



MARYLAND Department of Health

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

MEMORANDUM

TO: Nursing Facility Administrators

FROM: Jane Sacco, Chief
Division of Long Term Care Services

SUBJECT: Quality Assessment Reporting and Payment – FY 2019

DATE: August 2, 2018

The purpose of this memo is to provide information regarding the requirements for quality assessment reporting and payment for Fiscal Year 2019. As in previous fiscal years, the Medicaid Program is using electronic reporting and payment methodologies.

For FY 2019, the assessment amount is \$25.83 per non-Medicare patient day for all facilities subject to Quality Assessment, except for the five facilities that reported the most Medicaid days of care for FY 2017. For those five facilities, the assessment amount is \$7.15 per non-Medicare patient day.

Reporting Days of Care

Facilities shall report applicable days of care using the electronic format designated by the Program. Copies of the formats with instructions for completion are attached. The forms and instructions are also available for download at (scroll to bottom of page):

<https://mmcp.health.maryland.gov/longtermcare/Pages/Nursing-Facility-Document-Library.aspx>

Reports shall be submitted via e-mail to mdh.qualityassessments@maryland.gov. The subject line shall contain the following:

(Facility Name) – FY 2019 – Quarter (#)

Please note that reports and payments must be submitted no later than 60 days following the last day of the quarter being reported, i.e. 11/29/18, 3/1/19, 5/30/19, and 8/29/19. Facilities that fail to submit reports by the deadline are subject to suspension of Medicaid payments. Additionally, delinquent payments are subject to a late fee.

Remitting Payments

Payments shall be made using either ACH transfer or wire transfer. Directions for completing transfers are as follows:

ACH Transfer - The State Treasurer's office requires that the following information be included in the ACH record file as follows:

- Nacha A6-5" field should contain the Bank Account Number 003933342489
- Nacha A6-7" field should contain the facility's nine digit Medicaid number
- Nacha A6-8" field should contain T309S

All ACH transfers should be sent to: Bank of America – Routing # 052001633, Bank of America, 100 S. Charles Street, Baltimore Maryland 21202.

Wire Transfer – Necessary information for wire transfer is below:

- Bank Identifier (ABA#):026009593
- Bank Account #: 003933342489
- Bank Address: Bank of America, 100 West 33rd Street, New York, NY 10001

Please include the facility's name, provider #, and the fiscal year and quarter to which the payment belongs. This information is especially necessary if a parent or management company is making the payment on behalf of the facility.

Thank you very much for your cooperation. Questions regarding completion of the report may be directed to Marquis Finch, Administrative Supervisor, at (410) 767-3533 or marquis.finch@maryland.gov. Questions regarding payment remittance may be directed to Raquel Robinson, at (410) 767-5427 or at raquel.robinson@maryland.gov.

Attachments

cc: Nursing Home Liaison Committee