

As previously noted, the HSCRC's efforts to modernize the Annual Filing contain several distinct workstreams. This survey is intended as a tool for use by the HSCRC to better understand current hospital reporting. It is not connected to the Clinician Cost Supplemental Schedule development currently in process.

This survey has been broken into two sections. The first aims to better understand certain elements of hospitals' Annual Filing reporting as it exists today. The second aims to better understand how hospitals are tiering their drugs.

Please fill out this survey for each hospital. To the extent that <u>all</u> <u>information</u> in the survey is the same across system facilities, the system may respond once for those hospitals. Please list all included hospital IDs in the box below.

We thank you in advance for your time and participation. Please reach out to Karen Teague (karen.teague@maryland.gov) with any questions.

* Hospital / System Name

* Hospital ID(s) (please list 5 digit CMS ID and separate multiple entries with a comma)



Annual Filing Section (Questions 1 - 6)

This part of the survey is intended as a tool for use by the HSCRC in understanding the current Annual Filing reporting. Gaining a clearer understanding will enhance the estimation of the potential impact of possible changes in future Annual Filing reporting.

We are asking each hospital to respond to the survey based on the hospital's Fiscal 2024 Annual Filing. Please respond to all survey questions.



Annual Filing Section

* **1. Schedule OADP Allocation Methodology** - the current instructions for the allocation of data processing costs allows the preparer to use one of the methodologies below. The options listed below reflect the language currently utilized in the Accounting & Budget Manual. Please select the methodology used. If multiple methodologies are used, please list the methodologies under 'Other'.

⊖ FTEs

○ Actual Worked Time

○ Charge/Service Tickets

○ Total Dollars Spent

 Other or Combination of Methodologies (please specify/describe the methodology) * **2. Schedule E** - please list the allocation methodology used to allocate costs to the C and UA cost centers for each of the following:

E01: Ambulance Services (e.g. Number of Occasions of Service)	
E02: Parking (e.g. Number of Parking Spaces)	
E03: Doctor's Private Office Rent (e.g. Sq Footage)	
E04: Office and Other Rentals (e.g. Sq Footage)	
E05: Retail Operations (e.g. Sq Footage)	
E06: Patient Telephones (e.g. Number of Patient Telephones)	
E07: Cafeteria (e.g. Number of Meals Served)	
E08: Day Care Center, Rec Areas, etc (e.g. Sq Footage)	
E09: Housing (e.g. Avg Number of Persons Housed)	

* **3. Schedule F** - please list the allocation methodology used to allocate costs to the C and UA cost centers for each of the following:

F01: Research (e.g. Number of Research Projects)	
F02: Nursing Education (e.g. Number of Nursing Students)	
F03: Other Professional Health Education (e.g. Number of Students)	
F04: Community Health Education (e.g. Number of Participants)	

* **4. Daily Hospital Services** - the allocation of selected overhead centers on Schedule J is split between inpatient, ambulatory, and outpatient. How does your organization allocate the costs, on the J schedule, related to the following patient care centers. Please select all that apply.

	Inpatient	Ambulatory	Outpatient
Hospital Emergency Services			
Clinic Services			
Observation			
Psychiatric Day and Night Care			
Same Day Surgery			

* **5. Ambulatory Designation** - please provide clarification as to what criteria is used to determine whether a cost center is designated as ambulatory or outpatient?



Annual Filing Section

6. Population Health Services - please indicate the cost centers on which the cost for the following three major types of population health services were reported. Please select all that apply.

6a. Population Health - Management, Infrastructure, & Analytics

- Program Strategy, Planning, and Administration
- Population Health Staff Education and Training
- Technology & Telehealth Infrastructure
- Interoperability of Data Systems (Shared Patient Identification)
- Digital Health Data Management and Analytics
 - Mobile Apps
 - Disease Specific Monitoring & Devices

	Cost Centers
DTY - Dietary	
LL - Laundry & Linen	
SSS - Social Services	
PUR - Purchasing & Stores	
POP - Plant Operations	
HKP - Housekeeping	
CSS - Central Services & Supply	
PHM - Pharmacy	

	Cost Centers
FIS - General Accounting	
PAC - Patient Accounts	
MGT - Hospital Admin	
MRD - Medical Records	
MSA - Medical Staff Admin	
NAD - Nursing Admin	
OAO - Organ Acquisition Overhead	
Other (please list all applicable cost centers not specified a	bove)
 <u>6b. Population Health - Patient Engagement & Extending</u> <u>into the Community</u> Programmed Services to Improve Management of Chronic Cor Resources to Improve Communication between Patients and C Care Management & Clinical Navigation (virtual or in person) Home-based Medication Management 24/7 Access to Urgent Care 24/7 Access to Behavioral Health Crisis Line 24/7 Intake to Substance Use Disorder (SUD) Care (virtual or i Post-hospitalization Transition to Home Mobile Care 	nditions Caregivers
Coordination with Community Paramedicine (EMT Delivered C DTY - Dietary	are & Support) Cost Centers
LL - Laundry & Linen	
SSS - Social Services	
PUR - Purchasing & Stores	
POP - Plant Operations	
HKP - Housekeeping	
CSS - Central Services & Supply	
PHM - Pharmacy	

	Cost Centers
FIS - General Accounting	
PAC - Patient Accounts	
MGT - Hospital Admin	
MRD - Medical Records	
MSA - Medical Staff Admin	
NAD - Nursing Admin	
OAO - Organ Acquisition Overhead	
Other (please list all applicable cost centers, not speci	ified above)
 Social Determinants of Health Related Social Needs Social Determinants of Health (SDOH) Management Food & Nutritional Support Housing Support & Assistance Access to On-Demand Transportation (Lyft, Uber, Taxi, e) Patient Socialization 	
DTY - Dietary	Cost Centers
LL - Laundry & Linen	
SSS - Social Services	
PUR - Purchasing & Stores	
POP - Plant Operations	
HKP - Housekeeping	
CSS - Central Services & Supply	
PHM - Pharmacy	

	Cost Centers
FIS - General Accounting	
PAC - Patient Accounts	
MGT - Hospital Admin	
MRD - Medical Records	
MSA - Medical Staff Admin	
NAD - Nursing Admin	
OAO - Organ Acquisition Overhead	
Other (please list all applicable cost centers, not specified above)	

<u>6d. Population Health - Other Types of Expenses - please list and describe (and include applicable cost centers where captured)</u>



Drug Tiering (Questions 1 - 10)

The HSCRC is seeking to enhance their understanding of drug tiering across hospitals on an industry-wide basis. It has been quite some time since any work has been done to look at how hospitals are tiering their drugs. Staff know that while most hospitals do tier, the process by which they tier can differ, even among system hospitals.

Staff began this process with informal discussions at a few select hospitals across the state and are following up with an industry wide survey to gain a broader perspective on the approaches used. Next steps will be determined based on survey results.



Drug Tiering

Please note: choosing "**No**" will end the survey as the following questions are related to drug tiering. Please ensure your questions related to annual filing allocations are complete and correct before moving on to this section.

* **1.** When pricing drugs to patients, does your hospital tier their drugs?

⊖ Yes

 \bigcirc No



HSCRC Annual Filing Modernization Survey Drug Tiering

* **2.** Please describe your tiering methodology:

How many tiers do you have?

How are the markups by tier developed?

* **3.** What is your hospital's variation in applying overhead burden to the cost of drugs?

4. Does your hospital have more surgical services or medical services?

5. How does your hospital align the markups to your drug tiers back to the rate order charge to cost?

6. Is drug tiering managed by your reimbursement department or another department?

7. If your hospital is part of a system, do you follow the same tiering methodology as other hospitals within your system?

⊖ Yes

◯ No

Optional Comments:

8. Are there any exceptions made to your tiering methodology? (e.g. oncology drugs)

⊖ Yes

 \bigcirc No

If yes, please specify

9. How often is the tiering methodology reviewed and refreshed?

10. Do you perform any analyses on the outcomes of tiering to validate the system is working as intended? If so, please send an example of those results to us.

Please email example(s) to: karen.teague@maryland.gov

⊖ Yes

⊖ No