



# MARYLAND Department of Health

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

## MEMORANDUM

TO: Air Transportation Providers

FROM: L. Simone Bratton, Chief  
Division of Community Support Services

DATE: October 26, 2018

SUBJECT: Changes to the Claim Submission Process Effective January 1, 2019

Time sensitive inter-facility transports of Medicaid participants via helicopter are processed through the Baltimore City Health Department, Office of Field Health Services (FHS), which is a service funded by the Maryland Medicaid Non Emergency Medical Transportation Grant and the Centers for Medicare and Medicaid Services. It is the mission of the Maryland Department of Health ("Department") to ensure that air transport providers are reimbursed timely for this important service. It is also the Department's responsibility to ensure that claim reimbursement is in alignment with internal accounting processes to appropriately end each fiscal year.

Currently, air transport providers have up to 365 days to submit claims to the Department for review. This process is a conflict with the Department's policy to close out the fiscal year for grants. The Department's fiscal year ends June 30. Claims for dates of service (DOS) between 7/1 and 6/30 shall be submitted and processed prior to the closeout of that fiscal year in which the services are rendered.

Effective January 1, 2019, all claims with DOS January 1, 2018 through December 31, 2018 shall be postmarked by January 31, 2019 for consideration of payment.

All claims with DOS January 1, 2019 or later must be postmarked within 30 days of the DOS. Air transports occurring within the month of June must be postmarked by July 15 for payment consideration as the Department prepares for its end-of-fiscal year closeout. Since a postmark is required, we will not accept hand delivered claims.

Claims must be submitted on a CMS form 1500 with all the required documents to:

Maryland Department of Health  
Division of Community Support Services  
NEMT Program  
201 West Preston Street, Rm 227A  
Baltimore, MD 21201

Completed claims shall include:

- CMS form 1500;
- All patient demographics from the sending facility;
- Medical records from the sending facility including at minimum:
  - Supporting documentation as to appropriateness, necessity, and reasonableness of aeromedical transport, and
  - Interventions required during transport;
- Completed, signed and dated Physicians Certification for Air Ambulance Transportation; and
- Completed Flight Record.

An incomplete claim will not be forwarded for processing and shall be returned to the provider with an explanation. Corrections must be resubmitted within 30 days of the original DOS. A submission is incomplete when any of the required documents listed above are not present or when physician signatures are not on the form.

The Department values the service of air transportation rendered to its participants and we look forward to continuing the partnerships developed to ensure access to valuable covered services. If you have any questions or comments related to this communication, do not hesitate to contact the NEMT Program at 410-767-7283 or [mdh.nemt@maryland.gov](mailto:mdh.nemt@maryland.gov).