

**MEDICAID ADVISORY COMMITTEE MONTHLY REPORT
(EXTERNAL)
January 28, 2013**

COMAR	Title	PURPOSE	AELR DATE	DATE of 1st Printing in MD REG	Comments	DATE of FINAL MD. REG.	APPROVED
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	10/9/12	11/16/12	Responding to comments		

**MEDICAID ADVISORY COMMITTEE MONTHLY REPORT
(EXTERNAL)
January 28, 2013**

COMAR	Title	PURPOSE	AELR DATE	DATE of 1st Printing in MD REG	Comments	DATE of FINAL MD. REG.	APPROVED
		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.					
10.09.10 (.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	Final Action going through sign-off		
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	Final Action going through sign-off		
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	11/5/12	12/14/12			

**MEDICAID ADVISORY COMMITTEE MONTHLY REPORT
(EXTERNAL)
January 28, 2013**

COMAR	Title	PURPOSE	AELR DATE	DATE of 1st Printing in MD REG	Comments	DATE of FINAL MD. REG.	APPROVED
		regulations also raise Medicaid reimbursement rates for those hospitals.					
10.09.10 (.04, .07, .08-.11, .16-.18, .24, and .25)	Nursing Facility Services	<ol style="list-style-type: none"> 1. Eliminate a 1.623 percent reduction in net Medicaid payments in the Administrative/Routine, Patient Care, and Capital cost centers. 2. Calculate the Administrative/Routine and Other Patient Care rates based upon separate calculations for Baltimore City and a new Baltimore Metropolitan region. 3. Set the net capital value rental rate for providers in Baltimore City at 9.42 percent. 4. Establish a new procedure in the Nursing Service cost center, Intensive Tracheotomy Care. 5. Eliminate payment for Communicable Disease Care as a separate nursing service. 6. Eliminate payment to nursing facilities to reserve beds for residents during periods of acute hospitalization. 7. Extend the ceiling of 114 percent in the Administrative/Routine cost center to June 30, 2013. 8. Extend the efficiency 	12/03/12	01/11/13			

**MEDICAID ADVISORY COMMITTEE MONTHLY REPORT
(EXTERNAL)
January 28, 2013**

COMAR	Title	PURPOSE	AELR DATE	DATE of 1st Printing in MD REG	Comments	DATE of FINAL MD. REG.	APPROVED
		<p>allowance of 40 percent in the Administrative/Routine cost center to June 30, 2013.</p> <p>9. Extend the net capital value rental rate of 7.57 percent to June 30, 2013 for providers other than those located in Baltimore City.</p> <p>10. Extend the ceiling for nursing profit of 3 percent of the maximum nursing rate to June 30, 2013.</p> <p>11. 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, 2013.</p> <p>12. Allow the Other Patient Care ceilings to increase from 118% to 120% of median per diem costs.</p> <p>13. Allow the occupancy standard used to establish per diem costs in the Administrative/Routine, Other Patient Care and Capital cost centers to revert from the average statewide occupancy plus 2% to the average plus 1.5%.</p>					
10.09.65 (.19)	Maryland Medicaid Managed Care	The purpose of this action is to implement the CY 2013 MCO's	12/14/12	01/25/13 Projected			

**MEDICAID ADVISORY COMMITTEE MONTHLY REPORT
(EXTERNAL)
January 28, 2013**

COMAR	Title	PURPOSE	AELR DATE	DATE of 1st Printing in MD REG	Comments	DATE of FINAL MD. REG.	APPROVED
10.09.76 (.14)	Program: Managed Care Organizations Primary Adult Care Program	HealthChoice and PAC capitation rates effective January 1, 2013; and to encourage MCOs to participate in the PAC Program in Baltimore City by including a supplement payment for eligible MCOs for calendar year 2013.					
10.01.04 (.01 and .02)	Fair Hearing Appeals under the Medical Assistance Program	The purpose of this proposal is to amend fair hearing regulations to: 1) Provide a less restrictive definition of for the appellant's legal counsel who serves as an authorized representative; and 2) Clarify that an opportunity for a fair hearing shall be granted if any part of an application is not acted upon in a timely manner.	12/14/12	01/25/13 Projected			
10.09.54 (new 14-1, and .30-1, and to amend .33)	Home/Community Based Services Waiver for Older Adults	The purpose of this proposal is to adopt new regulations for Case Management Services to be consistent with provisions of the waiver approved by Centers for Medicare and Medicaid Services and to update rates, including a rate increase for Case Management Services for Fiscal Year 2013.	12/14/12	01/25/13 Projected			
10.9.55 (.26-3 and .29)	Living at Home Waiver Program	The purpose of this proposal is to remove provisions relating to documentation requirements that are not applicable to Living at Home Waiver case management providers and modify language for rate changes to incorporate a rate increase for case management providers.	12/14/12	01/25/13 Projected			

**MEDICAID ADVISORY COMMITTEE MONTHLY REPORT
(EXTERNAL)
January 28, 2013**