

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:**

- 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

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 Report - Format #6

E. Report due December 15th each year

Community Benefit Report – Format #4

II. ALTERNATIVE METHOD OF RATE DETERMINATION REPORTS**A. Reports due 120 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 140 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 120 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

III. 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
3. Denied Admissions Report Format - #10

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.

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
Denied Admissions	hscrc.deniedadmissions@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 www.rates.hscrc.state.md.us
- 7) PDF of the hospital internal unaudited financial statements, price variance letter. Excel file of supplemental births schedule and CSS schedule (MSS/CDS) by fax, e-mail or courier to:

Amanda.Vaughan@maryland.gov

**SECTION 400
REPORTING REQUIREMENTS**

- 8) PDF File Emailed to:
- Audited Financial Statements hsrc.audited@maryland.gov
Special Audit Report hsrc.specailaudits@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:
- Annual Debt Collection/Financial
Assistance Report (DCFA) & Documentation hsrc.dcfa@maryland.gov
- 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:
- Andrea Strong
Health Services Cost Review Commission
4160 Patterson Avenue
Baltimore, Maryland 21215
Fax 410-358-6217
Andrea.Strong@maryland.gov