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## FREQUENTLY ASKED QUESTIONS

(as of February 15, 2024)

Please note – based on feedback received during the Survey Q&A session on February 13, the HSCRC has slightly modified the language for Survey Questions 5 and 10 to provide clarification. The PDF version of the questions on the HSCRC website has been updated to reflect these changes. If your survey is not displaying the updated language, please clear your cookies and reopen the survey.

1

Q.

**What is the purpose of the survey?**

A.

Responses to the Survey will become primary information for the HSCRC to better understand the various needs for clinician (physicians, physicians assistants and nurse practitioners) services throughout Maryland hospitals. Responses to the Survey will also help to better understand the nature of the many types of arrangements being used to engage clinician services.

2

Q.

**What HSCRC-regulated facilities are being asked to complete the survey?**

A.

All acute care hospitals under a GBR agreement are being asked to complete the survey. It is very important that all Maryland hospitals' clinician utilization patterns are considered as we move forward with developing new reporting.

3

Q.

**May a health system complete a single Survey covering multiple hospitals?**

A.

While the Survey is intended for each individual hospital, the HSCRC will accept a Survey from a health system group where the following criteria are met:

- The HSCRC is notified by **February 13, 2024**, of the health system's intent to use group reporting for the Survey
- Common ownership among all hospitals included in the group
- Common executive management (CEO & CMO) among all hospitals included in the group
- Evidence of crossover staffing of clinicians regularly serving multiple member hospitals of the group

4

Q.

**When are the Survey responses due?**

A.

Responses are due by close of business on February 23, 2024.

5

Q.

**Do I have to provide a response to every question in the Survey?**

A.

Yes. If you have difficulty understanding how a particular question applies to your organization please contact us.

6

Q.

**What if my survey doesn't open to the first page?**

A.

The first time you click the survey link, it should open to the first page. If it does not, please try clearing your browser cookies and/or opening in incognito mode. If the issue persists, please contact us.

7

Q.

**Who from my organization should complete the Survey?**

A.

The HSCRC anticipates that each hospital will have to commit knowledgeable resources to complete the Survey. We recommend the expertise of staff have a strong knowledge of Clinician operations and that contracting be directly involved.

8

Q.

**Can I review the Survey questions with my team before beginning the online Survey?**

A.

Yes. A PDF containing the survey questions was distributed in the original email with the survey link and is also posted on our [website](#).

9

Q.

**What if I need to pause the survey to collect an answer? Will my responses be saved at that point and I can return to it?**

A.

There is no option in the survey tool to save your answers and return later; however, if you have cookies enabled in your browser, the tool *may* record your progress. If you are concerned about not being able to finish the survey in one sitting, we recommend printing the PDF of questions (see above), writing your answers down, and completing the survey in one sitting when you are able.

10

Q.

**Definition of terms used in the Survey queries:**

A.

- **Related Party** – An entity having common ownership and/or control.
- **Hospital-Based Clinician** – A provider whose professional activities are performed chiefly within a hospital (i.e., inpatients).
- **Reasonable best estimate of FTEs** – Each hospital should use internal management reporting to determine the number of full-time-equivalents (FTEs). Where this data is not easily available, the hospital should use alternative methods to estimate the number for each named type of clinician. Documentation of the estimation must be retained for possible later reference.

11

Q.

**Does the Clinician definition include CRNAs?**

A.

No. The definition of Clinicians includes: physicians, physician assistants, and nurse practitioners. CRNAs are already well covered in existing annual filing data collection.

- 12** | **Q.** **What information should be included when reporting FTEs?**  
**A.** Only information related to Clinicians. Administrative and other support personnel should be excluded.
- 13** | **Q.** **Should information about residents be included in the survey?**  
**A.** No. Information for residents is fairly well covered in the existing annual filing data collection.
- 14** | **Q.** **Are psychologists or other behavioral health providers considered Clinicians?**  
**A.** Yes, behavioral health physicians, nurse practitioners, and physician assistants are covered Clinicians
- 15** | **Q.** **How should hospitals report Clinicians who are employed physicians providing on-site coverage, but who also provide on call coverage?**  
**A.** Select as either on-site or on-call, but not both
- 16** | **Q.** **Can you provide further clarification on what is meant by “required by license”?**  
**A.** The HSCRC is looking for information on clinician staffing that is required by legal or regulatory requirements. Typical areas where this may apply are minimum staffing standards or on-call requirements for trauma services or ICU care. If your hospital doesn’t have any of these requirements, please answer accordingly.
- 17** | **Q.** **Where can hospitals get information about what coverages are required by license for their hospital?**  
**A.** Inquire with your Chief Medical Officer (CMO). If they cannot provide the answer, please contact us.
- 18** | **Q.** **Can you provide further clarification on what would be considered hospital-based?**  
**A.** The medical specialties listed in Q5 are to define services that are provided by the hospital. Once you list all the medical specialties provided in the regulated setting, report FTEs that are practicing in regulated settings.
- 19** | **Q.** **Does the definition of hospital-based physician include regulated, outpatient clinics?**  
**A.** Please note that Q5 and Q6 are based on hospital departments, which include regulated, outpatient clinics. All Clinicians who practice services in regulated hospital departments should be reported in the FTE counts.

**20** **Q.** **What information is the HSCRC looking for when we ask ‘what times of financial arrangements does the hospital have’?**

**A.** General estimates of proportions of different financial arrangements which will be used to assist in defining the details in the test supplemental data template.

**21** **Q.** **How does the survey handle costs and offsetting revenues?**

**A.** The survey is not focused on collecting any cost information. The survey is designed to understand the scale of an operation and the source of those resources to design a new data collection tool to collect cost and revenue data.

**22** **Q.** **Should physicians employed by hospital subsidiaries be included? Or only those employed by the hospital?**

**A.** Report information for all Clinicians providing services at your hospital regardless of whether they're employed by a hospital subsidiary or by the hospital itself.

**23** **Q.** **How should hospitals report a hospital clinical management role that is paid, but not paid by the hospital?**

**A.** For the purposes of the survey, report the positions that are paid, regardless of whether the payment comes from the regulated hospital or elsewhere.

**24** **Q.** **What is the next step following the completion of the Survey?**

**A.** Responses to the Survey will be summarized and analyzed for use in scoping and populating a first prototype of the Provider Cost Supplemental Schedule. A work group will be convened on March 19, 2024 to review the Survey findings and discuss and offer input to the prototype Supplemental Schedule.

**25** **Q.** **When is the Work Group to review the results of the Survey?**

- A.**
- March 19th from 10 AM – 12 PM to be held in the Chesapeake Room at the Maryland Hospital Association (MHA) office located in Elkridge, MD. In-person participation is strongly encouraged.
  - Participants are asked to register for this [event](#).

**26** **Q.** **How many surveys will be sent as part of this project?**

- A.** Currently, we are planning to send two (2) surveys:
- Clinician Utilization Survey (currently open)
  - Overhead Cost Centers and Population Health Survey (expected in April 2024)

27

Q.

**Who do I contact if I have questions?**

A.

Please send an email to [Karen Teague](mailto:karen.teague@maryland.gov) at [karen.teague@maryland.gov](mailto:karen.teague@maryland.gov). We are closely monitoring questions and concerns and will respond within 24 business hours of submission.