

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

Committee Report: Favorable with amendments

House action: Adopted

Read second time: February 28, 2007

CHAPTER _____

1 AN ACT concerning

2 **Maryland Medical Assistance Program – Primary Adult Care**
3 **Program – ~~Selection of~~ Enrollment in a 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~~ enrollment of an individual in a managed care
9 organization in the Primary Adult Care Program; making certain technical
10 corrections; and generally relating to managed care organizations and the
11 Maryland Medical Assistance Program.

12 BY repealing and reenacting, without amendments,
13 Article – Health – General
14 Section 15–103(b)(1)
15 Annotated Code of Maryland
16 (2005 Replacement Volume and 2006 Supplement)

17 BY repealing and reenacting, with amendments,
18 Article – Health – General

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

~~Strike out~~ indicates matter stricken from the bill by amendment or deleted from the law by amendment.



1 Section 15–103(b)(23) and 15–140
2 Annotated Code of Maryland
3 (2005 Replacement Volume and 2006 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 (b) (1) As permitted by federal law or waiver, the Secretary may establish
9 a program under which Program recipients are required to enroll in managed care
10 organizations.

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

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

14 1. The managed care organization with which they are
15 enrolled; and

16 2. The primary care provider to whom they are assigned
17 within the managed care organization.

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

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

22 2. Require the managed care organization to assign the
23 recipient to the primary care provider of record at the time of the recipient's
24 disenrollment.

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

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

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

4 3. Within 30 days after departing from the Program,
5 shall provide the Department with a list of enrollees and the name of each enrollee’s
6 primary care provider.

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

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

11 2. The remaining managed care organizations for the
12 purpose of linking recipients with a primary care provider in accordance with federal
13 law and regulation.

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

16 1. Without cause in the month following the anniversary
17 date of the enrollee’s enrollment; and

18 2. For cause, at any time as determined by the
19 Secretary.

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

27 15-140.

28 (a) In this section, [“Network”] **“PROGRAM”** means the Primary Adult Care
29 [Network] **PROGRAM.**

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

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

3 (i) Consolidate health care services provided to adults through
4 the Program; and

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

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

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

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

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

14 (2) With federal matching money.

15 (e) The Secretary shall adopt regulations:

16 (1) [~~to~~] **TO** implement the [Network] **PROGRAM**; AND

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

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

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

25 ~~(5)~~ **(2) **THAT ESTABLISH ESTABLISH A PROCESS THROUGH WHICH****
26 **HISTORIC HEALTHCHOICE PROGRAM ENROLLEES WHO BECOME ELIGIBLE FOR**
27 **THE PRIMARY ADULT CARE PROGRAM WITHIN 120 DAYS OF LOSING**

1 **HEALTHCHOICE ELIGIBILITY WILL BE ENROLLED AUTOMATICALLY WITH THE**
2 **SAME MANAGED CARE ORGANIZATION IN WHICH THE INDIVIDUAL WAS**
3 **ENROLLED UNDER THE HEALTHCHOICE PROGRAM, IF THE MANAGED CARE**
4 **ORGANIZATION IS PARTICIPATING IN THE PRIMARY ADULT CARE PROGRAM.**

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

Approved:

Governor.

Speaker of the House of Delegates.

President of the Senate.