



maryland  
**health services**  
cost review commission

---

## Meeting on Implementing Law providing Reimbursements for Hospital Patients

May 2024

Megan Renfrew

# Agenda

Topic	Time
Welcome	11:00 - 11:05
Approach to Letters	11:05 - 11:45
Announcements and Next Steps	11:45 – 12:00

# 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

# Options for Letter Distribution (Number of Letters)

	<b>Option 1:</b> One letter per agency per unique eligible patient, containing all hospitals and all eligible years (2017-2021) where that patient is eligible.	<b>Option 1A:</b> Each state agency sends letters to qualifying patients twice.	<b>Option 2:</b> One letter per patient per agency per hospital for all years(2017-2021) combined where that patient is eligible.
<b># of Letters per Patient</b>	0 - 3 0 = Patients with no match 3 = Patients who match at all agencies	0 - 6 0 = Patients with no match 6 = Patients who match at all agencies in option 1a, patients that match at all agencies in both data sets in opt	0 - Many 0 = Patients with no match Many = Match at all 3 agencies and went to multiple hospitals.*
<b>Cost</b>	Lowest Cost		Highest Cost
<b>Branding</b>	State Agency	State Agency	State Agency or Hospital

\* For example, a patient who went to 3 hospitals and matched at 3 agencies would get 9 letters.



## Sample Letter Text: Options 1 and 1a

### *Branding from a State Agency*

Dear [Patient],

Our records indicate that you paid for hospital services at the following hospitals:

- Johns Hopkins Hospital, for services received in 2017
- MedStar Good Samaritan, for services received in 2020 and 2021.

You may have qualified for free care. You may be eligible for a refund for the amount you paid. Please contact the hospital(s) to find out if you are eligible for a refund.

[CONTACT INFORMATION FOR THE HOSPITAL]

More information about this law can be found at [WEB ADDRESS FOR HEAU PAGE DESCRIBING THIS].

*Does this need a patient account number to allow the hospital to identify the patient?*

## Sample Letter Text: Option 2

### *Hospital Branding, sent by a State Agency*

Dear [Patient],

You may qualify for a refund for a hospital bill. Our records indicate that you paid for hospital services at [HOSPITAL NAME] in [2017, 2018, 2019, 2020, and/or 2021]. The State of Maryland recently informed this hospital that you may have qualified for free care. Please contact us to find out if you are eligible for a refund.

[CONTACT INFORMATION FOR THE HOSPITAL]

More information about this law can be found at [WEB ADDRESS FOR HEAU PAGE DESCRIBING THIS].

*Does this need a patient account number to allow the hospital to identify the patient?*

## State Agency Observations

- Option 1 works best if all 5-years of data is processed together.
- Need to start procurement process now and related timing issues
- Cost of Mailings to State Agencies: Reimbursement v. Upfront Payments to State Agencies
- Branding and Customer Service Burden



## Discussion

*What is your preferred approach to the number of letters and letter branding?*

# Announcements & Next Steps

- All years of data will be processed together, rather than two data sets as previously planned (2021, and 2017-2020).
- Comments on letter content? Please submit by 6/6. Goal is to finalize letter text by 6/15.
- Data Management Workgroup in June to talk about data template and instructions.
- Communications Workgroup in June to talk about outreach campaign.
- Hospitals should expect a request for copies of the asset test policies in effect during 2017-2021, if hospital plans to use asset tests for refund eligibility.
- HSCRC is working to update 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)
- 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 \(2023\)](#)



