

Office of Health Services
Medical Care Programs



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

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

MARYLAND MEDICAL ASSISTANCE PROGRAM

Hospital Transmittal No. 243

August 11, 2016

TO: Maryland Hospitals
Managed Care Organizations
Beacon Health Options

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

RE: Update in Procedure for Submitting Claims Reviews

NOTE: Please ensure that appropriate staff members in your organization are informed of the contents of this transmittal

The purpose of this memorandum is to notify Maryland hospitals of a change in procedure for submitting disputed claims to the MCO/ASO Dispute Resolution Committee. The Dispute Resolution Committee reviews claims that both the participant's Managed Care Organization (MCO) and the Administrative Services Organization (ASO) denied due to incorrect payor.

Effective immediately, hospitals and their representatives must fill out the attached form with the claim in question to the Committee. This updated form clarifies the information required to complete a submission and the submission address.

Before submitting a disputed claim to the Dispute Resolution Committee for review, the disputed claim must meet the following requirements:

1. The disputed claim must go through the first level of appeal for both the ASO and the participant's MCO;
2. No portion of the disputed claim other than an EMTALA triage fee was paid by either the ASO or the MCO; and
3. The dates of service are within one year's time from the date stamp of submission to the MCO/ASO Dispute Resolution Committee.

Hospitals or their representatives must complete the form and attach the required documents before the Dispute Resolution Committee will review the case. The Committee does not accept and will not review cases submitted with incomplete forms or documentation.

Please submit any questions about this memo to: david.kalikhman@maryland.gov or nina.mchugh@maryland.gov



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MCO/ASO DISPUTE RESOLUTION COMMITTEE REVIEW FORM

Instructions:

The MCO/ASO Dispute Resolution Committee reviews cases deemed complete. The submission is complete if the submission includes the following documents:

- (1) MCO Remittance Report evidencing the completion of the first level of appeal for the patient's MCO;
- (2) ASO Remittance Report evidencing the completion of the first level of appeal for the ASO;
- (3) Appeal response from both the MCO and ASO
- (4) Patient's UB04 Form;
- (5) Claim denials from the MCO and ASO
- (6) A copy of the patient's Medical Record from date(s) in question including physician notes and admission/discharge reports
 - a. No ancillary reports including labs, nursing notes or x-rays should be included in the medical record.
- (7) MCO/ASO Dispute Resolution Review Form filled out sections
 - a. Hospital Information;
 - b. Patient Claim Information;
 - c. ASO Remittance information; and
 - d. MCO Remittance Information.

Send complete submissions to:

Behavioral Health Administration
ATTN: MCO/ASO Dispute Resolution Committee
Spring Grove Hospital Center - Dix Building
55 Wade Avenue
Catonsville, MD 21228

Failure to include documents or properly fill out the form may result in either (1) significant delay in the Committee's review of the case or (2) return of the incomplete case file.

If the submission is complete, the Committee will return a decision within 45 days. Please refrain from contacting the Committee to check on the status of a decision within those 45 days.

Limitations:

The Committee's scope of authority to make determinations is limited to disputes concerning whether treatment is medical or psychiatric. Concerns regarding receipt of payment should not be sent to the Committee since ensuring payment is outside the scope of the Committee.

The Committee does not accept and will not review cases:

- (1) Where the date of service exceeds one year's time from the date stamp of envelope or email;
- (2) If the 3rd party payor is a commercial payor;
- (3) In the appeal process of either the ASO or the patient's MCO; or
- (4) Where the dispute concerns medical necessity or other procedural, or administrative, requirements necessary for payment.

The information required for a complete MCO/ASO Dispute Resolution Form has PHI, therefore, submission should be faxed, mailed or sent via a password protected secure email

MCO/ASO DISPUTE RESOLUTION COMMITTEE REVIEW FORM

Hospital Information

Referring Contact: _____ Email: _____
Hospital Name: _____ Phone: _____
Mailing Address: _____

Patient Claim Information

Patient Name: _____ Patient DOB: _____
Patient MA#: _____ Patient MCO: _____
Patient SS#: (if no MA#) _____ Date(s) of Service: _____
Level of Service: _____ Primary Discharge _____
(ex: ER, inpatient, etc) _____
Diagnosis: _____
(Attach UB04)

Administrative Service Organization Information

Date bill submitted to ASO: _____ Remittance date: _____
Reason for denial: _____

Report date of
appeal/decision: _____
(Attach all documentation)

Managed Care Organization Information

Date bill submitted to MCO: _____ Remittance advice date: _____
Reason for denial: _____

Report date of
appeal/decision: _____
(Attach all documentation)

The information required for a complete MCO/ASO Dispute Resolution Form has PHI, therefore, submission should be faxed, mailed or sent via a password protected secure email