

CMS Regulations update 12/05/08

Title	CMS File Code	Fed. Reg. Date & Comment Due Date	Docket ID	Document ID:	Actions	Brief Summary of Proposed rule
<p>Final Rule: Medicaid Program; Premiums and Cost Sharing.</p> <p>PDF Federal Register 11 25 08</p>	CMS-2244-F	<p>11/25/08</p> <hr/> <p>Effective 60 days after publication: 1/26/09</p>		<p>Georgetown report on Cost Sharing</p> <p>New Medicaid Rules Allow States to Set Premiums and Higher Co-Payments - NYTimes.com</p>	<p>TTAG comments to the proposed rule, 3/24/08</p> <p>See: Summary of Medicaid Cost Sharing_CMS response document.</p>	<p>This final regulation implements sections 6041 - 6043 of the DRA and section 405(a) of the Tax Relief and Health Care Act (TRHC) of 2006, which provides State Medicaid Agencies with increases flexibility to implement premium and cost sharing requirements for certain Medicaid recipients.</p>
<p>Final rule with comment period: Medicare Program; Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2009; E-Prescribing Exemption for Computer-Generated Facsimile Transmissions; and Payment for Certain Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS). NOTE: this document has 513 pages.</p> <p>PDF CMS Fact Sheet CMS item detail</p>	CMS-1403-FC	<p>11/19/08</p> <hr/> <p>Comments Due: 12/29/08</p> <p>Effective date: 1/1/09</p>	CMS-2008-0073	CMS-2008-0073-1152	<p>NIHB believes that it is unnecessary to comment on this annual update to fee schedules.</p>	<p>This final rule implements changes to the physician fee schedule and other Medicare Part B payment policies to ensure that CMS's payment systems are updated to reflect changes in medical practice and the relative value of services. It also finalizes the calendar year (CY) 2008 interim relative value units (RVUs) and issues interim RVUs for new and revised codes for CY 2009. In addition, as required by the statute, it announces that the physician fee schedule update is 1.1 percent for CY 2009</p>
<p>Final Rule: Medicaid Program; State Flexibility for Medicaid Benefit Packages; Final Rule.</p> <p>PDF CMS Press Release</p>	CMS-2232-F	<p>12/3/08</p> <hr/> <p>Effective Date: 2/2/09</p>		CMS_FRDOC_0001-0196	<p>NIHB is in the process of analyzing this rule.</p> <p>TTAG comments on proposed rule 3/24/08</p>	<p>.Rule will implement provisions of section 6044 of the Deficit Reduction Act of 2005, which amends the Social Security Act by adding a new section 1937 related to the coverage of medical assistance under approved State plans. It also provides States increased flexibility under an approved State plan to define the scope of covered medical assistance by offering coverage of <u>benchmark or benchmark-equivalent benefit packages</u> to certain Medicaid recipients.</p>

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<p><u>Moratorium on CMS Regs:</u></p> <p>Public Law 110-252: Signed into law 6/30/08. TITLE VII Sec. 7001, Extended Moratoria on six CMS regulations until April 1, 2009.</p> <p>PL 110-252 PDF</p>						<p>The six regulations under moratorium:</p> <p>1.School-Based Services 72 Fed. Reg. 73635 (Dec. 28, 2007) PDF</p> <p>2.Rehabilitation Services 72 Fed. Reg. 45201 (Aug. 13, 2007) PDF</p> <p>3. Targeted Case management 72 Fed. Reg. 68077 (Dec. 4, 2007) PDF</p> <p>4. Hospital Costs Limits 72 Fed. Reg. 29748 (May 29, 2007) PDF</p> <p>5. Graduate Medical Education 72 Fed. Reg. 28930 (May 23, 2007) PDF</p> <p>6. Provider Tax 73 Fed. Reg. 9685 (Feb, 22, 2008) PDF</p>