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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: October 30, 2014

Re: Denials 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 denials in order to understand the continuing trends in denials under the new All-Payer model

The purpose of this memorandum is to notify hospitals that all patient accounts written off as denials 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 December 19, 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.acctswrittendenials@maryland.gov via Repliweb.

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

SECTION 500

REPORTING INSTRUCTIONS

DENIALS REPORT

Overview- This report enables hospitals to provide data on hospital services for which third party payers refused payment and that were written off as denials. This information will assist the Commission in understanding the reasons for denials and in promoting care processes and practices that will reduce denials.

Your hospital's Denials Reports should be reconciled to denials reported on Annual Report Schedule RE. Recoveries can be submitted in the same manner as the write-offs.

The Denials 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.

Completed By

Enter on this line the name and telephone number of the person who completed the report.

Reporting Section

By payer, utilizing one line for each category of denial provide the following information for the cases with denied services written off by your hospital in the calendar quarter.

Denial Categories – For the purposes of this Report, cases with denied charges are to be categorized by payer as follows: 1) by patient category, i.e., the charges denied were for inpatient services, Emergency Department services, or other outpatient services; and 2) by denial reason, i.e., medical necessity, no pre-authorization, untimely filing, EMTALA denial, or other.

Col. 1 Payer - Enter in this column on each line the name of the third party payer that denied the charges.

Col. 2 Patient Category – Enter in this column on each line the patient category, e.g., Inpatient, Emergency Room, and Other Outpatient.

Col. 3 Denial Reason - Enter in this column on each line the reason for denial, e.g., Medical Necessity, No Pre-authorization, Untimely filing of claim, EMTALA, Other (explain).

Col. 4 Number of Cases Denied – Enter on this column on each line the total number of cases in the applicable denial category with billed charges written off as denied.

Col. 5 Total Amount Written Off as Denied – Enter in this column on each line the total amount of billed charges written off as denied for the cases in the applicable denial category.