| **COMAR** | **Title** | **PURPOSE** | **AELR DATE** | **DATE of 1st Printing in MD REG** | **Comments Rec'vd? (If Yes, who responded and date of response?)** | **DATE of FINAL MD. REG.** | **APPROVED** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 10.09.36 (.03) | General Medical Assistance Provider | The purpose of this proposal is to correct the current language to ensure that the language meets the current policy and procedures. | 07/23/12 | 09/07/12 | No comments | 11/30/12  Projected |  |
| 10.09.62 (.01)  10.09.63 (.01, .02, and .04)  10.09.64 (.06 and .08)  10.09.65 (.02, .03, .08, .19-3, and .20)  10.09.66 (.04)  10.09.67 (.06, .07, .12, .20, .21 and .27)  10.09.69 (.04 and .17)  10.09.75 (.04) | Maryland Medicaid Managed Care Program: Definitions  Maryland Medicaid Managed Care Program: Eligibility and Enrollment  Maryland Medicaid Managed Care Program: MCO Application  Maryland Medicaid Managed Care Program: Managed Care Organizations  Maryland Medicaid Managed Care Program: Access  Maryland Medicaid Managed Care Program: Benefits  Maryland Medicaid Managed Care Program: Rare and Expensive Case Management  Maryland Medicaid Managed Care Program: Corrective Managed Care | 1) Clarify the definition of inmate by including persons placed on home detention;  2) Update language regarding effective date of enrollment in an MCO to coincide with Department policy;  3) Remove obsolete language regarding transmission of fee-for-service PCP affiliation to the enrollment broker;  4) Add language requiring MCOs to obtain the Department’s approval before changing an enrollee’s PCP under certain circumstances;  5) Add language requiring MCOs to coordinate operating room services with the Department’s dental benefits manager;  6) Add new value based purchasing measure;  7) Add smoking cessation treatment to clarify that in addition to education stop smoking aides and medications are also covered;  8) Update the dates of the Rural Access Incentive payments;  9) Add language that clarifies services that are not the MCO’s responsibility but are covered by the State;  10) Update dialysis self-referral language to coincide with the other self-referred services;  11) Remove obsolete language regarding the submission of substance abuse consent forms by the Local Health Departments.  12) Add language that allows a nursing home in addition to the MCO to secure a medical necessity determination from the Department;  13) Add language to clarify that cochlear implants are included as part of the audiology carve-out and are paid for under fee-for-service and that the associated physician and facility fees are the MCO’s responsibility;  14) Add language to allow Rare and Expensive Case Management (REM) Program members who are no longer eligible for the program due to enrollment in Medicare, to remain in the program if they were approved for and receiving private duty nursing or home health aide services under REM;  15) Update obsolete REM diagnosis code; 16) Add language that clarifies that a member can not be placed in corrective managed care until after the 30 days allowed to appeal have passed; and  17) Add language that requires MCOs to be NCQA certified. | 08/02/12 | 09/07/12 | Received and responded to comments. |  |  |
| 10.09.26 (.01-.30) | Community Pathways and New Direction Waivers for Individuals with Developmental Disabilities | The purpose of this proposal is to implement federally approved provisions under the Community Pathways and New Directions Waivers. These waivers provide treatment and services through a home and community-based services waiver under §1915(c ) of the Social Security Act, for people who, absent the waiver, would require placement in an Intermediate Care Facility for People with Intellectual Disabilities (ICF-ID). This includes describing the target populations; requirements for providers; the covered services; and reimbursement methodologies. | 08/08/12 | 09/21/12 |  | . |  |
| 10.09.20 (.07) | Personal Care Services | The purpose of this proposal is to increase reimbursement for personal care services, in accordance with the Program’s budget for Fiscal Year 2013. | 08/08/12 | 09/21/12 |  |  |  |
| 10.09.65 (.19)  10.09.76 (.14) | Maryland Medicaid Managed Care Program : Managed Care Organizations  Primary Adult Care Program | The purpose of this action is to implement the mid- year adjustment to the calendar year 2012 MCO HealthChoice and PAC capitation rates effective July 1, 2012. | 08/14/12 | 09/21/12 |  | 11/30/12  Projected |  |
| 10.09.83 New Chapter  (.01—.07) | Third Party Liability | The purpose of this action is to set forth procedures for the calculation and recovery of the Department’s subrogation claims as required by federal law. Since its initial publication of the regulations on September 24, 2010, the Department has solicited written comments from and convened numerous meetings with interested parties. As a result of these comments and meetings, the Department has agreed to modify the regulations to: (1) defer to the trier of fact's determination regarding the amount of the overall award attributable to medical expenses, compared to the amount attributable to pain and suffering and other factors, in cases involving a determination by a judge or jury, (2) clarify the right to place undisputed portions of a settlement or award into a trust, (3) clarify and modify all timing requirements to be consistent with Health-General § 15-120, (4) provide for a proportional reduction of recoveries if the judgment or award is greater than available liability coverage, (5) limit the Department’s recoupment to only the portion of the allocation related to past medical expenses, (6) reduce the Department’s recovery by one-third of the amount of the recipient’s attorney’s fees in the event that the Department, after notice, fails to intervene in the recipient’s case; and (7) provide the recipient an opportunity to present evidence at a fair hearing to challenge the Department’s proposed subrogation claim. | 10/9/12 | 11/16/12  Projected |  |  |  |
| 10.09.10 (.07-1) | Nursing Facility Services | The purpose of this action is to extend the Interim Working Capital Fund for one year to May 1, 2013. | 10/18/12 | 11/30/12  Projected |  |  |  |
| 10.01.20 (.03) | Nursing Facility Quality Assessment | The purpose of this proposal is to increase the maximum assessment that may be collected to 6 percent of the operating revenue for all nursing facilities subject to the assessment, in accordance with legislation adopted during the 2012 session of the General Assembly. | 10/23/12 | 11/30/12  Projected |  |  |  |
| 10.09.06 (.03, .10, .15 and .15-1) | Hospital Services | The purpose of this proposal is to implement an amendment to implement a provision of the Budget Reconciliation and Financing Act of 2012, which authorizes the Department to impose a Medicaid claims processing fee on District of Columbia hospitals. These regulations also raise Medicaid reimbursement rates for those hospitals. | 11/5/12 | 12/14/12  Projected |  |  |  |