JOHNS HOPKINS
UNIVERSITY & MEDICINE

TO: The Honorable Heather Bagnall, Chair
House Health Committee

HB865
Favorable

FROM: Annie Coble
Assistant Director, Maryland Government Affairs

DATE: February 19, 2026

RE: HB865 Health Insurance – Remittance Advice – Interest on Late-Paid Claims

Johns Hopkins supports **HB865 Health Insurance – Remittance Advice – Interest on Late-Paid Claims**. This bill improves communication by payers by identifying interest payments on remittance advice.

As the Committee is aware, insurers are required to pay interest for claims that are not paid in a timely fashion. However, as a provider there is no way to know for sure as the remittance advice issued from the payer does not detail that information.

You will see in the example remittance below, that there is no detail in the remittance indicating what is included in the paid amounts. In this example, the claim was sent to the insurer on May 30th and payment was received on July 15th, which means we were owed 1.5% interest payment according to Insurance 15–1005(g); however, there are no reason or remark code that indicates interest had been paid, it doesn't look like any interest was paid, and we have no way of knowing for sure/it makes it very difficult to tell if they aren't required to tell us.

We believe providing details on if and the amount of interest paid will create clarity for the providers on the payments they are receiving.

Accordingly, Johns Hopkins respectfully requests a **FAVORABLE** committee report on HB865.

[redacted]

EXPLANATION OF BENEFITS

This document is not a bill. Please retain a copy of this document for your own records.

For questions, concerns, or change of address, please direct your calls to the phone number listed to the left.

Payment Made To:
JOHNS HOPKINS HOSPITAL
PO BOX 418297
BOSTON, MA 02241

[redacted]

[redacted]

Service Dates From	To	Procedure Code	Service Units	Billed Amount	Allowed Amount	Remarks	Provider Discount	Copay	Deduct.	Co-Insur.	Other Insurance	Not Covered	Other Adjustment Amount	Reason	Benefit Amount
05-05-2025	05-14-2025	NU 0121	1	2963.09	2963.09	N45									2963.09
05-05-2025	05-14-2025	NU 0127	8	20654.56	20654.56	N45									20654.56
05-05-2025	05-14-2025	NU 0221	1	668.33	668.33	N45									668.33
05-05-2025	05-14-2025	NU 0250	4105	1559.73	1559.73	N45									1559.73
05-05-2025	05-14-2025	NU 0272	6	369.08	369.08	N45									369.08
05-05-2025	05-14-2025	NU 0278	1	1122.09	1122.09	N45									1122.09
05-05-2025	05-14-2025	NU 0300	15	298.72	298.72	N45									298.72
05-05-2025	05-14-2025	NU 0301	34	1097.60	1097.60	N45									1097.60
05-05-2025	05-14-2025	NU 0302	2	225.59	225.59	N45									225.59
05-05-2025	05-14-2025	NU 0305	34	956.36	956.36	N45									956.36
05-05-2025	05-14-2025	NU 0306	10	1992.56	1992.56	N45									1992.56
05-05-2025	05-14-2025	NU 0320	1	65.76	65.76	N45									65.76
05-05-2025	05-14-2025	NU 0361	1	1578.24	1578.24	N45									1578.24
05-05-2025	05-14-2025	NU 0390	4	2781.12	2781.12	N45									2781.12
05-05-2025	05-14-2025	NU 0402	1	65.76	65.76	N45									65.76
General Claim Adjustments				36398.59	36398.59		0.00	0.00	0.00	0.00	0.00	0.00	0.00		36398.59

Total Billed Amount: 36398.59 Patient Responsibility: 0.00 Total Benefit Amount: 36398.59

Remark Codes
N45: Payment based on authorized amount.