

REGULATION TRACKING
MEDICAID ADVISORY COMMITTEE MONTHLY REPORT
September 22, 2016

COMAR	TITLE	PURPOSE	AELR DATE	DATE OF 1 ST PRINTING IN MD REG	DATE OF FINAL PRINT IN MD. REG.	APPROVED (10 DAYS AFTER FINAL)
10.09.65; .66; .67	Managed Care Program: MCOs, Access, and Benefits	The purposes of this proposal are to: (1) Include sexual orientation and gender as basis for non-discrimination; (2) Add section 1157 of the Affordable Care Act to the list of provisions that MCOs must comply with; (3) Remove the requirement that a full SPR review must be conducted annually; (4) Replace the current asthma HEDIS measure with asthma medication ratio effective January 1, 2017; (5) Include texts and emails as prohibited cold call marketing activities; and (6) Clarify that medically necessary podiatry services are covered for all members.	7/19/16	9/2/16		
10.09.33; .80; .89	Behavior Health Rates Increases	The Fiscal Year 2017 State budget, approved under Senate Bill 190 and assigned Chapter 143 in the 2016 Laws of Maryland Volume V, includes a 2 percent rate increase for community behavioral health providers, in accordance with Article III, §52(6) of the Maryland Constitution, April 12, 2016. Effective July 1, 2016, this includes Maryland Chronic Health Homes' fee schedule. The purpose of this proposal is to update the listed rates to the 2 percent increased rate.	7/13/16	8/19/16		
10.09.53.07	EPSDT: Nursing Services for Individuals Younger than 21 Years Old	The purpose of this proposal is to modify the indexing of rates in order to ensure that the amount of the applicable index will be known during the time that the annual budget is developed. Language is also proposed to align with federal policy allowing Medicaid payment for services provided free of charge to other patients.	7/5/16	8/19/16		
10.09.07.08	Medical Day Care Services	The purpose of this proposal is to modify the indexing of rates in order to ensure that the amount of the applicable index will be known during the time that the annual budget is developed. The maximum rate increase will be consistent with other home and community-based services covered by the Program. Language is also proposed to align with federal policy allowing Medicaid payment for services provided free of charge to other patients.	6/22/16	8/5/16		

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10.09.10	Nursing Facility Services	(1) To clarify language related to the cost reports used when setting capital costs and nursing services cost indexing; (2) To extend the interim working capital fund; (3) To change the source of acuity for the pay-for-performance program; (4) To correct certain citations; (5) To modify the factors used to calculate the amount of an indemnity bond or standby letter of credit; and (6) To establish the budget adjustment factor in order to provide a rate increase of 2 percent in accordance with the Fiscal Year 2017 budget.	7/19/16	9/2/16		
10.09.49.01-.08, .10-.12	Telehealth	The purpose of this proposal is to clarify the regulation process and clean up other areas of confusion within Telehealth. Additionally, to permit providers who are fluent in American Sign Language (ASL) to engage in telehealth directly with a deaf or hard of hearing recipient from the recipient's home or other secure agreed upon location in an effort to increase access for deaf or hard of hearing recipients.	7/7/16	8/19/16		
10.09.28	Applied Behavior Analysis Services	The purpose of this proposal is to adopt new Regulations for Applied Behavior Analysis (ABA) services provided to Medicaid children younger than 21 years old with diagnosis of Autistic Spectrum Disorder (ASD) as required by federal rule.	6/21/16	8/5/16		
10.09.59.01; .04; .06	Specialty Mental Health Services	The purpose of this proposal is to: (1) Facilitate the integration of mental health and substance-related disorder regulations into a new comprehensive regulation for behavioral health. During the transition period to the new regulations, both the old sets of regulations found in COMAR 10.09.59.04 and the newly promulgated regulations in COMAR 10.63 will be needed; and (2) Update definitions and regulations for laboratory screens that the administrative services organization (ASO) is responsible for paying.	6/29/16	8/5/16		
10.09.02; .03; .06; .09	Gender Reassignment Clean Up	To allow for and reimburse hospital, laboratory and physician services as they relate to gender reassignment.	6/30/16	8/5/16		

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10.09.62; .63; .65; .66; .67; .70; .72; .75	Managed Care	The purposes of this action are to: 1) Add definitions of definitive and presumptive drug screen tests; 2) Clarify that participants who are 64 ½ are only excluded from HealthChoice enrollment when they are newly eligible for Medicaid; 3) Remove the requirement that a full SPR review must be conducted annually; 4) Require MCOs to pay the State's rate for administrative days; 5) Clarify the elements MCOs must include in their provider directories; 6) Change the enrollee to PCP ratio to 200:1 for all PCPs; 7) Add language to require MCOs to cover medically necessary gender reassignment surgery; 8) Remove the specific procedure codes for laboratory drug screens that are covered by the BHO, and replace with language clarifying that all definitive and presumptive tests are covered. 9) Clarify that MCOs can appeal the denial of Hepatitis C payments and the amount of Value Based Purchasing incentives and disincentives; and 10) Add exception for specialty drugs under corrective managed care.	5/6/16	6/10/16	8/19/16	8/29/16
10.09.24.08-2	Medical Assistance Eligibility	The purpose of this proposal is to update the Special Needs Trust provision in Paragraph C of the regulation to clarify that it is no more restrictive than federal law, as required by Section 14.5-1002 of the Estates and Trusts Article of the Maryland Code. This proposal will make it easier to submit and process Medical Assistance long-term care (MALTC) applications.	3/22/16	4/29/16	8/19/16	8/29/16
10.09.04; .23; .50; .55	Free Care Policy Change-- Addition	The purpose of this proposal is to update the language of subtitle 9, Medical Care Programs, of Title 10, Department of Health and Mental Hygiene, regarding free care policy to align language with federal regulation.	5/31/16	7/8/16	9/16/16	9/26/16