~~(1) ACHIEVE HIGHER LEVELS OF ENROLLMENT IN MANAGED CARE ORGANIZATIONS;~~

~~(2) IMPROVE THE RATE OF TIMELY PRIMARY CARE UTILIZATION;~~

~~(3) REDUCE THE INAPPROPRIATE USE OF HOSPITAL EMERGENCY ROOMS; AND~~

~~(4) IMPROVE THE HEALTH STATUS OF ENROLLEES IN MANAGED CARE ORGANIZATIONS.~~

~~(C) (1) A MANAGED CARE ORGANIZATION THAT CONTRACTS WITH THE DEPARTMENT SHALL DEVELOP AND IMPLEMENT A COMPREHENSIVE OUTREACH SERVICES PLAN TO OVERCOME BARRIERS IN ACCESSING HEALTH CARE SERVICES.~~

~~(2) THE COMPREHENSIVE OUTREACH SERVICES PLAN REQUIRED BY PARAGRAPH (1) OF THIS SUBSECTION SHALL CONTAIN STRATEGIES TO ADDRESS BARRIERS IN ACCESSING HEALTH CARE SERVICES, INCLUDING:~~

~~(I) CULTURAL AND LANGUAGE DIFFERENCES BETWEEN PROVIDERS AND THEIR PATIENTS;~~

~~(II) LIMITED ACCESSIBILITY OF MANY HEALTH CARE FACILITIES WHICH ARE OPEN DURING WEEKDAY BUSINESS HOURS ONLY;~~

~~(III) LACK OF TRANSPORTATION TO HEALTH CARE FACILITIES;~~

~~(IV) INCONVENIENT LOCATION OF HEALTH CARE FACILITIES;~~

~~(V) INADEQUATE UNDERSTANDING BY HEALTH CARE RECIPIENTS OF ENROLLMENT PROCESSES AND BENEFITS; AND~~

~~(VI) UNFAMILIARITY OF PROVIDERS WITH COMMUNITY NEEDS OR CULTURAL AND HEALTH BENEFITS.~~

~~(D) (1) A MANAGED CARE ORGANIZATION THAT, ON OR BEFORE OCTOBER 1, 1998, HAS A CONTRACT WITH THE DEPARTMENT TO PROVIDE HEALTH CARE SERVICES SHALL SUBMIT A COMPREHENSIVE OUTREACH SERVICES PLAN TO THE DEPARTMENT ON OR BEFORE APRIL 1, 1999.~~

~~(2) WITHIN 60 DAYS AFTER RECEIVING A COMPREHENSIVE OUTREACH SERVICES PLAN SUBMITTED UNDER PARAGRAPH (1) OF THIS SUBSECTION, THE DEPARTMENT SHALL APPROVE OR DISAPPROVE THE COMPREHENSIVE OUTREACH SERVICES PLAN.~~

~~(3) IF THE DEPARTMENT DISAPPROVES A COMPREHENSIVE OUTREACH SERVICES PLAN, THE DEPARTMENT SHALL:~~

~~(I) RETURN THE COMPREHENSIVE OUTREACH SERVICES PLAN TO THE MANAGED CARE ORGANIZATION THAT SUBMITTED THE COMPREHENSIVE OUTREACH SERVICES PLAN; AND~~

~~(II) MAKE RECOMMENDATIONS TO THE MANAGED CARE ORGANIZATION CONCERNING ANY MODIFICATIONS THE MANAGED CARE~~