

OVERVIEW OF 2012 REPORTS DUE FROM MARYLAND MEDICAID PROGRAM

Source	Description	Due Date
<b>Budget Language</b>		
JCR, p. 67	Report on implementation of three FY13 cost-containment initiatives for which specifics have not been finalized: (1) altering the funding of uncompensated care; (2) allowing outpatient price tiering; and (3) limiting expenditures on medically-needy care	Sept. 15
JCR, p. 71	Report on how DHMH intends to use Statewide Rural Enrollment Supplemental Payments in CY 13	Oct. 15
JCR, p. 68	Report on specific impact that any proposed FY12 & FY13 budget actions has, or will have, on the waiver cushion or HSCRC-approved hospital financial targets, and the cumulative impact that the hospital Medicaid budget funding assessment has had on the waiver cushion or HSCRC-approved hospital financial targets (joint w/ HSCRC)	Dec. 1
JCR, p. 78	Report on (1) a summary of the literature on psychotropic medication utilization rates among children; (2) psychotropic medication utilization rates among children in Maryland Medicaid program & MCHP; (3) any Maryland-specific data on psychotropic medication utilization rates among children covered by commercial insurance; and (4) psychotropic medication utilization rates among children in foster care, kinship care & those in the custody of DJS. The extent possible, data shall cover a three-year period and be broken down by age, gender, ethnicity & residential jurisdiction.	Dec. 1
JCR, p. 22	Report updating a preliminary analysis by DHMH/Hilltop Institute of the Basic Health Plan option in Maryland (joint w/ MHBE)	Dec. 1
JCR, p. 74	Report estimating the value of tax-exempt status of not-for-profit nursing homes (in terms of exemptions from federal, State & local taxes) relative to the value of community benefits provided	Jan. 1
JCR, p. 69	Submit summary of chronic health home proposal	When SPA is submitted
<b>Legislation</b>		
HB 443	Report by Md. Health Benefit Exchange (including cost-benefit analysis) on establishment of requirements for continuity of care in the State's health insurance markets, including Medicaid, MCHP and health plans offered in the individual & small group markets both inside and outside the Md. Health Benefit Exchange (joint w/ DHMH & MIA)	Dec. 1
SB 781/ HB 1149	Report on (1) current literature & evidence on different types of telemedicine, and other payers' and other State Medicaid agencies' telemedicine policies & procedures; (2) evidence regarding the appropriate used of telemedicine in delivering mental health services; and (3) which types of patients would be suitable for which types of telemedicine, including a fiscal analysis that estimates the potential effect of Medicaid coverage of telemedicine on utilization, price, substitution & effects on other services. Report shall include recommendations on provision of telemedicine for Medicaid population, including any cost-neutral coverage that can be implemented in FY13 and any recommended coverage that would require additional funding to implement in FY14	Dec. 1
SB 230	Report on (1) the amount of money disbursed to Medicaid by the Provider Rate Stabilization Fund; (2) the amount of increase in fee-for-service health care provider rates; and (3) the amount of increase in capitation payments to MCOs. This report has previously been submitted by MIA.	Mar. 15

