



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

**MARYLAND MEDICAL ASSISTANCE PROGRAM**  
**Hospital Transmittal No. 282**  
**July 27, 2021**

**TO:** Hospitals

**FROM:** Alex Shekhdar, Acting Director *Alexander Shekhdar*  
Medical Benefits Management

**RE:** Timely Filing Requirements for Retroeligibility Submissions

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

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**Timely Filing Requirements for Retrospective Review Submission**

Effective immediately, hospitals must include proof of a patient's eligibility determination date when submitting retrospective reviews to Telligen that are more than one year past the date of discharge. Cases that are over a year old should be submitted for consideration through Qualitrac with the corresponding DHR/IMA-81 or OES-401 form. If the hospital does not include this documentation with the review, Telligen will send a request for additional information. Hospitals must submit proof of the eligibility determination date to Telligen within 20 calendar days or the facility will receive a technical denial. Providers should submit the retrospective review, allowing ample time for the utilization review process to take place, in order to adhere to the requirements for timely filing of claims detailed below.

**Timely Filing Requirements for Claims Submission**

Providers must submit all claims in accordance with the timely filing requirements referenced in COMAR 10.09.36.06.

COMAR 10.09.36.06B(6) states that "claims submitted after the time limitations because of a retroactive eligibility determination will be considered for payment if received by the Program within 12 months of the date on which eligibility was determined." In order to expedite processing, please submit these claims on paper and attach the DHR/IMA-81 or OES-401 form. Claims that are outside of the 12 month timely filing statute in accordance with COMAR 10.09.36.06B(3) are required to be submitted on paper and cannot be processed electronically.

Claims that are within the 12 month timely filing statute should be billed electronically or submitted on paper to the following address:

Claims Processing Division  
Maryland Department of Health  
P.O. Box 1935  
Baltimore, Maryland 21203

Paper claims that are beyond the 12 month timely filing statute cannot be billed electronically and should be sent with a cover letter to the following address for review and consideration of payment:

Institutional - Provider Resolution Unit  
Maryland Department of Health  
P.O. Box 22751  
Baltimore, Maryland 21203

This transmittal supersedes the guidance found in [Hospital Transmittal No. 255](#).

If you have questions, please contact Denise James, Division Chief for Hospital Services at (410)767-1939 or [denise.james@maryland.gov](mailto:denise.james@maryland.gov).