

## 2. The Program recipient initiates contact.

(16) (i) The Department shall be responsible for enrolling Program recipients into managed care organizations.

(ii) The Department may contract with an entity to perform the enrollment function.

(iii) The Department or its enrollment contractor shall administer a health risk assessment developed by the Department to ensure that individuals who need special or immediate health care services will receive the services on a timely basis.

(iv) The Department or its enrollment contractor:

1. May administer the health risk assessment only after the Program recipient has chosen a managed care organization; and

2. Shall forward the results of the health risk assessment to the managed care organization chosen by the Program recipient within 5 business days.

(17) For a managed care organization with which the Secretary contracts to provide services to Program recipients under this subsection, the Secretary shall establish a mechanism to initially assure that each historic provider that meets the Department's quality standards has the opportunity to continue to serve Program recipients as a subcontractor of at least one managed care organization.

(18) (i) The Department shall make capitation payments to each managed care organization as provided in this paragraph.

(ii) In consultation with the Insurance Commissioner, the Secretary shall:

1. Set capitation payments at a level that is actuarially adjusted to the benefits provided; and

2. Actuarially adjust the capitation payments to reflect the relative risk assumed by the managed care organization.

(19) (i) School-based clinics and managed care organizations shall collaborate to provide continuity of care to enrollees.

(ii) School-based clinics shall be defined by the Department in consultation with the State Department of Education.

(iii) Each managed care organization shall require a school-based clinic to provide to the managed care organization certain information, as specified by the Department, about an encounter with an enrollee of the managed care organization prior to paying the school-based clinic.

(iv) Upon receipt of information specified by the Department, the managed care organization shall pay, at Medicaid-established rates, school-based clinics for covered services provided to enrollees of the managed care organization.