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To: All CFOs Maryland Acute Care Hospitals

From: Robert Murray, Executive Director

Date: May 21, 2009

Re: Maryland Hospital Patient Information Sheet

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According to Health-General §19-214.1(e), Maryland's acute care hospitals must provide a patient information sheet to patients being discharged from the hospital. The HSCRC has developed guidelines for assisting hospitals in developing their patient information sheet. The requirement has a June 1, 2009 effective date, which all acute hospitals must be prepared to meet.

[Click here for the Patient Information Sheet](#)

In order to fulfill the requirements of the statute, the HSCRC will require that all acute care hospitals provide a copy of their information sheet to the HSCRC by June 19, 2009. It should be sent to Amanda Vaughan at the following email address: [Amanda.Vaughan@maryland.gov](mailto:Amanda.Vaughan@maryland.gov).

If you have any questions regarding the enclosed information, please contact Steve Ports or Amanda Vaughan at 410-764-2605.

## Maryland Hospital Patient Information Sheet

### Frequently Asked Questions

- 1. What must be provided to patients in the information sheet by acute care hospitals required under Health-General §19-214.1(e) and Maryland regulations, COMAR 10.37.10.26 (6)?**
  - a. Description of the hospital's financial assistance policy;
  - b. Description of the patient's rights and obligations with regard to hospital billing and collection under the law;
  - c. Contact information for the individual or office at the hospital that is available to assist the patient, the patient's family, or the patient's authorized representative with
    - i. the patient's hospital bill;
    - ii. the patient's rights and obligations; and
    - iii. how to apply for free and reduced care.
  - d. Contact information for the Maryland Medical Assistance Program; and
  - e. A statement that physician charges are not included in the hospital bill and are billed separately.
- 2. When must this sheet be available?**
  - a. June 1, 2009, it must be ready to give to patients before discharge, along with the hospital bill, and upon request.
    - i. Before discharge means the form can be provided to patients as part of the registration packet.
- 3. Does the form have to be provided with every billing statement mailed to the patient?**
  - a. It is the current position of the HSCRC that the information sheet be provided, at a minimum, with the initial bill; however, this position is subject to further review. If this position changes, hospitals will be given advance notice of any such change.
- 4. Does the information sheet requirement apply only to bills for inpatient services?**

- a. Yes. At this time, it refers to inpatient services. The Commission will study the feasibility of applying this requirement to outpatient bills as well. If this policy changes, hospitals will be given advance notice. The Commission expects that hospitals that have been providing an information sheet to patients receiving outpatient services in the past should continue to do so.
- b. An information sheet is not required to be used by non-acute care, psychiatric and chronic care hospitals at this time. The Commission will be studying whether an information sheet should be provided by these facilities in the future.

**5. Do our patient information sheets have to be identical to the one developed by the HSCRC?**

- a. No. The HSCRC information sheet is a sample sheet designed to assist hospitals in understanding the elements that should be included. It is incumbent on hospitals to comply with the provisions specified under Question #1.
- b. The HSCRC will be requiring hospitals to submit their information sheets in place in mid-June (2009). The HSCRC will review these sheets for compliance with the law, commonality, and reasonableness. Following this review, the Commission may provide more specific requirements. Hospitals will be provided advance notice of any changes.

**6. Is a verification of receipt (patient signoff) necessary?**

- a. At this time, it will not be required. The HSCRC will consider this as part of the review referred to under Question #5b.

**7. In what language must the form be provided?**

- a. At a minimum, English and Spanish.

# HSCRC Guidelines for Developing the Maryland Hospital Patient Information Sheet

A patient information sheet is required to be provided to patients and their representatives at discharge, with hospital bills, and on request

**Hospital Financial Assistance Policy:** (This is intended to inform patients about the hospital's financial assistance policy. Give a 3 – 10 line description)

**Example:**

- This hospital provides emergency or urgent care to all patients regardless of ability to pay.
- You are receiving this information sheet because under Maryland law, this hospital must have a financial assistance policy and must inform you that you may be entitled to receive financial assistance with the cost of medically necessary hospital services if you have a low income, do not have insurance, or your insurance does not cover your medically-necessary hospital care and you are low-income.
- This hospital meets or exceeds the legal requirement by providing financial assistance based on: (give specifics of your financial assistance policy for free or reduced-cost care; i.e. income level, family size, etc., stress the importance of collecting correct information).

**Patients' Rights and Obligations**

**Patients' Rights:** (This section is intended to inform patients of their right to receive assistance in paying their hospital bills)

**Example:**

- Those patients that meet the financial assistance policy criteria described above may receive assistance from the hospital in paying their bill.
- If you believe you have wrongly been referred to a collection agency, you have the right to contact the hospital to request assistance (see contact information below).
- You may be eligible for Maryland Medical Assistance. Medical Assistance is a program funded jointly by the state and federal governments that pays the full

cost of health coverage for low-income individuals who meet certain criteria (see contact information below).

**Patients' Obligations:** (This section is intended to inform patients of their obligation to pay the hospital bill and to provide complete and accurate information to the hospital)

**Example:**

- For those patients with the ability to pay their bill, it is the obligation of the patient to pay the hospital in a timely manner.
- This hospital makes every effort to see that patient accounts are properly billed, and patients may expect to receive a uniform summary statement within 30 days of discharge. It is your responsibility to provide correct insurance information.
- If you do not have health coverage, we expect you to pay the bill in a timely manner. If you believe that you may be eligible under the hospital's financial assistance policy, or if you cannot afford to pay the bill in full, you should contact the business office promptly, (give phone number) to discuss this matter.
- If you fail to meet the financial obligations of this bill, you may be referred to a collection agency. In determining whether a patient is eligible for free, reduced cost care, or a payment plan, it is the obligation of the patient to provide accurate and complete financial information. If your financial position changes, you have an obligation to promptly contact the business office to provide updated/corrected information.

**Contacts:** (this section is intended to provide easy access for patients to contact the hospital, Medical Assistance, etc.)

**Example:**

- If you have questions about your bill, please contact the hospital business office at: (give phone number.) A hospital representative will be glad to assist you with any questions you may have.
- If you wish to get more information about or apply for the hospital's financial assistance plan, you may call (give phone number) or download the uniform financial assistance application from the following link:  
[http://www.hsrcr.state.md.us/consumers\\_uniform.cfm](http://www.hsrcr.state.md.us/consumers_uniform.cfm)

- If you wish to get more information about or apply for Maryland Medical Assistance you may contact your local Department of Social Services by phone 1-800-332-6347; TTY: 1-800-925-4434; or internet [www.dhr.state.md.us](http://www.dhr.state.md.us) .

### **Physician Services**

**Physician services provided during your stay will be billed separately and are not included on your hospital billing statement.**