

Title 10 DEPARTMENT OF HEALTH AND MENTAL HYGIENE**Subtitle 37 HEALTH SERVICES COST REVIEW COMMISSION****Chapter 11 Rules of Procedure: Related Institutions****Authority: Health-General Article, § 19-219,
Annotated Code of Maryland****.01 Definitions.**

“Commission” means the Health Services Cost Review Commission created by Chapter 627, § 1, 1971 Laws of Maryland, and Health-General Article, § 19-202, Annotated Code of Maryland.

.02 Report of Current and Prospective Charges.

A. All related institutions shall immediately submit to the Commission a list of their current charges to patients.

B. All related institutions shall immediately submit to the Commission their current interim Medicaid per diem rate, if any, and any supplementary charges to Medicaid patients. All changes shall be reported promptly to the Commission until the institution’s Medicaid per diem rate is approved by the Commission. Final per diem rates shall be filed with the Commission during regular business hours.

C. All information filed pursuant to §§ A and B, above, shall be open to public inspection and shall be available for examination at the offices of the Commission during regular business hours.

D. Increases in the charges to be applied to non-Medicaid patients to be admitted to the related institution shall be submitted to the Commission at least 30 days before their implementation. All information filed pursuant to this section shall be open to public inspection and shall be available for examination at the offices of the Commission during regular business hours.

E. Beginning with the second year of the Commission rate-approval for Medicaid, increases in the charges to be applied to patients who have already been admitted to a related institution may not exceed the allowed percentage increase of Medicaid rates in that institution without Commission approval.

F. Before the second year of Commission rate-approval for Medicaid, the rate of increase by related institutions may not exceed the Commission approved general inflation increase for Medicaid patients without Commission approval. The approved inflation increase in the Medicaid rate shall accumulate and may be adjusted by the Commission for cost changes unique to an individual related institution.

10.37.11.02

G. Patients Once Admitted.

(1) All charges to patients who have once been admitted to a related institution are subject to §§ E and F, above.

(2) Patients “once admitted” include:

(a) Patients going from a related institution to a hospital and back to the related institution;

(b) Patients leaving a related institution temporarily on a physician approved leave and then returning to the related institution;

(c) Anyone readmitted to the same institution within a 2-week time period.;

H. Patients who are for valid medical reasons transferred to a different level of care within a related institution may not be charged prospectively more than that which they could be charged if originally admitted to that new level.

I. Sections E-H shall be effective only if Medicaid is paying Commission-approved rates in any related institution.