Title 10
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Subtitle 09 MEDICAL CARE PROGRAMS

Notice of Proposed Action

The Secretary of Health and Mental Hygiene proposes to:
(1) Amend Regulations .01 and .03 under COMAR 10.09.06 Hospital Services;
(2) Amend Regulation .01 under COMAR 10.09.62 Maryland Medicaid Managed Care Program: Definitions;
(3) Amend Regulation .01 under COMAR 10.09.63 Maryland Medicaid Managed Care Program: Eligibility and Enrollment;
(4) Amend Regulation .02 under COMAR 10.09.65 Maryland Medicaid Managed Care Program: Managed Care Organizations; and
(5) Adopt new Regulation .09 under COMAR 10.09.66 Maryland Medicaid Managed Care Program: Access.

Statement of Purpose

The purpose of this action is to:
(1) Add the definition of a medically underserved area;
(2) Require hospitals that are the sole hospital in a county that is medically underserved to contract with any willing MCO;
(3) Add language to exclude individuals who are 64-1/2 years old or older from being eligible for enrollment in the Managed Care Program;
(4) Update the authority under which the Patient Centered Medical Home Program operates; and
(5) Require MCOs whose service area includes medically underserved counties where there is only one hospital to include the hospital in its network.

Comparison to Federal Standards

There is no corresponding federal standard to this proposed action.

Estimate of Economic Impact

The proposed action has no economic impact.

Economic Impact on Small Businesses

The proposed action has minimal or no economic impact on small businesses.

Impact on Individuals with Disabilities

The proposed action has no impact on individuals with disabilities.

Opportunity for Public Comment

Comments may be sent to Michele Phinney, Director, Office of Regulation and Policy Coordination, Department of Health and Mental Hygiene, 201 West Preston Street, Room 512, Baltimore, MD 21201, or call 410-767-6499 (TTY 800-735-2258), or email to dhmh.regs@maryland.gov, or fax to 410-767-6483. Comments will be accepted through January 11, 2016. A public hearing has not been scheduled.

10.09.06 Hospital Services

Authority: Health-General Article, §§2-104(b), 15-102.8, 15-103, and 15-105, Annotated Code of Maryland

.01 Definitions.
A. (text unchanged)
B. Terms Defined.
“Medically Underserved Area” means an area designated by the Health Resources and Services Administration (HRSA) as having shortages of primary care, dental care, or mental health providers.

.03 Conditions for Participation.
A. (text unchanged)
B. Specific requirements for participation in the Program as a hospital services provider require that the provider:
(1) (text unchanged)
(8) If an out-of-State or District of Columbia hospital, shall:
(a) (text unchanged)
(c) Allow all HealthChoice managed care organizations to pay no more than the reimbursement rates established in COMAR 10.09.06.09A(7)(a)(f); [and]
(9) If a District of Columbia hospital, shall allow all HealthChoice managed care organizations to pay no more and no less than the reimbursement rates in COMAR 10.09.06.15B(3) and COMAR 10.09.06.15-1A(3) unless the parties mutually agree to an alternative arrangement in a contract on or after July 1, 2011; and
(10) If the sole hospital in a county designated as a medically underserved area, contract with any willing HealthChoice managed care organization.
C. (text unchanged)

10.09.62 Maryland Medicaid Managed Care Program: Definitions
Authority: Health-General Article, §15-101, Annotated Code of Maryland

.01 Definitions.
A. (text unchanged)
B. Terms Defined.
(1) (text unchanged)
(96) (text unchanged)
(97) “Local access area” means the local geographical area, as identified by the zip code groupings in COMAR 10.09.66.06E, that is located within the relevant MCO’s service area and in which the relevant enrollee resides.
(115) (text unchanged)
(115-1) “Medically underserved area” means an area designated by the Health Resources and Services Administration (HRSA) as having shortages of primary care, dental care, or mental health providers.
(174) (text unchanged)
(175) “Systems performance review (SPR)” means an assessment, as a component of the [annual] quality assurance (QA) audit, of quality assurance operations taking place in the MCO.

10.09.63 Maryland Medicaid Managed Care Program: Eligibility and Enrollment
Authority: Health-General Article, §15-103(b)(3), (4), and (6), Annotated Code of Maryland

.01 Eligibility.
A. Criteria. Except as provided in §B of this regulation, a Program recipient shall be enrolled in the Maryland Medicaid Managed Care Program, described in this chapter, if the recipient is eligible for receipt of Medical Assistance benefits by qualifying:
(1) As categorically needy or medically needy under COMAR 10.09.24, unless the recipient is:
(a) [65] 64-1/2 years old or older;
(b) (text unchanged)
(2) (text unchanged)
B. (text unchanged)

10.09.65 Maryland Medicaid Managed Care Program: Managed Care Organizations

.02 Conditions for Participation.
A. — BB. (text unchanged)
CC. Effective July 1, 2011, MCOs shall participate in the Maryland Health Care Commission’s Patient Centered Medical Home Program [as described in] authorized under Health-General Article, §§19-1A-02—19-1A-05 §§19-
103 and 19-109, Annotated Code of Maryland, and follow the policies and procedures established by the Maryland Health Care Commission.

DD.—EE. (text unchanged)

10.09.66 Maryland Medicaid Managed Care Program: Access

Authority: Health-General Article, §§15-102.1(b)(10) and 15-103(b), Annotated Code of Maryland

.09 Access: Hospitals.

If an MCO’s service area includes a county that is designated as a medically underserved area and there is only one hospital in the county, the MCO shall include the hospital in its network.

VAN T. MITCHELL
Secretary of Health and Mental Hygiene