

~~CARE PROVIDERS BY MANAGED CARE ORGANIZATIONS FOR THE RANGE OF HEALTH CARE SERVICES PROVIDED BY FEDERALLY QUALIFIED HEALTH CENTERS.~~

~~SECTION 3. AND BE IT FURTHER ENACTED, That the Laws of Maryland read as follows:~~

~~Article — Health — General~~

~~15 — 103.~~

~~(e) (1) [At least quarterly, the] A MANAGED CARE ORGANIZATION SHALL REIMBURSE A FEDERALLY QUALIFIED HEALTH CENTER THAT SUBCONTRACTS WITH THE MANAGED CARE ORGANIZATION AN AMOUNT THAT MAY NOT BE LESS THAN THE MARKET RATE THAT THE DEPARTMENT ESTABLISHES BY REGULATION.~~

~~(2) EACH MONTH, THE Department shall [pay] MAKE A SUPPLEMENTAL PAYMENT to a federally qualified health center FOR SERVICES PROVIDED TO ENROLLEES OF A MANAGED CARE ORGANIZATION BY THE FEDERALLY QUALIFIED HEALTH CENTER THAT EQUALS the difference between the [payment received by the center from a managed care organization for services provided to enrollees of the managed care organization] MARKET RATE ESTABLISHED BY THE DEPARTMENT UNDER THIS SUBSECTION [and, as determined in accordance with paragraph (2) of this subsection,] AND the reasonable cost to the center in providing those services.~~

~~[(2) (i)] (3) [The] IN ACCORDANCE WITH FEDERAL LAW, THE reasonable cost to a federally qualified health center in providing services to enrollees shall be [a] THE prospective rate that the [Department, in consultation with federally qualified health centers,] DEPARTMENT establishes by regulation.~~

~~[(ii) Each federally qualified health center shall provide the Department with its enrollment data, encounter data, and cost reports to assist the Department in calculating:~~

- ~~1. The reasonable cost of providing services to enrollees; and~~
- ~~2. The difference between the payment received by the center from a managed care organization and the reasonable cost to the center in providing the services.~~

~~(3) (i) At the request of a federally qualified health center, the Department shall review the payments made to the center by a Medicaid managed care organization that has a contractual arrangement with the center to determine the difference between the payments made to the center and the reasonable cost to the center as determined in accordance with paragraph (2) of this subsection in providing services to enrollees of the managed care organization.~~

~~(ii) A federally qualified health center may make a request at any time for the Department to review the payments made to the center by a Medicaid managed care organization that has a contractual arrangement with the center.~~

~~(iii) The effective date for adjustments made in response to a request by a federally qualified health center shall be:~~