Maryland
DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

MARYLAND MEDICAL ASSISTANCE PROGRAM
Hospital Transmittal No. 316
October 28, 2024

TO: Hospital Administrators at Mount Washington Pediatric Hospital (MWPH)

FROM: Sandra Kick, Director
Office of Medical Benefits Management

RE: MWPH: Procedures for Retrospective Review to Determine Medical Necessity of Services Provided

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

The Office of Medical Benefits Management (OMBM) has implemented a new retrospective review policy for Mt. Washington Pediatric Hospital (MWPH). MWPH will have the option to pursue a retrospective review process if the Department's utilization control agent denies a continued stay review (CSR) based on not meeting the required level of care standards.

If a participant receives a denial on a CSR by the Department's Utilization Control Agent (UCA) and has not already requested to adjudicate this decision through the fair hearings process, MWPH will have two options:

Option 1 - If MWPH does not agree with the utilization control agent's decision, it can pursue a full retrospective review for the entire rate, including room and board. The full retrospective review will consider the days denied starting from the continued stay denial by the Department's utilization control agent until discharge. MWPH will need to continue to submit CSR documentation every 14-days until the patient is discharged. The full retrospective review request must be submitted to Telligen through the Qualitrac provider portal within 90 days of the first CSR denial decision. When submitting the full retrospective request, the following documentation is required for each day of review:

- Progress Notes
- History & Physical Examinations
- Physician's Orders
- Discharge Summary (if applicable)

Option 2 - If MWPH agrees with the Department's utilization control agent decision and the participant does not meet the level of care criteria, MWPH can bill for medically necessary ancillary services on those denied days. Administrative days and the medically necessary ancillaries MUST be requested in lieu of the full retrospective review request; therefore, MWPH cannot pursue Option 2 once it decides to pursue Option 1. The 1288 form will be utilized to specify the dates, requested ancillaries for review, and verification of contacted placement attempts.

There are two payment rates (Provider Transmittal 12-25) for those medically necessary ancillary services - (1) those receiving respiratory services and (2) for those not receiving respiratory services.

These policy updates do not change the participant's appeal process.

For policy questions, please contact the Division of Hospital Services at mdh.acutehospitalpolicy@maryland.gov.