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Department of Health and Mental Hygiene**



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MEMORANDUM

To: Chief Financial Officers

From: Dennis N. Phelps, Associate Director-Audit & Compliance

Date: September 23, 2014

Re: Uncompensated Care Write-offs Report

At its June 11, 2014 public meeting, the Health Services Cost Review Commission approved the FY 2015 Uncompensated Care (UCC) Policy. The Policy mandates the collection of data on UCC write-offs to guide future development of UCC regression models and UCC policies.

The purpose of this memorandum is to notify hospitals that all patient accounts written off to UCC on or after July 1, 2014 must be reported to the HSCRC on a quarterly basis. The report must be filed within 30 days of the end of each calendar quarter. However, the due date of the first report has been extended to November 17, 2014.

In addition, hospitals shall provide, on a single report, all patient accounts written off to UCC on or after January 1, 2014 through June 30, 2014 with the report due November 17, 2014.

Attached you will find the instructions and schedule to facilitate the applicable data. Because some of the data in the report is confidential, hospitals should submit the Report to hsrc.ucc@maryland.gov via Repliweb.

If you have any questions, please feel free to contact Andrea Strong at 410-764-2571.

SECTION 500

REPORTING INSTRUCTIONS

UCC WRITE-OFFS REPORT

Overview - This report enables hospitals to provide documentation on charity and bad debt write-offs. This information will assist the Commission in determining the sources of uncompensated care.

Your hospital's Write-Offs Report should be reconciled to charity and bad debts reported on Annual Report Schedule RE. HSCRC recognizes that there are recoveries. These can be submitted in the same manner as the write-offs, if detail is available. We also 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 days after the end of each calendar quarter.

Detailed Instructions

Heading Section

Institution Name Line

Enter on this line the complete name of the reporting hospital.

Institution Number Line

Enter on this line the Hospital Identification Number as reported in Appendix B of the HSCRC Accounting and Budget Manual.

Period

Enter on this line the period for which the data are reported.

Reporting Section

Utilizing one line for each write-off or recovery, provide the following information for each patient account with services **written off** to charity care or bad debts by your hospital in the calendar quarter.

Col. 1 Date of service – Enter in this column on each line the date of service, e.g., date of admission or date of service for outpatient accounts.

Col. 2 Patient Account Number – Enter in this column on each line the patient account number of the account with services written off.

Col. 3 Billed Amount - Enter in this column on each line the total amount of charges billed for this inpatient admission or outpatient visit.

Col. 4 Charity, Bad Debt, or Recovery - Enter in this column on each line whether services were written off to Charity Care or Bad Debts. For recoveries of amounts previously written off, indicate "Recovery." If a portion of the account was written off to both Charity Care and Bad Debt, enter the account on two lines - - one showing the amount of the Charity Care write-off and one showing the amount of the Bad Debt write-off.

Col. 5 Amount of Write-off - Enter in this column on each line the total amount of billed charges written off to Charity Care and Bad Debt or amount of recovery. Recoveries should be shown as a negative figure.

Col. 6 Expected Payer - Enter in this column on each line the expected payer.