

Minutes
Reimbursement Process Workgroup,
Subgroup Orientation
HSCRC Monday, April 22, 2024
1:00 – 2:00 PM
4160 Patterson Avenue
Baltimore, MD 21215

Attendees (all virtual meeting)

HSCRC Staff:

Megan Renfrew, Claudine Williams, Andrea Strong, Chris Obrien, Oscar Ibarra, William Hoff, Curtis Wills, Wayne Nelms, Paul Katz

Workgroup Members and Other Attendees:

Aaron Clutter, Frederick Health; Albert Galinn, JHHS; Anita Petri, GBMC; Brandy Richmond, Comptroller; Bryan Thompson, WIC/MDH; Chantel Moulton, ChristianaCare; Deborah Herron, Medstar; Heather Forsyth, HEAU; Jennifer Wilson, WIC/MDH; Jeffrey Hill, Comptroller; Judy Riesen, ChristianaCare; Jake Whitaker, MHA; Kimberly Cammarata, HEAU; Kelli Tome, ChristianaCare; Krista Sermon, Comptroller; Lauren Klemm, GBMC; Magen Underwood, ChristianaCare; Marceline White, Economic Action MD; Mary Sonier, Medstar; Maryann Maher, DHS; Meenakshi Gajendiran, DHS; Patrick Teta, Meritus Health; Patrick Wall, Medstar; Robyn Elliott, Public Policy Partners; Sarah Stowens, ChristianaCare; Shawn McCardell, Frederick Health; Solomon Durgam, DHS

- I. Welcome and Introductions:** Megan Renfrew welcomed the workgroup and announced new workgroup members. As regular meetings resume, organizations were asked to consider if representation is still current and suitable.
- II. Overview of law and update from December through March:** Ms. Renfrew reviewed the statute – Health General § 19-214.4 – as amended by Chapter 310 (2023). The discussion and steps taken between December 2023 and March 2024 were summarized, citing major operational challenges with sharing state data because of restrictions on 3rd party use. The statute provides legal authority to modify the process as necessary under Health General 19-214.4(d)(1), so legislative meetings were held yielding a new proposed process and data flow. HSCRC will provide an update to legislators in June and legislators expect data exchange to start in January 2025.
- III. New Process:** Ms. Renfrew stated the goal of the new process is to eliminate sharing of Personally Identifiable Information (PII) between State agencies and eliminate sharing of State data with PII with hospitals. An updated flow chart was shared with the group for discussion. To eliminate the sharing of PII, the second step of the process differs from the original. Hospitals will send data sets to the Comptroller, DHS, and WIC/MDH of all patients who paid an out-of-pocket amount greater than \$25 between 2017 and 2021. Each agency will match hospital data to their own data (Comptroller to tax data, DHS, and WIC to programs that qualify for presumptive eligibility) and, for those that qualify, will send a letter to the patient to inform of

potential eligibility for a refund. The patient will then contact the hospital and, if eligible, the hospital will provide a refund to the patient.

Albert Galinn, JHHS, inquired if a sample letter is available yet and Ms. Renfrew noted that additional work will be required from the Consumer Support and Communications subgroup to develop the letter template and make policy decisions regarding the content of the letters given the new workflow.

Robyn Elliott, Public Policy Partners, inquired if the patient's address to be used would be the same as the Comptroller's address for the patient. While the expectation had been to use the address provided by the hospital, there may now be an opportunity to use the address that is most current, so Ms. Renfrew suggested this point should have further discussion in a subgroup. Ms. Elliott noted that a patient's preferred address may be different than the one used by the Comptroller.

Shawn McCardell, Frederick Health, inquired as to what year will be used for income calculations, if a patient could receive multiple letters, and how hospitals would know which years and/or accounts to consider for refunds. Ms. Renfrew noted that patients could receive multiple letters. Policy decisions will be needed about the content and number of letters, including the year of service, indication of services at multiple hospitals, and branding. As the number of letters increases, so does the cost.

Mr. Galinn inquired about cost estimates and how these will be divided between hospitals. Ms. Renfrew responded that there are no estimates yet given the needed policy decisions but will seek to share a run rate in the coming months. The division of costs is described in the previous Scope of Work (SOW), allocated by number of potentially eligible patients identified for each hospital. Calculations will need to happen at the end of the process.

Krista Sermon, Comptroller's Office, noted that the volume estimates for letters should be prioritized in the timeline as agencies will need lead time for procurement of the materials. This will also depend on the content determined for each letter.

In the last steps of the process, the patient contacts the hospital based on the letter, the hospital confirms patient eligibility, and sends refund.

Mary Sonier, Medstar, inquired about required webpage content versus letter content and Anita Petri, GBMC, asked if hospitals will get copies of the letters. Ms. Renfrew responded that contact information will be in both the letters and webpages, but that previous drafts will need to be edited within the Consumer Support and Communications subgroup to account for process and policy changes. Hospitals will not get copies of the letters, as this could run afoul of data sharing limitations, but may receive the total number of letters sent.

Mr. Galinn asked if the letters will state amounts or just note potential eligibility. Ms. Renfrew noted that including the amounts was not considered in the original process but may be a consideration now. Additionally, this may highlight the need to include eligibility year(s), which could be helpful to the process. This also raised the question of the minimum number of data elements needed for hospitals to match when a patient contacts them.

IV. Workplan: Ms. Renfrew shared the need and intent to restart the overarching workgroup and subgroup discussions. Legal documents are to be revised by

September and signed by year-end. Subgroup discussions will be needed to answer questions around data sharing and templates and patient communications (including an outreach campaign). The goal is to start the data exchange in late 2024/early 2025, with refunds sent by June 2025. Reimbursement of State agencies will occur in Fall 2025.

Ms. Sermon noted that the existing legal docs and SOW can be used toward a new MOU. However, the Data Sharing Agreement and data flow will need more input from hospitals since the process will start with them. This may create different legal hurdles if agencies would need to review different agreements from each hospital.

- V. **Subgroup structure:** A question was posed to the workgroup about keeping the existing structure of subgroups – Policy & Legal, Data Management, Consumer Support & Communications. Mr. Galinn suggested that Data Management and Consumer Support overlapped, but that Policy & Legal should be separate. Mary Sonier suggested keeping the groups together but segmenting the meetings by topic. Maryann Mahar appreciates having a separate group for Data Management. Krista Sermon suggested that better work may be done in smaller groups but would still want to participate in all – perhaps with some able to attend without directly participating. Brandy Richmond agreed, noting benefits from Data Management meetings while finding some Consumer Support meetings useful. Ms. Renfrew offered the possibility that all are invited to all meetings, but with very specific agendas and topics for each to drive appropriate participation.

- VI. Next steps: Ms. Renfrew asked organizations to review meeting invitation lists to ensure proper representation. Future meetings will be scheduled soon.