

~~(5) THE MANAGED CARE PROVIDER PROVIDES PROOF OF ENROLLMENT OF A BENEFICIARY ACCORDING TO REGULATIONS ADOPTED BY THE SECRETARY TO IMPLEMENT THIS SECTION;~~

~~(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.~~

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

~~(1) ALL OF THE BENEFITS OF MEDICARE PART "A" PLUS MEDICARE PART "B" REQUIRED BY TITLE XVIII 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 100 DAYS OF INPATIENT MENTAL HEALTH TREATMENT PER YEAR;~~

~~(11) UP TO 100 DAYS OF SKILLED NURSING CARE PER YEAR;~~

~~(12) EMERGENCY AMBULANCE SERVICE;~~

~~(13) ONE ROUTINE EYE EXAM PER YEAR AND ONE PAIR OF EYEGLASSES PER YEAR;~~

~~(14) ALCOHOL AND DRUG ABUSE EDUCATION CLASSES AND OUTPATIENT TREATMENT;~~

~~(15) ANNUAL MAMMOGRAMS, PAP SMEARS, AND COLORECTAL SCREENING EXAMS FOR CANCER;~~

~~(16) HEPATITIS B AND FLU VACCINES;~~

~~(17) HEARING EXAMS;~~