



MARYLAND Department of Health

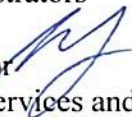
Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

MARYLAND MEDICAL ASSISTANCE PROGRAM

Nursing Home Transmittal No. 272

July 1, 2019

TO: Nursing Home Administrators

FROM: Mark A. Leeds, Director 
Office of Long Term Services and Supports

RE: Region Realignment; Fiscal Year 2020 Rates for Nursing Facility Services

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

Effective July 1, 2019, the Maryland Medicaid Program has revised the regions used to calculate the nursing portion of Medicaid rates for nursing facility services. This change has been made to better reflect actual nursing costs in each region. The new regions are as follows:

BALTIMORE METRO – Baltimore City, Anne Arundel, Baltimore, Carroll, Cecil, Harford, and Howard Counties

WASHINGTON METRO – Calvert, Charles, Frederick, Montgomery, Prince George's, and St. Mary's Counties

WESTERN REGION – Allegany, Garrett, and Washington Counties

EASTERN REGION – Caroline, Dorchester, Kent, Queen Anne's, Somerset, Talbot, Wicomico, and Worcester Counties

Effective July 1, 2019, nursing facility rates will increase by 3 percent on average compared to Fiscal Year 2019, based on the Program's budget for Fiscal Year 2020. Myers and Stauffer LC (MSLC), the Program's audit contractor, posts the prospective rates applicable to each provider to a secure web portal. Providers must log in and download their rate letter. When you receive your rate letter, please check the provider number at the top of the letter to verify you have received the correct data. Please also be sure to furnish these rates to your accountant or bookkeeper for setting up your accounts. If you do not receive a rate letter, or if you have any questions regarding your rate letter, please contact MSLC at (410) 356-9256.

Please note that the increase in the nursing facility rates also affects the payment for Medicare coinsurance. To reflect this change, the Program updated the Medicare Coinsurance Worksheet for service dates on or after July 1, 2019. A copy of the Worksheet is attached, and may also be accessed at <https://mmcp.health.maryland.gov/longtermcare/Pages/Nursing-Facility-Document-Library.aspx>.

Finally, the personal needs allowance for Fiscal Year 2020 increased to \$82 per month per recipient.

For more information about the reimbursement methodology and billing instructions, please visit the Nursing Facility Providers page at:

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

Attachment

cc: Nursing Home Liaison Committee

July 2019 - December 2019 COINSURANCE WORKSHEET

IF **BILL BY PAPER** IS INDICATED AT THE BOTTOM OF THIS WORKSHEET
 ATTACH WORKSHEET TO PAPER UB-04 FOR BILLING COINSURANCE DAYS - REVENUE CODE 0101
 MEDICARE EOB (REMITTANCE) MUST ALSO BE ATTACHED
 BILL THE FULL AMOUNT - # OF COINSURANCE DAYS TIMES \$170.50

IF **BILL ELECTRONICALLY** IS INDICATED AT THE BOTTOM OF THIS WORKSHEET,
 BILL ELECTRONICALLY ON THE UB04 FOR THE FULL AMOUNT - # OF COINSURANCE DAYS TIMES \$170.50

PROVIDER ENTERS DATA IN FIELDS BELOW THAT ARE BOLDED AND ITALICIZED

DATES OF SERVICE ON MEDICARE REMITTANCE	from:	<i>7/1/19</i>	to:	<i>7/24/19</i>
PROVIDER NAME:	<i>Cardinal Hills Nursing Home</i>			
PROVIDER MEDICAID#:	<i>666666600</i>			
RECIPIENT NAME:	<i>Carol Davis</i>			
RECIPIENT MEDICAID#:	<i>12345678912</i>			

	MEDICARE NET REIMBURSEMENT	<i>\$6,620.00</i>
	COINS AMT	<i>\$3,015.00</i>
	MEDICARE DRG AMOUNT	<i>\$9,635.00</i>
	NUMBER OF DAYS BILLED ON MEDICARE CLAIM	<i>24</i>
	AVERAGE DAILY RUGS RATE	<i>\$401.46</i>
*Coinsurance amount is \$170.50 for 2019 days of service. A revised worksheet will be required 1/01/2020 when the Medicare Coinsurance amount changes.	APPLICABLE COINS RATE PER DAY *	<i>\$170.50</i>
	COINSURANCE DAYS	<i>18</i>
	AMOUNT PAID BY MEDICARE FOR COIN DAYS	<i>\$4,211.28</i>
	AMOUNT PAID PER DAY BY MEDICARE FOR COIN DAYS	<i>\$233.96</i>
	\$271.45	Average Medicaid rate as of 7/1/2019

must be a whole number - no numbers in decimal places

MEDICAID'S OBLIGATION IS:	\$674.82
BILL BY PAPER	
FOR 18 DAYS OF REVENUE CODE 0101	
AT 170.50 PER DAY FOR A TOTAL OF	\$3,069.00