FAQ for LTSSMARYLAND Billing Systems

Q: What is LTSSMARYLAND billing?

A: LTSSMARYLAND billing is the process of submitting and processing claims for Long-Term Services and Supports (LTSS) provided to eligible individuals in Maryland.

Q: Who is responsible for LTSSMARYLAND billing?

A: LTSSMARYLAND billing is the responsibility of the provider who delivers the LTSS services to the individual.

Q: What types of LTSSMARYLAND services are billed for?

A: LTSSMARYLAND services that are eligible for billing include personal care, meal delivery, transportation, home modifications, caregiver support, and more.

Q: How are LTSSMARYLAND services billed?

A: LTSSMARYLAND services are billed using the Maryland Medicaid Management Information System (MMIS) and the Electronic Provider Reimbursement System (ePRG).

Q: What is the billing process for LTSSMARYLAND services?

A: The billing process for LTSSMARYLAND services involves the provider submitting a claim for services provided, which is then processed and paid for by the Maryland Department of Health.

Q: How long does it take to process an LTSSMARYLAND billing claim?

A: The time it takes to process an LTSSMARYLAND billing claim varies depending on the complexity of the claim, but it generally takes 10-14 days after activity entry if no exceptions are identified.

Q: What are Exceptions?

A: Exceptions are circumstances that prevent a service from being billed. A pre-claim check is performed on the entered services to ensure the validity of the services being billed to MMIS. When a service fails a check, an exception is identified on the service. The service will be in a "Pending" status when an exception is identified and will stay in this status until the issue is resolved.

Q: What happens if there is a problem with an LTSSMARYLAND billing claim?

A: If there is a problem with an LTSSMARYLAND billing claim, the provider may receive a denial or rejection notice in an email. The provider can then work to resolve the issue and resubmit the claim.

Q: How often are LTSSMARYLAND billing claims reviewed?

A: LTSSMARYLAND billing claims are reviewed periodically to ensure that they are accurate and meet the requirements for reimbursement.

Q: Can providers appeal a denied or rejected LTSSMARYLAND billing claim?

A: Yes, providers can appeal a denied or rejected LTSSMARYLAND billing claim. They can contact the Maryland Department of Health at 410-767-1719/mdh.isashelp@maryland.gov for assistance with the appeal process. Providers can resubmit if the activity is rejected in error, but its approval is on a case-by-case basis.

Q: What happens if an LTSSMARYLAND billing claim is overpaid?

A: If an LTSSMARYLAND billing claim is overpaid, the provider may be required to repay the excess funds to the Maryland Department of Health. If appropriate, void/reduce activity units to the correct amount. If not a unit entry issue, let ISAS/CCS know and verify participants aren't listed in the wrong county.

Q. How soon after billing is submitted will a provider receive payment?

A. **10-14 days** depending on the period billed in the payment cycle, assuming no exceptions are triggered. All Exceptions must be resolved before billing can proceed.

Q. How can they track billing for payment once billing is submitted?

A. see provider portal guide. There is a report guide located on how to pull that payment once billing has been submitted.

Q. How often should they submit their billing?

A. Original EVV services must be submitted within 30 days from the original DOS, else submission will be considered late and rejected. Adjustments and non-evv must be submitted within **364** days from the original DOS. How often you submit will determine how frequent/consistently you will be paid

Q. How should duplicate billing entries be addressed? Should they be discarded?

A. Yes, They should be discarded.

Q. How to set up a third party software so that you do not have to manually bill for each service in LTSS?

A. Please contact the LTSSmaryland helpdesk to get started. Contact the technical help desk at ISASHelpDesk@LTSSMaryland.org or 1-855-463-5877

Q. How to set up an electronic fund transfer to receive payments?

A. To enroll in EFT visit the website: https://www.marylandtaxes.gov/divisions/gad/eft-program.php. There you will find EFT enrollment instructions, forms, and resources and contact information if you have any questions or require assistance.

Q. General confusion about state funded payments

A. Please refer to the Provider Portal User Manual/Invoice Process QuickSheet

Q. How to get paid for eligibility services with exceptions that are waiting on EDD for resolution?

A. Providers must wait until all exceptions have been resolved before the payment process can proceed.

Q. Missing checks or invoices?

- A. Email the check tracing unit with your missing paycheck's info and submit your most recent W9 an address change/mismatch will cause an issue with the comptroller's office and will need to have your account updated. Check Tracking Unit Email: mdh.medicaidchecktracing@maryland.gov
- Q. I've emailed the Check Tracing Unit and received confirmation that checks will be re-issued but the 30-60 days timeframe has passed and the Check Tracing Unit is not responding to my follow up inquiries. Is there someone else I can speak to?
 - A. follow up with ISAS: ISASHelpDesk@LTSSMaryland.org or 1-855-463-5877

Q. General confusion about rate differentials when the person lives in a different county than the day program address' county

A. Providers should make sure that the participant's profile and individual record reflects the correct county. Reach out to the DDA program team for further clarification

Quick Resources

GUIDELINES FOR SERVICE AUTHORIZATION and PROVIDER BILLING DOCUMENTATION

PP User Manual For DDA Services

LTSS Maryland Provider Portal Billing

Invoice Process for State-Only Payments - 10-16-2020 (2) (1).pdf