



Maryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201

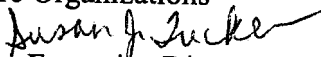
Robert L. Ehrlich, Jr., Governor – Michael S. Steele, Lt. Governor – Nelson J. Sabatini, Secretary

**MARYLAND MEDICAL ASSISTANCE PROGRAM
Managed Care Organization Transmittal No. 51**

March 3, 2004

Managed Care Organizations

FROM:


Susan Tucker, Executive Director
Office of Health Services

NOTE:

Please ensure that the appropriate staff members in your organization are informed of the contents of this transmittal.

Adoption of Amendments to HealthChoice Regulations

ACTION:

Adopted Regulations

EFFECTIVE DATE:

February 2, 2004

PROGRAM CONTACT:

James Gardner, Chief
Division of HealthChoice Management and
Quality Assurance
(410) 767-1482 or call
1-877-4MD-DHMH extension 1482

The Secretary of Health and Mental Hygiene has adopted the following amendments and new HealthChoice Regulations with non-substantive changes: Regulation .01 under COMAR 10.09.62 Maryland Medicaid Managed Care Program: Definitions; Regulations .01 and .02 under COMAR 10.09.63 Maryland Medicaid Managed Care Program: Eligibility and Enrollment; Regulation .03 under COMAR 10.09.64 Maryland Medicaid Managed Care Program: MCO Application; Regulations .02, .03, .05, .10, .15, .17, .18-1, .19, .19-3, .21 and .26, and repealed Regulations .19-4 and .24, and adopted new Regulations .19-4 and .24 under COMAR 10.09.65 Maryland Medicaid Managed Care Program: Managed Care Organizations; Regulations .03, and .07, and adopted new Regulation .05-1 under COMAR 10.09.66 Maryland Medicaid Managed Care Program: Access; Regulations .01, .06, .10, .13, .14, .20 and .27 under COMAR 10.09.67 Maryland Medicaid



Managed Care Program; Benefits; Regulation .02 under COMAR 10.09.71 Maryland Medicaid Managed Care Program: MCO Dispute Resolution Procedures; and adopted new regulations .01 - .04 under a new chapter, COMAR 10.09.75 Maryland Medicaid Managed Care Program: Corrective Managed Care.

The proposed amendments were originally published in the October 3, 2003 issue of the Maryland Register (Vol.30, Issue 20,) and were included with Managed Care Organization Transmittal No. 46, dated October 14, 2003. A copy of the non-substantive changes as published in January 23, 2004 Maryland Register is attached to this transmittal.

Attachments

Final Action On Regulations

Symbol Key

- Roman type indicates text already existing at the time of the proposed action.
- *Italic type* indicates new text added at the time of proposed action.
- Single underline, italic indicates new text added at the time of final action.
- Single underline, roman indicates existing text added at the time of final action.
- ~~[[Double brackets]]~~ indicate text deleted at the time of final action.

~~Title 08 DEPARTMENT OF NATURAL RESOURCES~~

~~Subtitle 08 DEEP CREEK LAKE~~

~~08.08.08 Appeals~~

~~Notice of Final Action~~

~~[03-299-F]~~

~~On January 7, 2004, the Secretary of Natural Resources adopted amendments to Regulations .02 — .04 under COMAR 08.08.08 Appeals. This action, which was proposed for adoption in 30:21 Md. R. 1539 (October 17, 2003), has been adopted as proposed.~~

~~Effective Date: February 2, 2004.~~

~~C RONALD FRANKS
Secretary of Natural Resources~~

Title 10 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Subtitle 09 MEDICAL CARE PROGRAMS

Annotated Code of Maryland

Notice of Final Action

[03-282-F]

On December 29, 2003, the Secretary of Health and Mental Hygiene:

- (1) Adopted amendments to Regulation .01 under COMAR 10.09.62 Maryland Medicaid Managed Care Program: Definitions;
- (2) Adopted amendments to Regulations .01 and .02 under COMAR 10.09.63 Maryland Medicaid Managed Care Program: Eligibility and Enrollment;
- (3) Adopted amendments to Regulation .03 under COMAR 10.09.64 Maryland Medicaid Managed Care Program: MCO Application;
- (4) Adopted amendments to Regulations .02, .03, .05, .10, .15, .17, .18-1, .19, .19-3, .21, and .26, repealed Regulations .19-4 and .24, and adopted new Regulations .19-4 and .24 under COMAR 10.09.65 Maryland Medicaid Managed Care Program: Managed Care Organizations;
- (5) Adopted amendments to Regulations .03 and .07 and adopted new Regulation .05-1 under COMAR 10.09.66 Maryland Medicaid Managed Care Program: Access;

(6) Adopted amendments to Regulations .01, .06, .10, .13, .14, .20, and .27 under COMAR 10.09.67 Maryland Medicaid Managed Care Program: Benefits;

(7) Adopted amendments to Regulation .02 under COMAR 10.09.71 Maryland Medicaid Managed Care Program: MCO Dispute Resolution Procedures; and

(8) Adopted new Regulations .01 — .04 under a new chapter, COMAR 10.09.75 Maryland Medicaid Managed Care Program: Corrective Managed Care.

This action, which was proposed for adoption in 30:20 Md. R. 1462 — 1471 (October 3, 2003), has been adopted with the nonsubstantive changes shown below.

Effective Date: February 2, 2004.

Attorney General's Certification

In accordance with State Government Article, §10-113(c), Annotated Code of Maryland, the Attorney General certifies that the following changes do not differ substantially from the proposed text. The nature of the changes and the basis for this conclusion are as follows:

COMAR 10.09.65.10B(2)(a); B(2)(a)(iv), B(2)(c)(i); B(2)(c)(iii): Each of the changes adds "physician's assistant supervised by a medical doctor" to the list of persons who may qualify as an HIV/AIDS specialist to serve individuals with HIV/AIDS in the HealthChoice Program. These changes are nonsubstantive because they benefit those persons affected by the changes and impose no additional burdens on them. Specifically, by expanding the types of providers who can become qualified to provide specialty care to persons with HIV/AIDS, those persons will have increased access to the care they need. Increased access will benefit persons with HIV/AIDS. Therefore, the change is a nonsubstantive one.

COMAR 10.09.65.10B(2)(c)(iv): This change adds an additional way that a provider may qualify as HIV/AIDS specialist in the HealthChoice Program. Adding an additional way to qualify is a benefit to providers who wish to provide services to persons with HIV/AIDS. There is no burden imposed on providers because this additional way to qualify opens opportunities not closes them. Because this change occurred as a result of comments on the regulation and because it benefits the affected parties and imposes no burden, it is a nonsubstantive change.

COMAR 10.09.65.19B(4)(a) — (b): This change sets forth a capitation rate increase for the managed care organizations. This increase became necessary when during the pendency of the proposed regulations, Health Service Cost Review Commission (HSCRC) raised hospital rates. Pursuant to HealthChoice regulations, the managed care organizations are entitled to a rate increase when the HSCRC raise hospital rates.

The change benefits the affected parties by increasing the capitation payments they will receive in CY '04. There is no burden on the MCOs. Therefore, this is a nonsubstantive change.

10.09.65 Maryland Medicaid Managed Care Program: Managed Care Organizations

.10 Special Needs Populations — Individuals with HIV/AIDS.

- A. (proposed text unchanged)
- B. *HIV/AIDS Specialist.*
 - (1) (proposed text unchanged)
 - (2) *To qualify as an HIV/AIDS specialist, a health care provider shall be board certified in the field of infectious diseases by a member board of the American Board of Medical Specialties or:*
 - (a) *Hold a current, valid, unrevoked, and unsuspended Maryland license or certification as a:*
 - (i) (proposed text unchanged)
 - (ii) *Doctor of osteopathy, [[or]]*
 - (iii) *Nurse practitioner; or*
 - (iv) *Physician's assistant being supervised by a medical doctor;*
 - (b) (proposed text unchanged)
 - (c) *Have completed one of the following requirements:*
 - (i) *If a medical doctor, certified physician's assistant being supervised by a medical doctor, or doctor of osteopathy, at least 30 hours of HIV-related continuing medical education category I credits over the past 2 years;*
 - (ii) *If a nurse practitioner, at least 30 hours of HIV-related continuing education units over the past 2 years, [[or]]*
 - (iii) *If a medical doctor, certified physician's assistant being supervised by a medical doctor, doctor of osteopathy, or a nurse practitioner, an accredited training program over the past year; or*
 - (iv) *If a medical doctor, certified physician's assistant being supervised by a medical doctor, doctor of osteopathy, or nurse practitioner, has completed the American Academy of HIV Medicine (AAHIVM) credentialing examination.*
- C. — F. (proposed text unchanged)

.19 MCO Reimbursement.

- A. (proposed text unchanged)
- B. *Capitation Rate-Setting Methodology.*
 - (1) — (3) (text unchanged)
 - (4) *The Department shall make capitation payments monthly at the rates specified in the following tables:*
 - (a) — (b) (tables proposed for repeal)
 - [[a) — (b)]] (proposed tables withdrawn)
 - (a) *Rate Table for Families and Children.*

Effective January 1, 2004 — December 31, 2004.

	<u>Age</u>	<u>Gender</u>	<u>PMPM Baltimore City</u>	<u>PMPM Rest of State</u>	
<u>Demo- graphic Cells</u>	<u>Under Age 1 1-5</u>	<u>Both</u>	\$290.62	\$239.06	
		<u>Male</u>	\$142.82	\$117.48	
	<u>6-14</u>	<u>Female</u>	\$123.83	\$101.86	
		<u>Male</u>	\$90.09	\$74.11	
	<u>15-20</u>	<u>Female</u>	\$80.14	\$65.92	
		<u>Male</u>	\$108.27	\$89.06	
	<u>21-44</u>	<u>Female</u>	\$183.55	\$150.99	
		<u>Male</u>	\$298.93	\$245.90	
	<u>45-64</u>	<u>Female</u>	\$276.72	\$227.63	
		<u>Male</u>	\$816.01	\$671.25	
	<u>ACG- adjusted cells</u>	<u>RAC1</u>	<u>Female</u>	\$576.45	\$474.19
			<u>Both</u>	\$78.42	\$66.94

	<u>Age</u>	<u>Gender</u>	<u>PMPM Baltimore City</u>	<u>PMPM Rest of State</u>																																									
<u>Demo- graphic Cells</u>	<u>Under Age 1 1-5</u>	<u>Both</u>	<u>\$104.84</u>	<u>\$89.50</u>																																									
					<u>RAC2</u>	<u>Both</u>	<u>\$104.84</u>	<u>\$89.50</u>																																					
									<u>RAC3</u>	<u>Both</u>	<u>\$131.91</u>	<u>\$112.61</u>																																	
													<u>RAC4</u>	<u>Both</u>	<u>\$221.13</u>	<u>\$188.77</u>																													
																	<u>RAC5</u>	<u>Both</u>	<u>\$300.70</u>	<u>\$256.70</u>																									
																					<u>RAC6</u>	<u>Both</u>	<u>\$492.26</u>	<u>\$420.23</u>																					
																									<u>RAC7</u>	<u>Both</u>	<u>\$629.79</u>	<u>\$537.64</u>																	
																													<u>RAC8</u>	<u>Both</u>	<u>\$964.74</u>	<u>\$823.57</u>													
																																	<u>RAC9</u>	<u>Both</u>	<u>\$1,437.70</u>	<u>\$1,227.32</u>									
																																					<u>SOBRA</u>	<u>Both</u>	<u>\$516.57</u>	<u>\$424.92</u>					
																																									<u>Mothers Delivery/ Newborn Persons with HIV</u>	<u>All</u>	<u>Both</u>	<u>\$649.21</u>	<u>\$649.21</u>
<u>Under Age 1 1-5</u>	<u>Both</u>	<u>\$1,793.63</u>	<u>\$1,793.63</u>																																										
				<u>Male</u>	<u>\$610.29</u>	<u>\$610.29</u>																																							
							<u>Female</u>	<u>\$657.14</u>	<u>\$657.14</u>																																				

	<u>Gender</u>	<u>PMPM Baltimore City</u>	<u>PMPM Rest of State</u>	
<u>6-14</u>	<u>Male</u>	\$214.85	\$214.85	
	<u>Female</u>	\$296.88	\$296.88	
<u>15-20</u>	<u>Male</u>	\$288.37	\$288.37	
	<u>Female</u>	\$322.95	\$322.95	
<u>21-44</u>	<u>Male</u>	\$929.48	\$764.58	
	<u>Female</u>	\$938.68	\$772.15	
<u>45-64</u>	<u>Male</u>	\$1,197.07	\$984.70	
	<u>Female</u>	\$1,157.32	\$952.00	
<u>RAC10</u>	<u>Both</u>	\$212.32	\$181.25	
<u>ACG ad-justed cells ACG 100, 200, 300, 1100, 1300, 1400, 1500, 1600, 1710, 1720, 1730, 1900, 2400, 2600, 2900, 3400, 5110, 5200, 5310 ACG 400, 500, 700, 900, 1000, 1200, 1740, 1750, 1800, 2000, 2100, 2200, 2300, 2500, 2700, 2800, 3000, 3100, 3200, 3300, 3500, 3900, 4000, 4310, 5330 ACG 600, 1760, 3600, 3700, 4100, 4320, 4410, 4710, 4810, 4820 ACG 3800, 4210, 4220, 4330, 4420, 4720 4910, 5320 ACG 800, 4430, 4510, 4610, 5040, 5340 ACG 1770, 4520, 4620, 4830, 4920, 5050 ACG 4730, 4930, 5010 ACG 4940, 5020, 5060 ACG 5030, 5070 Persons with AIDS Persons with HIV</u>	<u>RAC11</u>	<u>Both</u>	\$320.32	\$273.44
	<u>RAC12</u>	<u>Both</u>	\$593.51	\$506.66
	<u>RAC13</u>	<u>Both</u>	\$692.17	\$590.88
	<u>RAC14</u>	<u>Both</u>	\$918.51	\$784.10
	<u>RAC15</u>	<u>Both</u>	\$1,049.15	\$895.62
	<u>RAC16</u>	<u>Both</u>	\$1,352.97	\$1,152.98
	<u>RAC17</u>	<u>Both</u>	\$1,842.34	\$1,572.75
	<u>RAC18</u>	<u>Both</u>	\$2,417.97	\$2,064.14
	<u>All</u>	<u>Both</u>	\$2,955.81	\$2,635.13
	<u>All</u>	<u>Both</u>	\$1,706.48	\$1,706.48

- (c) — (e) (proposed text unchanged)
- (5) (proposed text unchanged)
- C. (proposed text unchanged)
- D. (proposed text unchanged)

NELSON J. SABATINI
Secretary of Health and Mental Hygiene

Subtitle 09 MEDICAL CARE PROGRAMS
10.09.69 Maryland Medicaid Managed Care Program: Rare and Expensive Case Management

Authority: Health-General Article, §§15-102.1(b)(1) and 15-103(b)(4)(i), Annotated Code of Maryland

Notice of Final Action
[03-281-F]

On December 29, 2003, the Secretary of Health and Mental Hygiene repealed Regulations .01 — .17 and adopted new Regulations .01 — .17 under COMAR 10.09.69 Maryland Medicaid Managed Care Program: Rare and Expensive Case Management. This action, which was proposed for adoption in 30:20 Md. R. 1472 — 1479 (October 3, 2003), has been adopted with the nonsubstantive changes shown below.

Effective Date: February 2, 2004.

Attorney General's Certification

In accordance with State Government Article, §10-113, Annotated Code of Maryland, the Attorney General certifies that the following changes do not differ substantively from the proposed text. The nature of the changes and the basis for the conclusion are as follows:

Regulation .12C: This change deletes services covered under Medicaid from the list of services the REM Program does not cover. That phrase was deleted because it duplicates §C(8) of the proposed regulation which states that Program services that the participant receives or is eligible to receive are not services covered through the REM Program.

The change is nonsubstantive because it does not decrease any benefit or increase any burden on those affected by the regulation. Specifically, REM Program participants are Medicaid recipients. They receive and will continue to review all medically necessary services through the State Medicaid Program. The REM Program provides, and will continue to provide, services in addition to the Medicaid State Plan services. The deletion made to the regulations will not reduce any benefit that REM Program participants receive. Therefore the change is nonsubstantive.

Regulation .17: This change adds the word elsewhere to ICD-9 330.3 in the Table of Rare and Expensive Disease List. The word elsewhere was inadvertently deleted from the typed copy from the proposed regulations. Its addition accurately completes the definition of the ICD-9 Code 330.3. This change is nonsubstantive because it merely corrects a typographical error in the proposed regulation.

.12 Limitations.

- A. — B. (proposed text unchanged)
- C. The REM program does not cover the following:
 - [(1) Services covered under Medicaid;]
 - [(2)] (1) — [(12)] (11) (proposed text unchanged)