

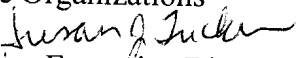


Maryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

MARYLAND MEDICAL ASSISTANCE PROGRAM
Managed Care Organization Transmittal No. 73
February 18, 2009

TO: Managed Care Organizations

FROM: 
Susan J. 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.

RE: Amendments to HealthChoice and PAC Regulations

The Maryland Medical Assistance Program had adopted as proposed amendments to: The Secretary of Health and Mental Hygiene proposes to amend Regulation .01 under COMAR 10.09.62 Maryland Medicaid Managed Care Program: Definitions; Regulation .05 under COMAR 10.09.63 Maryland Medicaid Managed Care Program: Eligibility and Enrollment; Regulation .11 under COMAR 10.09.64 Maryland Medicaid Managed Care Program: MCO Application; Regulations .02, .03, .05, .11, .15, .19-3, .20, .23, and .24 under COMAR 10.09.65 Maryland Medicaid Managed Care Program: Managed Care Organizations; Regulations .01 and .04 under COMAR 10.09.66 Maryland Medicaid Managed Care Program: Access; Regulation .07 under COMAR 10.09.67 Maryland Medicaid Managed Care Program: Benefits; Regulation .03 under COMAR 10.09.68 Maryland Medicaid Managed Care Program: School-Based Health Centers; Regulations .01—.03 and .05 under COMAR 10.09.71 Maryland Medicaid Managed Care Program: MCO Dispute Resolution Procedures; Regulation .04 under COMAR 10.09.72 Maryland Medicaid Managed Care Program: Departmental Dispute Resolution Procedures; Regulation .02 under COMAR 10.09.75 Maryland Medicaid Managed Care Program: Corrective Managed Care; and Regulations .03 and .16 under COMAR 10.09.76 Primary Adult Care Program.

The Proposal removes the definition of historic provider as it is no longer used in regulations; updates time frame for enrollees to receive their annual right to change packets to comply with requirements of the BBA; corrects the name of the CMS1500 and UB94 forms; updates incorrect references under 10.09.65.02 and 10.09.65.11 that were the result of previous changes in regulation language; updates referral requirements for children with special healthcare needs; removes 2006 value based purchasing language and adds incentives for 2009; updates the year from 2007 to 2008 for the statewide and rural supplemental payments;



requires MCOs to pay the Medicaid rate to non-par physicians providing services in a hospital; updates marketing regulations to coincide with Department's current policy; removes the 70% dental utilization requirement for 2004; updates language under 10.09.66 which pertains to written materials to coincide with other regulations that reference written materials; update language under 10.09.66.04 to clarify that it refers to an enrollee's appeal rights; updates language that refers to enrollees as consumers; updates language to clarify references to appeals and grievances vs. complaints for consistency with current definitions; allows enrollees 90 instead of 30 days to file an appeal, updates language to clarify the Department's complaint resolution process; and corrects language under 10.09.75.02 that refers to criteria as procedures.

The amendments were published in the 11/07/ 2008 issue of the Maryland Register and will be effective 02/23/2009

Questions regarding this amendment should be directed to the Division of HealthChoice Management and Quality Assurance at (410) 767-1482.

Maryland Register

Issue Date: February 13, 2009

Volume 36 • Issue 4 • Pages 299—376

Title 10
DEPARTMENT OF
HEALTH AND MENTAL HYGIENE

Subtitle 09 MEDICAL CARE PROGRAMS

Notice of Final Action

[08-326-F]

On January 23, 2009, the Secretary of Health and Mental Hygiene adopted amendments to:

- (1) Regulation **.01** under **COMAR 10.09.62 Maryland Medicaid Managed Care Program: Definitions;**
- (2) Regulation **.05** under **COMAR 10.09.63 Maryland Medicaid Managed Care Program: Eligibility and Enrollment;**
- (3) Regulation **.11** under **COMAR 10.09.64 Maryland Medicaid Managed Care Program: MCO Application;**
- (4) Regulations **.02, .03, .05, .11, .15, .19-3, .20, .23, and .24** under **COMAR 10.09.65 Maryland Medicaid Managed Care Program: Managed Care Organizations;**
- (5) Regulations **.01** and **.04** under **COMAR 10.09.66 Maryland Medicaid Managed Care Program: Access;**
- (6) Regulation **.07** under **COMAR 10.09.67 Maryland Medicaid Managed Care Program: Benefits;**
- (7) Regulation **.03** under **COMAR 10.09.68 Maryland Medicaid Managed Care Program: School-Based Health Centers;**
- (8) Regulations **.01— .03** and **.05** under **COMAR 10.09.71 Maryland Medicaid Managed Care Program: MCO Dispute Resolution Procedures;**
- (9) Regulation **.04** under **COMAR 10.09.72 Maryland Medicaid Managed Care Program: Departmental Dispute Resolution Procedures;**

(10) Regulation .02 under COMAR 10.09.75 Maryland Medicaid Managed Care Program: Corrective Managed Care; and

(11) Regulations .03 and .16 under COMAR 10.09.76 Primary Adult Care Program.

This action, which was proposed for adoption in 35:23 Md. R. 2021—2026 (November 7, 2008), has been adopted with the nonsubstantive changes shown below.

Effective Date: February 23, 2009.

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 this conclusion are as follows:

COMAR 10.09.65.03B(3)(i)(iv): A change in the wording for consistency is not a substantive change in the regulation.

.03 Quality Assessment and Improvement.

A. (proposed text unchanged)

B. An MCO shall participate in all quality assessment activities required by the Department in order to determine if the MCO is providing medically necessary enrollee health care. These activities include, but are not limited to:

(1)—(2) (proposed text unchanged)

(3) The annual collection and evaluation of a set of performance measures with targets as determined by the Department as follows:

(a)—(h) (proposed text unchanged)

(i) *The adjusted enrollment amount in §B(3)(h)(vii) of this regulation shall be calculated by:*

(i)—(iii) (proposed text unchanged)

(iv) *[[Using the fourth MCO's actual enrollment]] Using the actual enrollment of the MCO with the fourth highest normalized score;*

(j)—(k) (proposed text unchanged)

(4)—(6) (proposed text unchanged)

C. (proposed text unchanged)