| **COMAR** | **Title** | **PURPOSE** | **AELR DATE** | **DATE of 1st Printing in MD REG** | **DATE of FINAL print in MD. REG.** | **APPROVED**  **(10 days after final)** |
| --- | --- | --- | --- | --- | --- | --- |
| 10.09.02 | Physician’s Services | The purpose of this proposal is to update the rates in the fee schedule for Physician’s Services. | 6/20/13 |  |  |  |
| 10.09.36 | General Medical Assistance Provider Participation Criteria | The purpose of this amendment is to include language regarding the Department’s ability to conduct unannounced on-site visits of providers. This regulation applies to all enrolled providers, as well as those applying for re-enrollment, new enrollment, or changing information currently on file. | 6/19/13 |  |  |  |
| 10.09.33 | Chronic Health Homes | Implementing Health Homes for individuals with chronic conditions will:   1. Augment the State’s broader efforts to integrate somatic and behavioral health services; 2. Aim to improve health outcomes and reduce avoidable hospital encounters; 3. Offer enhanced care coordination and support services from providers for target populations; and 4. Enhance patient-centered care, empowering participants to manage and prevent chronic conditions. | 6/4/13 | 7/12/13 |  |  |
| 10.09.49 | Telemedicine | The purpose of this proposal is to implement two Maryland Medical Assistance telemedicine programs – the Rural Access Telemedicine Program and the Cardiovascular Disease and Stroke Telemedicine Program. The Rural Access Telemedicine Program will implement the recommendations of the December 2012 SB 781/HB 1149 (Chapters 579/580 of the Acts of 2012) – Report on Telemedicine Policies and Fiscal Impact of Maryland Medical Assistance Coverage of Telemedicine. The Cardiovascular Disease and Stroke Telemedicine Program will bring the regulations into line with recent statutory enactment – SB0496, Chapter 280 | 6/4/13 | 7/12/13 |  |  |
| 10.09.53 | EPSDT: PDN Services for Individuals Under Age 21 | The purpose of this proposal is to amend language in order to clarify required clinical experience, specify documentation requirements, limit the total number of hours a nurse is scheduled to work, establish payment for supervisory visits, limit the provision of private duty nursing services in specified settings, clarify instances when services are covered, add delegated nursing services to include certified nursing assistant (CNA) with medication technician certification, and home health aide (HHA) with medication technician certification, and establish a rate differential for a registered nurse (RN) and a licensed practical nurse (LPN) effective October 1, 2013. | 6/4/13 | 7/12/13 |  |  |
| 10.09.23 (.07) | EPSDT Services | The purpose of this proposal is to correct the per diem fee for medically monitored intensive inpatient treatment services provided in an Intermediate Care Facility-Addictions (ICF-A). | 6/4/13 | 7/12/13 |  |  |
| 10.09.04 | Home Health Services | The proposed amendments are intended to ensure face-to-face physician or authorized non-physician encounters occur closer to the start of care to confirm that the conditions exhibited by the patient at the initial encounter are related to the primary reason for the need for home health care. Additionally, the amendment is proposed to make certain that physician certification/recertification of home health services are obtained by the home health agency in a timely manner prior to the start of care | 5/13/13 | 6/28/13 |  |  |
| 10.09.01 (01–.05),  10.09.21 (01–.05),  10.09.58 (04) | Nurse Practitioner Services  Midwife Services  Family Planning Program | The purpose of this action is to change language regarding written agreement and plans between nurse midwives, nurse practitioners, and physicians to coincide with current policy  **--WITHDRAWN--** | 5/6/13 | 6/14/13 |  |  |
| 10.09.63 (.02 and .04),    10.09.64 (.04 and .05),  10.09.65 (.02, .19–3, and .20),  10.09.66 (.06),  10.09.67 (.12, .24, .27 and .28),  10.09.70 (.10) | Maryland Managed Care Program: Eligibility and Enrollment  MCO Application  Managed Care Organizations  Access  Benefits  Specialty Mental Health | The purposes of this proposal are:  1) Stop auto-assignments to MCOs who have more than 50 percent of the enrolled population currently assigned to them in a local access area;  2) Clarify that an MCO doesn’t have to notify the Department when an enrollee’s PCP is changed because the enrollee aged out of their previous PCP;  3) Remove obsolete language requiring MCO applicants to provide full time equivalencies for PCPs;  4) Require an MCO that voluntarily freezes enrollments in any local access areas during calendar year 2014 to remain frozen in those areas through calendar year 2015.  5) Repeal regulation regarding the rural access incentive as this incentive has been incorporated in the MCO capitation payments;  6) Add language requiring new MCO applicants to service at least 2 under served counties;  7) Add language to require MCOs to provide access to birthing centers as required by the Affordable Care Act;  8) Clarify the definitions of rural, urban and suburban and remove the drive time requirements under the provider geographical access standards;  9) Revise the local access areas to include only the 23 Maryland counties and Baltimore City;  10) Remove obsolete language requiring MCOs to pay nursing homes for bed holds;  11) Add language to include eye exams and glasses for diabetics as a covered service in accordance with current policy;  12) Clarify when transports between hospitals are the MCO’s responsibility;  13) Clarify that cochlear implants are only covered for children under age 21; and  14) Add language to include the facility and anesthesia charges for dental surgery to the dental carve out. | 6/4/13 | 7/12/13 |  |  |
| 10.09.83 New Chapter  (.01—.07) | Third Party Liability | The purpose of this action is to set forth procedures for the calculation and recovery of the Department’s subrogation claims as required by federal law. Since its initial publication of the regulations on September 24, 2010, the Department has solicited written comments from and convened numerous meetings with interested parties. As a result of these comments and meetings, the Department has agreed to modify the regulations to: (1) defer to the trier of fact's determination regarding the amount of the overall award attributable to medical expenses, compared to the amount attributable to pain and suffering and other factors, in cases involving a determination by a judge or jury, (2) clarify the right to place undisputed portions of a settlement or award into a trust, (3) clarify and modify all timing requirements to be consistent with Health-General § 15-120, (4) provide for a proportional reduction of recoveries if the judgment or award is greater than available liability coverage, (5) limit the Department’s recoupment to only the portion of the allocation related to past medical expenses, (6) reduce the Department’s recovery by one-third of the amount of the recipient’s attorney’s fees in the event that the Department, after notice, fails to intervene in the recipient’s case; and (7) provide the recipient an opportunity to present evidence at a fair hearing to challenge the Department’s proposed subrogation claim. | 2/14/13 | 3/22/13 | 6/14/13 | 6/24/13 |
| 10.09.35 (.01, .04, .05) | Hospice Care | The purpose of this proposal is to eliminate outdated terminology and procedures in the Maryland Medical Assistance Hospice Program to be consistent with comparable federal terminology, procedures and requirements. | 02/08/13 | 3/22/13 | 7/12/13 |  |
| 10.09.48 (.01-.18)  New  10.09.48 (.01-.12) | Case Management for Individuals with Developmental Disability  Targeted Case Management for People with Intellectual and Developmental Disabilities. | The purpose of this proposal is to consolidate and streamline case management services provided to Medicaid-eligible individuals with developmental disabilities under one chapter of regulation. Providers will be reimbursed based on the amount of time spent providing services to eligible individuals. In addition, by increasing the number of individuals eligible for services, the State is able to draw down federal funds and increase provider reimbursement rates. | 3/12/13 | 4/19/13 | 6/28/13 | 7/8/13 |
| 10.09.47 (.03) | Disproportionate Share Payment | To redistribute uncompensated care overpayments. The regulations restate and modify existing Departmental policies. | 2/14/13 | 3/22/13 | 6/14/13 | 6/24/13 |