Introduction

Introduction. **Welcome!**

We extend a warm welcome and invite your valued input and insights for the ongoing Annual Filing Modernization project initiated by the HSCRC (Health Services Cost Review Commission).

Your responses will contribute to a deeper understanding of the roles and arrangements of services provided by Clinicians **(includes physicians, physician assistants and nurse practitioners)** and will help explore how these roles influence the financial aspects of your respective healthcare institution.

In order to assist you, we have provided a list of responses to Frequently Asked Questions on the HSCRC website.

Your valuable feedback is crucial to this process. Please take the time to respond to this survey by **2/23/2024** to contribute your insights and shape these critical reforms in Maryland's healthcare reporting landscape. **Please submit only ONE survey per hospital, providing information for the most recently completed, hospital fiscal year.**

Question 1. Enter your Hospital Name and CMS Hospital ID

Hospital Name

CMS Hospital ID

Question 2. Please identify the following IT systems your hospital will be utilizing in FY 2025. Please specify or type "**N/A**" in the text box if it does not apply to you.

Cost Accounting System: (Example: Oracle)	
Electronic Medical Record: (Example: Epic)	
Enterprise Resource Planning: (Example: Workday)	
General Ledger: (Example: SAP)	

Question 3. A. Please share the types of resources used to prepare your Annual Filing.

B. For Hospital staff, please include the position description of the persons assembling and finalizing the Annual Filing:

	Assembly	Finalization	Advisory	Analytical Models
Consultant:	☐	☐	☐	☐
Hospital Management:	☐	☐	☐	☐
Hospital Staff (please indicate the position):	☐	☐	☐	☐

Question 4. Please indicate which **Software Tools or Templates** you use to complete the Annual Filing.

- ☐ Automated Data Extraction Tools (e.g., Business Intelligence tools)
- ☐ Microsoft Excel Worksheets/Templates
- ☐ Proprietary Annual Filing Software

- [ ] Other (Please Specify)

Question 5. Which of these Clinician medical specialties are employed or contracted by your **Hospital.** Please choose all that apply.

- [ ] Anesthesia
- [ ] Cardiology
- [ ] Clinic
- [ ] Emergency
- [ ] Hematology
- [ ] Imaging
- [ ] Infectious Disease
- [ ] Oncology
- [ ] Pathology
- [ ] Pulmonology
- [ ] Radiation Oncology

☐ Surgical Oncology

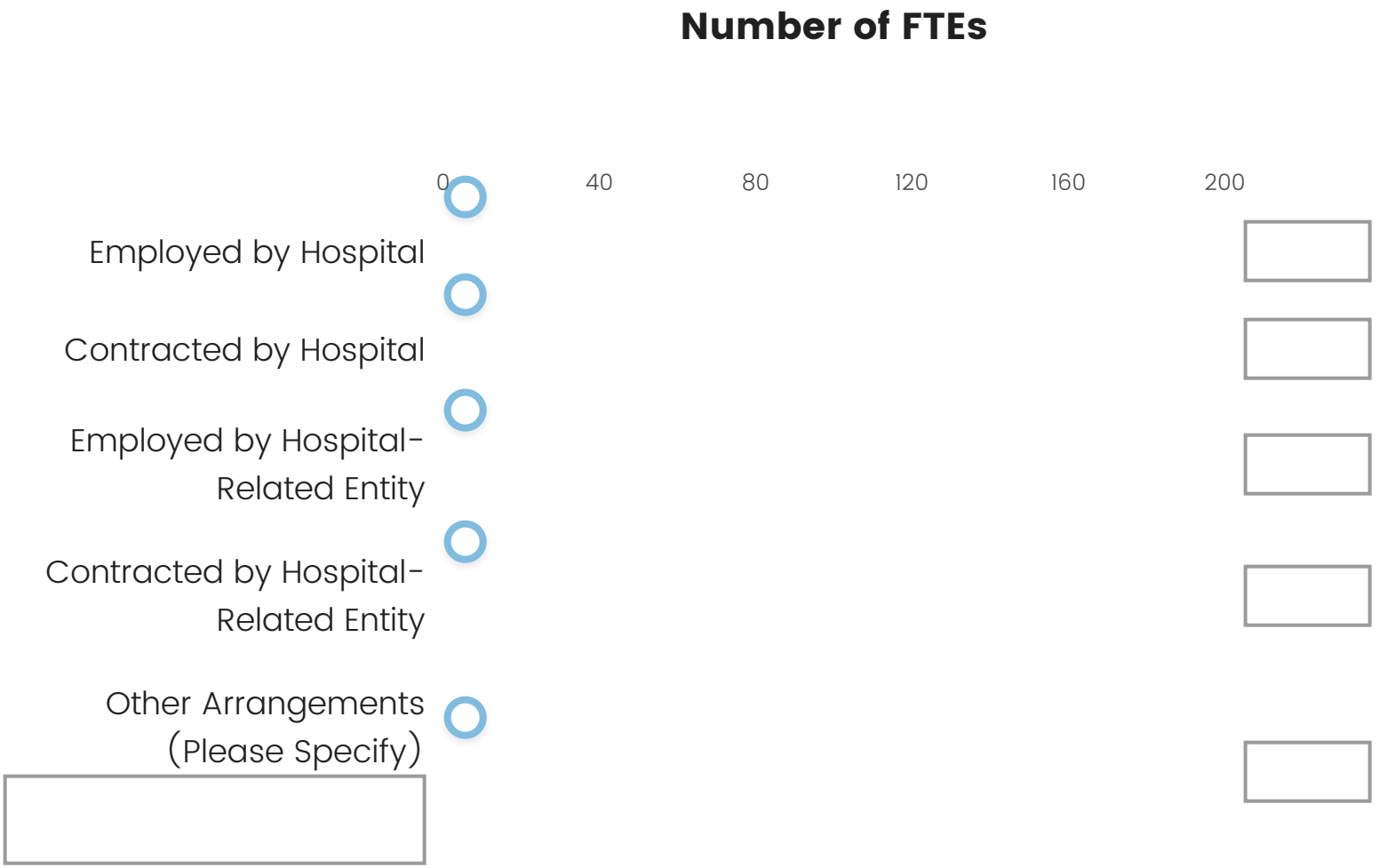
☐ _____ Other Specialties (List)

☐ _____ Other Specialties (List)

☐ _____ Other Specialties (List)

Question 6. As of the date of your last Annual Filing, what type of financial arrangements does your hospital have for securing Clinician services for **hospital-based departments**? (Hospital-based physician - A physician whose professional activities are performed chiefly within a hospital.)

Please provide your reasonable, best estimate number of Full-Time-Equivalent (FTEs) utilized through the financial arrangements described below.



Question 7. Which specialty coverages are required by license in your hospital? Which of these physician medical specialties are employed or contracted by your hospital for **on-site coverage**?

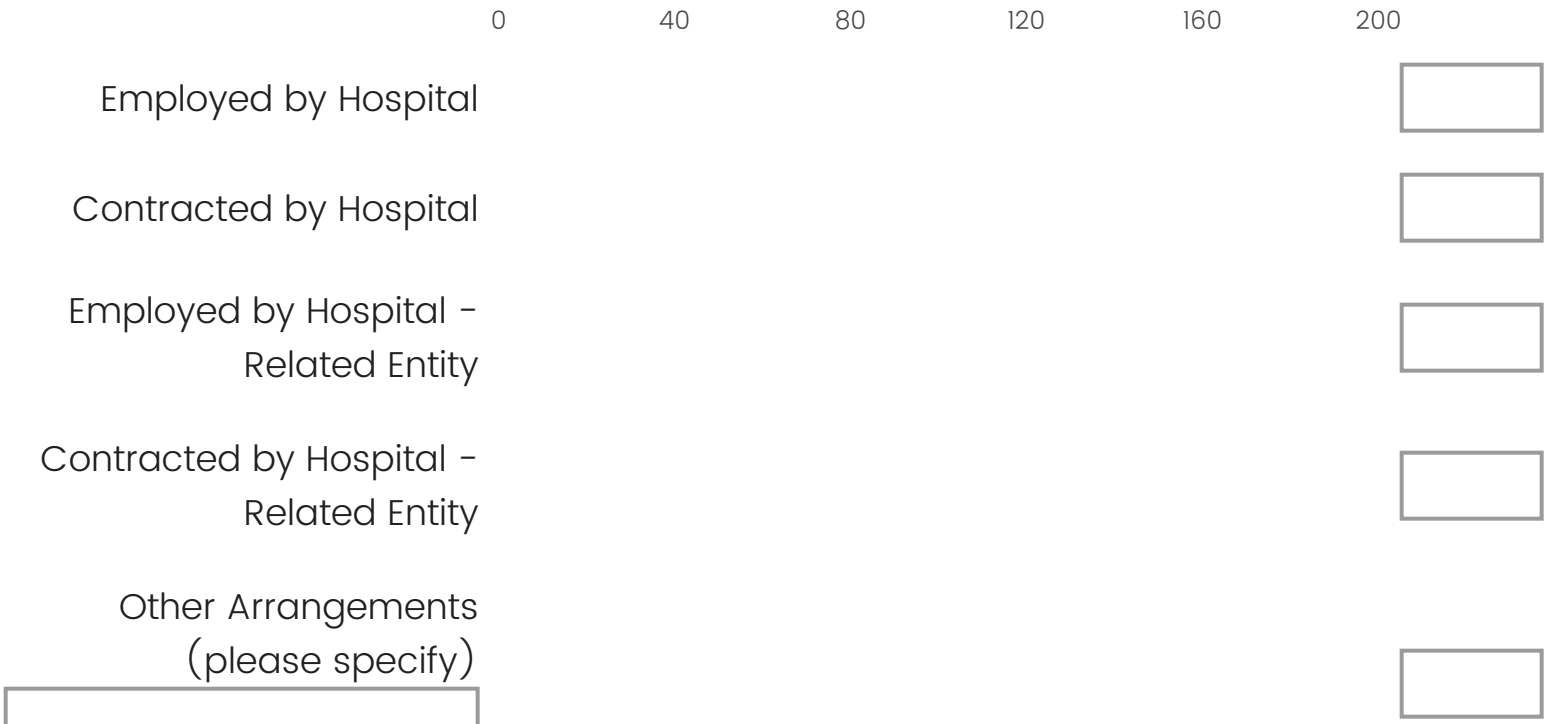
If your hospital does not offer this service, please mark "*Not Required* or *Provided*".

	Required by Hospital's Licenses	Contracted or Employed by the Hospital	Not Required or Provided
Critical Care Intensivists	○	○	○
Certified nurse-midwife (CNM)	○	○	○
Direct-entry midwife or certified professional midwife (CPM)	○	○	○
Family practice doctor	○	○	○
Hospitalist - Internal Medicine	○	○	○
Hospitalist - Peds	○	○	○
Hospitalist - Neurology	○	○	○
Hospitalist - OBGYN	○	○	○
Hospitalist - Oncology	○	○	○
Maternal fetal medicine (MFM) specialist or Perinatologist	○	○	○
Orthopedic Surgeon	○	○	○
Trauma Surgeon	○	○	○

	Required by Hospital's Licenses	Contracted or Employed by the Hospital	Not Required or Provided
Other Specialties (Please List)	○	○	○
Other Specialties (Please List)	○	○	○
Other Specialties (Please List)	○	○	○

Question 8. What type of financial arrangements does your hospital have for securing **on-site coverage**? Please provide your reasonable, best estimate number of Full-Time-Equivalent (FTEs) utilized through the financial arrangements described below.

Number of FTEs



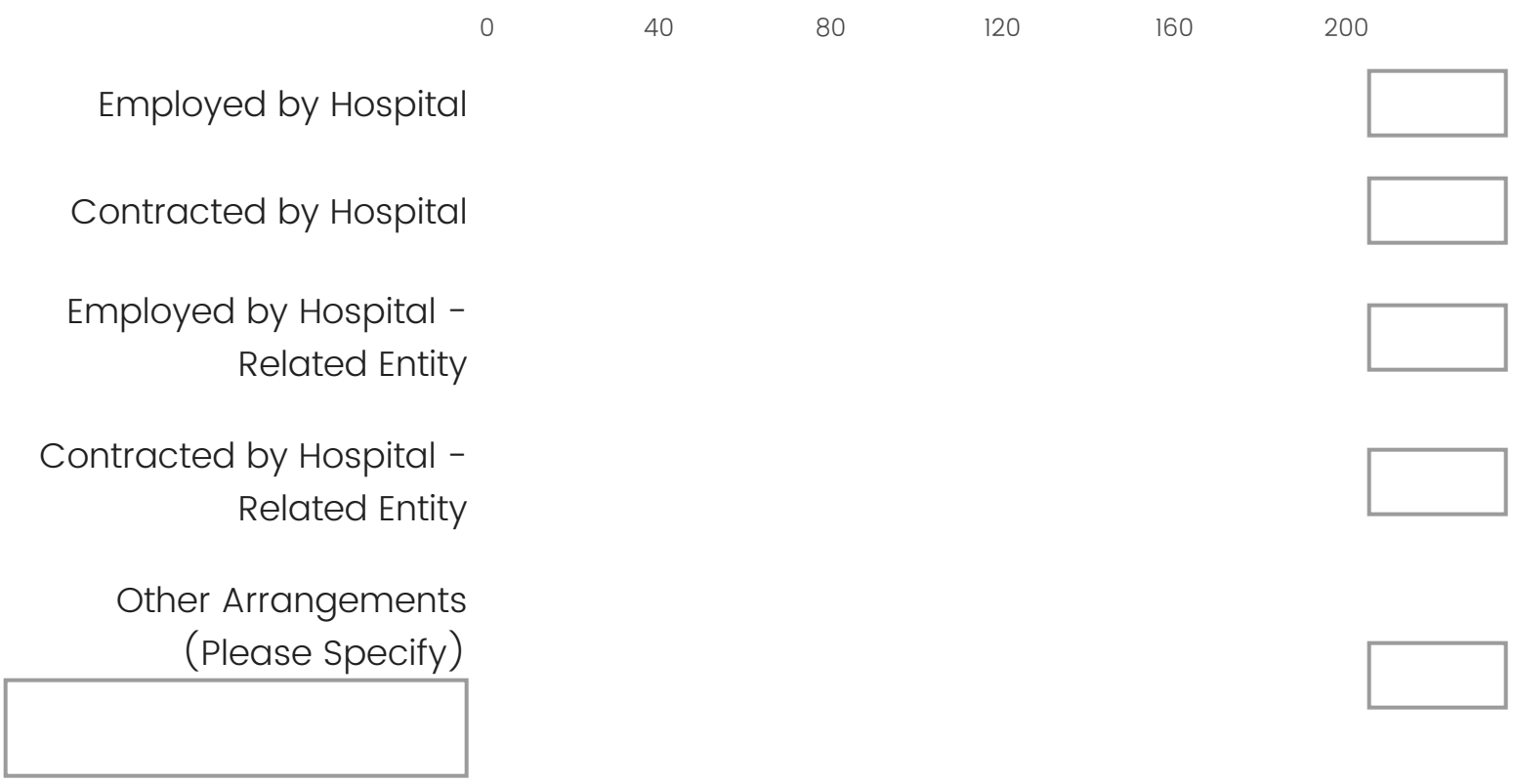
Question 9. Which of these specialties have licensure **on-call** requirements in your hospital? Please choose all that apply.

- [ ] Level 1 Trauma Support Specialists
- [ ] Level 2 Trauma Support Specialists
- [ ] Level 3 Trauma Support Specialists
- [ ] General Surgeon
- [ ] Interventional Radiology
- [ ] Neurosurgeon
- [ ] OB/GYN
- [ ] Orthopedic Surgeon
- [ ] Podiatry
- [ ] _____ Other (List)
- [ ] _____ Other (List)
- [ ] _____ Other (List)

Question 10. What type of financial arrangements does your hospital have for providing **on-call coverage**? Please provide your reasonable, best estimate number of individual clinicians providing service in a 24 hour period utilized in the financial

arrangements described below.

Number of Clinicians

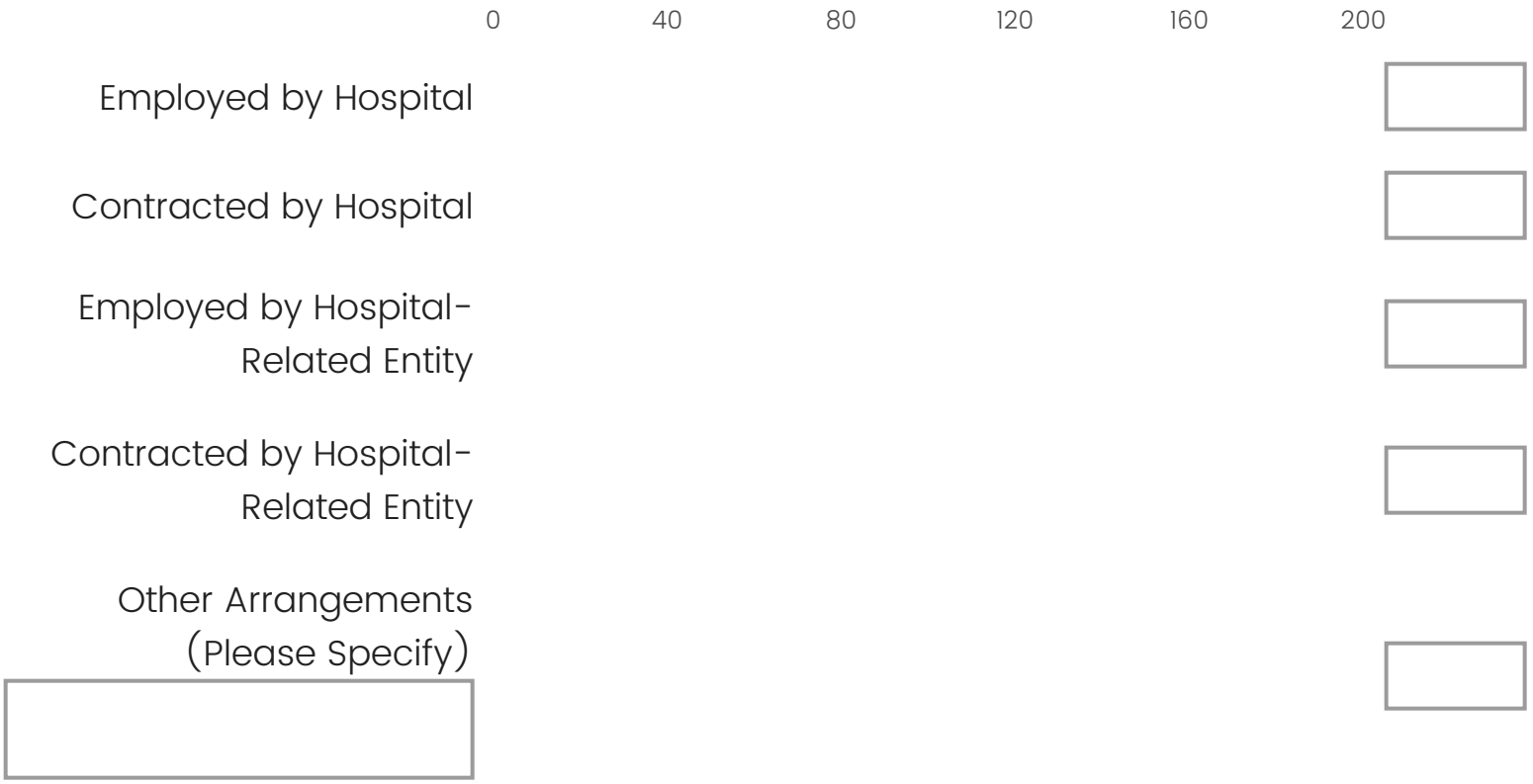


Question 11. Which **chosen elective coverage** does your hospital provide beyond licensure requirements as necessary in your hospital? Please choose all that apply.

- [ ] General Surgeon
- [ ] Neurosurgeon
- [ ] OB/GYN
- [ ] Orthopedic Surgeon
- [ ] Psychiatrist
- [ ] Other (List)

Question 12. What type of financial arrangements does your hospital have for providing **chosen elective coverages**? Please provide your reasonable, best estimate number of Full-Time-Equivalent (FTEs) utilized through the financial arrangements described below.

Number of FTEs



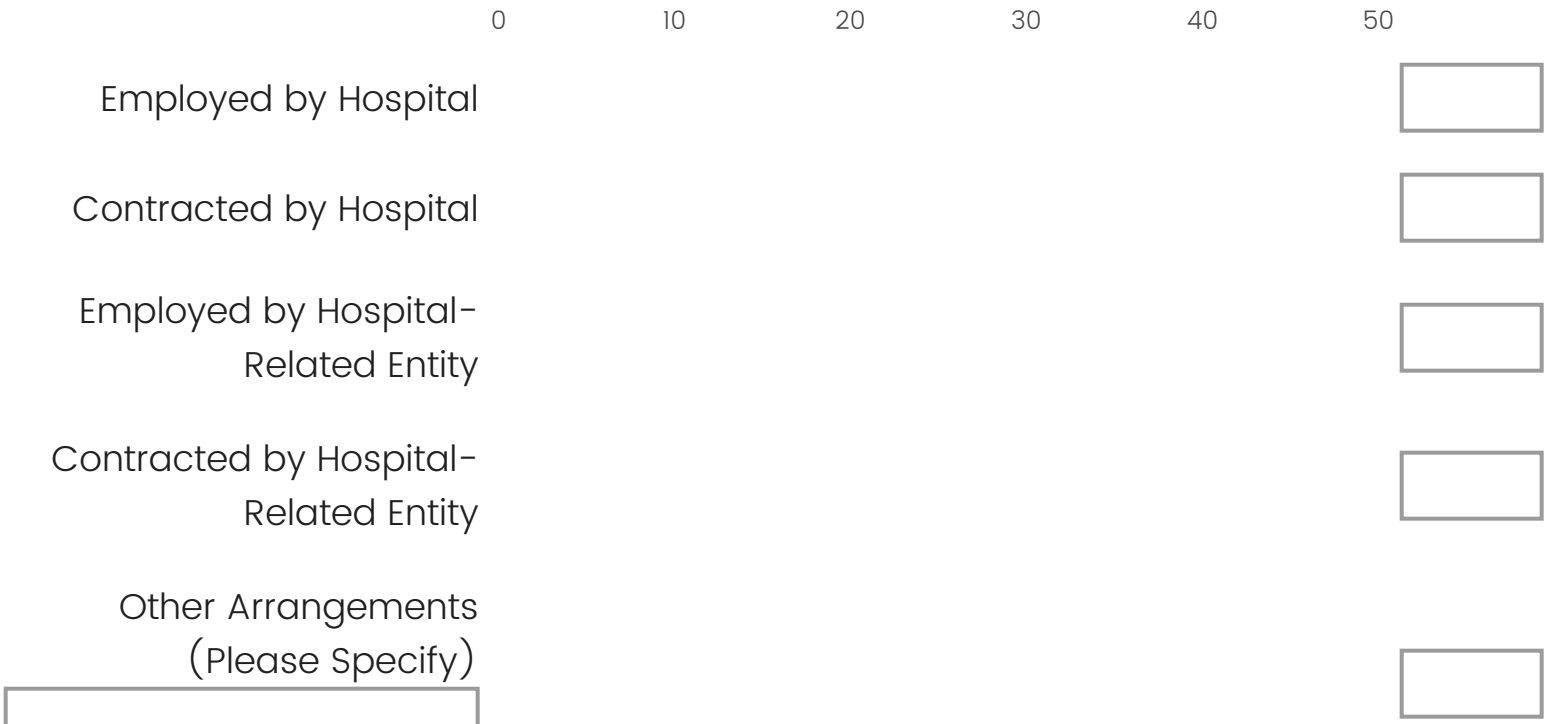
Question 13. Which of these roles does your hospital maintain as part of **hospital clinical management**? Please indicate if it is a

paid or unpaid role below:

	Paid	Unpaid
CMO (Chief Medical Officer) Or Equivalent Function	☐	☐
Clinical Department Chiefs Or Equivalent Function	☐	☐
Medical Director Or Equivalent Function	☐	☐
Medical Staff Executive Or Equivalent Function	☐	☐
Other (List)	☐	☐

Question 14. What type of financial arrangements does your hospital have for securing Clinician services for **Hospital Clinical Management**? Please provide your reasonable, best estimate number of Full-Time-Equivalent (FTEs) utilized through the financial arrangements described below.

Number of FTEs



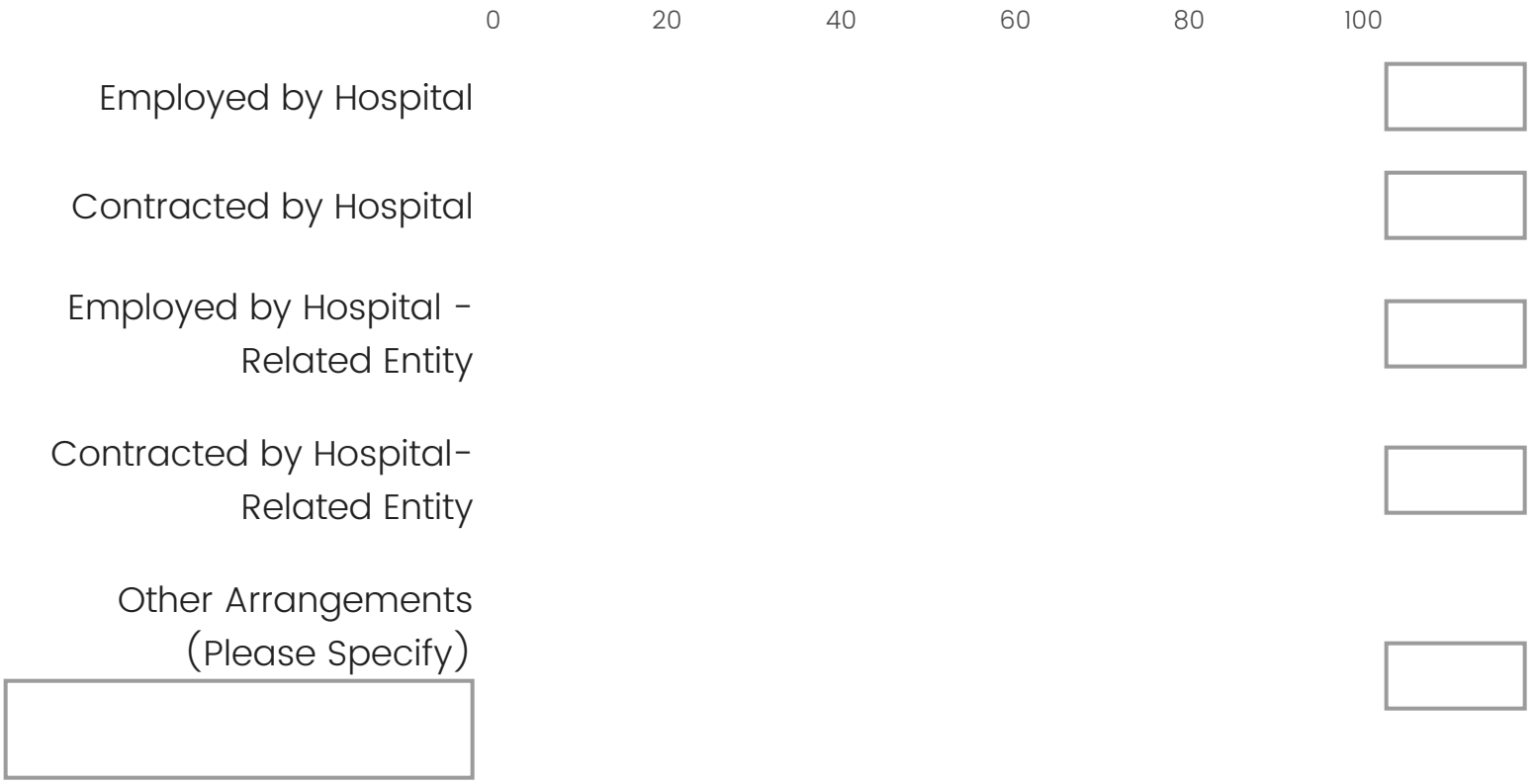
Question 15. Are there other Clinician roles specifically employed by your hospital related to **quality and safety**? Please choose

all that apply.

- [ ] Medical Director
- [ ] Medical Care Review
- [ ] Pharmacy
- [ ] _____ Other (List)
- [ ] _____ Other (List)
- [ ] _____ Other (List)

Question 16. What type of financial arrangement does your hospital have for securing clinical services for **quality and safety**? Please provide your reasonable, best estimate number of Full-Time-Equivalent (FTEs) utilized through the financial arrangements described below.

Number of FTEs



Question 17. Please provide contact information for up to three individuals who will receive communications from the HSCRC regarding the progress of this project:

Person 1 Full Name	
Person 1 Full Title	
★ Person 1 Email address	
★ Person 1 Phone Number	
Person 2 Full Name	
Person 2 Full Title	
★ Person 2 Email address	
★ Person 2 Phone Number	

Person 3 Full Name	
Person 3 Full Title	
★ Person 3 Email address	
★ Person 3 Phone Number	

Question 18. Clicking **NEXT PAGE** here will submit your survey response. If you would like to review your survey responses, click the **BACK BUTTON**.

During survey review, you may proceed to submit without answering all questions. This may occur due to the survey being in test mode. However, it is important to ensure that all questions must be answered before submission.

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