

**THE HEALTH SERVICES COST REVIEW COMMISSION  
PROCEDURES AND TEMPLATE FOR THE FILING AND DOCKETING  
OF FULL RATE REVIEW REQUESTS**

**1. Scope.**

- (a) These Procedures and Template, effective November 20, 2017, apply to any full rate review request submitted to the Health Services Cost Review Commission (“HSCRC,” or “Commission”) by a Maryland Regulated Hospital.
- (b) These Procedures and Template are intended to provide guidance and an overview to Maryland Regulated Hospitals about the process for filing a full rate review request and are not intended to supersede or override Md. Code Ann., Health-General Article Title 19, Subtitle 2, or the Commission’s regulations at COMAR 10.37.10.03.
- (c) These Procedures and Template, as prescribed by HSCRC staff, have been sent to all Chief Executive and Financial Officers of Maryland Regulated Hospitals and Designated Interested Parties and have also been published on the Commission’s website.
- (d) These Procedures and Template may change from time to time.

**2. Filing of the Request.**

- (a) Any full rate review request must be filed in the form, content, and substance set forth in the Commission’s regulations at COMAR 10.37.10, and this document.
- (b) Staff will consider a full rate review request as “filed” under Md. Code Ann., Health-General Article § 19-222 and COMAR 10.37.10.03, and will docket the request pursuant to COMAR 10.37.10.10 and Section 5 of these Procedures provided the request:
  - (i) Complies with Commission regulation COMAR 10.37.10.03B;
  - (ii) Includes a completed Application, including a summary and justification as described below; and
  - (iii) Includes a signed Certificate of Service to Interested Parties (certifying that the request has been sent to designated interested parties) in compliance with Commission regulation COMAR 10.37.10.10C.
- (c) The request shall be addressed to:

Executive Director  
Health Services Cost Review Commission  
4160 Patterson Avenue  
Baltimore, Maryland 21215

**3. Template.**

(a) *Rate Request Application.* When filing a full rate review request, a hospital’s request must follow the following general Application template as closely as possible:

IN RE: THE FULL RATE \* BEFORE THE HEALTH SERVICES  
APPLICATION OF \* COST REVIEW COMMISSION  
[HOSPITAL NAME, \* DOCKET:  
HOSPITAL CITY/COUNTY]. \* FOLIO:  
\* PROCEEDING:

\* \* \* \* \*

**FULL RATE APPLICATION OF**  
**[HOSPITAL NAME]**

**SUMMARY OF THE RATE AND REVENUE REQUEST**

[This section shall represent an executive summary and overview of the request. This section could be in either a bullet, chart or paragraph format. Information in this section should include, but is not limited to: (1) a list of services for which new rates and revenue are being requested; (2) current and requested volumes, costs, revenue, and rates; (3) how the Hospital arrived at the requested volumes; (4) a summary of the Hospital’s assessment of potentially avoidable and unnecessary utilization (PAUs) and how PAUs were taken into account in arriving at the requested volumes; (5) the effective date of the request; and (6) special issues or current events affecting the Hospital and necessitating the full rate application.]

**JUSTIFICATION FOR RATE AND REVENUE REQUEST**

[In this section, the Hospital shall discuss the overall need for the adjustments and clearly explain to the Commission the basis for making the request. If appropriate, this section should be organized by headings and subheadings, and cite to the supporting documents to justify the request.]

Respectfully submitted,

\_\_\_\_\_  
[Name of Hospital Executive  
Title  
Hospital Name, Address]

\_\_\_\_\_  
Date

(b) *Attachments.* When submitting a rate review request, the Hospital must include all of the supporting documents and information described in COMAR 10.37.10.03B, in the form of Attachments, with each required item listed in the regulation as a separate Attachment. The Hospital should also provide a List of Attachments. Electronic attachments should be submitted on an enclosed flash drive, with the file name clearly labeled as the appropriate Attachment. A courtesy copy of all electronic attachments may be submitted by email to [dennis.phelps@maryland.gov](mailto:dennis.phelps@maryland.gov). An example of an Attachment List is:

IN RE: THE FULL RATE \* BEFORE THE HEALTH SERVICES  
APPLICATION OF \* COST REVIEW COMMISSION  
[HOSPITAL NAME, \* DOCKET:  
HOSPITAL CITY/COUNTY]. \* FOLIO:  
\* PROCEEDING:

\* \* \* \* \*

**LIST OF ATTACHMENTS**

- 1. Annual Report of Revenues, Expenses, and Volumes projected and explained for [YEAR – YEAR]. (NN pages)
- 2. Audited financial statements for [YEAR – YEAR]; unaudited financial statements for [period since last audit – submission of application]. (NN pages)
- 3. Listed and summarized balance sheets, statements of operations and changes in net assets, and statements of cash flows for [YEAR – YEAR]. (Excel file [“HospitalA-Attachment3.xls”] in enclosed flash drive)
- 4. [etc.]

#### **4. Processing of Request / Internal Steps.**

- (a) Upon receipt of a hospital's request by mail, Commission Staff will stamp the date on the front of the request and the Executive Director will send a letter to the Hospital stating that the request has been received, and that Commission Staff will review the request and make a determination on whether or not the request is complete within ten (10) working days. Commission Staff will immediately forward the request to the Associate Director of Audit and Compliance. In the Associate Director's absence, the request will be forwarded to the Chief of Audit and Compliance.
- (b) The Associate Director of Audit and Compliance (or backup) will immediately distribute copies of the date-stamped request to the Director of Revenue and Regulation Compliance, the Director of Population-Based Methodologies, and legal counsel, with an attached check-off sheet. The Director of Revenue and Regulation Compliance will review the full rate review request to ensure that it meets the substance and content requirements of the Application template, and that the necessary supporting documents are attached. Legal counsel will review the request for legal sufficiency and completeness.
  - (i) Each reviewer referenced in this subsection will return the check-off sheet to the Associate Director of Audit and Compliance within ten (10) working days specifying whether or not the request meets the form, substance, content and legal requirements, respectively, for completeness.
- (c) If the reviewers collectively determine that the request does not meet the requirements of the regulation or general form of the template, the request will be considered incomplete and insufficient for filing. HSCRC staff will send a letter to the Hospital explaining the reasons that Commission Staff determined that the request was incomplete. The Hospital may cure the identified deficiencies associated with the application, and the review process will restart.

#### **5. Docketing.**

- (a) A full rate review request will be docketed pursuant to COMAR 10.37.10.10 if the Commission Staff determines within the 10-working-day review period that the request meets the form and requirements of COMAR 10.37.10, and these Procedures and Template.
- (b) Once a request has been approved for docketing, the Executive Director will send a letter to the Hospital stating that its request has been reviewed and docketed. The letter will include the docket date, effective date of the request, and the date by which the statutory 150-day full rate review process will be completed.