

OVERVIEW

Commission regulation 10.37.01.03 has been amended to authorize the Commission to prescribe the format for the submission of required reports. Effective immediately, reports MUST be filed in the format prescribed below or hospitals will be subject to fines as provided for by COMAR 10.37.01.03 N. Format references can be found at the end of this document.

1. ANNUAL REPORTS**A. Reports due 120 days after the end of the hospital's fiscal year (The Commission approved a blanket 30 day extension for reports listed in Sections A & B of Annual Reports and Sections A,B, & C of Alternative Method of Rate Determination Reports.)**

- 1) Annual Report of Revenue, Expenses, and Volumes - Format #1
- 2) Audited Financial Statements - Format #2 & Format #8
- 3) Trustee Disclosure Information – Format #8 & Format #11
 1. List of Trustees with business addresses. Designate individual trustees who have engaged in more than \$10,000 of business with the hospital.
 2. Individual disclosure form of each trustee doing more than \$10,000 of business with the hospital.
 3. If no trustees have engaged in more than \$10,000 of business with the hospital, the cover letter should so indicate.
- 4) Credit and Collection Policy – Format #8
- 5) Annual Debt Collection/Financial Assistance Report – Format #9
- 6) Hospital Outpatient Services Survey – Format #1 & Format #4
- 7) Revisions to Annual Report of Revenue, Expenses and Volumes (as necessary) - Format #1

B. Report due 140 days after end of fiscal year.

Special Audit Report - Should include audit procedures for alternative method of rate determination if hospital related entity's fiscal year is the same as hospital - Format #1 & Format #8

C. Report due 6 months and 15 days after end of fiscal year

Federal IRS Form 990 – Format # 8

D. Report due June 1 each year

Wage & Salary Survey - Format #4

E. Report due December 15th each year

Community Benefit Report – Format #4 or Format #12

F. Report due January 15th or 30 days after the due date of Hospital's Medicare Cost Report

Schedule IRS – Intern, Residents Survey – Format #4

II. ALTERNATIVE METHOD OF RATE DETERMINATION REPORTS**A. Reports due 90 days after the end of the related entity's fiscal year:**

Audited Financial Statements of Hospital Related Entities; contracting entities related to the hospital participating in HSCRC approved Alternative Methods of Rate Determination arrangements - Format #3 & Format # 8

B. Reports due 110 days after the end of the related entity's fiscal year:

Special Audit Report - if fiscal year of related entity is different from the hospital (see I B above)
- Format #2 and #8

C. Reports due 90 days after the end of the related entity's fiscal year:

Annual AR1, AR2, AR3 Reports - Format #3

D. Reports due 30 days after the end of the quarter:

Quarterly AR1, AR2, AR3 Reports - Global Pricing/Capitation - Format #3

CASE MIX DATA**A. Reports are due according to the Production Schedule posted on the HSCRC website:**

www.hscrc.maryland.gov/hsp_info1.cfm

1. Outpatient Abstracts – Format #5

B. Reports are due according to the Production Schedule posted on the HSCRC website:

www.hscrc.maryland.gov/hsp_info1.cfm

1. Inpatient Discharge Abstracts - Format #5
2. Psychiatric Discharge Abstracts - Format #5

IV. QUARTERLY REPORTS**A. Reports due 30 days after the end of the calendar quarter:**

1. Outpatient Plastic / Cosmetic Surgery Operating Room Give-Up Policy Report – Format #13
2. Uncompensated Care Write-Offs Report – Format #13
3. Denials Report – Format #13
4. Shared Savings Report – Format #14

B. Reports due 45 days after the end of the calendar quarter:

1. General Inpatient Hospice Care Project Report – Format #13
2. Denied Admissions Report – Format #13

IV. MONTHLY REPORTS**A. Reports due 30 days after the end of the month: ****

1. Hospital volumes and revenues (formerly known as MS, NS, PS, RS, CSS, and OVS) - Format #6 and #7
2. Hospital financial information and unaudited financial statements (formerly known as FSA, FSB) - Format #6 and #7

Extensions:

Hospitals may file written requests for reasonable extensions of time to file any or all of the requested reports. Requests shall be supported by justification for approval of the extension request. Requests for extensions shall be made at a reasonable time **before the due date** of the required report. Such requests should be directed to the Executive Director.

**SECTION 400
REPORTING REQUIREMENTS**

Acceptable Formats

- 1) a) Two (2) hard copies by mail or courier to: Health Services Cost Review Commission
4160 Patterson Avenue
Baltimore, Maryland 21215
- b) Download approved spreadsheet from www.hscrc.maryland.gov/hsp_info2.cfm,
e-mail completed Excel spreadsheet to hscrc.annual@maryland.gov
- 2) Original and one hard copy by mail or courier to: Health Services Cost Review Commission
4160 Patterson Avenue
Baltimore, Maryland 21215
- 3) One hard copy by mail or courier to: Health Services Cost Review Commission
4160 Patterson Avenue
Baltimore, Maryland 21215
- 4) Download approved spreadsheet from www.hscrc.maryland.gov:
Email completed Excel spreadsheet and any
PDF documents to:

Wage and Salary hscrc.wagesalary@maryland.gov
Community Benefit Report hscrc.cbr@maryland.gov
Hospital Outpatient Services Survey hscrc.opsurvey@maryland.gov
- 5) A dedicated secure private connection (point-to point circuits) to connect your hospital to our
State Vendor for the data submission.
- 6) Internet based reporting at <https://rates.hscrc.maryland.gov/project1>
- 7) PDF of the hospital internal unaudited financial statements, price variance letter. Excel file of
supplemental births schedule and CSS schedule (MSS/CDS) e-mail:

hscrc.monthly@maryland.gov

- 8) PDF File Only Emailed to:
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| Audited Financial Statements | hsrc.audited@maryland.gov |
| Special Audit Report | hsrc.specialaudits@maryland.gov |
| Credit and Collection Policy | hsrc.creditcollection@maryland.gov |
| IRS Form 990 & Approved Applications | |
| For Extension on Time to File | hsrc.form990@maryland.gov |
| Trustee Disclosure Information | hsrc.trustees@maryland.gov |
- 9) Excel File & PDF Emailed to:
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| Annual Debt Collection/Financial Assistance Report (DCFA) & Documentation | hsrc.dcfa@maryland.gov |
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- 10) Download approved spreadsheet from the HSCRC website:
www.hsrc.maryland.gov/hsp_Rates4.cfm under **Case Mix**
- 11) One hard copy by mail or courier with original signatures:
- | | |
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| | Andrea Strong
Health Services Cost Review Commission
4160 Patterson Avenue
Baltimore, Maryland 21215
Fax 410-358-6217
Andrea.Strong@maryland.gov |
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- 12) Internet Based Reporting cb.hsrc.maryland.gov
- 13) Assigned Template Via Repliweb to:
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| General Inpatient Hospice Care Project Report | hsrc.hospice@maryland.gov |
| Outpatient Plastic / Cosmetic Surgery Operating Room Give-Up Policy Report | hsrc.Opcosmetics@maryland.gov |
| Uncompensated Care Write-Offs Report | hsrc.ucc@marland.gov |
| Denials Report | hsrc.acctswrittendenials@maryland.gov |
| Denied Admissions Report | hsrc.DeniedAdmissions@maryland.gov |
- 14) Excel Only Emailed to:
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| Shared Savings Report | hsrc.shared-savings@maryland.gov |
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