## NMAC Transmittal Form



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Your Access to Public Information 351.17 Volume: XXIX Number of pages: (ALD Use Only) Issue: 24 **Publication date:** 13 12/27/2018 Sequence No. Agency DFA code: Issuing agency name and address: 630 HSD - Medical Assistance Division E-mail address: Contact person's name: Phone number: Tabitha Mondragon 505-827-3171 tabitha.mondragon@state.nm.us (ALD Use Only) Type of rule action: Most recent filing date: Amendment Repeal **Emergency** Renumber New 12/14/2017 Title number: Title name: 8 Social Services Chapter number: Chapter name: Hospital Services 311 Part number: Part name: 3 Methods and Standards for Establishing Payment - Inpatient Hospital Services Amendment's NMAC citation (If filing an amendment): Amendment description (If filing an amendment): Section 10, 12, 13 and 14 of 8.311.3 NMAC Amended (4) Sections Are there any materials incorporated by reference? Please list attachments or Internet sites if applicable. **Public domain** If materials are attached, has copyright permission been received? **Concise Explanatory Statement For Rulemaking Adoption:** Specific statutory or other authority authorizing rulemaking: Section 9-8-6 NMSA 1978 42 CFR 412 Notice date(s): Hearing date(s): Rule adoption date: Rule effective date: 12/12/2018 1/1/2019 8/14/2018 9/13/2018

### Findings required for rulemaking adoption:

#### Findings MUST include:

- Reasons for adopting rule, including any findings otherwise required by law of the agency, and a summary of any independent analysis done by the agency;
- Reasons for any change between the published proposed rule and the final rule; and
- Reasons for not accepting substantive arguments made through public comment.

Rule was updated to change the definition of a hospital outlier claim for the state teaching hospital.

Rule was also changed to comply with 42 CFR 433.312. Language was added to state that the Department has one year from the date of discovery of an overpayment to a provider to recover or seek the overpayment before the federal share must be refunded to

#### Continued on next page

# Findings required for rulemaking adoption: continued



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Rule was updated to expand eligibility for Indirect Medical Education (IME) payments to additional hospitals in the state roster if they have ACGME-accredited programs.

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Rule added language that a notification will be provided every ye If there is an increase, the notification will specify when a market increase that will be applied.	ar regarding the computation basket index (MBI) inflation	of hospital prospe factor is applied	ective payment rates. and the percentage
HSD made changes to proposed rule 8.311.3 as recommended by	the comments received.		
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Issuing authority (If delegated, authority letter must be on file v Name:	vith ALD):	Check if author	ity has been delegated
Brent Earnest			
Title:			
Secretary			
Signature: (BLACK ink only)			Date signed:
			12/13/13