



MARYLAND Department of Health

PT 26-18

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

MARYLAND MEDICAL ASSISTANCE PROGRAM Hospital Transmittal No. 258 May 7, 2018

To: Hospital Administrators
Special Pediatric Hospitals
Chronic Hospitals

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

Re: Administrative Days, Concurrent Reviews and Explanation of Benefits

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

The purpose of this transmittal is to instruct providers on protocols for submitting administrative day requests (including the revised MDH 1288 form), concurrent review requests, and the submission of the Explanation of Benefits (EOB) with retrospective review requests.

Administrative Day Requests – Acute Hospitals

Administrative days should be requested for days when a provider has sought placement for a patient who remains inpatient but no longer needs an acute level of care.

Administrative days must be requested at the time of the retrospective review request.

To request administrative days, the provider must complete, sign and submit the MDH 1288 form at the same time the retrospective review request is submitted in Qualitrac. Administrative day requests should not be submitted with the concurrent review. All fields must be completed including the number of administrative days being requested.

- If the patient is awaiting placement at a facility that requires a level of care, the MDH 1288 form should include the level of care and all efforts made for placement including the dates, contacts and results of the contacts.
- If the patient is awaiting placement at a lower level of care that does not require a level of care determination, the MDH 1288 should include all efforts made for placement including the dates, contacts and results of the contacts.
- The provider should make a minimum of two calls per day to show placement efforts are required, excluding weekends and holidays.

The revised MDH 1288 form is available for download at the MDH website below and included as an attachment to this transmittal:

<https://mmcp.health.maryland.gov/Pages/UCATransition.aspx>

Please see COMAR 10.09.92.07C for more information.

Administrative Day Requests – Special Pediatric Hospitals and Chronic Hospitals

Administrative days should be requested for days when a provider has sought placement for a patient who no longer meets the level of care to continue receiving services at a special pediatric or chronic hospital. The request must be made using the MDH 1288 form noted above.

Administrative days must be requested on the date for which level of care is no longer met and every 14 days thereafter. Failure to provide the MDH 1288 form timely will result in a denial of administrative payment. The provider must make a minimum of three placement efforts each week for which administrative days are being requested.

Please see COMAR 10.09.93.08C and COMAR 10.09.94.06C for more information.

Concurrent Review Requests – Acute Hospitals

In accordance with COMAR 10.09.92.06 Utilization Review, hospitals are required to submit a concurrent review for all acute inpatient hospitalizations within 48 hours of the admission date, or by the next business day. Telligen will review these requests and authorize or deny the concurrent review. If authorized, Telligen determines the number of days until the next concurrent review is required and advises the hospital accordingly. Additional concurrent reviews must be submitted prior to or on the last authorized day. The following documentation must include a patient identifier and should be submitted for concurrent reviews:

- Current medical status;
- Treatment received to date;
- A proposed treatment plan for the continued stay; and
- Additional information such as dated notes, surgical/ procedure summary, laboratory imaging results or other records based on the provider's clinical judgment for each case.

The hospital is responsible for verifying eligibility for patients daily to determine if their Medicaid eligibility changes during their stay. To verify eligibility, please use the eMedicaid website at www.emdhealthchoice.org or call 1-866-710-1447 for the automated eligibility verification system (EVS). The hospital is required to submit the request for a concurrent review within 48 hours of the patient becoming Medicaid eligible. Dates of service prior to the MA eligibility decision date will be reviewed retrospectively on the 3808.

If the patient no longer meets medical necessity for an acute inpatient stay but is awaiting placement, the provider should continue to submit concurrent review requests until discharge. During the retrospective review process, the provider must include the MDH 1288 form for any administrative days that are being requested for that time period. Do not include the MDH 1288 with the concurrent review submission.

Explanation of Benefits (EOB)

A copy of the Medicare EOB or other insurance EOB must be provided when the retrospective review request is submitted as proof that Medicare, or other payer, has denied the claim. This process includes patients who are incarcerated.

The Medicaid program is the “payer of last resort.” If a patient is covered by commercial insurance or other third-party benefits, the provider must seek payment from that source first. If the provider does not bill the other payer first, the Medicaid program will deny the claim.

If you have questions regarding administrative days for acute care hospitals, concurrent review requests, or EOBs, please contact Denise James, Division Chief for Hospital Services, at 410-767-1939 or by email at denise.james@maryland.gov. Questions regarding administrative days for chronic or pediatric hospitals may be directed to Jane Sacco, Division Chief for Long Term Care Services, at jane.sacco@maryland.gov.



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Report of Administrative Days
MDH 1288

Patient First Name _____ Patient Last Name _____

Medical Assistance # _____ Date of Birth _____

Hospital Name _____ MA Provider Number _____

Diagnosis (Admission) _____ Diagnosis (Discharge) _____

Patient Admission Date _____ Begin Date for Administrative Days _____

UCA Case ID(s) Associated with Patient _____

Reason for Extended Stay _____

Other Level of Care Requests and Discharge Planning Log – Please note all efforts to seek placement, the date in which contact was made, and the result of that contact on page 2 of this form.

Discharged to _____

Discharge Date _____

Length of Stay _____ Number of Administrative Days Requested _____

Review Coordinator Signature _____ Date Signed _____

-----For Utilization Control Agent (UCA) Use Only-----

Approved Administrative Date Span _____

Administrative Days Approved _____ Administrative Days Denied _____

UCA Signature _____ Date Signed _____

