

# **HOSPITAL QUALITY CONTRIBUTION REPORT INSTRUCTIONS**

## **GENERAL INSTRUCTIONS:**

The electronic report is to be used on a monthly basis to calculate the Hospital Quality Contribution (HQC). This report should be submitted even if there were no inpatient obstetrical patient care services for the reporting month. **ONLY INCLUDE AMOUNTS BILLED ON BEHALF OF THE HOSPITAL AND NOT FOR PRIVATE PHYSICIAN BILLINGS OR AFFILIATION AGREEMENTS.**

## **COLUMN DESCRIPTIONS:**

**Column– Description:** Itemize total cash receipts by maternity services and normal newborn services.

**Column A – Current Month:** Report the current month's cash receipts.

**Column B – Adjustments:** Report adjustments due to errors or omissions in prior months. Adjustments may be either a positive or negative. Denote negative amounts with parenthesis (). Detailed records should be maintained as all data is subject to audit.

**Column C – Adjusted Total:** This calculates the sum of Columns A and B.

## **LINEAR DESCRIPTIONS:**

**Line 1a AND Line 1b. – CASH RECEIVED FROM INPATIENT OBSTETRICAL PATIENT CARE SERVICES**  
Enter ALL CASH RECEIPTS (and/or checks) received during the month. Cash receipts include but are not limited to payments received from Medicaid, Medicare, Blue Cross and Blue Shield, other insurance payors, Worker's Compensation, and self-payors. Receipts are assessable in the month they are received irrespective of the service date or billing period (cash basis).

**The following APR-DRGs or equivalent under a comparable classification system should be subject to the contribution:**

### **1a. MATERNITY SERVICES**

540 Cesarean Delivery

541 Vaginal Delivery with Sterilization and/or Dilation and Curettage

542 Vaginal Delivery with Complicating Procedures Excluding Sterilization and/or Dilation and Curettage

560 Vaginal Delivery

### **1b. NORMAL NEWBORN SERVICES**

640 Normal Newborn

**Line 1**-This calculates Total Cash Receipts: Line 1a plus Line 1b.

**Line 2** – Assessment Rate: The applicable assessment rate for a given report period

**Line 3** – Current Month Assessment: This Multiplies Line 1 by Line 2

**Line 4** – Other Adjustments: Reserved for use when a credit for a prior month is reported. Detailed records should be maintained as all data is subject to audit.

**Line 5** – Amount Due: This adds Line 4 plus Line 5. If the amount is negative (a credit amount), it is automatically reported on Line 6. Otherwise, remit this amount to the Assessment Fund Administrator.

**Line 6** – Excess Credit for Future Remittance: This calculates the credit amounts, if any, from Line 5 and carries it forward to Line 4 of next month's report.