

- (3) Allocate State resources for the Program to provide a balanced system of health care to the population served by the Program;
- (4) Seek to coordinate the Program activities with other State programs and initiatives that are necessary to address the health care needs of the population served by the Program;
- (5) Promote Program policies that facilitate access to and continuity of care by encouraging:
  - (i) Provider availability throughout the State;
  - (ii) Consumer education;
  - (iii) The development of ongoing relationships between Program recipients and primary health care providers; and
  - (iv) The regular review of the Program's regulations to determine whether the administrative requirements of those regulations are unnecessarily burdensome on Program providers;
- (6) Strongly urge health care providers to participate in the Program and thereby address the needs of Program recipients;
- (7) Require health care providers who participate in the Program to provide access to Program recipients on a nondiscriminatory basis in accordance with State and federal law;
- (8) Seek to provide appropriate levels of reimbursement for providers to encourage greater participation by providers in the Program;
- (9) Promote individual responsibility for maintaining good health habits;
- (10) Encourage the Program and Maryland's Health Care Regulatory System to work to cooperatively promote the development of an appropriate mix of health care providers, limit cost increases for the delivery of health care to Program recipients, and insure the delivery of quality health care to Program recipients;
- (11) Encourage the development and utilization of cost-effective and preventive alternatives to the delivery of health care services to appropriate Program recipients in inpatient institutional settings;
- (12) Encourage the appropriate executive agencies to coordinate the eligibility determination, policy, operations, and compliance components of the Program;
- (13) Work with representatives of inpatient institutions, third party payors, and the appropriate State agencies to contain Program costs;
- (14) Identify and seek to develop an optimal mix of State, federal, and privately financed health care services for Program recipients, within available resources through cooperative interagency efforts;