


CHANGING
Maryland
for the Better

**Implementation of Federal Managed Care
Regulations in Calendar Year 2018**

Maryland Medicaid Advisory Committee
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Federal Managed Care Regulations

- Overview of the Final Rule
- Department's Next Steps
- Major COMAR Updates for 2018



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Overview of the Final Rule

- On April 25, 2016, CMS issued the Medicaid and CHIP Managed Care Final Rule
- First major update to Medicaid and CHIP managed care regulations in more than a decade
- Regulations touch on several managed care program areas

Program Areas Impacted By Final Rule

- Managed Care Program Contracting and Monitoring
- Network Adequacy
- Pharmacy
- Rate Setting and Rate Development
- Eligibility and Enrollment
- Enrollee Information Requirements
- Care Coordination
- Appeals and Grievances
- Quality Assurance
- Program Integrity
- Information Technology



Major COMAR Updates for 2018

Appeals and Grievances

- Establishes one level of appeal for managed care participants
- Sets timeframes for notifications and appeal decisions
- Participants may request a fair hearing if decision is unfavorable

Care Coordination

- Instructs MCOs to make best efforts to conduct initial screenings of new managed care participants
- Advises MCOs to update plans of care of special needs participants at least once a year or as their needs require

Information Requirements

- Sets guidelines for formatting written materials to participants
- Requires MCOs to make information accessible to individuals with limited English proficiency and individuals with disabilities
- Establishes minimum requirements for contents of enrollee handbooks, directories, and formularies



Major COMAR Updates for 2018

Information Technology

- Requires MCO encounter data systems to be secure and to transmit complete information to Maryland
- Requires MCOs to verify encounter data reported to Maryland is accurate and complete

Program Integrity

- Identifies minimum requirements for MCO program integrity programs
- Sets guidelines for auditing MCOs and subcontractors
- Defines the process for investigating and collecting provider overpayments

Pharmacy

- Requires MCOs to establish drug utilization review (DUR) programs
- Sets quarterly and annual reporting requirements on DUR activities

Quality

- Includes language that CMS may require quality improvement initiatives for MCOs
- Requires MCOs to report health plan accreditation results and information to Maryland



Department's Next Steps

- The Department is updating COMAR to meet the federal requirements effective in 2018.
- The Department is also updating the 2018 MCO Agreement to include new requirements for MCOs.



Questions?



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