



MARYLAND Department of Health

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

MARYLAND MEDICAL ASSISTANCE PROGRAM

Hospital Transmittal No. 265

May 1, 2019

TO: Hospitals

FROM: Jill Spector, Director
Medical Benefits Management *Jill Spector*

RE: Acute Inpatient Hospitalizations: New Concurrent Review Process

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

Effective May 1, 2019, all in-state and out-of-state hospitals requesting reimbursement from Maryland Medicaid for acute inpatient hospital admissions will be responsible for adhering to the revised procedures for concurrent review submissions. Many hospitals participated in a successful pilot implementing these changes over a period of eight months. Following are the detailed changes that were made to the concurrent review process.

Review Timing

Hospitals are required to submit concurrent reviews to Telligen via Qualitrac every Monday, Wednesday, and Friday for patients who are inpatient in an acute hospital setting. The initial concurrent review will continue to be submitted within 48 hours of the inpatient admission or Medicaid eligibility determination date, or by the next business day.

As a reminder, documentation uploaded in Qualitrac for each concurrent review request should include, but is not limited to, patient identifying information, clinical status, lab results, radiology notes, medication profiles, etc. Telligen will process all concurrent reviews within one business day. If additional information is requested, the hospital will have one business day to upload the additional information into Qualitrac.

Retrospective reviews continue to be required for all inpatient admissions in order for the hospital to be reimbursed by Maryland Medicaid. Retrospective review decisions will be consistent with concurrent reviews that are completed on or after May 1, 2019. Administrative days must still be requested on an MDH 1288 form at the time that the retrospective review is submitted.

Peer-to-Peer Process

Telligen has a designated physician and nurse assigned to each hospital for consistency of reviews; therefore, hospitals may request a peer-to-peer review when a denial is pending on a

concurrent review. The peer-to-peer review must be requested within two business days of receiving the notice of pending denial in Qualitrac. Hospitals can request a peer-to-peer review by calling 888-276-7075 or emailing MarylandUCSupport@telligen.com. When requesting a peer-to-peer review, hospitals should provide the name and phone number of an attending physician that will complete the peer-to-peer review and dates and times that the physician will be available.

When requesting a peer-to-peer review via email, please use the following format:

Email Subject: Peer-to-Peer Request - Insert Qualitrac Reference ID
Email Body: Attending Physician Name
Attending Physician Phone Number
Dates/Times Physician Available

The peer-to-peer discussion and the resulting decision will be documented in Qualitrac. Telligen will attempt to schedule and complete peer-to-peer requests within three business days of the date the request is made. If Telligen receives no response from the requesting physician in a three day time period, the case will be denied for lack of medical necessity.

The name of a resident or intern should not be provided as the contact for a peer-to-peer request. Attending physicians are required to complete these calls. Peer-to-peer requests may not be made on technical denials.

Concurrent Review Process Reminders

Concurrent review requests must be submitted per the timeframes detailed above and in accordance with COMAR 10.09.92. Additionally, the Department would like to clarify the requirements regarding concurrent review submissions:

1. Hospitals must verify eligibility daily for all uninsured patients. A concurrent review must be requested within 48 hours, or by the next business day, of the patient becoming eligible for Medicaid.
2. A concurrent review is NOT required for participants who have Medicare or third party insurance as the primary payer.
 - a. These admissions will be reviewed by Telligen at the time of the retrospective review; and
 - b. A retrospective review is NOT required when the third party payer covers 70% or more of the cost of the admission.
3. A concurrent review is NOT required when a patient:
 - a. Is in the hospital for 48 hours or less; or
 - b. Is admitted on a Friday and discharged on the next business day.

If you have any questions, please contact Denise James, Chief of the Division of Hospital Services, at 410-767-1939 or denise.james@maryland.gov.