



maryland  
**health services**  
cost review commission

---

# Meeting on Implementing Law providing Reimbursements for Hospital Patients

## Data Subgroup

June 4, 2024

Megan Renfrew

Claudine Williams

# Agenda

Topic	Time
Welcome	3:30 - 3:35
Review of Data Elements	3:35 - 3:55
Data Security Plans	3:55 - 4:15
File Sharing	4:15 - 4:20
Reminders & Next Steps	4:20 - 4:30

# Principles for Completing Work

- **Collaboration**

  - Focus on implementing the law with a collaborative spirit

- **Transparency**

  - Ensure that key stakeholders have input to decisions

- **Shared Responsibility**

  - HSCRC will organize the work (project management)

  - State and hospital partners are key to success

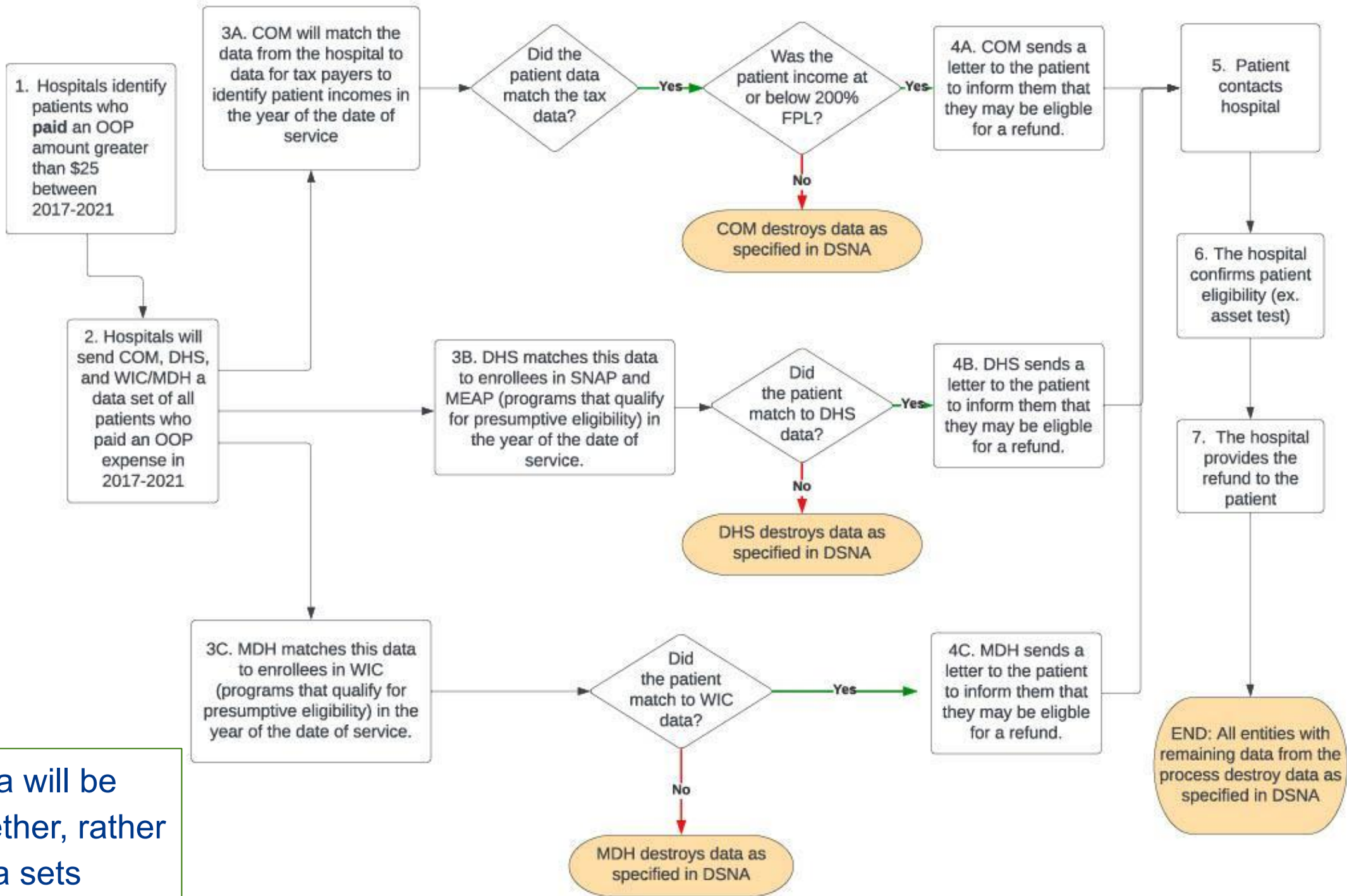
  - Some work will occur between meetings or in smaller groups

# Considerations for Discussions

## Primary Goal: Providing Refunds to Patients

### Other Considerations:

- Fairness / Consistency in Implementation
- Safety of Vulnerable Populations (minimize information in letters, consider which address is best)
- Data Security / Data Privacy
- Legal Authority
- Operational Feasibility



All years of data will be processed together, rather than in two data sets



# Review of Data Elements

- Discuss List (separate document)
- Review usefulness of the following in the new process:
  - Patient Medical Record Number
  - Encounter Number
- Can/should either or both of these numbers be a “reference” number included on the state agency letters to patients?
- What is the difference between these numbers and a “Patient Account Number”?
- Do encounter numbers contain dates?

# Data Security Plans

- Submission of data security plans was originally required in the Data Security and Nondisclosure Agreement because State Agency data was being shared with hospitals. This is no longer true.
- Hospitals will still be sharing data with State Agencies. State agencies must follow DoIT data security requirements.
- Some commenters raised concerns that sharing data security plans would raise security risks.
- Are data security plans from DSNA signatories still necessary?

# File Sharing

- Each agency will have their own process for accepting hospital data.
  - Comptroller's Office: SFTP ([securemft.marylandtaxes.gov](https://securemft.marylandtaxes.gov))
  - DHS: The MDTHINK team will provide the SFTP server access.
  - WIC/MDH: SFTP folder will be provided by MDH OET.



## Reminders & Next Steps

- Comments on content for letters to patients? Please submit by 6/14.
- Communications Workgroup in Friday, June 7, to talk about outreach campaign.
- Coming Soon:
  - Data Template and Instructions
  - Request for hospitals to submit copies of the asset test policies in effect during 2017-2021, if hospital plans to use asset tests for refund eligibility.
  - The MOU, DSNA, and Scope of Work document to share for another round of public comment in June.

# Thank you!

- Megan Renfrew, Deputy Director, Policy and Consumer Protection
  - [megan.renfrew1@maryland.gov](mailto:megan.renfrew1@maryland.gov)
  - 410-382-3855 (cell)
- Claudine Williams, Principal Deputy Director, Health Data Management and Integrity
  - [claudine.williams@maryland.gov](mailto:claudine.williams@maryland.gov)
- Curtis Wills, Fellow, Health Data Management
  - [curtis.wills@maryland.gov](mailto:curtis.wills@maryland.gov)
- Paul Katz, Program Analyst
  - [paul.katz@maryland.gov](mailto:paul.katz@maryland.gov)



# Appendix

---

# Overview of Law

HSCRC must develop a process that:

1. Identifies patients who paid more than \$25 for hospitals services who may have qualified for free care under Health General §19–214.1 on the date the hospital service was provided during calendar years 2017 through 2021;
2. Provides reimbursement to the identified patients, which may be applied “incrementally”;
3. Ensures that a patient’s alternate address is used if the patient requested an alternate address for safety reasons; and
4. Determines how HSCRC, MDH, DHS, the Office of the Comptroller, and MSDE should share and disclose relevant information, including tax information, to the minimum extent necessary, to the hospital and in accordance with federal and state confidentiality laws for the purpose of carrying out the required process.

HSCRC must coordinate with MDH, DHS, the Office of the Comptroller, MSDE, and the Maryland Hospital Association (MHA).

Health General § 19-214.4, as amended by [Chapter 310 \(2023\)](#)