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## MEMORANDUM

To: Chief Financial Officers  
From: Dennis N. Phelps, Associate Director – Audit & Compliance  
Date: April 16, 2015  
Re: Denials Report – Revisions to Instructions

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The instructions for the denials report have been updated again to reflect feedback received from several hospitals.

The purpose of this memorandum is to notify hospitals that the denials report due on April 30, 2015, FY 2015 Q3 January 2015 – March 2015 has been extended 30 days to a due date of Monday, June 1, 2015. The data must be submitted in the format described in the attached reporting instructions and schedule. The excel template may be downloaded from the Commission's website at: [http://www.hscrc.maryland.gov/pdr\\_clarifications.cfm](http://www.hscrc.maryland.gov/pdr_clarifications.cfm) under "Updated Denial Memo and Reporting Instructions".

Additionally, FY2015 Q1 and Q2 should be re-run using the revised instructions and submitted to the HSCRC via Repliweb at [hscrc.acctswrittendenials@maryland.gov](mailto:hscrc.acctswrittendenials@maryland.gov). This data must be filed no later than August 31, 2015, the due date of FY15 Q4.

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

## SECTION 500

### REPORTING INSTRUCTIONS

#### DENIALS REPORT – Revised 04/16/15

Overview - The HSCRC is collecting data on hospital services for which third party payers refused payment and the payment was written off as a denial. This information will assist the Commission in understanding the prevalence of and justification for denials. The Commission will use the information to promote care processes and practices that will reduce denials.

Your hospital's Denials Reports should be reconciled to denials reported on Annual Report Schedule RE. **If there are recoveries in the reporting period, they should be netted against the denials. We only want to see the summary line.**

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

#### Detailed Instructions

##### File Name

Upon submitting the initial file via Repliweb, the file name should include the Hospital's 6-digit Medicare I.D. Number as the main identifier, the reporting period, and the report name (e.g. 210001\_Denials\_FY15Q3.xlsx).

When submitting a revised file, it is imperative that the revision number is specified with each revised submission. It must not be named identical to the original file. (e.g. 210001\_Denials\_FY15Q3\_REV1 210001\_Denials\_FY15Q3\_REV2, etc.)

##### Heading Section

The formatting must not be changed. The header information is contained in Rows 1 through 9 Columns A through E. **Please do not enter denial data above Row 9.**

##### Institution Name Line

Row 3 Column B. Enter in this cell the complete name of the reporting hospital.

##### Institution Number Line

Row 3 Column D. Enter in this cell the Hospital's 6-digit Medicare I.D. Number. Do not enter hyphens, dashes or quotation marks. (e.g. Meritus Medical Center is entered as 210001).

Please see attached list for your reference.

## Period

Row 5 Column B. Enter the 4 digit Fiscal Year (based on a July –June Schedule -2015) and the Quarter number (Q1=July-Sept, Q2=Oct-Dec, Q3=Jan-Mar, Q4=Apr-Jun). Example: January – March 2015 should be recorded as 2015Q3.

## Reporting Section

This section begins with Row 9. Do not record denials data above Row 9. All data should be recorded in one worksheet – do not use a single worksheet for each month of the quarter. Please do not include extra data. Only provide the data that is required in the template.

By payer, utilizing one line for each category of denial, provide the following information for the cases with denied services written off by your hospital in the calendar quarter.

Col. 1 Payer that Denied Claim – Enter the Payer code for the Payer that denied the claim, using the codes from the Maryland Hospital Inpatient Data Submission Elements and Formats, Data Item 21. These codes should be updated as the **“Hospital Patient-Level Data Submission Requirements”** are updated.

The FY 2015 Inpatient Data Submission Requirement are as follows:

- 01 = Medicare
- 02 = Medicaid FFS Only and Pending Medicaid
- 03 = Title V
- 04 = Blue Cross
- 06 = Other Government Program
- 07 = Workmen’s Compensation
- 08 = Self Pay
- 09 = Charity (Patient was not charged for care)
- 10 = Other
- 11 = Donor
- 12 = HMO
- 14 = Medicaid HMO
- 15 = Medicare HMO
- 16 = Blue Cross-National Capital Area
- 17 = Blue Cross – Other State (Non-MD)
- 18 = International Insurance
- 99 = Unknown

Col. 1a Health Plan Payer –Enter the Payer code from the Inpatient Data Submission Regulations - Record Type 1, Data Element 16, Primary Health Plan Payer or 17 Secondary Health Plan Payer - Codes 01 to 99, use code 00 for not applicable. The Primary Health Plan Data Table from FY2015 Inpatient

Data Submission Regulations (data element 16) is attached for reference. **These codes should be updated as the “Hospital Patient-Level Data Submission Requirements” are updated.**

Col. 2 Patient Category – Enter only one of the following patient categories per line, blanks are not acceptable:

- **inpatient services**
- **emergency department services**
- **outpatient services**

Col. 3 Denial Reason - Enter only one of the following reasons per line blanks are not acceptable:

- **medical necessity**
- **no pre-authorization**
- **untimely filing**
- **RAC Audit**
- **other**

Col. 4 Number of Cases Denied – Enter the total number of cases with billed charges written off as denied. Do not report reversals (or negative numbers). Only the total number of cases denied should be reported.

Col. 5 Total Amount Written Off as Denied – Enter the total amount of billed charges written off as denied (this should be a positive amount).

Primary Health Plan Data Table from FY2015 Inpatient Data Submission Regulations  
([http://www.hscrc.state.md.us/hsp\\_Info1.cfm](http://www.hscrc.state.md.us/hsp_Info1.cfm))

Record Type 1, Data Element 16: Primary Health Plan Payer:

Enter the primary (ex. Health maintenance organization (HMO), point of service plan (POS), Medicaid HMO, Medicare HMO, Commercial or similar payer) that corresponds to the primary payer using the following codes:

- A) Primary Adult Care (PAC) MCO
  - 01= AMERIGROUP
  - 02= JAI MEDICAL GROUP
  - 03= MARYLAND PHYSICIANS CARE
  - 04= PRIORITY PARTNERS
  - 05= UNITED HEALTH CARE

- B) HMO/POS:
  - 30= AETNA HEALTH PLANS
  - 31= CAREFIRST (I.E., BLUE CHOICE)
  - 32= CIGNA HEALTHCARE OF MID-ATLANTIC
  - 33= COVENTRY HEALTH PLAN OF DELAWARE
  - 34= KAISER PERMANENTE
  - 35= MAMSI
  - 36= UNITED HEALTHCARE
  - 37= OTHER HMO/POS
- C) Medicaid MCO HMO:
  - 42= AMERIGROUP
  - 43= COVENTRY HEALTH PLAN OF DELAWARE (DIAMOND PLAN)
  - 44= MEDSTAR FAMILY CHOICE, INC.
  - 45= JAI MEDICAL GROUP
  - 46= VALUE OPTIONS
  - 47= MARYLAND PHYSICIANS GROUP
  - 48= PRIORITY PARTNERS
  - 49= UNITED HEALTHCARE (AMERICHoice)
  - 50= OTHER MEDICAID MCO/HMO
  - 51= RIVERSIDE HEALTH
- D) Medicare HMO:
  - 55= AETNA (GOLDEN CHOICE)
  - 56= ELDERHEALTH
  - 57= UNITED HEALTHCARE (EVERGREEN HEALTHCARE\*)
  - 58= OTHER MEDICARE HMO
  - 59= INFORMED
  - 60= CIGNA HEALTHSPRING (BRAVO HEALTH\*)
  - 61= KAISER FOUNDATION HEALTH PLAN
- E) Commercial (Indemnity), PPO/PPN/Third Party Administrators(TPAs):
  - 65= AETNA
  - 66= CAREFIRST – CFMI (MARYLAND) (PPO, POS, BLUE PREFERRED, FEP)
  - 67= CAREFIRST – GHMSI (DC) (PPO, POS., BLUE PREFERRED, FEP)
  - 68= CCN/FIRST HEALTH
  - 69= CIGNA
  - 70= EMPLOYER HEALTH PLAN (EHP)
  - 71= FIDELITY BENEFITS ADMINISTRATOR
  - 72= GREAT WEST ONE PLAN
  - 73= KAISER PERMANENTE
  - 74= MAMSI (I.E., ALLIANCE PPO AND MAMSI LIFE AND HEALTH)
  - 75= NATIONAL CAPITAL PPO (NCPPO)
  - 76= PRIVATE HEALTH CARE SYSTEMS
  - 77= OTHER COMMERCIAL, PPO, PPN, TPA
  - 78= ANTHEM BC/BS
- F) Behavioral Health
  - 85= AMERICAN PSYCHIATRIC SYSTEMS (APS)
  - 86= CIGNA BEHAVIORAL HEALTH
  - 87= COMPSYCH
  - 88= MAGELLAN

- 89= MANAGED HEALTH NETWORK
- 90= UNITED BEHAVIORAL HEALTH
- 91= VALUE OPTIONS
- 92= OTHER BEHAVIORAL HEALTH
- G) Other Government Programs (Including Out-of-State Medicaid Programs)
  - 93= MD HEALTH INSURANCE PLAN (MHIP)
  - 94= MD HEALTH INSURANCE PLAN (MHIP PPO)
  - 65= TRICARE (I.E., HEALTH NET)
  - 96= UNIFORMED SERVICES FAMILY HEALTH PLAN (USFHP)
  - 97= OTHER MISCELLANEOUS GOERNMENT PROGRAMS (INCLUDES NON-MD MEDICAID)
- H) Other
  - 00= NOT APPLICABLE
  - 99= UNKNOWN

Institution No. List

- 210001 Meritus Medical Center
- 210002 UMMC
- 210003 Prince George
- 210004 Holy Cross
- 210005 Frederick Memorial
- 210006 UM-Harford Memorial
- 210008 Mercy Medical Center
- 210009 Johns Hopkins Hospital
- 210010 UM-Shore Medical Dorchester
- 210011 St. Agnes
- 210012 Sinai
- 210013 Bon Secours
- 210015 MedStar Franklin Square
- 210016 Washington Adventist
- 210017 Garrett County
- 210018 MedStar Montgomery General
- 210019 Peninsula Regional
- 210022 Suburban
- 210023 Anne Arundel
- 210024 MedStar Union Memorial
- 210027 Western Maryland Health System
- 210028 MedStar St. Mary's
- 210029 Hopkins Bayview Med Ctr
- 210030 UM-Shore Medical Chestertown
- 210032 Union Hospital of Cecil County
- 210033 Carroll County Hospital Center
- 210034 MedStar Harbor Hospital
- 210035 UM-Charles Regional Medical Center
- 210037 UM-Shore Medical Easton
- 210038 UM-Midtown
- 210039 Calvert

210040 Northwest  
210043 UM-Baltimore Washington  
210044 G.B.M.C.  
210045 McCready  
210048 Howard County  
210049 UM-Upper Chesapeake Health  
210051 Doctors Community  
210055 Laurel Regional  
210056 MedStar Good Samaritan  
210057 Shady Grove  
210058 Um Rehabilitation & Orthopedic Institute  
210060 Ft. Washington Medical Center  
210061 Atlantic General  
210062 MedStar Southern Maryland  
210063 UM-St. Joseph  
210064 Levindale  
210065 Holy Cross Germantown  
210087 Germantown Emergency Center  
210088 Queen Anne's Emergency Center  
210333 Bowie Emergency Center  
213028 Chesapeake Rehab of Maryland  
213029 Adventist Rehab of Maryland  
213300 Mt. Washington Pediatrics  
213478 Adventist Behavioral Health Eastern Shore  
214000 Sheppard Pratt  
214003 Brook Lane  
214013 Adventist Behavioral Health

**DENIALS REPORT**

**HOSPITAL NAME:**

**HOSPITAL NUMBER:**

**PERIOD:**

(1)	(1a)	(2)	(3)	(4)	(5)
<b><u>Payer that Denied</u></b>					
<b><u>Claim</u></b>	<b><u>HEALTH PLAN PAYER</u></b>	<b><u>PATIENT CATEGORY</u></b>	<b><u>DENIAL REASON</u></b>	<b><u>NUMBER OF CASES</u></b>	<b><u>TOTAL AMOUNT DENIED</u></b>