

Maryland Department of Health and Mental
201 W. Preston Street • Baltimore, Maryland 21201
Parris N. Glendening, Governor • Georges C. Benjamin, M.D., Secretary

MARYLAND MEDICAL ASSISTANCE PROGRAM
Hospice Care Transmittal No. 6

May 5, 2000

Hospice Care Agency Administrators

FROM:

Joseph M. Millstone
Executive Director

NOTE:

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

Balanced Budget Act of 1997 - October 1, 1997 to September 30, 1998
Retroactive Adjustments

Chapter 4, Section 4442 of the Balanced Budget Act (B.B.A.) of 1997 (42 U.S.C. §1395(i)(2)(d)) imposes a new requirement that two Hospice services, routine home care and continuous home care, are to be reimbursed based on the location where the service is provided. This provision is effective with cost reporting periods beginning on October 1, 1997. The B.B.A. mandates that Medical Assistance Programs make retroactive billing adjustments for Hospice claims billed and/or paid for routine home care and continuous home care during the period from October 1, 1997 to September 30, 1998. Retroactive adjustments will only be necessary for those claims paid at a different regional rate than allowable, based on the location (region) where services were actually provided to the recipients.

All Maryland Medical Assistance Hospice providers who received any payment(s) for routine home care and/or continuous home care during this period must follow the procedures set forth in this transmittal in order for each Hospice provider to comply with the B.B.A.

The following items are included with this transmittal:

Cover letter with each Provider's Paid Claims Summary(ies) by dates of services and/or payment date for the period from October 1, 1997 to September 30, 1998.

Chart of regional reimbursement rates for Hospices for the period from October 1997 to September 30, 1998.

List of identification numbers for Hospice jurisdictions.

Maryland Medical Assistance Program Adjustment Request Form - DHMH
4518A (4/95).

IDENTIFY THE JURISDICTION WHERE THE SERVICE WAS PROVIDED

For each of the paid claims listed on the Provider Paid Claims Summary(ies) by dates of services and/or payment date, identify the jurisdiction where each service was provided. For each claim, list the two digit number found on the enclosed list of identification numbers which corresponds to the jurisdiction where the service was provided. There may be a claim(s) for a recipient(s) that appears on both the dates of services list and the payment date list. Please list the two digit jurisdiction number where the service was provided for each claim even if there is duplication between the two lists.

MAKING THE NECESSARY BILLING ADJUSTMENTS

Located on the chart of regional reimbursement rates for Hospices for the period from October 1, 1997 to September 30, 1998 are the jurisdictions included in each of the six regions that HCFA has identified as effecting the Hospice rates for Maryland Medical Assistance Hospice providers. Determine if there are any paid claims for a recipient who received services in a jurisdiction that is located in a different region than the region in which the service was originally billed and reimbursed.

If any claim(s) meets these specifications, the Maryland Medical Assistance Program Adjustment Request Form must be completed for each individual claim if funds are owed back to the Medical Assistance Program. Adjustment Request Forms may also be submitted for funds owed to the provider by the Program. The amount of the adjustment(s) is determined by the difference in the rate between the regional rate originally billed and reimbursed and the rate in the region where the service(s) was actually provided.

Each Adjustment Request Form can be used to adjust a maximum of two claims. Additional forms may be requested by calling the Hospice Care Program Staff Specialist at 410-767-1448 or 1-877-4MD-DHMH extension 1448.

If the net amount of total adjustments a provider submits results in additional monies being owed to the provider, a check will be mailed to the provider for the amount owed. If the net amount of total adjustments results in monies being owed to the Medical Assistance Program by the provider, the Program's payment system will deduct that amount from future payments owed to the provider until the overpayment is recovered.

RETURNING THE REQUIRED INFORMATION

Each Medical Assistance Hospice provider must return to the Long Term Care and Community Support Services Administration, the Provider Paid Claims Summary(ies) enclosed with this Transmittal. On both the dates of services list and payment date list, hand write the two digit number which corresponds to the jurisdiction where the service was provided to the right of the revenue code for each claim. Return both of the lists and the required Adjustment Request Forms in one packet, if possible. These items must be submitted no later than June 9, 2000. Please send to:

Ms. Judy Angell, Staff Specialist
Department of Health and Mental Hygiene
Office of Access, Quality and Program Integrity
Division of Nursing Services
201 West Preston Street, RM 213, Code 80-6
Baltimore, Maryland 21201

REIMBURSEMENT ISSUES EFFECTIVE OCTOBER 1, 1998

The new Hospice institution provider number(s) developed to identify location of service delivery, are being input into the system with the effective date of October 1, 1998, and with the Hospice reimbursement rates that became effective October 1, 1999. Once the new Hospice institution provider numbers become operational, paid claims records, for the five revenue codes that have been adjusted since October 1, 1998, will become available for each Maryland Medical Assistance Hospice Provider.

Each Hospice provider will be mailed their paid claims records along with directions, and Maryland Medical Assistance Program Adjustment Request Forms - DHMH 4518A (4/95). Each provider will be required to submit Adjustment Request Forms if funds are owed back to the Medical Assistance Program. Adjustment Request Forms may also be submitted for funds owed to the provider by the Program.

If you have questions regarding this transmittal, please contact the Hospice Care Program Staff Specialist at 410-767-1448 or 1-877-4MD-DHMH extension 1448.

JMM:jaa

Enclosures

cc: Hospice Network of Maryland