

# HOUSE BILL 1235

J1, C3

(4lr1792)

## ENROLLED BILL

— Health and Government Operations/Finance —

Introduced by **Delegates Bromwell and Hammen**

Read and Examined by Proofreaders:

\_\_\_\_\_  
Proofreader.

\_\_\_\_\_  
Proofreader.

Sealed with the Great Seal and presented to the Governor, for his approval this

\_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_ o'clock, \_\_\_\_\_ M.

\_\_\_\_\_  
Speaker.

### CHAPTER \_\_\_\_\_

1 AN ACT concerning

2 **Community Integrated Medical Home Program and Patient-Centered**  
3 **Medical Home Program**

4 FOR the purpose of establishing the Community Integrated Medical Home Program;  
5 establishing the mission of the Community Integrated Medical Home Program;  
6 ~~requiring the Community Integrated Medical Home Program to take certain~~  
7 ~~actions to carry out its mission; requiring the Community Integrated Medical~~  
8 ~~Home Program to be administered jointly by the Maryland Health Care~~  
9 ~~Commission and the Department of Health and Mental Hygiene; providing that~~  
10 ~~the Commission and the Department shall have primary responsibility for~~  
11 ~~certain elements of the Community Integrated Medical Home Program;~~  
12 ~~requiring the Department to identify and certify entities that provide certain~~  
13 ~~services and supports;~~ establishing the Community Integrated Medical Home  
14 Program advisory body; requiring the advisory body to ~~provide~~ make certain  
15 ~~advice~~ recommendations; requiring the advisory body to include certain

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#### EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

~~Strike out~~ indicates matter stricken from the bill by amendment or deleted from the law by amendment.

*Italics indicate opposite chamber/conference committee amendments.*



~~1 *stakeholders*; requiring the Commission and the Secretary of Health and Mental  
 2 Hygiene to appoint the members of the advisory body and determine the  
 3 frequency and location of its meetings; ~~establishing the Patient Centered  
 4 Medical Home Program; requiring the Patient Centered Medical Home Program  
 5 to promote development of patient centered medical homes, require certain  
 6 entities to meet certain standards, and be administered by the Commission, in  
 7 consultation with the Department; requiring the Commission, in consultation  
 8 with the Department, to establish certain requirements, certain metrics, a  
 9 certain methodology, and certain goals; authorizing the Commission, in  
 10 consultation with the Department, to require a carrier to implement a certain  
 11 program; requiring a carrier and a managed care organization to participate in  
 12 the Patient Centered Medical Home Program, under certain circumstances;  
 13 prohibiting a group model health maintenance organization from being required  
 14 to participate in the Patient Centered Medical Home Program; authorizing  
 15 certain payors to participate in the Patient Centered Medical Home Program;  
 16 requiring the Commission, in consultation with the Department, to adopt  
 17 regulations for certain certification; requiring certification to meet certain  
 18 requirements; requiring the Commission, in consultation with the Department,  
 19 to establish a certain accreditation program; authorizing the Commission to  
 20 establish and collect certain fees; requiring the Commission to pay certain funds  
 21 into the Maryland Health Care Commission Fund; requiring a carrier that is  
 22 participating in a certain program or that has been authorized by the  
 23 Commission to implement a certain program to pay for coordination of certain  
 24 services; extending the termination date of certain provisions of law relating to  
 25 the Maryland Patient Centered Medical Home Program; establishing the intent  
 26 of the General Assembly that the Commission discontinue a certain program  
 27 before a certain date, under certain circumstances; requiring the Department,  
 28 in consultation with the Commission, to develop a certain model and submit a  
 29 report on the model recommendations of the advisory body and the development  
 30 of the Community Integrated Medical Home Program to the Governor and  
 31 certain legislative committees; defining certain terms; and generally relating to  
 32 the Community Integrated Medical Home Program ~~and the Patient Centered  
 33 Medical Home Program.~~~~~~

34 BY adding to

35 Article – Health – General

36 Section 19-1B-01 through ~~19-1B-06~~ 19-1B-03 to be under the new subtitle  
 37 “Subtitle 19-1B. Community Integrated Medical Home Program”

38 Annotated Code of Maryland

39 (2009 Replacement Volume and 2013 Supplement)

40 ~~BY repealing and reenacting, without amendments,~~

41 ~~Article – Insurance~~

42 ~~Section 15-1801~~

43 ~~Annotated Code of Maryland~~

44 ~~(2011 Replacement Volume and 2013 Supplement)~~

1 ~~BY repealing and reenacting, with amendments,~~  
2 ~~Article — Insurance~~  
3 ~~Section 15-1802~~  
4 ~~Annotated Code of Maryland~~  
5 ~~(2011 Replacement Volume and 2013 Supplement)~~

6 ~~BY repealing and reenacting, with amendments,~~  
7 ~~Chapter 5 of the Acts of the General Assembly of 2010~~  
8 ~~Section 3~~

9 ~~BY repealing and reenacting, with amendments,~~  
10 ~~Chapter 6 of the Acts of the General Assembly of 2010~~  
11 ~~Section 3~~

12 Preamble

13 WHEREAS, Health care costs continue to increase, making it more difficult for  
14 individuals, families, and businesses to afford health insurance; and

15 WHEREAS, The increase in health care costs is, in part, attributable to  
16 inadequate coordination of care among health care providers, difficulties accessing  
17 primary care, and a lack of engagement among patients, their primary care providers,  
18 and community-based resources; and

19 WHEREAS, Patient centered medical homes enhance care coordination and  
20 promote high quality, cost-effective care by engaging patients and their primary care  
21 providers; and

22 ~~WHEREAS, Patient centered medical homes have been shown to be most~~  
23 ~~effective in improving quality and lowering costs when they can access~~  
24 ~~community-based resources for their patients; and~~

25 ~~WHEREAS, The standards for qualifying a primary care practice as a patient~~  
26 ~~centered medical home, the quality measures that primary care practices must gather~~  
27 ~~and report to demonstrate quality care, and the payment methodologies used to~~  
28 ~~reimburse patient centered medical homes are inconsistent across payors, and that~~  
29 ~~inconsistency presents a major barrier to developing effective patient centered medical~~  
30 ~~homes; and~~

31 WHEREAS, The State has gained experience through the Maryland Patient  
32 Centered Medical Home Program and through patient centered medical home  
33 programs established by insurance carriers, Medicaid managed care organizations,  
34 and self-insured employers; and

35 WHEREAS, The community integrated medical home model moves away from a  
36 medical model for improving health to a personalized, team-based approach in the

1 primary care practice that is integrated with an enhanced community health  
2 infrastructure; and

3 ~~WHEREAS, It is desirable to have an ongoing process by which the~~  
4 ~~effectiveness of the community integrated medical homes model can be evaluated; and~~

5 WHEREAS, Establishing ~~and promoting~~ the Community Integrated Medical  
6 Home Program in Maryland that brings together patient centered medical home  
7 programs and community-based services and supports will achieve higher quality  
8 health care for Maryland residents and help slow the continuing escalation of health  
9 care costs; and

10 WHEREAS, Better integration of community-based care and hospital care is  
11 essential for Maryland to meet the new requirements under the Maryland hospital  
12 payment system; and

13 WHEREAS, The Community Integrated Medical Home Program has been  
14 developed with the ~~broad~~ support of payors, health care providers, patients, and  
15 community organizations; and

16 WHEREAS, The Department of Health and Mental Hygiene seeks to obtain a  
17 federal Centers for Medicare and Medicaid Services State Innovation Model grant to  
18 implement a Community Integrated Medical Home Program; now, therefore,

19 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF  
20 MARYLAND, That the Laws of Maryland read as follows:

21 **Article – Health – General**

22 **SUBTITLE 19–1B. COMMUNITY INTEGRATED MEDICAL HOME PROGRAM.**

23 **19–1B–01.**

24 (A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS  
25 INDICATED.

26 (B) “ADVISORY BODY” MEANS THE COMMUNITY INTEGRATED MEDICAL  
27 HOME PROGRAM ADVISORY BODY.

28 (C) “CARRIER” HAS THE MEANING STATED IN § 15–1801 OF THE  
29 INSURANCE ARTICLE.

30 (D) “COMMISSION” MEANS THE MARYLAND HEALTH CARE  
31 COMMISSION.

1 (E) "COMMUNITY INTEGRATED MEDICAL HOME" MEANS A CERTIFIED  
2 ~~PARTICIPATING~~ PATIENT CENTERED MEDICAL HOME INTEGRATED WITH  
3 COMMUNITY-BASED SERVICES AND SUPPORTS PROVIDED BY CERTIFIED  
4 ENTITIES TO ADDRESS SOCIAL AS WELL AS MEDICAL DETERMINANTS OF  
5 HEALTH.

6 ~~(F) "GROUP MODEL HEALTH MAINTENANCE ORGANIZATION" HAS THE~~  
7 ~~MEANING STATED IN § 19-713.6 OF THIS TITLE.~~

8 ~~(G) "HEALTH BENEFIT PLAN" HAS THE MEANING STATED IN § 15-1801~~  
9 ~~OF THE INSURANCE ARTICLE.~~

10 ~~(H)~~ (F) "MANAGED CARE ORGANIZATION" HAS THE MEANING STATED  
11 IN § 15-101 OF THIS ARTICLE.

12 ~~(H)~~ (G) "PATIENT CENTERED MEDICAL HOME" ~~MEANS A PRIMARY~~  
13 ~~CARE PRACTICE ORGANIZED TO PROVIDE A FIRST, COORDINATED, ONGOING,~~  
14 ~~AND COMPREHENSIVE SOURCE OF CARE TO PATIENTS TO:~~

15 (1) ~~FOSTER A PARTNERSHIP WITH A QUALIFYING INDIVIDUAL;~~

16 (2) ~~COORDINATE HEALTH CARE SERVICES FOR A QUALIFYING~~  
17 ~~INDIVIDUAL; AND~~

18 (3) ~~EXCHANGE MEDICAL INFORMATION WITH CARRIERS, OTHER~~  
19 ~~PROVIDERS, AND QUALIFYING INDIVIDUALS~~ HAS THE MEANING STATED IN §  
20 19-1A-01 OF THIS TITLE.

21 ~~(J) "PRIMARY CARE PRACTICE" MEANS A PRACTICE OR FEDERALLY~~  
22 ~~QUALIFIED HEALTH CENTER ORGANIZED BY OR INCLUDING PEDIATRICIANS,~~  
23 ~~GENERAL INTERNAL MEDICINE PHYSICIANS, FAMILY MEDICINE PHYSICIANS, OR~~  
24 ~~NURSE PRACTITIONERS.~~

25 ~~(K) (1) "PROMINENT CARRIER" MEANS A CARRIER REPORTING AT~~  
26 ~~LEAST \$90,000,000 IN WRITTEN PREMIUMS FOR HEALTH BENEFIT PLANS IN THE~~  
27 ~~STATE IN THE MOST RECENT MARYLAND HEALTH BENEFIT PLAN REPORT~~  
28 ~~SUBMITTED TO THE INSURANCE COMMISSIONER AS REQUIRED UNDER § 15-605~~  
29 ~~OF THE INSURANCE ARTICLE.~~

30 (2) ~~"PROMINENT CARRIER" DOES NOT INCLUDE A GROUP MODEL~~  
31 ~~HEALTH MAINTENANCE ORGANIZATION.~~

32 ~~(L) "QUALIFYING INDIVIDUAL" MEANS:~~

1 ~~(1) AN INDIVIDUAL COVERED UNDER A HEALTH BENEFIT PLAN~~  
 2 ~~ISSUED BY A CARRIER;~~

3 ~~(2) A MEMBER OF A MANAGED CARE ORGANIZATION; OR~~

4 ~~(3) AN INDIVIDUAL COVERED UNDER A HEALTH PLAN ISSUED BY~~  
 5 ~~ANOTHER PAYOR, SUCH AS A SELF-INSURED EMPLOYER, MEDICARE, OR~~  
 6 ~~TRICARE.~~

7 ~~(M) "SINGLE CARRIER PATIENT CENTERED MEDICAL HOME PROGRAM"~~  
 8 ~~HAS THE MEANING STATED IN § 15-1801 OF THE INSURANCE ARTICLE.~~

9 19-1B-02.

10 (A) THERE IS A COMMUNITY INTEGRATED MEDICAL HOME PROGRAM.

11 (B) THE MISSION OF THE COMMUNITY INTEGRATED MEDICAL HOME  
 12 PROGRAM IS TO:

13 (1) KEEP MARYLAND FAMILIES HEALTHY THROUGH THE USE OF  
 14 INNOVATIVE MAPPING TOOLS THAT ALLOW BETTER TARGETING OF RESOURCES  
 15 TO THOSE IN NEED;

16 (2) COORDINATE COMPREHENSIVE SERVICES PROVIDED BY A  
 17 PARTICIPATING PATIENT CENTERED MEDICAL HOME WITH PUBLIC HEALTH  
 18 RESOURCES IN LOCAL COMMUNITIES ACROSS THE STATE; AND

19 (3) PROVIDE COMPLEMENTARY SUPPORT FOR QUALIFIED  
 20 INDIVIDUALS BETWEEN OFFICE VISITS.

21 (C) ~~TO CARRY OUT ITS MISSION, THE COMMUNITY INTEGRATED~~  
 22 ~~MEDICAL HOME PROGRAM SHALL:~~

23 ~~(1) MONITOR THE PERFORMANCE OF:~~

24 ~~(I) CERTIFIED ENTITIES THAT PROVIDE~~  
 25 ~~COMMUNITY-BASED SERVICES AND SUPPORTS, INTEGRATED WITH CERTIFIED~~  
 26 ~~PATIENT CENTERED MEDICAL HOMES, TO QUALIFYING INDIVIDUALS;~~

27 ~~(II) CERTIFIED PATIENT CENTERED MEDICAL HOMES; AND~~

28 ~~(III) ACCREDITED CARRIERS, MANAGED CARE~~  
 29 ~~ORGANIZATIONS, AND OTHER PAYORS PARTICIPATING IN THE PATIENT~~  
 30 ~~CENTERED MEDICAL HOME PROGRAM; AND~~

1           ~~(2) PROMOTE CONTINUOUS HEALTH CARE QUALITY~~  
2 ~~IMPROVEMENT.~~

3           ~~(D)~~ (1) THE COMMUNITY INTEGRATED MEDICAL HOME PROGRAM  
4 SHALL BE ADMINISTERED JOINTLY BY THE COMMISSION AND THE  
5 DEPARTMENT.

6           ~~(2) THE COMMISSION SHALL HAVE PRIMARY RESPONSIBILITY~~  
7 ~~FOR OVERSEEING THE PATIENT CENTERED MEDICAL HOME PROGRAM~~  
8 ~~ELEMENTS OF THE COMMUNITY INTEGRATED MEDICAL HOME PROGRAM.~~

9           ~~(3) THE DEPARTMENT SHALL HAVE PRIMARY RESPONSIBILITY~~  
10 ~~FOR OVERSEEING THE INTEGRATED COMMUNITY BASED SERVICE AND~~  
11 ~~SUPPORT ELEMENTS OF THE COMMUNITY INTEGRATED MEDICAL HOME~~  
12 ~~PROGRAM.~~

13           ~~(4) THE DEPARTMENT SHALL IDENTIFY AND CERTIFY ENTITIES~~  
14 ~~THAT PROVIDE COMMUNITY BASED SERVICES AND SUPPORTS INTEGRATED~~  
15 ~~WITH PATIENT CENTERED MEDICAL HOMES.~~

16 19-1B-03.

17           (A) THERE IS A COMMUNITY INTEGRATED MEDICAL HOME PROGRAM  
18 ADVISORY BODY.

19           (B) THE ADVISORY BODY SHALL ~~PROVIDE ONGOING ADVICE TO THE~~  
20 ~~COMMUNITY INTEGRATED MEDICAL HOME PROGRAM TO PROMOTE~~  
21 ~~ALIGNMENT AND INTEGRATION OF ALL ASPECTS OF THE PROGRAM. MAKE~~  
22 RECOMMENDATIONS CONCERNING:

23           (1) THE MODEL, STANDARDS, AND SCOPE OF SERVICES FOR THE  
24 COMMUNITY INTEGRATED MEDICAL HOME PROGRAM;

25           (2) THE ESSENTIAL ELEMENTS FOR IMPLEMENTING THE  
26 COMMUNITY INTEGRATED MEDICAL HOME PROGRAM, INCLUDING THOSE  
27 NECESSARY TO ATTRACT PATIENT CENTERED MEDICAL HOMES, CARRIERS,  
28 MANAGED CARE ORGANIZATIONS, AND OTHER PAYORS TO PARTICIPATE IN THE  
29 PROGRAM;

30           (3) THE EXTENT AND NATURE OF THE RELATIONSHIP BETWEEN  
31 THE COMMUNITY INTEGRATED MEDICAL HOME PROGRAM AND PATIENT  
32 CENTERED MEDICAL HOMES, CARRIERS, MANAGED CARE ORGANIZATIONS, AND  
33 OTHER PAYORS; AND

1           (4) HOW THE COMMUNITY INTEGRATED MEDICAL HOME  
2 PROGRAM CAN BE FINANCIALLY SELF-SUSTAINING.

3           (C) THE ADVISORY BODY SHALL INCLUDE INTERESTED STAKEHOLDERS  
4 REPRESENTING HEALTH CARE PROVIDER ORGANIZATIONS, CONSUMER  
5 ADVOCACY ORGANIZATIONS, HEALTH PROFESSIONAL ASSOCIATIONS, HEALTH  
6 OCCUPATIONS BOARDS, CARRIERS, AND MANAGED CARE ORGANIZATIONS.

7           ~~(C)~~ (D)       THE COMMISSION AND THE SECRETARY, IN CONSULTATION,  
8 SHALL:

9                   (1) APPOINT THE MEMBERS OF THE ADVISORY BODY; AND

10                   (2) DETERMINE THE FREQUENCY AND LOCATION OF MEETINGS  
11 OF THE ADVISORY BODY.

12 ~~19-1B-04.~~

13           ~~(A) THERE IS A PATIENT-CENTERED MEDICAL HOME PROGRAM.~~

14           ~~(B) THE PATIENT-CENTERED MEDICAL HOME PROGRAM SHALL:~~

15                   ~~(1) PROMOTE DEVELOPMENT OF PATIENT-CENTERED MEDICAL~~  
16 ~~HOMES;~~

17                   ~~(2) BE ADMINISTERED BY THE COMMISSION, IN CONSULTATION~~  
18 ~~WITH THE DEPARTMENT; AND~~

19                   ~~(3) REQUIRE PARTICIPATING CARRIERS, MANAGED CARE~~  
20 ~~ORGANIZATIONS, OTHER PAYORS, AND PATIENT-CENTERED MEDICAL HOMES TO~~  
21 ~~MEET SPECIFIC STANDARDS.~~

22           ~~(C) IN ADMINISTERING THE PATIENT-CENTERED MEDICAL HOME~~  
23 ~~PROGRAM, THE COMMISSION, IN CONSULTATION WITH THE DEPARTMENT,~~  
24 ~~SHALL ESTABLISH:~~

25                   ~~(1) FOR PARTICIPATING CARRIERS, MANAGED CARE~~  
26 ~~ORGANIZATIONS, AND OTHER PAYORS:~~

27                           ~~(i) ACCREDITATION AND ANNUAL REPORTING~~  
28 ~~REQUIREMENTS; AND~~

29                           ~~(ii) A CORE SET OF QUALITY AND COST METRICS; AND~~

1           ~~(2) FOR PARTICIPATING PATIENT CENTERED MEDICAL HOMES:~~

2                   ~~(I) A METHODOLOGY FOR PATIENT ATTRIBUTION; AND~~

3                   ~~(II) PRACTICE IMPROVEMENT GOALS.~~

4           ~~(D) THE COMMISSION, IN CONSULTATION WITH THE DEPARTMENT,~~  
5 ~~MAY REQUIRE A CARRIER TO IMPLEMENT A SINGLE CARRIER PATIENT~~  
6 ~~CENTERED MEDICAL HOME PROGRAM THAT PAYS COST-BASED INCENTIVES AND~~  
7 ~~SHARES MEDICAL INFORMATION WITH A PATIENT CENTERED MEDICAL HOME IN~~  
8 ~~ACCORDANCE WITH § 15-1802 OF THE INSURANCE ARTICLE.~~

9           ~~(E) (1) A CARRIER AND A MANAGED CARE ORGANIZATION SHALL~~  
10 ~~PARTICIPATE IN THE PATIENT CENTERED MEDICAL HOME PROGRAM IF THE~~  
11 ~~CARRIER OR MANAGED CARE ORGANIZATION:~~

12                   ~~(I) IS A PROMINENT CARRIER;~~

13                   ~~(II) EXCEPT AS PROVIDED IN PARAGRAPH (2) OF THIS~~  
14 ~~SUBSECTION, IS A CARRIER THAT OFFERS QUALIFIED HEALTH PLANS THROUGH~~  
15 ~~THE MARYLAND HEALTH BENEFIT EXCHANGE; OR~~

16                   ~~(III) IS A MANAGED CARE ORGANIZATION WITH 5,000 OR~~  
17 ~~MORE MEDICAID ENROLLEES.~~

18           ~~(2) A GROUP MODEL HEALTH MAINTENANCE ORGANIZATION MAY~~  
19 ~~NOT BE REQUIRED TO PARTICIPATE IN THE PATIENT CENTERED MEDICAL~~  
20 ~~HOME PROGRAM.~~

21           ~~(F) OTHER PAYORS, INCLUDING SELF-INSURED EMPLOYERS,~~  
22 ~~MEDICARE, AND TRICARE, MAY PARTICIPATE IN THE PATIENT CENTERED~~  
23 ~~MEDICAL HOME PROGRAM AS AUTHORIZED BY THE COMMISSION, IN~~  
24 ~~CONSULTATION WITH THE DEPARTMENT.~~

25 ~~19-1B-05.~~

26           ~~(A) THE COMMISSION, IN CONSULTATION WITH THE DEPARTMENT,~~  
27 ~~SHALL ADOPT REGULATIONS FOR CERTIFYING PRIMARY CARE PRACTICES AS~~  
28 ~~PATIENT CENTERED MEDICAL HOMES IN THE PATIENT CENTERED MEDICAL~~  
29 ~~HOME PROGRAM.~~

30           ~~(B) CERTIFICATION SHALL:~~

1           ~~(1) FOSTER PARTICIPATION OF PRIMARY CARE PRACTICES IN~~  
2 ~~ADVANCED CARE MODELS, SUCH AS THE COMMUNITY INTEGRATED MEDICAL~~  
3 ~~HOME PROGRAM, THAT CAN LEAD TO IMPROVED PATIENT OUTCOMES AND~~  
4 ~~LOWER TOTAL COSTS OF CARE; AND~~

5           ~~(2) RECOGNIZE ACHIEVEMENT BY A PRIMARY CARE PRACTICE OF~~  
6 ~~COORDINATED, ONGOING, AND COMPREHENSIVE PATIENT CENTERED CARE IN A~~  
7 ~~CULTURALLY AND LINGUISTICALLY SENSITIVE MANNER TO QUALIFYING~~  
8 ~~INDIVIDUALS THROUGH:~~

9                   ~~(I) EVIDENCE-BASED MEDICINE;~~

10                   ~~(II) EXPANDED ACCESS AND COMMUNICATION;~~

11                   ~~(III) CARE COORDINATION AND INTEGRATION;~~

12                   ~~(IV) CARE QUALITY AND SAFETY; AND~~

13                   ~~(V) EXCHANGE OF HEALTH INFORMATION WITH CARRIERS,~~  
14 ~~OTHER PROVIDERS, AND QUALIFYING INDIVIDUALS.~~

15 ~~19-1B-06.~~

16           ~~(A) THE COMMISSION, IN CONSULTATION WITH THE DEPARTMENT,~~  
17 ~~SHALL ESTABLISH AN ACCREDITATION PROGRAM FOR CARRIERS, MANAGED~~  
18 ~~CARE ORGANIZATIONS, AND OTHER PAYORS THAT PARTICIPATE IN THE~~  
19 ~~PATIENT CENTERED MEDICAL HOME PROGRAM.~~

20           ~~(B) (1) THE COMMISSION MAY ESTABLISH AND COLLECT FEES FROM~~  
21 ~~PAYORS TO SUPPORT THE ACCREDITATION PROGRAM.~~

22                   ~~(2) THE COMMISSION SHALL PAY ALL FUNDS COLLECTED FROM~~  
23 ~~THE FEES INTO THE MARYLAND HEALTH CARE COMMISSION FUND~~  
24 ~~ESTABLISHED UNDER § 19-111 OF THIS TITLE.~~

25                                   ~~Article Insurance~~

26 ~~15-1801.~~

27           ~~(a) In this subtitle the following words have the meanings indicated.~~

28           ~~(b) "Carrier" means:~~

1           ~~(1) an insurer that holds a certificate of authority in the State and~~  
2 ~~provides health benefit plans in the State;~~

3           ~~(2) a health maintenance organization that is licensed to operate in~~  
4 ~~the State; or~~

5           ~~(3) a nonprofit health service plan that is licensed to operate in the~~  
6 ~~State.~~

7           ~~(e) "Commission" means the Maryland Health Care Commission established~~  
8 ~~under Title 19, Subtitle 1 of the Health — General Article.~~

9           ~~(d) "Covered medical services" means the health care services that are~~  
10 ~~included as benefits under a health benefit plan issued by a carrier.~~

11           ~~(e) "Health benefit plan" has the meaning stated in § 15-1301 of this title.~~

12           ~~(f) "Qualifying individual" has the meaning stated in § 19-1A-01 of the~~  
13 ~~Health — General Article.~~

14           ~~(g) "Patient centered medical home" has the meaning stated in § 19-1A-01~~  
15 ~~of the Health — General Article.~~

16           ~~(h) "Single carrier patient centered medical home program" means a program~~  
17 ~~implemented by a carrier to promote the development of a patient centered medical~~  
18 ~~home.~~

19 ~~15-1802.~~

20           ~~(a) Notwithstanding any other provision of this article or the Health —~~  
21 ~~General Article, a carrier that is participating in the Maryland Patient Centered~~  
22 ~~Medical Home Program under Title 19, Subtitle 1A of the Health — General Article or~~  
23 ~~a carrier that has been authorized by the Commission to implement a single carrier~~  
24 ~~patient centered medical home program [may]:~~

25           ~~(1) [pay a patient centered medical home for services associated with]~~  
26 ~~SHALL PAY FOR~~ coordination of covered medical services to qualifying individuals;

27           ~~(2) MAY pay a patient centered medical home provider a bonus, fee~~  
28 ~~based incentive, bundled fees, or other incentives approved by the Commission; and~~

29           ~~(3) MAY share medical information about a qualifying individual who~~  
30 ~~has elected to participate in the patient centered medical home with the qualifying~~  
31 ~~individual's patient centered medical home and other treating providers rendering~~  
32 ~~health care services to the qualifying individual.~~

1           (b) ~~Except as otherwise provided in this section:~~

2                   (1) ~~an insurer or nonprofit health service plan that participates in the~~  
3 ~~Maryland Patient Centered Medical Home Program under Title 19, Subtitle 1A of the~~  
4 ~~Health — General Article or that is authorized by the Commission to implement a~~  
5 ~~single carrier patient centered medical home program shall comply with this article;~~  
6 ~~and~~

7                   (2) ~~a health maintenance organization that participates in the~~  
8 ~~Maryland Patient Centered Medical Home Program under Title 19, Subtitle 1A of the~~  
9 ~~Health — General Article or that is authorized by the Commission to implement a~~  
10 ~~single carrier patient centered medical home program shall comply with this article;~~  
11 ~~where applicable, and Title 19, Subtitle 7 of the Health — General Article.~~

12           SECTION 2. AND BE IT FURTHER ENACTED, That ~~the Laws of Maryland~~  
13 ~~read as follows:~~

14                                   ~~Chapter 5 of the Acts of 2010~~

15           ~~SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect~~  
16 ~~July 1, 2010. It shall remain effective for a period of [5] 8 years and 6 months and, at~~  
17 ~~the end of December 31, [2015] 2018, with no further action required by the General~~  
18 ~~Assembly, this Act shall be abrogated and of no further force and effect.~~

19                                   ~~Chapter 6 of the Acts of 2010~~

20           ~~SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect~~  
21 ~~July 1, 2010. It shall remain effective for a period of [5] 8 years and 6 months and, at~~  
22 ~~the end of December 31, [2015] 2018, with no further action required by the General~~  
23 ~~Assembly, this Act shall be abrogated and of no further force and effect.~~

24           ~~SECTION 3. AND BE IT FURTHER ENACTED, That, notwithstanding the~~  
25 ~~extension of the termination date, from December 31, 2015, to December 31, 2018, of~~  
26 ~~the Maryland Patient Centered Medical Home Program under Section 2 of this Act, it~~  
27 ~~is the intent of the General Assembly that the Maryland Health Care Commission~~  
28 ~~discontinue the Program before December 31, 2018, if the Commission determines~~  
29 ~~that the major health insurance carriers and Medicaid managed care organizations~~  
30 ~~have established single carrier patient centered medical home programs that support~~  
31 ~~care management functions, use consistent quality measures, and apply common~~  
32 ~~patient attribution methodologies.~~

33           ~~SECTION 4. AND BE IT FURTHER ENACTED, That:~~

34                   (a) ~~The Department of Health and Mental Hygiene, in consultation with the~~  
35 ~~Maryland Health Care Commission, shall develop a model for the community-based~~

1 ~~service and support elements of the Community Integrated Medical Home Program~~  
2 ~~established under Section 1 of this Act.~~

3 (b) ~~The model shall include:~~

4 (1) ~~a process for identifying, and requirements for certifying, entities~~  
5 ~~that provide community-based services and supports under the Community~~  
6 ~~Integrated Medical Home Program;~~

7 (2) ~~a process for monitoring the performance of certified entities; and~~

8 (3) ~~a description of how the community-based services and supports~~  
9 ~~are integrated with patient-centered medical homes to fulfill the mission of the~~  
10 ~~Community Integrated Medical Home Program.~~

11 (e) ~~On or~~ on or before October 1, 2015, the Department shall submit a report ~~on~~  
12 ~~the model~~ to the Governor and, in accordance with § 2-1246 of the State Government  
13 Article, the Senate Finance Committee and the House Health and Government  
14 Operations Committee, on the recommendations of the Community Integrated Medical  
15 Home Program advisory body established under Section 1 of this Act, and the  
16 development of the Community Integrated Medical Home Program based on those  
17 recommendations.

18 SECTION ~~5~~ 3. AND BE IT FURTHER ENACTED, That this Act shall take  
19 effect July 1, 2014.

Approved:

\_\_\_\_\_  
Governor.

\_\_\_\_\_  
Speaker of the House of Delegates.

\_\_\_\_\_  
President of the Senate.