

Medicare fee schedule to the fee-for-service rates paid to similar providers for the same services under the Medical Assistance Program and the rates paid to managed care organization providers for the same services under the Medical Assistance Program.

(b) On or before January 1, 2006, and each January 1 thereafter, the Department shall report to the Senate Finance Committee and the House Health and Government Operations Committee on:

(1) the review and comparison under subsection (a) of this section; and

(2) whether the fee-for-services rates and managed care organization provider rates will exceed the rates paid under the Medicare fee schedule for the period covered by the report required under subsection (a) of this section.

SECTION 8. 12. AND BE IT FURTHER ENACTED, That:

(a) The Maryland Health Care Commission and the Health Services Cost Review Commission jointly shall assess:

(1) the level and underlying causes of uncompensated and undercompensated care provided by physicians who provide at least 25% of their services in a hospital setting, as determined by reporting on the most currently available complete year of data from the Medical Care Data Base; and

(2) the level of reimbursement provided by commercial payers in the State as a percentage of provider costs compared to reimbursement provided by Medicare as a percentage of provider costs.

(b) (1) The Commissions shall make recommendations on:

(i) alternative methods of distributing the reasonable costs of uncompensated and undercompensated care provided by physicians who provide at least 25% of their services in a hospital setting, as determined by reporting on the most currently available complete year of data from the Medical Care Data Base; and

(ii) the feasibility of establishing an uncompensated and undercompensated care fund patterned after the Maryland Trauma Physician Services Fund.

(2) To determine the percentage of services provided by a physician in a hospital setting, the Commissions shall use data from the Medical Care Data Base for the most recent calendar year for which there is a complete year of data.

(c) The assessments and recommendations required under subsections (a) and (b) of this section shall be submitted, in accordance with § 2-1246 of the State Government Article, to the House Health and Government Operations Committee and the Senate Finance Committee on or before January 1, 2006.

SECTION 9. 13. AND BE IT FURTHER ENACTED, That Section 1 of this Act shall take effect contingent on the approval by the Centers for Medicare and Medicaid Services of a waiver amendment applied for under Section 6 of this Act. If the waiver