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MARYLAND MEDICAL ASSISTANCE PROGRAM
Nursing Facility Transmittal No. 284
Chronic Hospital Transmittal No. 2 (PT 05)

August 22, 2022

To: Nursing Facilities and Chronic Hospitals

From: Molly K. Marra
Director, Office of Medicaid Provider Services

Subject: Cognito Implementation: The New Process for Submitting Span Inquiries to LTCPRU

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

Effective September 1, 2022, nursing facilities and chronic hospitals must submit all span inquiries to the Long Term Care Provider Resolution Unit (LTCPRU) via Cognito. LTCPRU, within the Office of Medicaid Provider Services (Provider Services), will no longer accept email or faxed inquiries as of this date. Cognito is a web-based and HIPAA secure platform for receipt of all span inquiries sent to LTCPRU for update or correction.

As a reminder, LTCPRU handles span inquiries for the following scenarios:

- Short term stays
- Hospice revocation
- Medicare coinsurance stays
- Special program conflicts (waivers, etc.)

For the above scenarios, providers are required to utilize Cognito for submission of span inquiries. Please share this link with relevant staff in your organization:

<https://www.cognitoforms.com/MDH3/longtermcareproviderresolutionunitltcpruinquiryrequest>

Upon submission, Cognito will send:

1. Confirmation of receipt pop-up “notice”: This notice will pop-up immediately after the facility submits the inquiry. We recommend providers save this pop-up page or print it

for their records. It will include all details of the submission and the title(s) of any attachments.

2. Confirmation of receipt email: This email will come from a Cognito, no-reply email account to confirm an inquiry submission. It will not include all details of the submission, but will include the Provider MA#, Dates of Service, and Participant MA#.
3. Final approval/denial email: Cognito will send a final email to inform the submitter whether their submission is approved or denied. The email will come from a Cognito no-reply email account.

Providers may choose to have multiple submitters; however, **LTCPRU still requires one designated point of contact for each facility for any follow-up.**

The email entered into the “Institution Designated Point of Contact” field will receive the submission confirmation email, as well as the approval or denial email for the span inquiry. Please coordinate within your facility to identify the appropriate contact to enter as the “Institution Designated Point of Contact.”

The Office of Medicaid Provider Services held a webinar to review the Cognito submission process on June 22, 2022. The recorded training can be found at health.maryland.gov/providerinfo.

As a reminder, please do not submit MCO disenrollment requests to LTCPRU. MCOs are responsible for payment for their members for up to 90 days in a nursing facility, special pediatric hospital or chronic hospital. It is the facility's responsibility to contract the Department's utilization control agent (UCA) to affirm that the individual continues to need the institutional level of care beyond the 90th day, requesting a level of care by the 75th day. If you have questions related to MCO disenrollment, please contact Angela Powell (angela.powell@maryland.gov/(410) 767-5321) or Belinda Morris (belinda.morris@maryland.gov/(410) 767-5454). For more information on MCO coverage, please see Nursing Home Transmittal No. 261 from December 8, 2016.

REMINDERS REGARDING CLAIMS SUBMISSION

There are no changes to the claims submission process following the LTCPRU approval of a span inquiry.

For claims within 12 months from the date of service, submit applicable claims electronically (non-Medicare), or on paper (Medicare) within timely filing limitations to:

Maryland Department of Health
Medicaid Claims Processing Department
PO BOX 1935
Baltimore, MD 21203

Until further notice, for full MA claims beyond 12 months from the date of service, providers are able to submit claims electronically.

For co-pay claims beyond 12 months from the date of service with a Maryland Medicaid obligation, providers must submit paper claims to:

Maryland Department of Health
Provider Services - Institutional Provider Resolution
PO BOX 22751
Baltimore, MD 21203

Failure to submit claims within 60 days from the LTCPRU approval may result in non-payment of claims for impacted dates of service.

For questions regarding this transmittal, please contact Molly Marra, Director of the Office of Medicaid Provider Services at molly.marra@maryland.gov.

