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Department of Health and Mental Hygiene**



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MEMORANDUM

To: Chief Financial Officers

From: Dennis N. Phelps, Associate Director-Audit & Compliance

Date: September 22, 2014

Re: Shared Savings Report

The new All-Payer Model requires the HSCRC to provide information on payments received and/or payments made by Maryland hospitals associated with the CMS Medicare Shared Savings Program.

The purpose of this memorandum is to notify hospitals that payments received and/or payments made by Maryland hospitals associated with the CMS Medicare Shared Savings Program must be reported to the HSCRC on a quarterly basis. The report must be filed within 30 days of the end of each calendar quarter. However, the due date of the first report has been extended to November 17, 2014.

Attached you will find the instructions and schedule to facilitate the applicable data.

In addition, hospitals shall provide, on a single report, payments received and/or made by Maryland hospitals associated with the CMS Medicare Shared Savings Program in FY 2014 with the report due November 17, 2014.

If you have any questions, please feel free to contact Andrea Strong at 410-764-2571.

SECTION 500

REPORTING INSTRUCTIONS

SHARED SAVINGS/LOSS REPORT

Overview- This report enables hospitals to provide information on payments received or payments made associated with the CMS Medicare Shared Savings Program. The amounts reported should be limited to payments made to the hospital or payment made by the hospital. They should not include payments received or made that are distributed to physicians or other providers other than the hospital. The Shared Savings Program involves participation in an Accountable Care Organization or other Medicare demonstration where a payment is made to the participating providers (or payment is due from participating providers) based on the savings (or loss) level achieved relative to a benchmark. This information is required as a condition of the new Medicare All Payer Model.

Your hospital's Shared Savings/Loss Reports should be reconciled to Shared Savings reported on Annual Report Schedule RE.

The Shared Savings Report is to be submitted 30 days after the end of each calendar quarter.

Detailed Instructions

Heading Section

Institution Name Line

Enter on this line the complete name of the reporting hospital.

Institution Number Line

Enter on this line the Hospital Identification Number as reported in Appendix B of the HSCRC Accounting and Budget Manual.

Period

Enter on this line the period for which the data are reported.

Reporting Section

Utilizing one line for each payment, provide the following information for each Shared Savings Payment made to your hospital or payment made by your hospital in the calendar quarter.

Col. 1 Date of payment – Enter in this column on each line the date of the Shared Savings payment made to your hospital or a payment made by the hospital to compensate for a loss recovery. Loss recoveries should be negative figures.

Col. 2 Payer – Enter in this column on each line the name of the individual or organization that made the Shared Savings payment.

Col. 3 Payment Amount - Enter in this column on each line the total amount of the Shared Saving payment or loss recovery.