopt regulations relating to
7 enrollment, disenrollment, and enrollee appeals.

8 (ii) Program recipients shall have the right to choose:

9 1. The managed care organization with which they are
10 enrolled; and

11 2. The primary care provider to whom they are assigned
12 within the managed care organization.

13 (iii) If a recipient is disenrolled and reenrolls within 120 days of
14 the recipient's disenrollment, the Department shall:

15 1. Assign the recipient to the managed care organization
16 in which the recipient previously was enrolled; and

17 2. Require the managed care organization to assign the
18 recipient to the primary care provider of record at the time of the recipient's
19 disenrollment.

20 (iv) Whenever a recipient has to select a new managed care
21 organization because the recipient's managed care organization has departed from the
22 HealthChoice Program, the departing managed care organization:

23 1. Shall provide a written notice to the recipient 60 days
24 before departing from the Program;

25 2. Shall include in the notice the name and provider
26 number of the primary care provider assigned to the recipient and the telephone
27 number of the enrollment broker; and

1 3. Within 30 days after departing from the Program,
2 shall provide the Department with a list of enrollees and the name of each enrollee's
3 primary care provider.

4 (v) On receiving the list provided by the managed care
5 organization, the Department shall provide the list to:

6 1. The enrollment broker to assist and provide outreach
7 to recipients in selecting a managed care organization; and

8 2. The remaining managed care organizations for the
9 purpose of linking recipients with a primary care provider in accordance with federal
10 law and regulation.

11 (vi) Subject to subsection (f)(4) and (5) of this section, an enrollee
12 may disenroll from a managed care organization:

13 1. Without cause in the month following the anniversary
14 date of the enrollee's enrollment; and

15 2. For cause, at any time as determined by the
16 Secretary.

17 (VII) **AN INDIVIDUAL WHO WAS ENROLLED IN THE PRIMARY**
18 **ADULT CARE PROGRAM ESTABLISHED UNDER § 15-140 OF THIS SUBTITLE**
19 **WITHIN 120 DAYS OF BECOMING ELIGIBLE FOR THE HEALTHCHOICE PROGRAM**
20 **SHALL BE ENROLLED AUTOMATICALLY IN THE SAME MANAGED CARE**
21 **ORGANIZATION IN WHICH THE INDIVIDUAL WAS ENROLLED UNDER THE**
22 **PRIMARY ADULT CARE PROGRAM, IF THE MANAGED CARE ORGANIZATION IS**
23 **PARTICIPATING IN THE HEALTHCHOICE PROGRAM.**

24 15-140.

25 (a) In this section, ["Network"] **"PROGRAM"** means the Primary Adult Care
26 [Network] **PROGRAM.**

27 (b) (1) There is a Primary Adult Care [Network] **PROGRAM** within the
28 Program.

29 (2) The purpose of the Primary Adult Care [Network] **PROGRAM** is
30 to:

1 (i) Consolidate health care services provided to adults through
2 the Program; and

3 (ii) Access federal funding to expand primary and preventive
4 care to adults lacking health care services.

5 (3) The Secretary shall administer the [Network] **PROGRAM** as
6 allowed by federal law or waiver.

7 (c) Subject to the limitations of the State budget and as allowed by federal
8 law or waiver, the [Network] **PROGRAM** shall provide a health care benefit package
9 offering primary and preventive care for adults.

10 (d) The [Network] **PROGRAM** shall be funded:

11 (1) As provided in the State budget; and

12 (2) With federal matching money.

13 (e) The Secretary shall adopt regulations:

14 (1) [to] **TO** implement the [Network] **PROGRAM**;

15 (2) **THAT ALLOW APPLICANTS TO SELECT A PARTICIPATING**
16 **MANAGED CARE ORGANIZATION WHEN APPLYING FOR THE PROGRAM;**

17 (3) **THAT REQUIRE THE DEPARTMENT TO ENROLL AN APPLICANT**
18 **IN THE PARTICIPATING MANAGED CARE ORGANIZATION SELECTED BY THE**
19 **APPLICANT;**

20 (4) **THAT REQUIRE THE DEPARTMENT TO SEND AN ENROLLMENT**
21 **PACKET TO APPLICANTS WHO DO NOT SELECT A PARTICIPATING MANAGED**
22 **CARE ORGANIZATION AT THE TIME OF THE APPLICATION; AND**

23 (5) **THAT ESTABLISH A PROCESS THROUGH WHICH HISTORIC**
24 **HEALTHCHOICE PROGRAM ENROLLEES WHO BECOME ELIGIBLE FOR THE**
25 **PRIMARY ADULT CARE PROGRAM WITHIN 120 DAYS OF LOSING**
26 **HEALTHCHOICE ELIGIBILITY WILL BE ENROLLED AUTOMATICALLY WITH THE**
27 **SAME MANAGED CARE ORGANIZATION IN WHICH THE INDIVIDUAL WAS**
28 **ENROLLED UNDER THE HEALTHCHOICE PROGRAM, IF THE MANAGED CARE**
29 **ORGANIZATION IS PARTICIPATING IN THE PRIMARY ADULT CARE PROGRAM.**

1 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
2 October 1, 2007.