To: Chief Financial Officers

From: Claudine Williams, Principal Deputy Director,

Health Data Management and Integrity (HDMI)

Re: FY 2025 9 Months of Experience Data

Date: May 9, 2025

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On the HSCRC Website, under [Hospital Data and Reporting/Financial Data](https://hscrc.maryland.gov/Pages/hsp_Data2.aspx), you will find a link for the **FY 2025** **Experience Data through March 2025**. This data is in the expanded format to include residency and payer (In-State, Out-State, Medicare, FFS, Non-FFS).

Please 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) by **May 30, 2025**.

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 FY2024 9 MONTHS THROUGH MARCH 2024**

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

**May 30, 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_