

**To: Maryland Hospital Chief Financial Officers**

**From: William Hoff, Deputy Director, Audit & Integrity**

**Date: June 18, 2025**

**Re: FY 2025 Debit Collection and Financial Assistance (DCFA)  
Guidance**

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This memo is to inform all hospitals of a procedural modification concerning the Health Services Cost Review Commission (HSCRC) requirements for Fiscal Year (FY) 2025. The reporting instructions for the DCFA schedule are no longer included within the Special Audit procedures.

Accordingly, hospitals are mandated to submit their DCFA schedule as part of their comprehensive HSCRC annual report filing. The deadline for this submission is October 16, 2025. All DCFA schedules should be electronically transmitted to [hscrc.dcfa@maryland.gov](mailto:hscrc.dcfa@maryland.gov). Please refer to the filing instructions detailed below.

No other revisions have been made to the FY 2025 instructions.

Any questions or requests for clarification should be directed to Wayne Nelms at [wayne.nelms2@maryland.gov](mailto:wayne.nelms2@maryland.gov).

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## **TAB 1 – Credit & Collections**

### Line 1, Column 1:

Enter the complete name of the hospital.

### Line 2, Column 1:

Enter the four-digit hospital number assigned by the HSCRC to the reporting hospital, e.g., 0015.

### Line 3, Column 1:

Enter the fiscal year being reported (e.g., 2025).

### Lines 4, 5, & 6:

Enter, on a separate line, the name (s) of each collection agent (s) used during the fiscal year.

### Line 7, Column 1:

Enter the total number of liens placed on patient's residences during the reported fiscal year.

### Line 8, Column 1:

Enter the total number of extended payment plans exceeding 5 years established with patients during the reported fiscal year.

## **TAB 2 – Financial Assistance**

### Line 9a, Column 1:

Enter the total number of unique patients (per MRN) who completed a financial assistance application.

Line 9b, Column 1:

Enter the total inpatient admissions for patients who completed a financial assistance application.

Line 9c, Column 1:

Enter the total outpatient visits for patients who completed a financial assistance application.

Line 10a, Column 1:

Enter the total number of unique patients (per MRN) who partially completed a financial assistance application.

Line 10b, Column 1:

Enter the total inpatient admissions for patients who partially completed a financial assistance application.

Line 10c, Column 1:

Enter the total outpatient visits for patients who partially completed a financial assistance application.

Line 11a, Column 1:

Enter the total number of unique patients (per MRN) who received free care.

Line 11b, Column 1:

Enter the total inpatient admissions for patients who received free care.



Line 11c, Column 1:

Enter the total outpatient visits for patients who received free care.

Line 11d, Column 1:

Enter the total hospital charges (\$), inpatient and outpatient, for patients who received free care.

Line 11e, Column 1:

Enter the total amount (\$) written off for patients who received free care.

Line 12a, Column 1:

Enter the total number of unique patients (per MRN) who received reduced-cost care.

Line 12b, Column 1:

Enter the total inpatient admissions for patients who received reduced-cost care.

Line 12c, Column 1:

Enter the total outpatient visits for patients who received reduced-cost care.

Line 12d, Column 1:

Enter the total hospital charges (\$), inpatient and outpatient, for patients who received reduced-cost care.

Line 12e, Column 1:

Enter the total amount (\$) written off for patients who received reduced-cost care.

Line 12f, Column 1:

Enter the total amount (\$) billed to patients (after discount) who received reduced-cost care.

Line 13a, Column 1:

Enter the total number of unique patients (per MRN) who received financial assistance.

Line 13b, Column 1:

Enter the total inpatient admissions for patients who received financial assistance.

Line 13c, Column 1:

Enter the total outpatient visits for patients who received financial assistance.

Line 13d, Column 1:

Enter the total hospital charges (\$), inpatient and outpatient, for patients who received financial assistance.

Line 13e, Column 1:

Enter the total amount (\$) written off for patients who received financial assistance.

Line 13f, Column 1:

Enter the total amount (\$) billed to patients (after the discount) who received financial assistance.

### **TAB 3 – Financial Assistance (Demographics)**

The race columns (5-13) are mutually exclusive. The totals from each filter should be the same.

#### Line 14, Column 1 thru Column 19:

Enter in the applicable columns the total number of patients (per MRN) who received financial assistance by ethnicity, race, and gender.

#### Line 15, Column 1 thru Column 19:

Enter in the applicable columns the total number of patients (per MRN) who were denied financial assistance by ethnicity, race, and gender.

### **TAB 4 – Debt Collection**

#### Line 16, Column 1:

Enter the total number of unique patients (per MRN) against whom the hospital, or a debt collector used by the hospital, filed an action to collect a debt owed on a hospital bill.

#### Line 17, Column 1:

Enter the total number of unique patients (per MRN) who received services in fiscal year 2025 and the hospital has reported or classified as bad debt.

#### Line 18 – Column 1:

Enter the total number of unique patients (per MRN) who received services in fiscal year 2025 and have not been reported or classified as bad debt.

Line 19 – Column 1:

Enter the total amount of charges for insured patients who received services in fiscal year 2025 who have been reported or classified as bad debt. This amount should be excluded changes for non-insured patients

Line 20 – Column 1:

Enter the total patient portion of charges for insured patients (reported on Line 19) who received services in fiscal year 2025 who have been reported or classified as bad debt. This should exclude payments from third-party payers.

Line 21 – Column 1:

Enter the total amount of charges for uninsured patients who received services in fiscal year 2025 who have been reported or classified as bad debt. This amount should exclude charges for insured patients.

**TAB 5 – Debt Collection (Demographics)**

The race columns (5-13) are mutually exclusive. The totals from each filter should be the same.

Line 22, Column 1 thru Column 19:

Enter the total amount of unique patients (per MRN) against whom the hospital, or a debt collect used by the hospital, filed an action to collect debt owed on a hospital bill by ethnicity, race, and gender.

Line 23, Column 1 thru Column 19:

Enter the total amount of unique patients (per MRN) with respect to whom the hospital has reported or classified a bad debt by ethnicity, race, and gender.

Line 24, Column 1 thru Column 19:

Enter the total amount of unique patients (per MRN) with respect to whom the hospital has not reported or classified a bad debt by ethnicity, race, and gender.



## **TAB 6 – Debt Collection (Zip Codes)**

### Line 25, Column 1

Enter the primary service area (PSA) zip codes (5 digit) as defined in the GBR contract for the hospital.

### Line 25, Columns 2:

Enter the total number of unique patients (per MRN) against whom the hospital, or a debt collector used by the hospital, filed an action to collect a debt owed on a hospital bill for each PSA zip code listed in Column 1.

### Line 25, Columns 3:

Enter the total number of unique patients (per MRN) with respect to whom the hospital has reported or classified a bad debt for each PSA zip code listed in Column 1.

### Line 25, Columns 4:

Enter the total number of unique patients (per MRN) with respect to whom the hospital has not reported or classified a bad debt for each PSA zip code listed in Column 1.