



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


MARYLAND MEDICAL ASSISTANCE PROGRAM

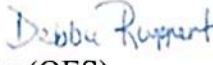
Nursing Home Transmittal No.: 279


Chronic Hospital Transmittal No.: 01

May 3, 2021

TO: Chronic Hospitals
Special Chronic Hospital
Nursing Facilities

FROM: Marlana R. Hutchinson, Director 
Medicaid Office of Long Term Supports and Services (OLTSS)

Debbie Ruppert, Executive Director 
Medicaid Office of Eligibility Services (OES)

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Medicaid Office of Provider Services (MPS)

RE: Change to Short Term Stay Process (257 Guidance)

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

Effective May 1, 2021, providers must submit the MDH 257 form for **Short Term Stays** directly to the Medicaid Long Term Care Provider Resolution Unit (LTCPRU) within the Maryland Department of Health (MDH). **DHS has closed PO Box 9307.**

This is a procedural change to the Office of Eligibility Services (OES) 501 Short Term Stay submission process, simply eliminating the step of sending the MDH 257 to the designated DHS LTC processors. The content of the MDH 257 form has not changed.

The LTCPRU will review the information to update the spans within the eligible service dates.

Providers/Nursing Facilities must:

- **Confirm** the patient is eligible for Medical Assistance (MA) by verifying eligibility at admission through discharge via the Medicaid Eligibility Verification System (EVS).
- **Discontinue** the submission of the MDH 257 form to the designated DHS processor for Short Term Stays.

- **Submit** the MDH 257 form and attached required documents electronically via to mdh.ltcmapr@maryland.gov.

For an admission to a LTC facility for a Less Than 30 Day stay, write one of the following request types across the top of the 257 document:

- **Medicare Co-pay**
- **Community MA Coverage**
- **Special Program (Co-Pay or Community MA)**

Failure to follow the above requested subject line title may result in a delay with processing.

- **Medicare Co-pay Days: Dually eligible individuals** (i.e. QMB eligible-S03) admitted for short term stay (fewer than 80 days) – **no conversion to LTC-MA full coverage** (need co-payment assessment only), once the EOB is received from Medicare indicating the number of paid days, and the dates of the co-pay span, the NF will complete the MDH 257 sections that apply to the Medicare A co-payment day stays. The NF should **submit the following** to LTCPRU:
 - MDH 257 “**Medicare Co-pay**”
 - Medicare A Co-payment Begin pay date
 - Medicare A Co-payment End pay date
 - Discharge to community date
 - Indicate discharge to: community/hospital etc.
 - Medicare Explanation of Benefits (EOB)
 - MDH Co-insurance worksheet
 - EVS Print out
- **Community MA**: Only participants eligible under an applicable Medicaid **Community MA** with a short term stay (fewer than 30 days), discharge to community (eligible for **FULL MEDICAID with no Medicare**).
 - MDH 257 “**Community MA Coverage**”
 - Utilization Control Agent (UCA) Level Certification with Signature and Dates
 - Begin date
 - Discharge date
 - Indicate discharge to: community/hospital etc.
 - EVS Print out
- **Special Programs** short term stay: Participants eligible under an applicable **Co-Pay or Community MA *and*** are also eligible for Waiver, Rare and Expensive Case Management (REM), and/or Behavioral Health Home (BHH) with a short term stay (fewer than 30 days), discharge to the community.

- MDH 257 “**Special Program**”
 - UCA Level Certification with Signature and Dates
 - Begin pay date
 - End pay date
 - Discharge date
 - Indicate discharge to: community/hospital etc.
- EVS Print out indicating **Special Program** (Waiver, REM, BHH)

The LTCPRU processes short-term stay requests in order of receipt date. Failure to provide the requested documents will result in the need for the provider to resubmit the short-term stay request, restarting the clock for consideration of payment.

REMINDERS:

If the patient is enrolled in a HealthChoice managed care organization (MCO) on the date of admission, LTCPRU cannot process the request as the MCO is responsible for the first 90 days of admission. For MCO enrollment or disenrollment questions, please contact the MDH HealthChoice Long Term Care Disenrollment Unit at:

MDH HealthChoice
201 W. Preston Street, Room L9
Baltimore, Maryland 21201
Phone: 410-767-5321
Fax: 410-333-7141

Providers are 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 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 request and claims.

If you have questions about this transmittal, please email mdh.ltcmapr@maryland.gov and put “QUESTION ABOUT SHORT TERM STAY PROCESS” as the subject line.