

Date: December 1, 2022

To: Hospital Chief Financial Officers
Case Mix/UCC Liaisons

From: Irene Cheng, Chief Data Programmer Analyst, MEDA *IC*

Subject: **Revisions to Quarterly Uncompensated Care Write-off Data Submission and Processing Instructions**

The instructions for the quarterly Uncompensated Care (UCC) write-off report data submission and processing procedures are being updated to improve data quality and speed up data processing time. **Beginning with the FY2023 Q2 report submission, all UCC write-off data will be processed by hMetrix** using the same automated and standardized system as the case mix data. Validation checks will be performed on the submitted UCC data to make sure it is better aligned with the case mix data and complied with UCC data reporting requirements. Additional tools will be generated in the Data Accuracy Verification Engine (DAVE) to provide hospital staff assistance on managing and tracking UCC report submissions and to perform data quality checks with the standard data summaries and data edit lists.

Below is a brief summary of key changes in the quarterly UCC write-off report instructions and a revised Accounting and Budget Manual Section 500 UCC Reporting Instructions:

- Submission due date changed from 30 days after the end of reporting quarter to 60 days after to match to Case Mix Final Quarterly data submission schedule.
- CC report files must be submitted in the designated report template format and must follow the specific file name format, or the report file will not be processed.
- Record write-off type value as “C” for Charity, “B” for Bad Debt, or “R” for Recovery.

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- Automated reminders and notifications related to the status of UCC report submissions will be sent to designated hospital staff on the list managed by hMetrix and HSCRC staff.
- Standard data summary and edit report will be posted in DAVE for designated hospital staff to review within hours after data submission to allow opportunity to identify and fix data issues in a timely manner.
- Any Report with an error percentage greater than the threshold determined by the HSCRC will not be processed and the hospital will be required to fix the errors and resubmit the report.

The HSCRC and hMetrix staff will hold a webinar to review the revised quarterly UCC write-off data processing procedures and to do a demonstration of the data summary and edit reports in DAVE. **Please follow the link below to register for the UCC Webinar scheduled for December 9, 2022 11:00 AM EST.**

<https://attendee.gotowebinar.com/register/1711951026858992908>

If you have any questions or concerns about the revised instructions, please contact me (Irene.Cheng@maryland.gov). For questions about accessing DAVE, please contact hscrcteam@hmetrix.com.

SECTION 500

REPORTING INSTRUCTIONS

UCC WRITE-OFFS REPORT – Revised on 12/1/2022

Overview- This report enables hospitals to provide documentation on charity and bad debt write-offs and recoveries for **REGULATED HOSPITAL SERVICES**. **Do not include write-offs for unregulated services**. This information will assist the Commission in determining the sources of uncompensated care.

Your hospital's Write-Offs Report must be reconciled to charity and bad debts reported on Annual Report Schedule RE. We recognize that there are timing differences between write offs and accrual based accounting, and there may be reconciling differences.

The Write-Offs Report is to be submitted **30-60** days after the end of each reporting calendar quarter to match Case Mix Final Quarterly data submission schedule. The data should be reconciled to the account information reported in Case Mix data as close as possible. After submission, a data summary and edit report will be produced in the Data Accuracy Verification Engine (DAVE) for the designated hospital staff to review.

Reports with error percentage greater than the threshold determined by the HSCRC will not be accepted and the hospitals will be required to either fix the errors and resubmit the report or request a manual pass from the HSCRC. Reports submitted after the submission window is closed will require approval from the HSCRC to be accepted.

The report may be considered late or not filed if the format prescribed is not followed to file this data. Please be sure that you have downloaded the most current Excel template for reporting the Uncompensated Care Write-Off Report from the HSCRC Financial Data Submission Tools webpage.

Detailed Instructions

File Name

Upon submitting the initial report file to the UCC folder in the Repository Data Submissions (RDS) system, the file name should include the Hospital's 6-digit Medicare I.D. Number as the main identifier, the reporting period, and the report name (e.g., 210001_FY23Q2_UCC.xlsx).

When submitting a revised file, it is imperative that the revision number is specified with each revised submission. It must not be named identical to the original file. (e.g., 210001_FY23Q2_UCCREV1, 210001_FY23Q2_UCCREV2, etc.)

UCC report files that are not submitted to the correct UCC data folder or are not named following the format specified above will not be processed.

Heading Section

The formatting must not be changed. It is contained in Rows 1 through 9 Columns A through F. **Please do not enter Write-Off Data above Row 10.**

Institution Name Line

Row 4 Column B. Enter in this cell the complete name of the reporting hospital.

Institution Number Line

Row 5 Column B. Enter in this cell the Hospital's 6-digit Medicare I.D. number. Do not enter hyphens, dashes or quotation marks. Example: Meritus Medical Center would be entered as 210001.

Please see attached list of hospital numbers for your reference.

Period

Row 4 Column E. Enter the 4-digit Fiscal Year (based on a July – June Schedule, e.g., 2023) and the Quarter number (Q1=July-Sept, Q2=Oct-Dec, Q3=Jan-Mar, Q4=Apr-Jun). Example: October-December 2022 should be recorded as: 2023Q2.

Reporting Section

This section begins with Row 10. Do not record Write-Off Data above Row 10. Do not include breaks for months (e.g., January, February) or summary lines (e.g., Sub Total, Grand Total). All data should be recorded on one worksheet. Do not use separate worksheets for each month of the quarter.

Utilizing one line for each write-off (Charity, Bad Debt, or Recovery) provide the following information for each patient account with services written off to charity care, bad debt, or a patient account with funds recovered by your hospital in the calendar quarter:

Col. 1 Date of service – Enter in Column A from Row 10 down as needed – the date of service, e.g., date of admission for inpatient accounts or date of service for outpatient accounts as reported in Case Mix Final Quarterly data. **This must be a valid single date of service in m/d/yyyy, e.g., 1/1/2022 or 1/25/2022. Do not enter in text format. Do not include a grouping of dates, e.g., 1/1/2022-1/10/2022. Do not include write-off records with service dates beyond the target reporting quarter period, as write-off records with dates beyond the quarter end should be included in the next quarterly report. If**

the write-off is for more than one inpatient admission or outpatient visit, enter the date of the most recent service as reported in Case Mix Final Quarterly data.

Col. 2 Patient Account Number – Enter in Column B from Row 10 down as needed – the patient account number for the service being written off. If this is a recovery recorded as a group, please enter “**Group**” for the patient account number.

Col. 3 Total Amount Billed – Enter in Column C from Row 10 down as needed – the total amount of charges billed for **this** inpatient admission or outpatient visit. The total amount billed should never change. It should always be reported as the original amount billed. **This must be entered as a positive number.**

Col. 4 Charity, Bad Debt, or Recovery – Enter in Column D from Row 10 down as needed – Whether the amount of write-off is to Charity, Bad Debt or Recovery. **Please record one of the three abbreviated type values as written: “C” for Charity, “B” for Bad Debt, or “R” for Recovery. Do not include any other information in Column D.**

Col.5 Amount of Write-Off or Recovery – Enter in Column E from Row 10 down as needed – The total amount of the indicated type of write-off for Charity or Bad Debt. If the account is a recovery and a portion of the account was written off to both Charity and Bad Debt, please use a separate line to record the amount written off to Charity and Bad Debt. **Please enter the write-off amount as a positive number. Recovery amounts should be entered as negative numbers.**

Reversals: If a reversal of a write-off occurs, the write-off reversal should be recorded as a negative number in Col. 5, Amount of Write-Off or Recovery, and the write-off type to be reversed should be recorded in Col. 4, Charity, Bad Debt, or Recovery. For example, if an amount was originally written off to Bad Debt for \$100.00, and more information is received to then classify the amount as Charity, a (- \$100) would be entered for Bad Debt, and an additional record for Charity write-off of \$100 would be reported as instructed above for Col. 5.

Col. 6 Expected Payer – Enter in Column F from Row 10 down as needed – **The Expected Primary Payer Code** (excerpted from the FY 2022 Inpatient Data Submission Requirements, Data Item 26 Expected Primary Payer) as follows:

- 01 = MEDICARE FFS
- 02 = MD MEDICAID FFS AND PENDING MD MEDICAID
- 05 = COMMERCIAL INSURANCE (HMO/POS/PPO/PPN/TPA)
- 06 = OTHER GOVERNMENT PROGRAMS
- 07 = WORKMEN'S COMPENSATION
- 08 = SELF PAY
- 09 = CHARITY (PATIENT WAS NOT CHARGED FOR CARE)
- 10 = OTHER

14 = MD MEDICAID MCO
15 = MEDICARE ADVANTAGE
18 = INTERNATIONAL INSURANCE
19 = BEHAVIORAL HEALTH PLAN
99 = UNKNOWN

Institution Number List

210001 MERITUS MEDICAL CENTER
210002 UNIVERSITY OF MARYLAND MEDICAL CENTER
210003 UM CAPITAL REGION MEDICAL CENTER
210004 HOLY CROSS HOSPITAL
210005 FREDERICK HEALTH HOSPITAL, INC
210006 UM-HARFORD MEMORIAL HOSPITAL
210008 MERCY MEDICAL CENTER
210009 JOHNS HOPKINS HOSPITAL
210010 UM-SHORE REGIONAL HEALTH AT DORCHESTER
210011 ASCENSION SAINT AGNES HOSPITAL
210012 SINAI HOSPITAL
210013 GRACE MEDICAL CENTER
210015 MEDSTAR FRANKLIN SQUARE
210016 ADVENTIST WHITE OAK HOSPITAL
210017 GARRETT COUNTY MEMORIAL HOSPITAL
210018 MEDSTAR MONTGOMERY MEDICAL CENTER
210019 TIDALHEALTH PENINSULA REGIONAL, INC.
210022 SUBURBAN HOSPITAL
210023 ANNE ARUNDEL MEDICAL CENTER
210024 MEDSTAR UNION MEMORIAL HOSPITAL
210027 UPMC - WESTERN MARYLAND
210028 MEDSTAR ST. MARY'S HOSPITAL
210029 JOHNS HOPKINS BAYVIEW MEDICAL CENTER
210030 UM-SHORE REGIONAL HEALTH AT CHESTERTOWN
210032 CHRISTIANACARE, UNION HOSPITAL
210033 CARROLL HOSPITAL CENTER
210034 MEDSTAR HARBOR HOSPITAL CENTER
210035 UM-CHARLES REGIONAL MEDICAL CENTER
210037 UM-SHORE REGIONAL HEALTH AT EASTON
210038 UMMC MIDTOWN CAMPUS
210039 CALVERT HEALTH MEDICAL CENTER
210040 NORTHWEST HOSPITAL CENTER
210043 UM-BALTIMORE WASHINGTON MEDICAL CENTER
210044 GREATER BALTIMORE MEDICAL CENTER
210045 TIDALHEALTH MCCREADY PAVILION
210048 HOWARD COUNTY GENERAL HOSPITAL
210049 UM-UPPER CHESAPEAKE MEDICAL CENTER
210051 DOCTORS COMMUNITY MEDICAL CENTER
210055 UM LAUREL MEDICAL CENTER
210056 MEDSTAR GOOD SAMARITAN

210057 SHADY GROVE ADVENTIST HOSPITAL
210058 UM-REHABILITATION & ORTHOPAEDIC INSTITUTE
210060 ADVENTIST HEALTHCARE FORT WASHINGTON MEDICAL CENTER
210061 ATLANTIC GENERAL HOSPITAL
210062 MEDSTAR SOUTHERN MARYLAND HOSPITAL CENTER
210063 UM-ST. JOSEPH MEDICAL CENTER
210064 LEVINDALE
210065 HOLY CROSS HOSPITAL-GERMANTOWN
210087 GERMANTOWN EMERGENCY CENTER
210088 UM-QUEEN ANNE'S FREESTANDING EMERGENCY
210333 UM-BOWIE HEALTH CENTER
213300 MT. WASHINGTON PEDIATRIC HOSPITAL
214000 SHEPPARD & ENOCH PRATT HOSPITAL
214003 BROOK LANE
214013 ADVENTIST BEHAVIORAL HEALTH-ROCKVILLE
214020 J. KENT MCNEW FAMILY MEDICAL CENTER

Excel template for reporting the Quarterly Uncompensated Care Write-Off Report

	A	B	C	D	E	F
1						
2		UNCOMPENSATED CARE WRITE-OFF REPORT				
3						
4	Hospital Name	Enter Institution Name Here		Reporting Period	Enter FY and Quarter	
5	Hospital Number	Enter Institution Number Here				
6						
7	Col. 1	Col. 2	Col. 3	Col. 4	Col. 5	Col. 6
8			Total	Charity, Bad Debt	Amount of	Expected
9	<u>Date Of Service</u>	<u>Patient Account #</u>	<u>Amount Billed</u>	<u>or Recovery</u>	<u>Write-off</u>	<u>Payer</u>
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