

Department Responses to Reimbursement Methodology Reform Questions (January 29, 2015)

Topic	Question	DHMH Response
Coinsurance	For the Coinsurance rate, a calculation is currently done every six months. With the change to the new system, can an annual calculation be done for the worksheet instead of a quarterly calculation?	Coinsurance rates are changed based on Medicaid and Medicare budget changes. Changes normally occur on July 1 and January 1. There are no changes to this process.
Administrative Days	Is the DHMH 2129 form posted on the DHMH website?	DHMH 2129 has been uploaded to the website at: https://mmcp.dhmh.maryland.gov/longtermcare/SitePages/Nursing%20Facility%20Providers.aspx
	Will billing an Administrative Day affect the CMI average? Answered these are not removed from the CMI average.	All Medicaid residents are calculated in a facility's case mix. Certain residents with low acuity will affect case mix. Those who no longer meet level of care should have a discharge plan and the number of days that affect case mix should be limited.
	Are you able to bill an Administrative Date rate and a Bariatric Bed add-on for the same day?	It is unlikely that a person has the documented need for a bariatric bed, support surface or other add-on. However, the Department does not have a restriction for billing these codes on the same date of service as an Administrative Day.
	If a resident goes below a certain RUG level, will that cause the resident to be billed at an Administrative Day rate?	A participant's RUG and medical eligibility are not directly linked. RUGs are used to determine an average facility case mix. Medical eligibility is determined based on 3871s and other resident information available.
MDS / Medical Necessity	Will Delmarva continue to determine level of care? How does a facility know when a person should be billed for Administrative Days?	Delmarva will continue to make level of care determinations and review resident records. Facility's will continue to receive this information from Delmarva. For dates of service after January 1, 2015, facilities will no longer need a Maryland Monthly Assessment. The terminology of light, moderate, heavy and heavy special is no longer necessary for billing or reporting.
	For Form 3871B, can the level of care that comes on it be removed since it no longer applies?	The Department will be transitioning to a system in which light, moderate, heavy and heavy special is no longer necessary. These changes, however, will not happen over night. Certain information referencing level of care will carry over in the first few months of the new system. We ask that facilities be patient with staff throughout the transition.

	Will the ancillary add-ons be part of the 10% sample in the MDS verification process?	The process for MDS Validations is not complete. The Department projects new guidelines be available and implemented for July 2015.
	Does Medicaid have a MDS schedule to follow like Medicare?	Facility's should continue completing MDS assessments according to their current schedule. The State of Maryland does not require their own frequency or schedule.
	Do nursing facility's still have to do 3871s?	Yes, the 3871 process has not changed.
	Will Del Marva send a 3871 determination to the case mix system?	A participant's RUG and medical eligibility are not linked. RUGs are used to determine an average facility case mix. Medical eligibility is determined based on 3871 process and other resident information available.
Adjustments	Is there any impact on the adjustment request forms?	There are no changes on the adjustment forms or process.
	How do Medicaid pending residents work in the new system?	Medicaid eligibility and MDS data are not linked. In order for the State to determine who is Medicaid-eligible or pending, the State uses certain questions on the MDS.
Other	How are hospitals affected by this change? Will they be notified of form changes?	The changes to the reimbursement system do not directly affect discharging hospitals, nor will the forms currently in use by the hospital change.
	Will credit reporting and TPL audits change?	We do not anticipate any changes to credit reporting or TPL audits as a result of rate reform.
	How will transportation be billed?	There are no changes to Medicaid transportation services.
	Are PASRR instructions available on the DHMH website? There are issues with Part A being completed from the transfer facility.	The PASRR Level I form is on the main Medicaid NF site. The Department is currently working on improvements to the Level I form and process, some of which may address issues with discharging hospitals.
	For resident resource, do you still need to send an adjustment form for over/under payment?	There are no changes on the adjustment forms or process.
Power Wheel Chairs	When a power wheelchair is purchased, who does it belong to?	A power wheel chair paid for by Medicaid belongs to the State of Maryland. If the resident is discharged to another facility or to the community, the equipment goes with the resident. The Department will provide further guidance in cases where the resident has died.
	If a resident brings their own power wheelchair to the facility, will DHMH pay for repairs?	Repairs for equipment that the resident has brought from the community are covered under the DME benefit. The company repairing the equipment may seek payment (preauthorization if necessary) directly from the Program.