



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

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

MARYLAND MEDICAL ASSISTANCE PROGRAM

Hospital Transmittal No. 248

April 13, 2017

To: Hospital Administrators

From: Susan J. Tucker, Executive Director
Office of Health Services

Re: Process for Submitting Retroactive Eligibility Cases to Telligen

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

Effective immediately, Telligen is now able to accept all retroactive eligibility cases for review. Due to system limitations, not all cases will be able to be entered into Qualitrac. Please follow the process described below for submitting these cases.

Hospitals may submit the retrospective review request into Qualitrac if the dates of service are within three years of the retrospective review request date. Telligen will process these cases in the same manner that they process all other retrospective reviews. In order for Telligen to easily identify these cases and to avoid receiving a denial for timely filing, hospitals must complete the *Retro-Eligibility Review Request Form* (see attachment) and upload it to the review request along with the complete medical record.

If any dates of service, admission date or discharge date are more than three years from the retrospective review request date, hospitals must fax the completed *Retro-Eligibility Review Request Form* and the participant's complete medical record to Telligen at 1-888-297-4276. Similar to the process for Qualitrac submissions, it will be necessary to split the fax transmittal for large medical records so that no file is larger than 250MB. These cases will be manually processed by Telligen. Requests for additional information and the review decision will be communicated to the submitter via secure email.

The *Retro-Eligibility Review Request Form* is available in a fillable format and can be found on the following websites: <http://www.telligenmd.qualitrac.com/document-library> and <https://mmcp.dhmh.maryland.gov/Pages/UCATransition.aspx>.

If you have questions regarding this memorandum, please contact Denise James, Division Chief for Hospital Services at 410-767-1939 or denise.james@maryland.gov.



Retro-Eligibility Review Request Form

PLEASE VERIFY ELIGIBILITY BEFORE SUBMITTING

Patient Information *(please print or type)*

Date Review Requested:		
Facility Name:	Facility MA #:	
Patient's Name:	Patient's MA #:	
Admission Date:	Discharge Date:	
# of Acute Days Requested:	# of Administrative Days Requested:	1288 Attached <input type="checkbox"/>
Primary Diagnosis:	CPT Code:	
Secondary Diagnoses:	CPT Code:	
Procedure Codes:		
DRG:	Discharge Status:	

Submitter Information *(please print or type)*

Name:	Phone Number:
Fax Number:	Email Address:

Review Type: Retrospective Review Reconsideration

Was Eligibility Determined Retrospectively? Yes No

If you only receive part of this transmission, or if transmission is illegible, please call the facsimile operator at 443-561-3320.

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