



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. 79**  
**April 19, 2010**

**TO:** Managed Care Organizations

**FROM:** *Susan J. Tucker*  
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:** Proposed Amendments to HealthChoice and PAC Regulations

**WRITTEN COMMENTS TO:**  
Michelle Phinney  
201 W. Preston St., Rm. 538  
Baltimore, MD 21201  
Fax (410) 767-6483 or call  
(410) 767-6499 or  
1-877-4MD-DHMH extension 6483

**PROGRAM CONTACT:**  
Amy Gentile, Chief  
Division of HealthChoice Management and  
Quality Assurance  
(410) 767-1482 or call  
1-877-4MD-DHMH extension 1482

**COMMENT PERIOD EXPIRES: MAY 9, 2010**

The Maryland Medical Assistance Program is promulgating proposed amendments to: Regulation 19 and .19-3 under COMAR 10.09.65 Maryland Medicaid Managed Care Program: Managed Care Organizations and Regulations .12 and .14 under COMAR 10.09.76 Primary Adult Care.

These amendments will implement the calendar year 2010 MCO's HealthChoice and PAC capitation rates, remove reference to dental rates, update the statewide supplemental payment method, and to add targeted case management as a fee for service benefit for PAC enrollees.

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

Attachment

C. [A] *Notwithstanding Natural Resources Article, §4-902, Annotated Code of Maryland*, a person without a reptile and amphibian permit may possess only one of each individual reptile or amphibian, live or dead, listed in Regulation [03B] .03B of this chapter. A person may not take wood turtles, spotted turtles, or diamond-backed terrapins, including their eggs, from the wild. A certificate of origin, bill of sale, or other documentation proving captive origin of [these] wood turtles, spotted turtles, or diamond-backed terrapins shall be retained. All turtles shall have a carapace length of at least 4 inches.

D. — G. (text unchanged)

**.05 Permits.**

A. Except as provided in Regulation .04D — F of this chapter, a person shall obtain a reptile and amphibian permit from the Department in order to:

(1) — (2) (text unchanged)

(3) Possess more than one individual, live or dead, of any species or subspecies listed in Regulation .03B of this chapter, of which:

(a) No wood turtles, spotted turtles, or diamond-backed terrapins, or their eggs, may have been taken from the wild; and

(b) (text unchanged)

(4) (text unchanged)

B. — C. (text unchanged)

**.09 Unlawful Methods for Taking from the Wild.**

A. (text unchanged)

B. A person may not destroy or alter dens, burrows, basking sites, nests, hibernating sites, or other [refugia] places of refuge of reptiles or amphibians [while in the act of taking].

JOHN R. GRIFFIN  
Secretary of Natural Resources

**Title 10  
DEPARTMENT OF  
HEALTH AND MENTAL HYGIENE**

**Subtitle 09 MEDICAL CARE PROGRAMS**

**Notice of Proposed Action**

[10-126-P]

The Secretary of Health and Mental Hygiene proposes to amend:

(1) Regulations .19 and .19-3 under COMAR 10.09.65 **Maryland Medicaid Managed Care Program: Managed Care Organizations**; and

(2) Regulations .12 and .14 under COMAR 10.09.76 **Primary Adult Care Program**.

**Statement of Purpose**

The purpose of this action is to implement the calendar year 2010 MCO's HealthChoice and PAC capitation rates, remove reference to dental rates, update the Statewide supplemental payment method, and add targeted case management as a fee for service benefit for PAC enrollees.

**Comparison to Federal Standards**

There is no corresponding federal standard to this proposed action.

**Estimate of Economic Impact**

**I. Summary of Economic Impact.** The total cost for CY 2010 is \$ 138,224,453. HealthChoice capitation rates are being increased by \$134,743,962 in order to ensure actuarial soundness. The total for the PAC capitation rates increased by \$3,644,171 including the addition of substance abuse treatment and emergency room facility services as PAC benefits. There is a cost savings of \$163,680 due to federal funding of the mental health targeted case management benefit for PAC enrollees which was previously funded solely by the Department.

**II. Types of Economic Impact.**

	Revenue (R+/R--)	Expenditure (E+/E--)	Magnitude
A. On issuing agency:	(E--)		\$138,224,453
B. On other State agencies:	NONE		
C. On local governments:	NONE		
	Benefit (+)	Cost (-)	Magnitude
D. On regulated industries or trade groups:	(+)		\$138,224,453
E. On other industries or trade groups:	NONE		
F. Direct and indirect effects on public:	NONE		

**III. Assumptions.** (Identified by Impact Letter and Number from Section II.)

A. The HealthChoice rates are increased by \$134,743,962 due to rate adjustments. Also included is a PAC capitation rate increase of \$3,644,171 due to the rate adjustments and the addition of substance abuse treatment and emergency room facility services as PAC benefits. There is also a cost savings of \$163,680 from the federal funding of mental health targeted case management.

D. There will be a positive impact on the MCOs due to the overall rate increase.

**Economic Impact on Small Businesses**

The proposed action has minimal or no economic impact on small businesses.

**Impact on Individuals with Disabilities**

The proposed action has no impact on individuals with disabilities.

**Opportunity for Public Comment**

Comments may be sent to Michele A. Phinney, Director, Office of Regulation and Policy Coordination, Department of Health and Mental Hygiene, 201 West Preston Street, Room 512, Baltimore, MD 21201, or call 410-767-6499, or email to regs@dnhmh.state.md.us, or fax to 410-333-7687. Comments will be accepted through May 10, 2010. A public hearing has not been scheduled.

**10.09.65 Maryland Medicaid Managed Care Program: Managed Care Organizations**

Authority: Health-General Article, §§2-104 and 15-103, Annotated Code of Maryland

**.19 MCO Reimbursement.**

A. (text unchanged)

B. Capitation Rate-Setting Methodology.

(1) — (3) (text unchanged)

(4) Except to the extent of adjustments required by §D of this regulation or by Regulations .19-1 — .19-4 of this chapter, the Department shall make payments monthly at the rates specified in the following tables:

[(a)] — [(c)] (proposed for repeal)

(a) Rate Table for Families and Children.

Effective January 1, 2010 — December 31, 2010

	Age	Gender	PMPM Baltimore City	PMPM Allegany, Frederick, Garrett, Montgomery, Prince George's and Washington Counties	PMPM Rest Of State
	Under age 1 Birth Weight 1500 grams or less	Both	\$9,127.10	\$7,720.24	\$8,685.18
	Under age 1 Birth Weight over 1500 grams	Both	\$386.15	\$326.62	\$373.15
	1 — 5	Male	\$171.67	\$145.21	\$166.89
		Female	\$151.45	\$128.10	\$146.95
	6 — 14	Male	\$87.85	\$74.31	\$85.11
		Female	\$76.55	\$64.75	\$74.37
	15 — 20	Male	\$134.67	\$113.91	\$128.81
		Female	\$158.77	\$134.30	\$150.47
	21 — 44	Male	\$421.67	\$356.67	\$401.79
		Female	\$427.24	\$361.38	\$399.39
	45 — 64	Male	\$939.10	\$794.35	\$905.02
		Female	\$770.58	\$651.80	\$725.31
ACG—adjusted cells					
ACG 100, 200, 300, 500, 600, 1100, 1600, 2000, 2400, 3400, 5100, 5110, 5200	RAC 1	Both	\$90.92	\$75.32	\$83.93
ACG 400, 700, 900, 1000, 1200, 1300, 1710, 1711, 1712, 1800, 1900, 2100, 2200, 2300, 2800, 2900, 3000, 3100, 5310	RAC 2	Both	\$122.87	\$ 101.78	\$ 113.99
ACG 1720, 1721, 1722, 1731, 1732, 1730, 2500, 3200, 3300, 3500, 3800, 4210, 5230, 5339	RAC 3	Both	\$153.59	\$127.23	\$138.68
ACG 800, 1740, , 1741, 1742, 1750, 2700, 3600, 1750, 1751, 1752, 2700, 3600, 3700, 3900, 4000, 4100, 4220, 4310, 4410, 4510, 4610, 4710, 4720, 4810, 5340	RAC 4	Both	\$234.65	\$194.38	\$212.45
ACG 1400, 1500, 1750, 1761, 1762, 1770, 1771, 1772, 2600, 4320, 4520, 4620, 4820	RAC 5	Both	\$395.31	\$327.47	\$351.10
ACG 4330, 4420, 4830, 4910, 4920, 5010, 5020, 5040	RAC 6	Both	\$573.45	\$475.03	\$514.57
ACG 4430, 4730, 4930, 5030, 5050	RAC 7	Both	\$901.87	\$747.09	\$808.97
ACG 4940, 5060	RAC 8	Both	\$1,172.23	\$ 971.05	\$1,041.65
ACG 5070	RAC 9	Both	\$2,206.14	\$1,827.52	\$1,962.03
SOBRA Mothers			\$678.58	\$573.98	\$652.65
Persons with HIV	ALL	Both	\$667.95	\$667.95	\$667.95

(b) Rate Table for Disabled Individuals.

Effective January 1, 2010 — December 31, 2010

	Age	Gender	PMPM Baltimore City	PMPM Allegany, Frederick, Garrett, Montgomery, Prince George's and Washington Counties	PMPM Rest Of State
	Under Age 1	Both	\$3,208.86	\$3,208.86	\$3,208.86
	1 — 5	Male	\$862.42	\$ 862.42	\$862.42
		Female	\$1,014.49	\$1,014.49	\$1,014.49
	6 — 14	Male	\$218.65	\$218.65	\$218.65
		Female	\$239.77	\$239.77	\$239.77
	15 — 20	Male	\$173.38	\$173.38	\$173.38
		Female	\$212.97	\$212.97	\$212.97
	21 — 44	Male	\$1,215.18	\$1,027.87	\$1,098.12
		Female	\$1,176.96	\$995.54	\$1,078.37
	45 — 64	Male	\$1,962.91	\$1,660.34	\$1,736.58
		Female	\$1,828.10	\$1,546.31	\$1,658.50
<i>ACG—adjusted cells</i>					
ACG 100, 200, 300, 1100, 1300, 1400, 1500, 1600, 1710, 1711, 1712, 1720, 1721, 1722, 1730, 1731, 1732, 1900, 2400, 2600, 2900, 3400, 5100, 5110, 5200, 5310	RAC 10	Both	\$283.64	\$234.96	\$257.61
ACG 400, 500, 700, 900, 1000, 1200, 1740, 1741, 1742, 1750, 1751, 1752 1800, 2000, 2100, 2200, 2300, 2500, 2700, 2800, 3000, 3100, 3200, 3300, 3500, 3900, 4000, 4310, 5330	RAC 11	Both	\$368.88	\$305.57	\$327.21
ACG 600, 1760, 1761, 1762, 3600, 3700, 4100, 4320, 4410, 4710, 4810, 4820	RAC 12	Both	\$664.59	\$550.94	\$579.73
ACG 3800, 4210, 4220, 4330, 4420, 4720, 4910, 5320	RAC13	Both	\$718.77	\$595.42	\$619.35
ACG 800, 4430, 4510, 4610, 5040, 5340	RAC14	Both	\$1,005.48	\$832.92	\$863.15
ACG 1770, 1771, 1772, 4520, 4620, 4830, 4920, 5050	RAC15	Both	\$1,247.57	\$1,033.46	\$ 1,071.77
ACG 4730, 4930, 5010	RAC16	Both	\$1,330.85	\$1,102.45	\$1,134.76
ACG 4940, 5020, 5060	RAC17	Both	\$2,056.33	\$1,703.42	\$1,776.82
ACG 5030, 5070	RAC 18	Both	\$2,957.11	\$2,449.61	\$2,528.72
Persons with AIDS	All	Both	\$3,040.59	\$2,168.62	\$2,168.62
Persons with HIV	All	Both	\$1,675.33	\$1,675.33	\$1,675.33

(c) Rate Table for Supplemental Payment for Delivery/Newborn.

Effective January 1, 2010 — December 31, 2010

Supplemental Payment Cells	Age/RAC	Gender	Baltimore City	Mont, PG Counties	Rest of State
Supplemental Payment Cells					
Delivery/Newborn — all births except live birth weight 1,500 grams or less	All	Both	\$12,714.08	\$10,256.70	\$11,069.25
Delivery/Newborn — live birth weight 1,500 grams or less	All	Both	\$80,277.38	\$72,979.43	\$72,979.43

(d) — (g) (text unchanged)

(5) (text unchanged)

C. (text unchanged)

D. Interim Rates Adjustments.

(1) — (6) (text unchanged)

[(7)] — [(8)] (proposed for repeal)

**.19-3 MCO Statewide [and] Rural Enrollment Supplemental Payments.**

A. Eligibility for Statewide Rural Enrollment Supplemental Payment.

(1) On the payment dates specified in [§A(2)] §B(2) of this regulation, the Department shall make a Statewide *rural enrollment* supplemental payment to any MCO that has been approved for participation and has decided to operate without restricted enrollment in all local access areas within the following number of State jurisdictions:

(a) — (c) (text unchanged)

(2) (text unchanged)

[(3)] Amount of Statewide Supplemental Payments.

(a) The June 2009 payment to a qualifying MCO will equal the total number of that MCO's enrollees paid for in May 2009 prospectively for that MCO's June 2009 enrollment, multiplied by \$2.45 per enrollee.

(b) The December 2009 payment to a qualifying MCO will equal the total number of that MCO's enrollees paid for in November 2009 prospectively for that MCO's December 2009 enrollment, multiplied by \$2.45 per enrollee.]

B. Statewide Supplemental Payment for Rural Enrollment.

(1) [In addition to the Statewide supplemental payment authorized by §A of this regulation, the] *The* Department shall make a supplemental payment or payments reflecting the number of an MCO's enrollees living in one of the counties specified in [§B(4)] §B(3) of this regulation.

[(2)] To qualify for a supplemental payment for rural enrollment, an MCO shall qualify, for the same time period as specified in §A(2) of this regulation, for a Statewide supplemental payment pursuant to §A of this regulation.]

[(3)] (2) Amount of *Statewide Rural Enrollment Supplemental Payment*.

(a) For the June [2009] 2010 payments to MCOs meeting the requirements specified in §A of this regulation from January 1 through June 30, [2009] 2010, the Department shall pay [an amount equal to] \$2,500,000 divided by the total number of [that MCO's] *HealthChoice* enrollees in counties specified in [§B(4)] §B(3) of this regulation and paid for in May [2009] 2010 prospectively for that MCO's June [2009] 2010 enrollment, multiplied by [\$20.95 per enrollee] *the number of that MCO's enrollees in those counties*.

(b) For the December [2009] 2010 payments to MCOs meeting the requirements specified in §A of this regulation from July 1 through December 31, [2009] 2010, the Department shall pay [each qualifying MCO an amount equal to] \$2,500,000 divided by the total number of [that MCO's] *HealthChoice* enrollees in counties specified in [§B(4)] §B(3) of this regulation and paid for in November [2009] 2010 prospectively for that MCO's December [2009] 2010 enrollment, multiplied by [\$20.95 per enrollee] *the number of that MCO's enrollees in those counties*.

[(4)] (3) (text unchanged)

C. (text unchanged)

**10.09.76 Primary Adult Care Program**

Authority: Health-General Article, §15-101 and 15-103,  
Annotated Code of Maryland

**.12 Fee-for-Service (FFS) Benefits.**

A. (text unchanged)

B. FFS Specialty Mental Health Services and Specialty Mental Health Pharmacy Benefits.

(1) (text unchanged)

(2) For PAC enrollees, the following outpatient services are Medicaid reimbursable on a fee-for-service basis:

(a) — (d) (text unchanged)

(e) Pharmacy services listed in the specialty mental health system formulary, under COMAR 10.09.03 and COMAR 10.09.70.02, except for the drugs listed under COMAR 10.09.67.04D(4), which the MCO is required to provide when medically indicated and within the scope of services defined in Regulations .09 and .10 of this chapter; [and]

(f) Related medical laboratory services, under COMAR 10.09.09; and

(g) Effective September 1, 2009, mental health targeted case management services as described in COMAR 10.09.45, 10.09.76.14 (1/25/10)

**.14 Payments.**

A. MCO Capitation. The Department shall pay an MCO a fixed monthly capitation rate for each of its PAC enrollees, at the rates specified in the following table effective January 1, 2010:

[(1)] April 1, 2009 through June 30, 2009]

	Per Month Per Member	
Age 19 — 44 Male	[\$78.99]	\$136.08
Age 19 — 44 Female	[\$100.89]	\$164.81
Age 45+ Male	[\$148.41]	\$201.40
Age 45+ Female	[\$195.26]	\$240.02

[(2)] (proposed for repeal)

B. — F. (text unchanged)

JOHN M. COLMERS  
Secretary of Health and Mental Hygiene

**Title 11  
DEPARTMENT OF  
TRANSPORTATION**

**Subtitle 19 MOTOR VEHICLE  
ADMINISTRATION — SCHOOL VEHICLES**

**Notice of Proposed Action**

[10-117-P]

The Administrator of the Motor Vehicle Administration proposes to amend:

(1) Regulations .01-1 — .08, .10 — .14, .16, .17, .18, .20, .21, .23, .25, .27 — .34, .35, .37 — .39, and .41 and adopt new Regulation .42 under COMAR 11.19.02 **Type I School Vehicles — Construction Standards;**

(2) Regulations .02 — .05, .07, .08, .10, .11, .14 — .17, .19 — .21, .24, .26, .28 — .34, .38, and .40 and repeal Regulation .27 under COMAR 11.19.03 **Type II School Vehicles — Construction Standards;** and