

1. ~~The date the Department receives the request; or~~

2. ~~If the request is prompted by a change in the reimbursement practices of a Medicaid managed care organization, the date the managed care organization changed its reimbursement to the center, except that an adjustment under this item may not be retroactive more than 120 days.~~

~~(iv) If a managed care organization payment to a center is less than the center's reasonable cost, as determined in accordance with paragraph (2) of this subsection, the Department shall set aside a portion of the capitation payment to the managed care organization for a supplemental payment to the center, in accordance with the provisions of this paragraph and paragraphs (1) and (2) of this subsection.]~~

~~(4) (i) A MANAGED CARE ORGANIZATION SHALL CERTIFY ANNUALLY TO THE DEPARTMENT THAT THE MANAGED CARE ORGANIZATION HAS COMPLIED WITH THE REQUIREMENTS OF PARAGRAPH (1) OF THIS SUBSECTION.~~

~~(ii) A FEDERALLY QUALIFIED HEALTH CENTER SHALL CERTIFY ANNUALLY TO THE DEPARTMENT WHETHER REIMBURSEMENT BY EACH MANAGED CARE ORGANIZATION THAT SUBCONTRACTS WITH THE FEDERALLY QUALIFIED HEALTH CENTER HAS BEEN MADE IN COMPLIANCE WITH THE REQUIREMENTS OF PARAGRAPH (1) OF THIS SUBSECTION.~~

~~(5) THE DEPARTMENT SHALL CALCULATE THE AMOUNT OF THE SUPPLEMENTAL PAYMENT TO BE PAID BY THE DEPARTMENT BASED ON THE NUMBER OF VISITS SUBMITTED IN MONTHLY ENCOUNTER DATA.~~

~~[(4)] (6) In carrying out the payment requirements of this subsection, the Department:~~

~~(i) May not delegate responsibility for such payments to the managed care organization or any other entity; and~~

~~(ii) Shall be responsible for making such payments directly to the federally qualified health center.~~

~~[(5) Payments under this subsection shall be reduced each year and shall end in fiscal year 2004.]~~

~~SECTION 4. AND BE IT FURTHER ENACTED, That the Laws of Maryland read as follows:~~

~~Article Health General~~

~~15-103.~~

~~(E) (1) 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 MAKE A SUPPLEMENTAL PAYMENT TO A FEDERALLY QUALIFIED HEALTH CENTER FOR SERVICES PROVIDED~~