

Minutes
Reimbursement Process –
Consumer Support and
Communications Subgroup
HSCRC Friday, June 7, 2024
10:00 AM – 11:00 AM
4160 Patterson Avenue
Baltimore, MD 21215

Attendees (all virtual meeting)

HSCRC Staff:

Claudine Williams, Paul Katz, Zachary Starr

Workgroup Members and Other Attendees::

Jennifer L. Wilson, WIC/MDH; Albert Galinn, JHHS; Anita Petri, GBMC; Heather Forsyth, HEAU; Diana-Lynne Hsu, MHA; Lauren Klemm, GBMC; Patrick Teta, Meritus Health; Judy Riesen, ChristianaCare; Cheryl Dorr, JHHS; Greg Shaffer, GBMC; Jenifer Harris, ChristianaCare; Jake Whitaker, MHA; Kim Cammarata, HEAU; Mary Sonier, Medstar; Shawn McCardell, Frederick Health; Tracie Henry, ChristianaCare

- I. **Welcome and Introductions:** Claudine Williams welcomed the workgroup, reviewed the agenda, rules for collaboration, and the recent process change.
- II. **Webpages:** Ms. Williams reviewed draft language intended for hospital and HEAU webpages for the reimbursement process and asked for initial input ahead of written comments.

Heather Forsyth, HEAU, noted that timelines are shifting. Letters were intended to go to patients in the fall. However, if HEAU is handling consumer support, January will be problematic. Additionally, instructions say to wait for a letter, but those patients qualified due to the free/reduced meal status will not receive a letter. Wording needs to be adjusted. Should be noted that patients may receive more than one letter, and that letters should be saved for hospital conversations. “If you are found eligible...” sentence should be reworked. HEAU will set up a separate email address and phone number for this project, so these will need to be updated within drafts and documentation.

Albert Galinn, JHHS, suggested explaining details first with the webpage wording, thinking that people may not move past refund language before calling the hospital and asked when hospital webpages should be operational. Ms. Williams noted that wordsmithing should be considered, but too much initial information could also hinder patients from reading further. Under the current timeline, webpages are sought this summer, so language needs to be nailed down soon.

Cheryl Dorr, JHHS, noted that one instance of text mentions “\$25 for the visit” which is more restrictive than what is being used by the hospital. Instead, this should be “\$25 per year.” She then asked how patients could prove eligibility under the free/reduced lunch program. Ms. Forsyth suggested that contacting HEAU could help with this, though this could raise issues about the HEAU consent form. Jennifer Wilson, WIC/MDH, noted that WIC often does

eligibility verification but was unsure about a verification for free/reduced lunch programs. Ms. Dorr noted that hospitals are expecting something within the letter (e.g. reference number) to know it is valid, which would be missing in such instances. Ms. Williams reminded the group that MSDE is not part of the data sharing process. Ms. Forsyth offered that such instances will be one-offs, and customers would need to coordinate through HEAU. A single contact at MSDE is desired, as this data is not centrally managed. Ms. Dorr noted that these patients won't go through the same process as others, and Ms. Wilson pointed out that there will also be consumers that are WIC-eligible but that will not get a letter due to data matching.

Mr. Galinn asked about what is going out in publications and communicated out to the state as this may be the only way a patient finds out about this. Ms. Williams pointed to hospital websites, social media, and the outreach campaign.

Shawn McCardell (Frederick Health) resurfaced the issue of free/reduced school lunches, pointing out that hospitals wouldn't know who qualified on income rather than pandemic era universal free lunch programs. Wording should be clear that it is based on income. Ms. Forsyth said a conversation is needed with MSDE to determine a pathway for this and reiterated the need for a single point of contact. Ms. Williams suggested that patients could potentially show income eligibility to HEAU as a secondary verification and Ms. Forsyth noted that this is a difficult but not insurmountable problem.

Tracie Henry, ChristianaCare, cited the last line of the first paragraph and suggested it could be problematic. Ideally, remove "If you are found eligible..." sentence as this line would drive a higher volume of calls. Mary Sonier, Medstar, noted that the language is different from the over-\$25 language and suggested "may be eligible..." as an alternative.

Ms. Forsyth noted that draft language for HEAU and hospital websites are nearly identical but likely shouldn't be. E.g., HEAU intends greater breakdown of info into sections, disclaimers, etc. It will include a table to show 200% of FPL for each of the years in question. This will appear on HEAU site and would recommend the same or similar (or link) for hospital websites.

III. Communications / Outreach Campaign: Ms. Williams reviewed Draft Social Media Content document.

Ms. Forsyth suggested that #Maryland is likely just a placeholder. #HospitalRefundLaw might be better. This should be consistent. Reimbursement isn't the best word choice and other messages deserve some wordsmithing. E.g., "Here's where to see if you qualify" doesn't seem quite right as it will show eligibility requirements but not determine qualification. She noted that the bullet point that says "were not covered by Medicaid" and wondered why this is being called out here and not elsewhere.

Mr. Galinn would prefer that text abbreviations are spelled out instead ("Did you know" vs. "DYK") and doesn't like "Hey there." He said he would take this to his communications team for input. Ms. Williams is open to language suggestions but comments need to be received by June 21st. Comments on the content of the letter to patients is due by June 14th.

Ms. Williams posed a question to the group, noting that as patients are starting to ask about refunds. Should there be webpages that note that the process is being set up? Ms. Forsyth suggested a placeholder page for hospitals in the short term and has some language to propose. Mr. Galinn noted that work is still needed on the web page and, if not starting letters until fall, a site update now could cause additional phone calls before they are ready. Ms. Williams suggested this could start with the HEAU webpage in the meantime. Ms. Forsyth suggested compiling hospital contact information as this will be included on the HEAU site as well. Ms. Williams

noted that the statute requires phone numbers and email addresses for hospitals.

- IV. **Timing:** Ms. Forsyth raised the issue of getting letters out sooner, noting the line “If you receive a letter, contact the hospital by June 1, 2025.” She suggests this is too much time and may lead to consumers forgetting about the letter, so it should be a shorter time frame.
- V. **Reminders & Next Steps:** Ms. Williams reminded all to submit comments on letters to patients by 6/14 and comments on webpage and social media messages by 6/21. The data template and instructions are coming soon, and asset tests should be submitted by hospitals. The MOU, DSNA, and SOW will be sent for public comments in June.