

MARYLAND REGISTER

Emergency Action on Regulations

TO BE COMPLETED BY AELR COMMITTEE	EMERGENCY Transmittal Sheet	TO BE COMPLETED BY DSD
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11/20/2015		
Emergency Status Approved		Document Number
_ -Yes _ -No		
Emergency Status Begins On		Date of Publication in MD Register
Emergency Status Ends On		
Name of AELR Committee Counsel		

1. COMAR Codification

Title Subtitle Chapter Regulation
 10 37 10 03 and .03-1

2. Name of Promulgating Authority

Health Services Cost Review Commission

3. Name of Regulations Coordinator Telephone Number
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Date

November 18, 2015

Title 10
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Subtitle 37 HEALTH SERVICES COST REVIEW COMMISSION

10.37.10 Rate Application and Approval Procedures

Authority: Health-General Article, Sections 19-207, 19-219 and 19-222, Annotated Code of Maryland.

Notice of Emergency Action

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The Joint Committee on Administrative, Executive, and Legislative Review has granted emergency status to amend Regulation .03 and .03-1 under COMAR 10.37.10 Rate Application and Approval Procedures.

Emergency status began:

Emergency status expires:

Comparison to Federal Standards

There is no corresponding federal standard to this emergency action.

Estimate of Economic Impact

I. Summary of Economic Impact.

Hospitals will not be able to file fully rate applications during the moratorium and the public and third party payers will not be paying higher rates associated with full rate applications during the moratorium.

II. Types of Economic Impact.

Revenue (R+/R-)

Expenditure (E+/E-)

Magnitude

- A. On issuing agency: NONE
- B. On other State agencies: NONE
- C. On local governments: NONE

	Benefit (+) Cost (-)	Magnitude
D. On regulated industries or trade groups:	NONE	
(1) Regulated industries or trade groups	(-)	Minimal
E. On other industries or trade groups:	NONE	
(2) Other Industries	(+)	Minimal
F. Direct and indirect effects on public:	NONE	
(3) Public	(+)	Minimal

III. Assumptions. (Identified by Impact Letter and Number from Section II.)

D(1). This assumption is based on the belief that although hospitals will not be able to file full rate applications during the moratorium, they have other administrative remedies and opportunities available for obtaining rate relief during the moratorium. Also, it is expected that approval of rate efficiency standards will be forthcoming on or about July 1, 2016.

E(2). This assumption is based on the belief that third party payers will not be paying higher rates associated with a full rate application during the moratorium. However, the filing of full rate applictaions has become the exception, and the moratorium period will last only until new rate efficiency standards are approved, expected to be on or about July 1, 2016.

F(3). This assumption is based on the belief that the public will not be paying higher rates associated with a full rate application during the moratorium. However, the filing of full rate applications has become the exception, and the moratorium period will last only until new rate efficiency standards are approved, expected to be on or about July 1, 2016.

Economic Impact on Small Businesses

The emergency action has minimal or no economic impact on small businesses.

Economic Impact Statement Part C

- A. Fiscal Year in which regulations will become effective: FY 2016

B. Does the budget for the fiscal year in which regulations become effective contain funds to implement the regulations?

Yes

C. If 'yes', state whether general, special (exact name), or federal funds will be used:

100% Special Funds - Hospital Assessments

D. If 'no', identify the source(s) of funds necessary for implementation of these regulations:

E. If these regulations have no economic impact under Part A, indicate reason briefly:

F. If these regulations have minimal or no economic impact on small businesses under Part B, indicate the reason and attach small business worksheet.

G. Response to small business worksheet:

Attached Document:

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10.37.10 Rate Application and Approval Procedures

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.03 Regular Rate Applications.

A. A hospital may not file a regular rate application with the Commission until [November 1, 2008, or until an earlier date as designated by the Commission] *rate efficiency measures are adopted by the Commission which are consistent with the all-payer model contract approved by the Centers for Medicare & Medicaid Services (CMS)*. During this interim period of time, a hospital may seek a rate adjustment under any other administrative remedy available to it under existing Commission, law, regulation, or policy. [As of November 1, 2008 or as of the earlier date if so designated by the Commission,] *The rate efficiency measures shall be adopted by the Commission on or about*

July 1, 2016. In no event shall the moratorium continue in effect beyond September 30, 2016. Once the moratorium is lifted, a hospital may file a regular rate application with the Commission at any time if:

(1) – (2) (text unchanged)

B. – D. (text unchanged)

.03-1 Partial Rate Applications.

A. (text unchanged)

B. A hospital may file a partial rate application with the Commission at any time, consistent with the provisions of Regulation .03A of this chapter. [The moratorium provisions associated with Regulation .03A apply only to partial rate applications associated with a capital project.] A partial rate application is not a contested case under the provisions of the Administrative Procedure Act.

C. – D. (text unchanged)

JOHN M. COLMERS

Chairman

Health Services Cost Review Commission