



STATE OF MARYLAND
DHMH

Office of Health Services
Medical Care Programs

Maryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201
Parris N. Glendening, Governor - Georges C. Benjamin, M.D., Secretary

**MARYLAND MEDICAL ASSISTANCE PROGRAM
STEPS TRANSMITTAL No. 9**

STEPS Providers

FROM:

Susan J. Tucker
Susan J. Tucker, Executive Director
Office of Health Services

NOTE:

Please ensure that appropriate staff members in your organizations are informed of the contents of this transmittal.

Proposed Amendments to COMAR 10.09.30-Statewide Evaluation and Planning Services (STEPS)

ACTION:

Emergency Regulations
Proposed Regulations

EFFECTIVE DATE:

July 1, 2001

WRITTEN COMMENTS TO:

Michele Phinney, Room 521
201 West Preston Street
Baltimore, MD 21201
Phone: 410-767-6499 Fax: 410-333-7687

PROGRAM CONTACT PERSON:

Bernadette Green Fleming
Division of Long Term Care Services
410-767-6767

COMMENT PERIOD EXPIRES: August 27, 2001

The Secretary of Health and Mental Hygiene proposes to amend Regulations .05 and .06 under COMAR 10.09.30 Statewide Evaluation and Planning Services (STEPS).

Under these amendments regulation .05 Limitations will be consistent with existing policies and practices, the payment for one comprehensive evaluation and multidisciplinary assessment will increase to \$355 and payment of \$50 for the completion of the Medical Eligibility Review Form -DHMH 3871 will be added.

The proposed amendments were published in the Maryland Register Vol. 28, Issue 15 Friday, July 27, 2001 are attached to this transmittal.

Attachment

SJT/pw

Annotated Code of Maryland] All monies remaining from the dedicated Plan account from the prior year activity;

(3) — (5) (text unchanged)

B. The designated carrier shall use the monies on deposit in the dedicated Plan account solely for the following purposes:

(1) [Except for the premium payments described in §A(4) of this regulation, all monies specified in §A of this regulation may be used only for the payment of claims as described in Regulation .04D(1) of this chapter; and

(2) The monies representing premium payments received by the designated carrier and deposited into the dedicated Plan account pursuant to §A(4) of this regulation may be used only for the following purposes

(a) Reimbursement of administrative costs that are reasonable in amount and directly related to the designated carrier's operation of the Plan[]; and

[(b) (2) Payment of claims described in Regulation .04D(1) of this chapter.

C. — F. (text unchanged)

GEORGES C. BENJAMIN, M.D.
Secretary of Health and Mental Hygiene

Subtitle 09 MEDICAL CARE PROGRAMS

10.09.30 Statewide Evaluation and Planning Services

Authority: Health-General Article, §§2-104(b) and 15-105,
Annotated Code of Maryland

Notice of Proposed Action (01-239-F)

The Secretary of Health and Mental Hygiene proposes to amend Regulations .05 and .06 under COMAR 10.09.30 Statewide Evaluation and Planning Services.

Statement of Purpose

The purpose of this action is to amend the limitations in Regulation .05 to comply with current policies and practices, and to amend payment procedures in Regulation .06 to increase the fee per unit of service for one STEPS Comprehensive Evaluation and Multidisciplinary Assessment and to add a fee per unit of service for the completion of the Medical Eligibility Review form (DHMH 3871).

Comparison to Federal Standards

There is no corresponding federal standard to this proposed regulation.

Estimate of Economic Impact

I. Summary of Economic Impact. The proposed amendments to Regulation .06 will increase the payments for one completed comprehensive evaluation and multidisciplinary assessment, and provide reimbursement for completion of the Medical Eligibility Review form (DHMH 3871) for individuals assessed for the Home and Community-Based Services Waiver for Older Adults under COMAR 10.09.54 and the Home and Community-Based Services Waiver for Adults with Physical Disabilities under COMAR 10.09.55.

II. Types of Economic Impacts.

A. On issuing agency:
Maryland Medical Assistance Program

B. On other State agencies:
C. On local governments:

D. On regulated industries or trade groups:
Local health departments

E. On other industries or trade groups:
F. Direct and indirect effects on public:

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

A. and D. The proposed increase in payment for 7,826 STEPS evaluations and multidisciplinary assessments reflects a total cost of \$626,080 of which 43 percent (\$269,214) is the State share and 57 percent (\$356,866) is the federal match. The addition of payment for the completion of 700 DHMH 3871 forms for individuals assessed for the Home and Community-Based Services Waiver for Older Adults under COMAR 10.09.54 and the Home and Community-Based Services Waiver for Adults with Physical Disabilities under COMAR 10.09.55 reflects a total cost of \$35,000, of which 43 percent (\$15,050) is the State share and 57 percent (\$19,950) is the federal match.

Economic Impact on Small Businesses

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

Opportunity for Public Comment

Comments may be sent to Michele Phinney, Regulations Coordinator, Department of Health and Mental Hygiene, 201 W. Preston Street, Room 521, Baltimore, Maryland 21201, or fax to (410) 333-7687, or email to regs@dhmh.state.md.us, or call (410) 767-6499 or 1-877-3MD-DHMH, ext. 6499. These comments must be received by August 27, 2001.

.05 Limitations.

A. — C. (text unchanged)

D. STEPS services may not be reimbursed if they are:

(1) Provided as an integral and inseparable part of another covered Program service, since payment for case management is already included in payment for that service; or

[(2) Rendered in connection with the implementation of a U.S. Department of Health and Human Services §1915(b) or §1915(c) waiver; or]

[(3)] (2) (text unchanged)

[E. STEPS case management may not be provided as an administrative function necessary for the proper and efficient operation of the State's Medical Assistance plan.]

[F.] E. (text unchanged)

.06 Payment Procedures.

A. — B. (text unchanged)

C. Payments. Payments shall be made:

(1) (text unchanged)

(2) According to the following fee-for-service schedule for STEPS:

Revenue (R+R-)	Expenditures (E+E-)	Magnitude
	(E+)	\$284,264
	NONE	
	NONE	
Benefit (+)		
Cost (-)		

	(+)	Magnitude
		\$284,264
	NONE	
	NONE	

Description	Fee Per Unit of Service
(a) One completed STEPS comprehensive evaluation and multidisciplinary assessment.....	[\$275,] \$355;
(b) One completed Medical Eligibility Review form (HMH 3871) for applicants to the Home and Community-based Services Waiver for Older Adults under COMAR 09.54 and the Home and Community-Based Services Waiver for Adults with Physical Disabilities under COMAR 09.55.....	\$50;
(b) (c) — [(c)] (d) (text unchanged)	

GEORGES C. BENJAMIN, M.D.
Secretary of Health and Mental Hygiene

Subtitle 25 MARYLAND HEALTH CARE COMMISSION

0.25.04 Hospital Quality and Performance Evaluation System

Authority: Health-General Article, §§19-109(a)(1) and (7), and 19-135(e), Annotated Code of Maryland

Notice of Proposed Action
(01-251-P)

The Maryland Health Care Commission proposes to adopt new Regulations .01 — .04 under a new chapter, COMAR 0.25.04 Hospital Quality and Performance Evaluation System. This action was considered by the Commission at an open meeting held on June 21, 2001, notice of which was given through publication in the Maryland Register, under State Government Article, §10-505, Annotated Code of Maryland.

Statement of Purpose

The purpose of this action is to establish hospital reporting requirements necessary to implement Health-General Article, §19-135(e), Annotated Code of Maryland. That provision requires the Maryland Health Care Commission to develop and implement a system to comparatively evaluate the quality of care outcomes and performance measurements of hospitals on an objective basis. This chapter establishes a process for reporting by hospitals of information to be used by the Commission in the development of an annual comparative evaluation of hospitals.

Comparison to Federal Standards

There is no corresponding federal standard to this proposed regulation.

Estimate of Economic Impact

I. Summary of Economic Impact. The proposed action will impose costs on hospitals associated with reporting data to the Commission. The regulations will provide benefits to the public by enabling the Commission to publish comparative evaluations of hospital quality and performance that will provide consumers with information enabling them to make better informed decisions about available hospital services.

II. Types of Economic Impacts.	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:	(-)		Small
E. On other industries or trade groups:	NONE		
F. Direct and indirect effects on public:	(+)		Moderate

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

D. Hospitals will incur some costs associated with reporting data to the Commission. However, because the measures to be reported are drawn from existing sources, the additional cost to hospitals associated with reporting to the Commission is assumed to be relatively small.

F. The public will benefit through the availability of an annual comparative evaluation of hospital quality and performance. This will enable consumers of hospital services to make better informed choices about those services.

Economic Impact on Small Businesses

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

Opportunity for Public Comment

Comments may be sent to Barbara McLean, Interim Executive Director, Maryland Health Care Commission, 4201 Patterson Avenue, 5th Floor, Baltimore, Maryland 21215, or call (410) 764-3460, Monday through Friday, 8:30 a.m. to 4:30 p.m. These comments must be received by August 27, 2001. No public hearing has been scheduled.

Open Meeting

Action on the proposed regulations will be considered by the Commission at a public meeting to be held on September 13, 2001, at 1 p.m. at 4201 Patterson Avenue, Baltimore, Maryland 21215.

.01 Definitions.

A. In this chapter the following terms have the meanings indicated.

B. Terms Defined.

- (1) "Commission" means the Maryland Health Care Commission.
- (2) "Hospital" has the meaning stated in Health-General Article, §19-301, Annotated Code of Maryland.

.02 Hospital Evaluation — Data Collection and Reporting Requirements.

A. Beginning on July 1, 2002, and on January 1 and July 1 of each year thereafter, each hospital shall file with the Commission a report containing information on measures to be included in the Commission's comparative evaluation of Maryland hospitals.

B. Beginning on or before November 1, 2001, and on or before November 1 of each year thereafter, the Commission shall notify each hospital of the measures to be included in the report and the information to be reported to the Commission under Regulation .02A of this chapter.

C. The measures shall relate to the quality of health care services and the process through which those services are delivered. The measures shall be drawn from: