MARYLAND MEDICAL ASSISTANCE PROGRAM
Hospice Transmittal No: 20
April 30, 2021

To: Hospice Providers

From: Marlana R. Hutchinson, Director
Office of Long Term Services and Supports

Subject: Participant Resource Amounts During Split Months

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

Many participants enrolled in Hospice are nursing facility residents who are being enrolled for the purpose of allowing the reimbursement that normally is paid to the nursing facility to be paid through the Hospice benefit. As such, the amount of the participant’s income deemed to be payable to the nursing facility (resource amount) is deducted from the total reimbursement to the Hospice. When the participant’s Hospice enrollment begins on a date other than the first day of a given month, the resource amount may be split between the nursing facility and Hospice provider during the first calendar month of enrollment. This transmittal describes the process that Hospice providers should use to effect the appropriate deduction from their payment.

When completing the Hospice E-Request to enroll a participant who is a nursing facility resident, the Hospice provider shall do the following:

1. If the participant enrolled in Hospice on the first day of the month, enter the full amount of the monthly cost of care under “Change in Recipient Resources.”

2. If the participant enrolled after the first day of the month:
   a. Enter “0” under “Change in Recipient Resources” and enter the affected dates for the first calendar month (example: 2/5/2021-2/28/2021).
   b. In the area for additional information, enter the full resource amount for subsequent months (example: 3/1/2021-99/99/99).
   c. Once the nursing facility provider has received payment for the split month (with the appropriate resource adjustment made), the Hospice provider may request a payment adjustment to correct the deduction by completing the Adjustment Form

1 Any E-Requests involving a resource amount must include the Notice of Eligibility documenting the resource amount determined by the local Department of Social Services or the Bureau of Long Term Care Eligibility.
(MDH 4571) and submitting to the Adjustments Unit. It is not necessary for the Hospice provider to submit an E-Request to correct the resource amount.

Questions regarding the payment adjustment process may be directed to Warren Greenwell at (410) 767-5174 or warren.greenwell@maryland.gov. Questions regarding the E-Request process may be directed to Leslie Jackson at (410) 767-1714 or leslie.jackson@maryland.gov.