



maryland
health services
cost review commission

Annual Filing Modernization

Clinician Cost Schedule Update

July 16, 2025

Agenda

- Purpose of CCS Reporting
- Metrics Reported
- Performance of CCS Tool
- Clinician Cost Financial Results (To Date)
- Most Significant Results By Specialty
- Planned Improvements for 2025 and Beyond

Purpose of the CCS Data Reporting

UNDERSTAND...

The overall nature of net unreimbursed costs of clinician services borne by hospitals:

Who?

What?

Where?

Why?

01

Volume & Specialties

- Capture the volume of clinicians working for hospitals
- Create specialty reporting list

02

Arrangement Types

- Define types of arrangements being used to employ and contract physicians and APPs ("clinicians")

03

Net Costs

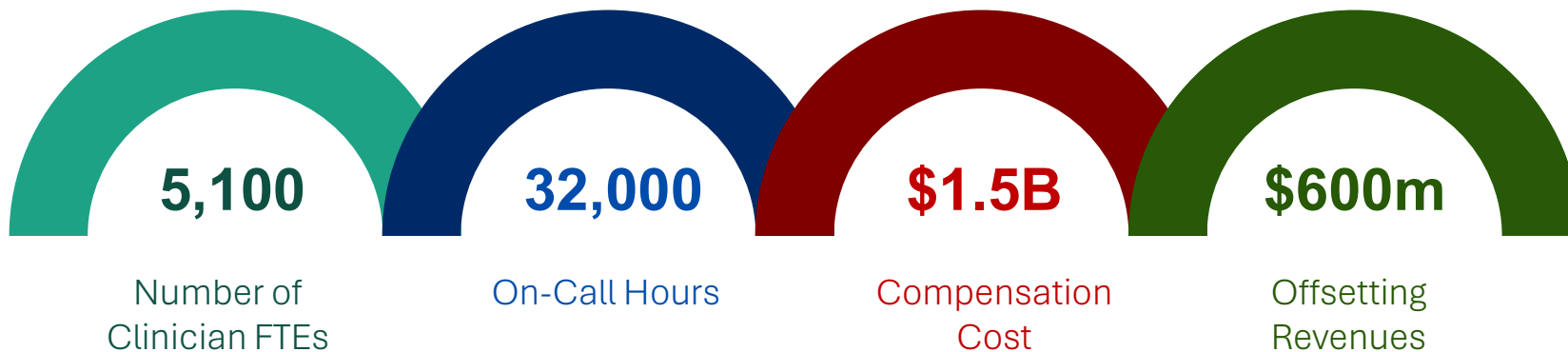
- Define net cost of employing and contracting clinicians to support regulated and unregulated services

04

Offsetting Revenues

- Capture offsetting professional revenues earned
- Payor mix to understand explainable variances in net cost

Overall Metrics Reported



Key Points:

1

All 45 acute care hospitals submitted responses

2

Submitted results for regulated and unregulated Clinician services from 38 of 45 hospitals were deemed acceptable for evaluating the tool and Clinician cost results.

Performance of the CCS Tool – Version 2 (2024)

01

Volume of Incomplete Data

Mismatch between FTEs and Remuneration
Employed Clinicians benefit costs not reported
Missing Specialty Assignments
Offsetting pro fee revenues and payor mix by specialty

- Payor mix was not provided

02

Data Definition Interpretation Varied

Additional data definitions are needed to clarify meaning behind requested information

- Included reported APPs in Clinician Support
- Included other types of revenue as Offsetting Revenue

03

Analytics Impeded by Tool Design

Categories were combined and limited breakout of specific data sets:

- APP vs. Physician FTEs
- APP vs. Physician Cost
- Separate Identification of pure On-Call compensation

Overall Financial Results*



Wages, Benefits
& Subsidies

Offsetting
Revenues

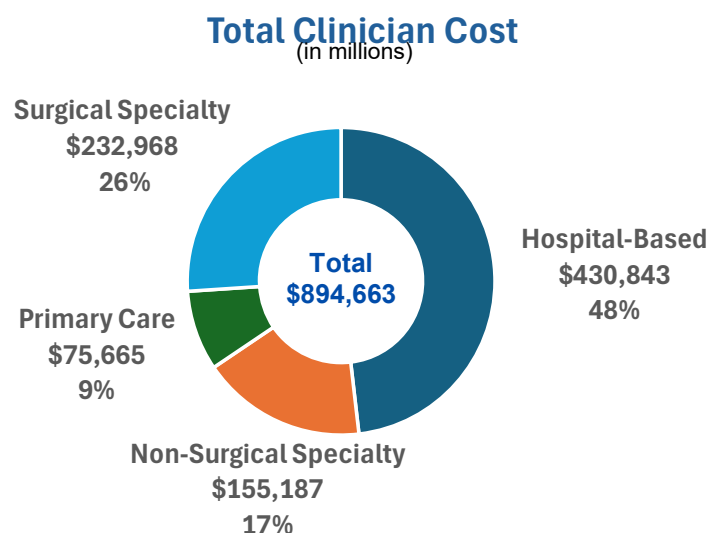
Employed Clinician Wages & Benefits
Contracted Fees & Subsidies
Related Entity Fees & Subsidies
TOTAL Direct Cost of Clinician Services

Offsetting Revenues
NET Direct Cost of Clinician Services

Total Clinician Costs & Offsetting Revenues (in millions)	Average per Hospital (in millions)	% of Regulated Revenue
\$400.0	\$10.5	
\$270.0	\$7.1	
\$820.0	\$21.6	
\$1,490.0	\$39.2	12.5%
(\$600.0)	(\$15.8)	-5.0%
\$890.0	\$23.4	7.5%

* Amounts based on the 38 hospitals included in final database. Excludes Clinician Support costs

Top 10 Specialties by Type*



(in millions)

Grouping / Specialty	Total Clinician Cost	% of Total Clinician Cost
Hospital-Based	\$430,843	48.2%
Anesthesiology	\$130,619	14.6%
Hospitalist: Internal Medicine	\$108,293	12.1%
Emergency Medicine	\$62,752	7.0%
Critical Care: Intensivist	\$50,795	5.7%
Radiology: Diagnostic	\$46,625	5.2%
Pathology: Anatomic and Clinical	\$8,082	0.9%
Hospitalist: OB/GYN	\$7,208	0.8%
Radiology: Interventional	\$6,874	0.8%
Hospitalist: Family Medicine	\$6,837	0.8%
Radiology: Nuclear Medicine	\$1,926	0.2%
All Other HB (3 specialties)	\$832	0.1%
Primary Care	\$75,665	8.5%
Pediatrics: Hospitalist-Int Med & Gen	\$21,839	2.4%
Internal Medicine: General	\$15,634	1.7%
Obstetrics/Gynecology: General	\$8,202	0.9%
Hospice/Palliative Care	\$6,988	0.8%
Family Medicine (without OB)	\$5,410	0.6%
OB/GYN: Gynecology (Only)	\$3,601	0.4%
Pediatrics: Adolescent Medicine	\$3,323	0.4%
Geriatrics	\$2,740	0.3%
Family Med: Sports Medicine	\$2,282	0.3%
Family Med: Amb Only (No IP Work)	\$2,198	0.2%
All Other PC (5 specialties)	\$3,448	0.4%

(in millions)

Grouping / Specialty	Total Clinician Cost	% of Total Clinician Cost
Non-Surgical Specialty	\$155,187	17.3%
Psychiatry: General	\$32,095	3.6%
Cardiology: Noninvasive	\$20,538	2.3%
Gastroenterology	\$16,971	1.9%
OB/GYN: Urogynecology	\$13,413	1.5%
Neurology	\$12,666	1.4%
Pediatric-Non-surgical Specialist	\$12,046	1.3%
OB/GYN: Maternal & Fetal Med	\$11,038	1.2%
Cardiology: Invasive	\$8,612	1.0%
Pediatrics: Neonatal Medicine	\$8,462	0.9%
Nephrology	\$6,332	0.7%
All Other NS (38 specialties)	\$13,014	2.2%
Surgical Specialty	\$232,968	26.0%
Surgery: General	\$52,708	5.9%
Surgery: Neurological	\$23,400	2.6%
Surgery: Cardiovascular	\$16,157	1.8%
Orthopedic Surgery: General	\$14,598	1.6%
Surgery: Trauma	\$12,887	1.4%
Orthopedic Surgery: Trauma	\$12,557	1.4%
Orthopedic Surgery: Spine	\$8,476	0.9%
Surgery: Colon and Rectal	\$7,914	0.9%
Urology	\$7,647	0.9%
Surgery: Thoracic (Primary)	\$7,550	0.8%
All Other SS (32 specialties)	\$69,074	7.7%

* Amounts based on the 38 hospitals included in final database

Improvements being considered for 2025 & the Future

Key Areas of Focus

- 01** Incorporate Hospital-Based Specialty Type 
- 02** Add Validity Checks 
- 03** Refine Offsetting Revenue Reporting 
- 04** Refine Clinician Support Definition 
- 05** Regulated vs. Unregulated 

Comments

- Move from 3 to 4 Types of Specialties by re-assigning Specialties to a new Hospital-Based Type
- Add basic validity checks between FTEs vs. Cost by specialty
- Exclude non-Pro Fee revenues (e.g. Drugs and Infusions)
- Exclude APP costs reported as Clinicians on Sched.1A, B & C
- Segregate APP Costs and FTEs from Physicians in reporting
- Attribute Clinician Support Cost more accurately to specialties
- Create ability to clearly define costs that are aligned with regulated services

Future

As quality and consistency of reporting increases, the scope of Clinician Cost reporting may narrow to aggregate selected specialties and thereby reduce the burden of reporting.

Questions, Comments & Other Suggestions?