



STATE OF MARYLAND
DHMH

PT 24 -01

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
Nursing Home Transmittal No. 169**

June 5, 2001

Nursing Home Administrators

FROM: Joseph M. Millstone, Executive Director
Office of Health Services

NOTE: Please ensure that appropriate staff members in your organization are informed of the contents of this transmittal

Revised Fiscal Year 2001 Interim Rates

Enclosed are revised Fiscal Year 2001 interim rates for your facility. The rates are based on Regulation .07 Payment Procedures - Maryland Facilities under COMAR 10.09.10 Nursing Facility Services. Please check the provider number at the top of the enclosed rate letter to ensure that you have received the correct data.

Rates have been revised due to the fact that cost report data for all providers with fiscal year ends other than December were incorrectly indexed. Other computations such as the recalculation of ceilings, nursing supply costs and fringe benefit factors impacted all providers. This transmittal addresses these changes.

The rate revisions are effective July 1, 2000 and will therefore require adjustments to prior reimbursements. Due to the volume of these adjustments, they will be phased in over a period of one month.

Providers that render less than 1,000 days of care to Maryland Medicaid recipients may elect to accept as payment for each day of care the statewide average Medicaid nursing home per diem payment, in lieu of provider specific rates. Providers that choose this option are not required to submit a cost report (COMAR 10.09.10.13N). The rate paid to these providers has changed to \$134.42 for Fiscal Year 2001.

I. Nursing Service Cost Center

Nursing rates have changed based on a revised statewide supply allowance of \$2.95 per day, an increase of \$.02 from the amount originally computed, and revised fringe benefit percents in all regions except Baltimore. The revised fringe benefit percents are as follows:

Baltimore Metropolitan	27.07 % - no change
Washington Metropolitan	30.68 %
Non-Metropolitan	28.89 %
Central	26.54 %
Western Maryland	39.46 %

A list of the regional standard nursing service rates based on these revisions is attached.

II. Administrative/Routine Cost Center

Ceilings in this cost center have been revised in all regions and are as follows:

REGION	REVISED FISCAL 2001 CEILING
BALTIMORE	\$50.36
WASHINGTON	58.29
NON-METRO	43.21
SMALL FACILITY	46.98

III. Other Patient Care Cost Center

Ceilings in this cost center have been revised in all regions and are as follows:

REGION	REVISED FISCAL 2001 CEILING
BALTIMORE	\$11.75
WASHINGTON	11.46
NON-METRO	11.26

IV. Capital Cost Center

The impact of errors in indexing data for non-December fiscal year end providers in this cost center was confined to the indexing of taxes and insurance. Rates have been recalculated based on re-indexing these costs. However, non-December fiscal year end providers which had capital cost center rates set by the Program's contractual auditor will have these costs acknowledged at cost settlement.

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Any questions regarding this transmittal or the rates on the enclosed listings should be directed to the Nursing Home Section of the Division of Long Term Care Services at (410) 767-1444.

JMM/seh
Enclosures

cc: Nursing Home Liaison Committee

REVISED FISCAL YEAR 2001 NURSING SERVICE RATES

PATIENT CLASSIFICATION OR NURSING PROCEDURE	BALTO	WASH	NON METRO	CENTRAL	WEST MD
LIGHT CARE	40.99	43.63	41.20	40.29	37.42
LIGHT CARE BEHAVIOR MANAGEMENT	46.33	49.43	46.77	45.66	42.72
MODERATE CARE	59.26	63.47	60.03	58.40	55.36
MODERATE CARE BEHAVIOR MANAGEMENT	60.44	65.07	61.62	59.72	57.25
HEAVY CARE	70.47	75.58	71.60	69.62	66.18
HEAVY SPECIAL CARE	71.12	76.29	72.26	70.27	66.79
DECUBITUS CARE	7.85	8.03	7.61	7.70	6.44
CLASS A SUPPORT SURFACE	22.46	22.46	22.46	22.46	22.46
CLASS B SUPPORT SURFACE	87.88	87.88	87.88	87.88	87.88
COMMUNICABLE DISEASE CARE - LEVEL I	92.78	99.30	93.56	91.26	84.88
COMMUNICABLE DISEASE CARE - LEVEL II	157.22	168.25	158.53	154.64	143.82
CENTRAL INTRAVENOUS LINE	19.32	19.63	17.85	17.94	15.00
PERIPHERAL INTRAVENOUS CARE	38.62	39.48	36.74	37.11	30.66
TUBE FEEDING - MEDICARE	14.25	14.63	13.81	13.99	11.48
TUBE FEEDING - MEDICAID	18.01	18.39	17.57	17.75	15.24
VENTILATOR CARE	310.44	314.69	300.88	302.74	270.62
TURNING & POSITIONING	5.72	6.35	6.07	5.74	6.02
OSTOMY CARE	4.29	4.73	4.52	4.32	4.34
AEROSOL OXYGEN THERAPY	4.15	4.27	4.03	4.09	3.35
SUCTIONING	9.50	9.75	9.24	9.38	7.68
INJECTION - SINGLE	2.37	2.43	2.29	2.32	1.91
INJECTIONS - MULTIPLE	5.02	5.15	4.87	4.93	4.04