



STATE OF MARYLAND

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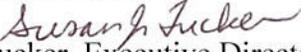
Maryland Department of Health and Mental Hygiene

Larry Hogan, Governor - Boyd Rutherford, Lt. Governor - Van Mitchell, Secretary

**MARYLAND MEDICAL ASSISTANCE PROGRAM**

June 22, 2016

To: Hospital Administrators

From:   
Susan J. Tucker, Executive Director  
Office of Health Services

Re: Follow Up Items from MHA Meeting

**Note: Please ensure that appropriate staff members in your organization are informed of the contents of this memorandum.**

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The following updates are clarifications of items that were discussed during the Maryland Hospital Association (MHA) meeting held on June 9, 2016.

**Reconsiderations**

The Department has identified four different scenarios in which hospitals may need to request a reconsideration. After identifying the appropriate scenario, providers should follow the procedures listed below to request the first level of appeal on denial decisions. ***Requests for reconsiderations that are submitted outside of the timeframes and/or processes listed below will be not be processed by Telligen. Additionally, all requested documentation MUST be submitted with the initial request for reconsideration.***

**For denials issued by Telligen in Qualitrac:**

- Reconsiderations may be requested by clicking the ***Reconsideration*** button in Qualitrac.
- Requests for reconsideration will only be accepted through July 30, 2016 for denial decisions that are made between April 1, 2016 and June 30, 2016.
- Requests for reconsideration will be accepted within 30 days of the date on the denial letter for denial decisions that are made on or after July 1, 2016.
- Telligen will complete these reviews within 15 days of receipt of the request.

**For denials issued by Telligen for Delmarva backlog:**

- Reconsiderations must be requested by completing the fillable *Acute Hospital Reconsideration Request* form, which can be found at <http://www.telligenmd.qualitrac.com/document-library> and <https://mmcp.dhmdh.maryland.gov/Pages/UCATransition.aspx>, and faxing to Telligen at 1-888-297-4276.
- Requests for a reconsideration will be accepted from July 1, 2016 to July 30, 2016.
- Telligen will complete these reviews within 15 days of receipt of the request.

**For denials issued by Delmarva from December 1, 2015 through January 31, 2016:**

- Reconsiderations may be requested by submitting a new retrospective review in Qualitrac.
- Providers MUST submit the medical record and Delmarva decision letter in Qualitrac.
- Requests for a reconsideration will be accepted from July 1, 2016 to July 30, 2016.
- Telligen will complete these reviews within 20 days of receipt in Qualitrac.

**For reconsiderations that were initially sent to Delmarva for the period of July 1, 2015 to November 30, 2015, but not completed:**

- Reconsiderations may be re-requested by submitting a new retrospective review in Qualitrac.
- Providers MUST submit the medical record, Delmarva decision letter and the letter from the provider requesting a reconsideration from Delmarva in Qualitrac.
- Requests for a reconsideration will be accepted from July 1, 2016 to July 30, 2016.
- Telligen will complete these reviews within 20 days of receipt in Qualitrac.

**Requesting Re-Review of Hospital Admission for a Patient with Retrospective Eligibility**

At the MHA meeting, hospitals requested the appropriate process for having Telligen re-review a case for a recipient who lost Medicaid eligibility during a hospital stay. In this scenario, the case would have been partially reviewed in Qualitrac, resulting in a partial approval/denial decision due to the loss of eligibility.

If the hospital would like to have the case re-reviewed:

- Providers must complete the fillable *Acute Hospital 3808 Correction Request Form*, requesting a change in the recipient's MA Eligibility Dates, and fax it to Telligen at 1-888-297-4276.
- Telligen will verify the need for the correction and confirm that the recipient had Medicaid eligibility on the dates reported.
- The case will be reassigned to a nurse to review the days that were previously "non-covered" for medical necessity.

### **Appeal by Physicians**

If a preauthorization for an elective inpatient admission is denied by Telligen, only the hospital that entered the request in Qualitrac may request a reconsideration of the decision. If the patient's community physician disagrees with the denial decision, the physician may provide additional information to the hospital who, in turn, is able to submit the additional documentation through Qualitrac for review during the reconsideration process.

### **Abortion Services**

Fee-for-Service Medicaid is responsible for covering inpatient facility charges related to abortion services for all Medicaid recipients, including those individuals who have eligibility through an MCO. A 3808 is needed for these inpatient admissions; however Qualitrac is not set up to accept reviews for recipients with MCO eligibility. For these recipients, providers should complete a paper 3808 request and fax it to Telligen at 1-888-297-4276 along with the patient's complete medical record. ***Note: The 3808 must have a diagnosis code for abortion services present.***

### **Revenue Code 0610**

After review of revenue code 0610 for MRI general classification, the Department has determined that this code should be payable. This code is listed as a non-covered service in the UB04 Billing Manual, and was therefore, being denied by MCOs. The Department is working to correct the billing manual. A communication will also be sent out to MCOs providing them with clarification of this issue.

If you have questions regarding this memorandum, please contact Maryam Baharloo, Division Chief for Hospital Services at 410-767-1724 or she may be reached at [maryam.baharloo@maryland.gov](mailto:maryam.baharloo@maryland.gov).