process to annually set fee-for-service reimbursement rates for certain programs in a manner that ensures participation of providers, taking certain systems into consideration; requiring the Department to submit a certain report to the Governor and to certain standing committees of the General Assembly in a certain manner by a certain date; and generally relating to reimbursement rates under the Maryland Medical Assistance Program and Maryland Children's Health Programs Program.

BY repealing and reenacting, with amendments,

Article Health General
Section 15-102.1(b)(8)
Annotated Code of Maryland
(2000 Replacement Volume)

BY adding to

Article Health General
Section 15-303.1
Annotated Code of Maryland
(2000 Replacement Volume)

Preamble

WHEREAS, Fee for service reimbursement rates under the Medical Assistance and Children's Health Programs are tied to the American Medical Association's Current Procedural Terminology (CPT) codes used by all health care providers; and

WHEREAS, The fee for service reimbursement rates are established by regulation, and thus, years, possibly decades, may go by before the Department of Health and Mental Hygiene reviews or increases a fee for service rate; and

WHEREAS, No other procedure exists for review and updating of these rates; and

WHEREAS, Prior to the enactment of HealthChoice, a very small percentage of the funds was spent on fee for service reimbursement for professional physician services, and since the enactment of HealthChoice, an even smaller percentage has been spent on fee for service physician reimbursement; and

WHEREAS, Maryland's 5 year budget neutrality ceiling is tied to a formula using "upper payment limits", and an increase in Maryland's fee for service rates could improve the State's future federal funding; and

WHEREAS, Maryland values its children and their future as much as it values its elder citizens, yet, as reported by the Center for Health Policy Development at University of Maryland at Baltimore County to the Medicaid Advisory Committee, we allow the Medicaid Assistance and Children's Health Programs to pay one third of the rate that we pay providers to care for seniors; and

WHEREAS, Children in the Rare and Expensive Case Management (REM) Program, who are the most disabled and vulnerable in the Medical Assistance and