

~~(1) THE MANAGED CARE PROVIDER SIGNS A CONTRACT WITH THE SECRETARY GUARANTEEING THAT IT WILL PROVIDE A MEDICARE PLUS CHOICE MANAGED CARE INSURANCE PROGRAM IN A COUNTY OR MEDICALLY UNDERSERVED AREA PORTION OF A COUNTY FOR A PERIOD OF AT LEAST 2 YEARS;~~

~~(2) THE MANAGED CARE PROVIDER APPLIES FOR AND RECEIVES APPROVAL FROM THE FEDERAL HEALTH CARE FINANCING ADMINISTRATION OF THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES FOR THE MEDICARE PLUS CHOICE MANAGED CARE INSURANCE PROGRAM;~~

~~(3) THE PREMIUMS REMAIN THE SAME OR LESS FOR THE 2-YEAR CONTRACT PERIOD;~~

~~(4) THE REQUIRED MINIMUM BENEFITS ARE INCLUDED IN THE MEDICARE PLUS CHOICE MANAGED CARE BENEFIT PLAN;~~

~~(5) THE MANAGED CARE PROVIDER PROVIDES PROOF OF ENROLLMENT OF A BENEFICIARY IN ACCORDANCE WITH REGULATIONS ADOPTED BY THE SECRETARY TO IMPLEMENT THIS SUBTITLE;~~

~~(6) ALL PERFORMANCE REVIEW AND FINANCIAL RECORDS ARE AVAILABLE FOR REVIEW BY THE SECRETARY; AND~~

~~(7) THE MANAGED CARE PROVIDER MEETS ALL THE REQUIREMENTS OF THE MARYLAND INSURANCE COMMISSION.~~

~~15-602.~~

~~IN ORDER TO QUALIFY FOR THIS SUBSIDY A MANAGED CARE PROVIDER SHALL, AT A MINIMUM, PROVIDE THE FOLLOWING BENEFITS:~~

~~(1) ALL OF THE BENEFITS OF MEDICARE PART "A" PLUS MEDICARE PART "B" REQUIRED BY TITLE XVII OF THE SOCIAL SECURITY ACT, AS AMENDED;~~

~~(2) A PRESCRIPTION BENEFIT OF \$1,000 PER YEAR PER ENROLLEE;~~

~~(3) UNLIMITED HOSPITAL STAYS;~~

~~(4) UNLIMITED VISITS WITH A BENEFICIARY'S PRIMARY CARE PHYSICIAN OR PRIMARY HEALTH CARE PROVIDER;~~

~~(5) VISITS TO SPECIALISTS WITH A REFERRAL FROM THE BENEFICIARY'S PRIMARY CARE PHYSICIAN OR PRIMARY HEALTH CARE PROVIDER;~~

~~(6) PODIATRY TREATMENT;~~

~~(7) ONE ANNUAL PHYSICAL PER YEAR;~~

~~(8) OUTPATIENT HOSPITAL VISITS;~~

~~(9) OUTPATIENT HOSPITAL REHABILITATION;~~

~~(10) UP TO 190 DAYS OF INPATIENT MENTAL HEALTH TREATMENT PER YEAR;~~