To: Chief Financial Officers

Financial Data Liasons

From: Claudine Williams, Principal Deputy Director,

Health Data Management and Integrity (HDMI)

Re: FY 2025 9 Months of Experience Data – Correction

Date: May 29, 2025

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It has come to our attention that there was a typo on the attached attestation page of the FY 2025 9-Month Experience Report memo dated May 9, 2025, specifically regarding the fiscal year for review. We sincerely apologize for this error. We have attached an updated form with the correct sign-off date.

To ensure you have ample time to review the form, the HSCRC is extending the sign-off period until **Friday, June 6, 2025**. We apologize again for any inconvenience this may have caused.

Pease review your hospital’s data carefully. If you are satisfied with the data, please complete the enclosed form and return it via email to [hscrc.monthly@maryland.gov](file:///C:\Users\msapun\Desktop\HSCRC%20Letterhead\hscrc.monthly@maryland.gov) .

If the data is found to be incorrect, all revised reports must be submitted to the <https://rates.hscrc.maryland.gov/> website by COB Friday **June 30, 2025**. Once the revisions are made, please sign the form accordingly and submit it to the email address above.

If you have any questions about the data provided, please contact Marcella Guccione ([Marcella.Guccione@maryland.gov](mailto:Marcella.Guccione@maryland.gov)) or Andrea Strong ([Andrea.Strong@maryland.gov](mailto:Andrea.Strong@maryland.gov)).

cc: HSCRC Rate Setting Team

**EXPERIENCE REPORT FOR FY2025 9-MONTHS THROUGH MARCH 2025**

(Please sign the appropriate line and return to HSCRC via email [hscrc.monthly@maryland.gov](file:///C:\Users\msapun\Desktop\HSCRC%20Letterhead\hscrc.monthly@maryland.gov) by

**June 6, 2025**)

**All data in the Experience Report is correct.**

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Corrections to the Data Repository will be made by the COB June 30, 2025, deadline**.

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_