

(g) "Primary mental health services" means the clinical evaluation and assessment of services needed by an individual and the provision of services or referral for additional services as deemed medically appropriate by a primary care provider.

(h) "Program" means the Maryland Medical Assistance Program.

(i) "Program recipient" means an individual who receives benefits under the Program.

(j) "Specialty mental health services" means any mental health services other than primary mental health services.

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(b) (2) (V) NOTWITHSTANDING SUBPARAGRAPH (I) OF THIS PARAGRAPH, THE BENEFITS REQUIRED BY THE PROGRAM DEVELOPED UNDER PARAGRAPH (1) OF THIS SUBSECTION SHALL INCLUDE DENTAL SERVICES FOR PREGNANT WOMEN.

(9) Each managed care organization shall:

(i) Have a quality assurance program in effect which is subject to the approval of the Department and which, at a minimum:

1. Complies with any health care quality improvement system developed by the Health Care Financing Administration;

2. Complies with the quality requirements of applicable State licensure laws and regulations;

3. Complies with practice guidelines and protocols specified by the Department;

4. Provides for an enrollee grievance system, including an enrollee hotline;

5. Provides a provider grievance system;

6. Provides for enrollee and provider satisfaction surveys, to be taken at least annually;

7. Provides for a consumer advisory board to receive regular input from enrollees;

8. Provides for an annual consumer advisory board report to be submitted to the Secretary; and

9. Complies with specific quality, access, data, and performance measurements adopted by the Department for treating enrollees with special needs;

(ii) Submit to the Department:

1. Service-specific data by service type in a format to be established by the Department; and