




# MARYLAND Department of Health

*Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary*

## MARYLAND MEDICAL ASSISTANCE PROGRAM Hospital Transmittal No. 262 September 24, 2018

TO: Chronic Hospitals  
Special Pediatric Hospitals

FROM: Mark A. Leeds, Director   
Long Term Services and Supports Administration  
Office of Health Services

RE: Census Submission Requirements

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

As noted in the Department's March 1, 2017 memorandum, all Chronic Hospitals and Special Pediatric Hospitals are required to submit a monthly census to Telligen, Inc., the Department's Utilization Control Agent. Telligen and the Department use the census to verify that medical eligibility, both initial and continued stay, has been approved in accordance with COMAR 10.09.93.08 and 10.09.94.06.

Providers must include the following patients in the hospital as of the date of submission:

- Medicaid fee-for-service participants;
- Patients whose Medicaid applications are pending; and
- Patients currently in Medicaid managed care organizations.

Providers must use the attached template census, unless prior approval was given by the Department. This template is also available for download on the Department's website at <https://mmcp.health.maryland.gov/Pages/UCATransition.aspx>

Please fax the census report to Telligen at (888) 297-4276, no later than the second Monday of each month. In addition to faxing to Telligen, please also submit copies via secure e-mail to:

- Elisdel Garcia-Bousquet, M.D., Physician Program Specialist, at [elisdel.garcia-bousquet@maryland.gov](mailto:elisdel.garcia-bousquet@maryland.gov)
- Jane Sacco, Chief, Division of Long Term Care Services, at [jane.sacco@maryland.gov](mailto:jane.sacco@maryland.gov)

If you have any questions regarding submissions to Telligen, please contact Edward Mitchell ([emitchell@telligen.com](mailto:emitchell@telligen.com)) for more information.

Attachment

Facility Name	Facility NPI #	Facility MA #

Patient Last Name	Patient First Name	DOB	MA #	SS#	Payer Source (MA-FFS; MA-MCO; or MA-Pending)	MER Approval Dates (most recent)	Admission Date (most recent)	MA Conversion Date (First date of MA-FFS)
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