



STATE OF MARYLAND

DHMH

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**Nursing Home Transmittals No. 228****July 14, 2010**

TO: Nursing Home Administrators
Susan J. Tucker

FROM: Susan J. Tucker, Executive Director
 Office of Health Services

RE: Fiscal Year 2011 Interim Rates

NOTE: **Please ensure that the appropriate staff members in your Organizations are informed of the content of this transmittal.**

Enclosed are Fiscal Year 2011 interim rates for your facility which will become effective with payments for services provided on July 1, 2010. Interim rate calculations continue to be based upon cost report data submitted for providers' fiscal year 2007, indexed forward to December 2008; rates are not rebased with more recent cost reports. (Providers' interim rate changes since that period, as approved by Myers and Stauffer LC, are reflected in the rates.)

The Medicaid Nursing Home Program is revising providers' rates effective July 1, 2010 in order to increase reimbursement by an average of 2 percent. Payments in the Administrative/Routine, Other Patient Care, and Capital cost centers will be reduced by 4.158 percent instead of the previous 7.796 percent. The Department is amending COMAR 10.09.10 to reflect this change.

Capital reimbursement is based partially on the debt and lease information furnished to Myers and Stauffer LC. Any significant changes in the provider's capital status (e.g., exercise of lease option to purchase) should be reported to Myers and Stauffer LC immediately.

Please check the provider number at the top of the enclosed rate letter to ensure that you have received the correct data. A copy of these rates should be furnished to your accountant or bookkeeper for setting up your accounts.

Quality Assessments

In accordance with HB 151/SB 141, quality assessments have been increased. The per diem assessment for most facilities is \$14.01 per day. For the five providers with greater than



58,000 Medicaid days the assessment is \$4.40 per day. The projected reimbursable amount for the increased assessments has been accounted for in the interim payment in the Capital cost center.

Continuing Care Retirement Communities, facilities with fewer than 45 beds, and out-of-State providers are not subject to quality assessments.

Patient Personal Needs Allowance

The personal needs allowance for Medicaid nursing home recipients will remain at \$71 per month for individuals and \$142 per month for couples.

Providers Electing Statewide Average Payment

For those providers with less than 1,000 days of care to Maryland Medicaid recipients, that elected not to submit a cost report and accept as payment the statewide average Medicaid nursing home payment for each day of care during Fiscal Year 2011 (COMAR 10.09.10.13N), the payment rate is \$222.02

Any questions regarding this transmittal or the rates on the enclosed rate letter should be directed to the Nursing Home Section of the Division of Long Term Care Services at 410-767-1736.

Enclosure

SJT/seh

cc: Nursing Home Liaison Committee