

withdrawing from the HealthChoice Program to provide a certain written notice to a recipient within a certain time; requiring a managed care organization to provide the Department with a certain list of recipients and their primary care providers by a certain time; requiring the Department to provide the list provided by the managed care organization to the enrollment broker and other managed care organizations for certain purposes; requiring the Department to make a certain report; and generally relating to the HealthChoice Program and the selection or assignment of managed care organizations and primary care providers for Program recipients.

BY repealing and reenacting, with amendments,

Article - Health - General

Section 15-103(b)(23) ~~and (f)~~

Annotated Code of Maryland

(2000 Replacement Volume)

#### Preamble

WHEREAS, The Medical Assistance Program was designed to "promote Program policies that facilitate access to and continuity of care"; and

WHEREAS, One of the original goals of the HealthChoice Program was to "provide enrollees with a medical home"; and

WHEREAS, The vast majority of enrollees in the HealthChoice Program are children, and the American Academy of Pediatrics defines the "medical home" as care delivered by a well-trained physician known to the child and family, over an extended period of time, to enhance continuity and develop a relationship of mutual responsibility and trust; and

WHEREAS, A medical home is particularly essential to children with special needs who typically require care from a variety of medical and nonmedical providers; and

WHEREAS, Three years into the HealthChoice Program, the Department is collecting encounter data and enrollment preferences, but these data systems do not "speak" to each other and the Department does not currently know the primary care provider of each enrollee; and

WHEREAS, During the first transition of enrollees to new managed care organizations following the withdrawal of managed care organizations from the State, 70 percent of enrollees living in Baltimore City and 50 percent of enrollees statewide did not choose their new managed care organization, so that enrollees had to be randomly assigned to new managed care organizations which may not have had contractual relationships with their primary care providers; and

WHEREAS, The encounter data for all enrollees is currently being collected in one database at the Center for Health Program Development and Management; now, therefore,