

(3) The ability of providers to operate on a solvent basis in the delivery of effective and efficient services that are in the public interest;

(4) The incentives and disincentives:

(i) Incorporated in the rate setting methodologies utilized and proposed by the Mental Hygiene Administration and the Developmental Disabilities Administration; and

(ii) In alternative methodologies;

(5) Measures of quality and how incentives to provide quality care can be built into a rate setting methodology; [and]

(6) [The adequacy of and methods used to determine the annual cost of living adjustment to the rates paid by the Developmental Disabilities Administration and the Mental Hygiene Administration.] THE IMPACT OF CONSUMER SAFETY COSTS AND WHETHER THE RATES HAVE BEEN ADJUSTED TO PROVIDE FOR CONSUMER SAFETY COSTS; AND

(7) OTHER RATE SYSTEM ISSUES DETERMINED BY THE COMMISSION TO BE APPROPRIATE.

(B) THE COMMISSION SHALL:

(1) DEVELOP METHODOLOGIES FOR CALCULATING RATE UPDATE FACTORS FOR RATES PAID BY THE DEVELOPMENTAL DISABILITIES ADMINISTRATION AND THE MENTAL HYGIENE ADMINISTRATION AND RECOMMEND ANNUAL RATE UPDATE FACTORS THAT USE THE METHODOLOGIES THAT ARE DEVELOPED;

(2) REVIEW THE DATA REPORTED IN THE DEVELOPMENTAL DISABILITIES ADMINISTRATION ANNUAL COST REPORTS AND USE THE DATA TO DEVELOP RELATIVE PERFORMANCE MEASURES OF PROVIDERS;

(3) WORK WITH THE MENTAL HYGIENE ADMINISTRATION TO EXPAND THE USE OF ANY BILLING DATA COLLECTED BY A THIRD PARTY ADMINISTRATOR FOR THE PUBLIC MENTAL HEALTH SYSTEM IN ORDER TO EVALUATE PERFORMANCE; AND

(4) EVALUATE PROPOSED REGULATORY CHANGES BY THE DEPARTMENT, THE DEVELOPMENTAL DISABILITIES ADMINISTRATION, AND THE MENTAL HYGIENE ADMINISTRATION THAT AFFECT THE RATES PAID OR THE RATE STRUCTURE.

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(a) In addition to the powers and duties provided elsewhere in this subtitle, the Commission may:

(1) Recommend the adoption of regulations to carry out the provisions of this subtitle;

(2) Create committees from among its members;