

To: Chief Financial Officers

From: Karen Teague, Associate Director, Medical Economics & Data Analytics

Date: December 9, 2024

Re: Clinician Services Supplemental Schedule v2

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As previously communicated, the HSCRC began work on the Annual Filing Modernization Project (the Project) in fall 2023. As part of this project, hospitals will be completing two test versions of the newly created Clinician Services Supplemental Schedule (“Schedule”). Hospitals completed the first round of schedules in late August 2024. Staff, with feedback and participation from industry stakeholders, has finalized the second version of the Schedule.

The second version of the Schedule has been posted to our [website](#) in addition to being sent to hospital staff and other industry stakeholders. Please see below for important information related to completing and submitting the survey.

1. Hospitals with a state fiscal year (June 30) end will have until **March 14, 2025** to complete the schedule. Hospitals with a calendar year end will have until **April 18, 2025** to complete the schedule since their fiscal year will not have ended until December 31, 2024. Completed Schedules should be submitted to [hscrc.annual@maryland.gov](mailto:hscrc.annual@maryland.gov). Any hospital that cannot meet its deadline must submit a written request for an extension, prior to the deadline, outlining the reasons for the extension request.
2. Schedule Information
  - a. Instructions on how to complete the Schedule are included on the first worksheet entitled “Instructions”
  - b. Areas highlighted in **GREEN** contain instructional or supportive information.
  - c. Areas highlighted in **YELLOW** are data entry fields.
  - d. The Excel workbook is protected and will only allow changes to **YELLOW** highlighted areas or on the last worksheet titled “MGMA Specialty List”. The MGMA Specialty list will allow users to search and sort the MGMA list, if needed.

### 3. Updates from Previous Round

- a. Clarified requirements
  - i. Submission Requirements
    - 1. All facilities must submit a separate schedule if they are regulated by the HSCRC
  - ii. Input Requirements
    - 1. All monetary inputs must be expressed in thousands of dollars and rounded to the nearest whole number.
    - 2. All FTEs should be entered to one decimal point (e.g. 12.5)
- b. Enhanced definitions based on questions raised in first submission.
- c. Reinforced the refined CCSS scope to include Licensed Physicians and defined APPs
- d. Made several additions to the Clinician Specialty List
  - i. Pediatric surgery and other Pediatric specialties including Neonatology
  - ii. Wound & Hyperbaric
- e. Corrected errors noted in summary formulas, benefits allocation, and payor mix check
- f. In response to industry input, added a new schedule (F.4) for inclusion of Clinician Support Services Net Cost which should be taken directly from the hospital's Annual Filing P3, UR6 & UR8 schedules
- g. Incorporated Employee Health service with Hospital Department Admin & Supervision on schedules 1.Summary, 1A, 1B and 1C
- h. Added Other Revenues & Awards to Payor Mix data to accommodate reporting of non-Pro Fee offsetting revenues
- i. Augmented the list of Employee Benefit types available for reporting
- j. Added Admin Cost and Clinician Support Services Net Cost to the 1.Summary to include these costs in the overall total net cost.

Finally, Staff would like to thank hospital staff and other stakeholders for their participation and feedback over the last year. While we have made every effort to anticipate any questions or concerns related to the Schedule, Staff understands that there may be questions or guidance that has not been addressed in the Schedule. Please email Karen Teague ([karen.teague@maryland.gov](mailto:karen.teague@maryland.gov)) with any questions. Each question will be reviewed with the project team. Please allow time for this feedback process to occur.