

(II) A PROVIDER MAY NOT BE REQUIRED TO OBTAIN PRIOR AUTHORIZATION OR APPROVAL FOR PAYMENT FROM A MANAGED CARE ORGANIZATION IN ORDER TO OBTAIN REIMBURSEMENT UNDER THIS PARAGRAPH.

(XIX) MAINTAIN AS PART OF THE ENROLLEE'S MEDICAL RECORD THE FOLLOWING INFORMATION:

1. THE BASIC HEALTH RISK ASSESSMENT CONDUCTED ON ENROLLMENT;

2. ANY INFORMATION THE MANAGED CARE ORGANIZATION RECEIVES THAT RESULTS FROM AN ASSESSMENT OF THE ENROLLEE CONDUCTED FOR THE PURPOSE OF ANY EARLY INTERVENTION, EVALUATION, PLANNING, OR CASE MANAGEMENT PROGRAM;

3. INFORMATION FROM THE LOCAL DEPARTMENT OF SOCIAL SERVICES REGARDING ANY OTHER SERVICE OR BENEFIT THE ENROLLEE RECEIVES, INCLUDING ASSISTANCE OR BENEFITS UNDER ARTICLE 88A OF THE CODE; AND

4. ANY INFORMATION THE MANAGED CARE ORGANIZATION RECEIVES FROM A SCHOOL-BASED CLINIC, A CORE SERVICES AGENCY, A LOCAL HEALTH DEPARTMENT, OR ANY OTHER PERSON THAT HAS PROVIDED HEALTH SERVICES TO THE ENROLLEE; AND

(XX) UPON PROVISION OF INFORMATION SPECIFIED BY THE DEPARTMENT UNDER PARAGRAPH (13) OF THIS SUBSECTION, PAY SCHOOL-BASED CLINICS FOR SERVICES PROVIDED TO THE MANAGED CARE ORGANIZATION'S ENROLLEES.

(XXI) 1. EACH MANAGED CARE ORGANIZATION SHALL NOTIFY EACH ENROLLEE WHEN THE ENROLLEE SHOULD OBTAIN AN IMMUNIZATION, EXAMINATION, OR OTHER WELLNESS SERVICE.

2. MANAGED CARE ORGANIZATIONS SHALL:

A. MAINTAIN EVIDENCE OF COMPLIANCE WITH SUBPARAGRAPH (1) OF THIS PARAGRAPH; AND

B. UPON REQUEST BY THE DEPARTMENT, PROVIDE TO THE DEPARTMENT EVIDENCE OF COMPLIANCE WITH SUBPARAGRAPH (1) OF THIS PARAGRAPH.

3. A MANAGED CARE ORGANIZATION THAT DOES NOT COMPLY WITH SUBPARAGRAPH 1. IF THIS PARAGRAPH FOR AT LEAST 90% OF ITS NEW ENROLLEES:

A. WITHIN 90 DAYS OF THEIR ENROLLMENT MAY NOT RECEIVE MORE THAN 80% OF ITS CAPITATION PAYMENTS;

B. WITHIN 180 DAYS OF THEIR ENROLLMENT MAY NOT RECEIVE MORE THAN 70% OF ITS CAPITATION PAYMENTS; AND