

HOUSE BILL 1210

J1, J3

EMERGENCY BILL

11r2877

By: **Delegate Donoghue**

Introduced and read first time: February 17, 2011

Assigned to: Rules and Executive Nominations

A BILL ENTITLED

1 AN ACT concerning

2 **Maryland Medical Assistance Program – Provider–Based Outpatient**
3 **Oncology Centers – Reimbursement**

4 FOR the purpose of requiring the Maryland Medical Assistance Program to reimburse
5 provider–based outpatient oncology centers for certain services at a certain
6 reimbursement rate; requiring the Department of Health and Mental Hygiene
7 to adopt certain regulations; prohibiting the Department from making
8 payments for certain invoices that are received after a certain date; defining a
9 certain term; making this Act an emergency measure; and generally relating to
10 reimbursement rates for services provided by provider–based outpatient
11 oncology centers to Maryland Medical Assistance Program recipients.

12 BY repealing and reenacting, with amendments,
13 Article – Health – General
14 Section 15–105
15 Annotated Code of Maryland
16 (2009 Replacement Volume and 2010 Supplement)

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

19 **Article – Health – General**

20 15–105.

21 (a) In this section, “dual eligibility” means simultaneous eligibility for health
22 insurance coverage under both the Program and Medicare and for which the
23 Department may obtain federal matching funds.

24 (b) The Department shall adopt rules and regulations for the reimbursement
25 of providers under the Program. However, except for an invoice that must be

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 submitted to a Medicare intermediary or Medicare carrier for an individual with dual
2 eligibility, payment may not be made for an invoice that is received more than 1 year
3 after the dates of the services given.

4 (c) A provider who fails to submit an invoice within the required time may
5 not recover the amount later from the Program recipient.

6 (d) (1) The Department shall adopt regulations for the reimbursement of
7 specialty outpatient treatment and diagnostic services rendered to Program recipients
8 at a freestanding clinic owned and operated by a hospital that is under a capitation
9 agreement approved by the Health Services Cost Review Commission.

10 (2) (i) Except as provided in subparagraph (ii) of this paragraph,
11 the reimbursement rate under paragraph (1) of this subsection shall be set according
12 to Medicare standards and principles for retrospective cost reimbursement as
13 described in 42 C.F.R. Part 413 or on the basis of charges, whichever is less.

14 (ii) The reimbursement rate for a hospital that has transferred
15 outpatient oncology, diagnostic, rehabilitative, and digestive disease services to an
16 off-site facility prior to January 1, 1999 shall be set according to the rates approved by
17 the Health Services Cost Review Commission if:

18 1. The transfer of services was due to zoning restrictions
19 at the hospital campus;

20 2. The off-site facility is surveyed as part of the hospital
21 for purposes of accreditation by the Joint Commission on Accreditation of Healthcare
22 Organizations; and

23 3. The hospital notifies the Health Services Cost Review
24 Commission in writing by July 1, 1999 that the hospital would like the services
25 provided at the off-site facility subject to Title 19, Subtitle 2 of this article.

26 (e) (1) In this subsection, "provider" means a community-based program
27 or an individual health care practitioner providing outpatient mental health
28 treatment.

29 (2) For an individual with dual eligibility, the Program shall
30 reimburse a provider the entire amount of the Program fee for outpatient mental
31 health treatment, including any amount ordinarily withheld as a psychiatric exclusion
32 and any copayment not covered under Medicare.

33 (f) This section has no effect if its operation would cause this State to lose
34 any federal funds.

35 (g) The Program shall pay the rates set by the Health Services Cost Review
36 Commission for hospital services, as defined in § 19-201 of this article, provided at:

1 (1) A freestanding medical facility pilot project authorized under §
2 19-3A-07 of this article prior to January 1, 2008; and

3 (2) A freestanding medical facility issued a certificate of need by the
4 Maryland Health Care Commission after July 1, 2015.

5 **(H) (1) IN THIS SUBSECTION, “PROVIDER-BASED OUTPATIENT**
6 **ONCOLOGY CENTER” MEANS AN OUTPATIENT ONCOLOGY FACILITY ASSOCIATED**
7 **WITH A HOSPITAL THAT:**

8 **(I) IS LOCATED OFF-SITE; AND**

9 **(II) MEETS THE PROVIDER-BASED CRITERIA OF 42 C.F.R.**
10 **§ 413.65.**

11 **(2) (I) THE PROGRAM SHALL REIMBURSE A PROVIDER-BASED**
12 **OUTPATIENT ONCOLOGY CENTER FOR SERVICES RENDERED TO A PROGRAM**
13 **RECIPIENT AT A RATE BASED ON A PERCENTAGE OF THE APPLICABLE**
14 **MEDICARE RATE.**

15 **(II) THE DEPARTMENT SHALL ADOPT REGULATIONS TO**
16 **IMPLEMENT THE PROVISIONS OF THIS PARAGRAPH.**

17 **(3) NOTWITHSTANDING THE PROVISIONS OF SUBSECTIONS (B)**
18 **AND (C) OF THIS SECTION, THE DEPARTMENT MAY NOT MAKE PAYMENT FOR AN**
19 **INVOICE FOR THE REIMBURSEMENT OF SERVICES RENDERED TO A PROGRAM**
20 **RECIPIENT BY A FREESTANDING OUTPATIENT ONCOLOGY CENTER THAT IS**
21 **RECEIVED MORE THAN 2 YEARS AFTER THE DATES OF THE SERVICES GIVEN.**

22 SECTION 2. AND BE IT FURTHER ENACTED, That this Act is an emergency
23 measure, is necessary for the immediate preservation of the public health or safety,
24 has been passed by a ye and nay vote supported by three-fifths of all the members
25 elected to each of the two Houses of the General Assembly, and shall take effect from
26 the date it is enacted.