

## FREQUENTLY ASKED QUESTIONS

(as of July 2024)

**1 Q. Where should hospitals report off-setting revenue for Medicaid MCOs?**

**A.** Medicaid MCO revenue data should be reported in the Medicaid bucket on Tab 1D.

**2 Q. Where should pediatric surgical and non-surgical specialty data be reported?**

**A.** Pediatric information should be reported in the associated adult surgical and non-surgical categories. There are two specific pediatrics categories included in the MGMA specialty list: **Pediatrics: Adolescent Medicine** and **Pediatrics: General**, both of which are in the primary care category.

**3 Q. For some related party providers, the amount accrued and/or paid from July through December might not equal the amount that a hospital ultimately owed for that time period. For instance, in some cases hospitals aren't billed, or don't calculate, what they owe until the following few months. Should these numbers match the payments plus accruals in the general ledger as of December 31, 2023?**

**A.** This draft of the Supplemental Schedule has been circulated outside the normal timing of the Annual Filing. We understand, therefore, that determining final accrued costs may not be fully or easily feasible. We would ask for you to use a "most reasonable estimate of any accruals" for this test response of the Supplemental Schedule.

When the Supplemental Schedule is finally adopted during next fiscal year, the timing for issuance will match that of the full Annual Filing and therefore you will be able to reference those yearend results and accrual estimates that will tie to your audited financial statements.

**4 Q. How will the data collected through the Supplemental Schedule be used? When will it matter to hospitals?**

**A.** The HSCRC's proposed approach and timeline is shown in the table below.

Phase	Initial Design	Feasibility Testing		Annual Filing Integration		
Work Product	Scope and Approach Survey	Supplemental Schedule V.I	Supplemental Schedule V.II	Annual Filing, including Clinician Cost	Annual Filing, including Clinician Cost	Annual Filing, including Clinician Cost
Data Reporting Period	FY 2023	Q1 & Q2 2024	FY 2024	FY2025	FY2026	FY 2027
Rate Setting Stages	Submitted Clinician Cost data not considered in any GBR Rate-setting Analysis				Clinician Cost considered in Rate-Setting Policy	First possible effect on GBR Rates seen

**5 Q.** **Is the scope of the Schedule to only capture clinician costs that are reported in each entity's Annual Filing? Example: An organization employs clinicians throughout the health system. Some clinicians are directly employed by the hospital while others are community providers that are subsidized by the hospital. In addition, there are clinicians employed at the system level that don't directly financially impact any rate regulated entity. How would the HSCRC like this information reported in the Schedule?**

**A.** The scope of the clinician cost supplemental schedule is NOT limited to only those clinician costs that are currently reported in the annual filing. The scope of the schedule is to capture ALL clinician (physicians and advanced practice providers) costs for which the hospital is financially responsible.

There are three primary tabs (1a, 1b, and 1c) which cover the basic business relationships between the hospitals and clinicians.

1. Tab 1A - Clinicians Employed by Hospital in the workbook is for reporting clinician costs for providers employed by the hospital
2. Tab 1B - Independent Clinicians/Clinician Groups Contracted by Hospital
3. Tab 1C - Clinicians/Clinician Groups Contracted via Related Party Entity (RPE)

Tabs 1B and 1C may contain direct payments as well as payments to contracted clinicians whose Part B reimbursements are supplemented by the hospital as subsidies or stipends. Additionally, Tab 2 contains hospital administration costs. Most, if not all, of these costs may be reported in a hospital's annual filing.

To the extent that payments to clinicians by related entities are made in connection with hospital services or service to hospital patients, they would fall under the scope of the Supplemental Schedule (Tab 1C). To the extent that the hospital is obligated to fund system management fees or allocations which include related entity payments to clinicians, that portion of the management fee or allocation payment related to payments to physicians would also be within the scope of the Clinician Cost Supplemental Schedule (Tab 1C).