

**REGULATION TRACKING**  
**MEDICAID ADVISORY COMMITTEE MONTHLY REPORT**  
**October 24, 2013**

COMAR	Title	PURPOSE	AELR DATE	DATE of 1st Printing in MD REG	DATE of FINAL print in MD. REG.	APPROVED (10 days after final)
10.01.04	Fair Hearing Appeals (Emergency)	The purpose of this emergency action is to implement amendments to fair hearing regulations to accord with federal requirements for authorized representatives under the Affordable Care Act. This emergency action is being requested because final federal regulations respecting appeals issued July 15, 2013, limiting the time available to collaborate with Maryland Health Benefit Exchange (MHBE) and to solicit comments from advocacy stakeholders.	9/10/13	10/18/13		
10.01.04	Fair Hearing Appeals	The purpose of this proposal is to amend current regulations to expand and clarify Medicaid eligibility for Medicaid enrollees such as parents, children, childless adults, and pregnant women, so that regulations are consistent with provisions of the Maryland Health Progress Act of 2013 and of the federal Affordable Care Act, effective January 1, 2014.	9/10/13	10/18/13		
10.09.11, 10.09.24, 10.09.43	ACA Reg packet	The purpose of this proposal is to amend current regulations to expand and clarify Medicaid eligibility for Medicaid enrollees such as parents, children, childless adults, and pregnant women, so that regulations are consistent with provisions of the Maryland Health Progress Act of 2013 and of the federal Affordable Care Act, effective January 1, 2014.	9/20/13	10/18/13		
10.09.37	Family Planning	The purpose of this proposal is to amend current regulations to reflect changes in cited cross references.	8/29/13	10/4/13		
10.09.10. 7-1	Nursing Facility Services	The purpose of this action is to extend the Interim Working Capital Fund for one year to May 1, 2014.	9/27/13			
10.09.18	Oxygen and Related Resp. Equipment Services	The purpose of this proposal is to decrease Maryland Medicaid reimbursement for oxygen and related respiratory equipment from 90 percent to 85 percent of Medicare's reimbursement rate, effective July 1, 2013.	9/27/13			
10.09.12	DMS and DME	The purpose of this proposal is to decrease Maryland Medicaid's reimbursement for disposable medical supplies and durable medical equipment from 90 percent to 85 percent of Medicare's reimbursement rate, effective July 1, 2013.	9/27/13			
10.09.02. 04	Physician's Services	These changes will be to bring 10.09.02.04 A. (1) c in line with the terms for participation already stated in 10.09.01.03 B. (2)	9/16/13			
10.09.86	Maryland Independent Review Org.	The purpose of this proposal is to establish an independent review process for adjudicating disputes between providers and managed care organizations regarding denials of providers' claims for reimbursement for MCO covered services on grounds that the services were not medically necessary.	9/6/13	10/18/13		
10.09.55. 29D	LAH Waiver Program	The proposal will establish 15-minute payment increments for claims submitted in accordance with the Program's telephonic timekeeping system.	8/27/13	10/4/13		

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10.09.54.33D	Home and Community Based OAW	The proposal will establish 15-minute payment increments for claims submitted in accordance with the Program's telephonic timekeeping system.	8/27/13	10/4/13		
10.09.65.19, 10.09.76.14	Maryland Medicaid Managed Care Program: MCO's	The purpose of this proposal is to Implement the mid –year adjustment to the CY 2013 MCO's HealthChoice and PAC capitation rates effective July 1, 2013.	9/27/13			
10.09.46	Waiver for <i>Individuals</i> with [Traumatic] Brain Injury	The purpose of the change is to lower the age limit for onset of the brain injury and to broaden the definition to include acquired brain injury.	8/9/13	10/4/13		
10.09.65 (.03)	Maryland Medicaid Managed Care Program: MCO's	The purpose of this proposal is to update the core performance measures and the incentive and penalty calculation methodology for CY 2014.	8/13/13	9/20/13		
10.09.10	Nursing Facility Services	The purpose of this proposal is to increase Medicaid rates for nursing facility services by 1.725 percent, consistent with the Program's budget for Fiscal Year 2014. Specifically, the amendments will: -Increase net Medicaid payments in the Administrative/Routine, Other Patient Care, and Capital cost centers by 3.2 percent; -Extend the ceiling of 114 percent in the Administrative/Routine cost center to June 30, 2014; -Extend the efficiency allowance of 40 percent in the Administrative/Routine cost center to June 30, 2014; -Extend the net capital value rental rate of 7.57 percent to June 30, 2014 for providers other than those located in Baltimore City; -Extend the ceiling for nursing profit of 3 percent of the maximum nursing rate to June 30, 2014; -Extend the cost threshold of 10 percent for providers to request an interim rate change due to higher costs in the Administrative/Routine, Other Patient Care and Capital cost centers to June 30, 2014; and -Delete the requirement to update the work measurement study of nursing procedures in nursing homes.	8/2/13	9/20/13		

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10.09.36	General Medical Assistance Provider Participation Criteria	The purpose of this amendment is to include language regarding the Department's ability to conduct unannounced on-site visits of providers. This regulation applies to all enrolled providers, as well as those applying for re-enrollment, new enrollment, or changing information currently on file.	6/19/13	8/9/13		
10.09.33	Chronic Health Homes	Implementing Health Homes for individuals with chronic conditions will: 1. Augment the State's broader efforts to integrate somatic and behavioral health services; 2. Aim to improve health outcomes and reduce avoidable hospital encounters; 3. Offer enhanced care coordination and support services from providers for target populations; and 4. Enhance patient-centered care, empowering participants to manage and prevent chronic conditions.	6/4/13	7/12/13	9/20/13	9/30/13
10.09.49	Telemedicine	The purpose of this proposal is to implement two Maryland Medical Assistance telemedicine programs – the Rural Access Telemedicine Program and the Cardiovascular Disease and Stroke Telemedicine Program. The Rural Access Telemedicine Program will implement the recommendations of the December 2012 SB 781/HB 1149 (Chapters 579/580 of the Acts of 2012) – Report on Telemedicine Policies and Fiscal Impact of Maryland Medical Assistance Coverage of Telemedicine. The Cardiovascular Disease and Stroke Telemedicine Program will bring the regulations into line with recent statutory enactment – SB0496, Chapter 280	6/4/13	7/12/13	9/20/13	9/30/13
10.09.53	EPSDT: PDN Services for Individuals Under Age 21	The purpose of this proposal is to amend language in order to clarify required clinical experience, specify documentation requirements, limit the total number of hours a nurse is scheduled to work, establish payment for supervisory visits, limit the provision of private duty nursing services in specified settings, clarify instances when services are covered, add delegated nursing services to include certified nursing assistant (CNA) with medication technician certification, and home health aide (HHA) with medication technician certification, and establish a rate differential for a registered nurse (RN) and a licensed practical nurse (LPN) effective October 1, 2013.	6/4/13	7/12/13		
10.09.02.07	Physician's Services	The purpose of this proposal is to update the rates in the fee schedule for Physician's Services.	6/20/13	8/9/13	10/18/13	
10.09.23 (.07)	EPSDT Services	The purpose of this proposal is to correct the per diem fee for medically monitored intensive inpatient treatment services provided in an Intermediate Care Facility-Addictions (ICF-A).	6/4/13	7/12/13	9/20/13	9/30/13

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10.09.04	Home Health Services	The proposed amendments are intended to ensure face-to-face physician or authorized non-physician encounters occur closer to the start of care to confirm that the conditions exhibited by the patient at the initial encounter are related to the primary reason for the need for home health care. Additionally, the amendment is proposed to make certain that physician certification/recertification of home health services are obtained by the home health agency in a timely manner prior to the start of care.	5/13/13	6/28/13	9/20/13	9/30/13
10.09.63 (.02 and .04), 10.09.64 (.04 and .05), 10.09.65 (.02, .19–3, and .20), 10.09.66 (.06), 10.09.67 (.12, .24, .27 and .28), 10.09.70 (.10)	Maryland Managed Care Program: Eligibility and Enrollment  MCO Application  Managed Care Organizations  Access  Benefits  Specialty Mental Health	The purposes of this proposal are: 1) Clarify that an MCO doesn't have to notify the Department when an enrollee's PCP is changed because the enrollee aged out of their previous PCP; 2) Remove obsolete language requiring MCO applicants to provide full time equivalencies for PCPs; 3) Require an MCO that voluntarily freezes enrollments in any local access areas during calendar year 2014 to remain frozen in those areas through calendar year 2015. 4) Repeal regulation regarding the rural access incentive as this incentive has been incorporated in the MCO capitation payments; 5) Add language requiring new MCO applicants to service at least 2 under served counties; 6) Add language to require MCOs to provide access to birthing centers as required by the Affordable Care Act; 7) Revise the local access areas to include only the 23 Maryland counties and Baltimore City; 8) Remove obsolete language requiring MCOs to pay nursing homes for bed holds; 9) Add language to include eye exams and glasses for diabetics as a covered service in accordance with current policy; 10) Clarify when transports between hospitals are the MCO's responsibility; 11) Clarify that cochlear implants are only covered for children under age 21; and 12) Add language to include the facility and anesthesia charges for dental surgery to the dental carve out.	6/4/13	7/12/13	10/18/13	