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Title 10
MARYLAND DEPARTMENT OF HEALTH

Subtitle 67 MARYLAND HEALTHCHOICE PROGRAM

Notice of Proposed Action

[26-046-P]

The Secretary of Health proposes to amend:

(1) Regulation **.08** under **COMAR 10.67.03 Maryland Medicaid Managed Care Program: MCO Application**;

(2) Regulations **.02, .03-2**, and .**20** under **COMAR 10.67.04 Maryland Medicaid Managed Care Program: Managed Care Organizations**;

(3) Regulations **.07** and **.28** under **COMAR 10.67.06 Maryland Medicaid Managed Care Program: Benefits**; and

(4) Regulations **.02** and **.04** under **COMAR 10.67.09 Maryland Medicaid Managed Care Program: MCO Dispute Resolution Procedures**.

Statement of Purpose

The purpose of this action is to:

(1) Clarify managed care organization requirements to maintain health plan and health outcomes accreditation;

(2) Update enrollee identification and pharmacy card requirements to align with federal regulation;

(3) Specify requirements regarding incentive plan disclosures;

(4) Update performance measures for the Population Health Incentive Program for measurement year 2026;

(5) Clarify coverage for newborns during hospitalizations of birthing parents after labor without requiring enrollee notification of the MCO;

(6) Extend self-referral for doula services through December 31, 2026;

(7) Establish clearer timelines for written grievance acknowledgements; and

(8) Change the standard preauthorization timeframe from 14 days to 7 days.

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 Jordan Fisher Blotter, Director, Office of Regulation and Policy Coordination, Maryland Department of Health, 201 West Preston Street, Room 534, Baltimore, Maryland 21201, or call 410-767-0938, or email to mdh.regs@maryland.gov. Comments will be accepted through June 1, 2026. A public hearing has not been scheduled.

10.67.03 Maryland Medicaid Managed Care Program: MCO Application

Authority: Health-General Article §§15-102 and 15-103, Annotated Code of Maryland

.08 National Committee on Quality Assurance (NCQA) Accreditation.

A.—B. (text unchanged)

C. An MCO shall maintain health plan accreditation and health outcomes accreditation to participate in the HealthChoice program.

D. An MCO with a suspended or terminated accreditation status shall be subject to sanctions in accordance with COMAR 10.67.10.01.

10.67.04 Maryland Medicaid Managed Care Program: Managed Care Organizations

Authority: Health-General Article, §§2-104, 15-101, 15-102.3, and 15-103; Insurance Article, §§15-112, 15-605, and 15-1008; Annotated Code of Maryland

.02 Conditions for Participation

A.—B. (text unchanged)

C. An MCO shall enter a memorandum of understanding with each local health department **[**(LHD)**]** in its service area addressing the method by which the MCO and the **[**LHD**]** *local health department* will collaborate and communicate on matters of mutual interest and concern, including but not limited to the responsibility of the **[**LHD**]** *local health department* for:

(1) **[**contact**]** *Contact* tracing for sexually transmitted diseases*;* and

(2) **[**directly**]** *Directly* observed therapy for tuberculosis.

D. (text unchanged)

E. Health Care Delivery. An MCO shall:

(1)—(2) (text unchanged)

(3) Provide each enrollee within 10 days of notification to the MCO of the **[**enrollees**]** *enrollee's* enrollment with a distinctive, durable identification card, clearly indicating the bearer to be a member of the MCO and containing, at a minimum:

(a)—(b) (text unchanged)

(c) The Department's enrollee hotline telephone number; **[**and**]**

(d) Enrollee's assigned primary care provider's name and telephone number*; and*

(e) The Department's name, logo, or other Department branding as approved by the Department;

(4) (text unchanged)

(5) Provide on the card required in §E(3) of this regulation, on a separate prescription benefit card, or other technology, prescription billing information that:

(a) (text unchanged)

(b) Includes, at a minimum, the following data elements:

(i)—(ii) (text unchanged)

(iii) The telephone number that providers may call for pharmacy benefit assistance; **[**and**]**

(iv) The unique Medicaid-specific Bank Identification Number and Processor Control Number combination, along with group number identifiers, necessary for the participant to obtain pharmacy benefits; and

[(iv)**]** (v) All *additional* electronic transaction routing information and other numbers required by the MCO or its **[**benefit administrator**]** *pharmacy benefits manager* to process a prescription claim electronically.

F.—M. (text unchanged)

N. Disclosure of Provider Incentive Plans.

(1) An MCO shall **[**disclose to the Department the information on its provider incentive plans listed in 42 CFR §417.479(h)(1):**]** *include, at a minimum, the provisions required by 42 CFR §438.3(i)(3) in all provider incentive plans.*

(2) An MCO shall disclose the provisions detailed in §N(1) of this regulation:

(a)—(b) (text unchanged)

[(2)**]** *(3)* An MCO shall include in the disclosures required by **[**§N(1)**]** *§N(2)* of this regulation information sufficient for the Department to determine whether the incentive plans meet the requirements of **[**42 CFR §417.479(d)(g)**]** *42 CFR §438.3(i)(3)* **[**and, as applicable (i),**]** when there exist compensation arrangements under which payment for designated health services furnished to an individual on the basis of a physician referral would otherwise be denied under §1903(a) of the Social Security Act.

O.—R. (text unchanged)

.03-2 HealthChoice Population Health Incentive Program (PHIP).

A. (text unchanged)

B. An MCO may be eligible for an incentive payment for the following measures *through measurement year 2025*:

(1)—(8) (text unchanged)

C. Effective measurement year 2026, an MCO may be eligible for an incentive payment for the following measures:

(1) Child and adolescent well-care visits—total rate indicator;

(2) Childhood immunization status—combination 3 indicator;

(3) Colorectal cancer screening—total rate indicator;

(4) Controlling high blood pressure;

(5) Glycemic status assessment for patients with diabetes—Glycemic status >=9.0 percent indicator;

(6) Immunizations for adolescents—combination 2 indicator;

(7) Prenatal and postpartum care—timeliness of prenatal care indicator;

(8) Well-child visits in the first 30 months of life—ages 0-15 months indicator; and

(9) Well-child visits in the first 30 months of life—ages 15-30 months indicator.

[C.**]** *D.*—**[**H.**]** *I.* (text unchanged)

[I.**]** *J.* Round One Incentives.

(1)—(2) (text unchanged)

(3) Performance Incentive Payments for Round One.

(a) Performance incentive payments shall be based on the following categories for each performance measure:

(i) Superlative performance, meaning the performance measure's score is at or above the 90th percentile of HEDIS Medicaid performance nationwide during the *prior* measurement year, or estimated 90th percentile among Maryland HealthChoice MCO performance for non-HEDIS performance measures;

(ii) Very strong performance, meaning the performance measure's score is between the 75th and 89th percentiles, inclusive, of HEDIS Medicaid performance nationwide during the *prior* measurement years, or between the estimated 75th and 89th percentiles, inclusive, among Maryland HealthChoice MCO performance for non-HEDIS performance measures; or

(iii) Strong performance, meaning the performance measure's score is between the 50th and 74th percentiles, inclusive, of HEDIS Medicaid performance nationwide during the *prior* measurement year, or between the estimated 50th and 74th percentiles, inclusive, among Maryland HealthChoice MCO performance for non-HEDIS performance measures.

(b) Payments for round one performance incentives shall be allocated as follows:

(i)—(iii) (text unchanged)

(iv) Any MCO earning a performance measure score below the 50th percentile of HEDIS Medicaid performance nationwide during the *prior* measurement year on a HEDIS-based measure, or below the calculated 50th percentile among Maryland HealthChoice MCO performance for a non-HEDIS measure, shall be ineligible for a round one performance incentive payment.

(4) (text unchanged)

[J.**]** *K.* Round Two Incentive Payments.

(1) An MCO may qualify for payments under round two if the following conditions are met:

(a) For measurement years up to and including 2024:

[(a)**]** *(i)*—**[**(b)**]** *(ii)* (text unchanged)

(b) For measurement year 2025, the MCO earned above 80 percent of possible round one incentives; and

(c) Effective measurement year 2026, the MCO earned above 75 percent of possible round one incentives.

(2) **[**Any**]** *Subject to budget approval, any* remaining funds that were unallocated during round one may be awarded to eligible MCOs in round two for a maximum incentive award of up to 1 percent of its total capitation payment during the PHIP measurement year, excluding supplemental payments outside of capitation.

(3) (text unchanged)

[K.**]** *L.*—**[**M.**]** *N.* (text unchanged)

.20 MCO Payment for Self-Referred, Emergency, Physician, and Hospital Services.

A. MCO Payment for Self-Referred Services.

(1)—(10) (text unchanged)

(11) An MCO shall reimburse out-of-plan doulas at the Medicaid fee-for-service rate for services performed during the prenatal, labor and delivery, and postpartum periods of pregnancy as described in *COMAR* 10.67.06.28 through December 31, **[**2025**]** *2026.*

B.—E. (text unchanged)

10.67.06 Maryland Medicaid Managed Care Program: Benefits

Authority: Health-General Article, Title 15, Subtitle 1, Annotated Code of Maryland

.07 Benefits—Inpatient Hospital Services.

A.—D. (text unchanged)

E. In addition to the mother's length of stay required to be afforded by §D(2) of this regulation, whenever a mother is required to remain hospitalized after childbirth for medical reasons and **[**she requests that**]** her newborn remains in the hospital while she is hospitalized, the MCO shall afford the newborn additional hospitalization while the mother remains hospitalized, for up to 4 days.

F.—I. (text unchanged)

.28 Benefits—Self-Referral Services.

A. An MCO shall be financially responsible for reimbursing, in accordance with COMAR 10.67.04.20, an out-of-plan provider chosen by the participant for the following services:

(1)—(9) (text unchanged)

(10) Doula services, through December 31, **[**2025**]** *2026.*

B.—C. (text unchanged)

10.67.09 Maryland Medicaid Managed Care Program: MCO Dispute Resolution Procedures

Authority: Health-General Article, §15-103(b)(9)(i)(4), Annotated Code of Maryland

.02 MCO Enrollee Complaint Process.

A.—B. (text unchanged)

C. An MCO shall submit for Department approval an internal complaint process detailing the procedures for registering and responding to appeals and grievances in a timely fashion, which:

(1) Includes a specific standard for grievance acknowledgement, monitored by the MCO for compliance, directing that:

(a) The length of time preceding a written acknowledgement of a grievance may not exceed 5 days; and

(b) For administrative and non-emergency grievances, if the complaint is resolved in 5 days or less, the resolution letter can serve as written acknowledgement.

[(1)**]** *(2)*—**[**(6)**]** *(7)* (text unchanged)

.04 MCO Actions and Decisions.

A. For certain services to enrollees that require preauthorization the following conditions apply:

(1) For standard authorization decisions, the MCO shall make a determination within 2 business days of receipt of necessary clinical information, but not later than **[**14**]** *7* calendar days from the date of the initial request so as not to adversely affect the health of the enrollee;

(2)—(5) (text unchanged)

B.—G. (text unchanged)

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Secretary of Health