

~~TO ENROLLEES OF A MANAGED CARE ORGANIZATION BY THE FEDERALLY QUALIFIED HEALTH CENTER THAT EQUALS THE DIFFERENCE BETWEEN THE MARKET RATE ESTABLISHED BY THE DEPARTMENT UNDER THIS SUBSECTION AND THE REASONABLE COST TO THE CENTER IN PROVIDING THOSE SERVICES.~~

~~(2) IN ACCORDANCE WITH FEDERAL LAW, THE REASONABLE COST TO A FEDERALLY QUALIFIED HEALTH CENTER IN PROVIDING SERVICES TO ENROLLEES SHALL BE THE PROSPECTIVE RATE THAT THE DEPARTMENT ESTABLISHES BY REGULATION.~~

~~(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.~~

~~(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.~~

~~SECTION 5. AND BE IT FURTHER ENACTED, That Section 4 of this Act shall take effect on the taking effect of the termination provisions specified in Section 3 of Chapters 434 and 435 of the Acts of the General Assembly of 1998. If these termination provisions take effect, Section 3 of this Act shall be abrogated and of no further force and effect. This Act may not be interpreted to have any effect on these termination provisions.~~

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[(e) (1) At least quarterly, the Department shall pay to a federally qualified health center the difference between the payment received by the center from a managed care organization for services provided to enrollees of the managed care organization and, as determined in accordance with paragraph (2) of this subsection, the reasonable cost to the center in providing those services.]

(2) (i) The reasonable cost to a federally qualified health center in providing services to enrollees shall be a prospective rate that the Department, in consultation with federally qualified health centers, establishes by regulation.