function; ~~(2)~~ evaluate those individuals through the use of a serum creatinine test and an estimated glomerular filtration rate (GFR) calculation to identify the stage of kidney disease; and ~~(3)~~ determine if early identification and appropriate management of risk factors can improve health conditions and prolonged kidney function, thereby delaying disease progression to End Stage Renal Disease. DHMH shall also continue to prepare information for physicians and other health care providers regarding generally accepted standards of clinical care in the clinical management of high risk individuals and shall report to the budget committees by January 1, 2007 on projected cost savings and health outcomes that result from early identification and clinical management of individuals at highest risk for CKD.

~~It is the intent of the General Assembly that rates paid to Medicaid managed care organizations (MCOs) be adequate and actuarially sound under Section 15–103 of the Health – General Article and remain actuarially sound after any mid–year adjustment. Inpatient hospital costs represent a significant portion of the costs incurred by MCOs, and such costs shall be reflected in the rates paid to MCOs. The Department of Health and Mental Hygiene (DHMH) and the Health Services Cost Review Commission shall jointly analyze and report back to the budget committees before July 1, 2006, on whether:~~

~~(1) the rates paid to MCOs for the calendar years 2004 and 2005 reflected the actual inpatient hospital charge per case trend applicable to MCOs, and if not, the amount of any shortfall;~~

~~(2) the rates to be paid to MCOs for the calendar year 2006 adequately reflect~~